

# Project G011

## Transition of Appropriate Alternative Level of Care Seniors to Special Care Homes

### Summary

- With an overworked and overburdened healthcare system, long hours spent waiting in hospital Emergency Departments, and difficulties scheduling appointments with a general practitioner, the need to free up hospital beds and staff is more pressing than ever. This is particularly true for New Brunswick, where an estimated 21.2% of patients in hospital beds don't necessarily need to be there.
- These patients are called Alternate Level of Care (ALC) patients. They no longer require the acute care services that hospitals provide, but they cannot be medically discharged because they need extra services in place before they can safely return home or to a community setting. Often, ALC patients are seniors who are waiting for a suitable placement in long-term care, and their lengthened hospital stays result in fewer available beds and higher hospital costs while requiring extra staff time and resources.
- Finding ways to manage ALC hospital cases and decrease the burden on the health system is important. New Brunswick has one of the highest ALC rates in Canada (21.2% provincially compared to 16.3% nationally), making this a priority for the provincial government.
- This pilot program provided extra resources to special care homes in the Moncton region to support the transition of ALC patients from Moncton-area hospitals to these homes, where they awaited placement in long-term care. In the first two seasons of operation - between October 2018 and March 2020 - 54 ALC patients were transferred from hospital beds at the Moncton and Georges-L.-Dumont Hospitals to vacant special care home beds, where they awaited transfer to long-term care. This study examined the impact of this program in terms of hospital bed availability and cost savings, using an economic analysis, to see how this program might address the problem of ALC hospital care if it was rolled out across the whole province.

<b>HSPF Focus Area</b>	Developing innovative care pathways
<b>Project Start &amp; End Date</b>	August 2021 – September 2022
<b>Organization/Agency</b>	Government of New Brunswick's Department of Health
<b>Location</b>	Moncton, New Brunswick
<b>Principle Investigator(s)</b>	<a href="#">Marie José Belliveau</a>

Indicator	Impact / Outcome / Result
Total hospital bed days freed up	54 ALC patients were transferred from the Moncton and Georges-L.-Dumont Hospitals to special care home beds, where they awaited transfer to long-term care.  The average length of stay in special care home beds for these patients before they were discharged to long-term care was 103.2 days.  Based on their average length of stay, if these 54 patients had never been transferred to special care homes, they would have spent a combined <b>5572.8</b> days in hospital beds.
Total number of beds added to the healthcare system in New Brunswick	Freeing up these hospital beds to serve acute-care patients was the equivalent of adding <b>15.3</b> hospital beds between the two hospitals.
Hospital bed costs avoided for the Moncton Hospital	The transfer of 54 hospitalized ALC patients to special care homes during the study period resulted in a hospital cost savings of <b>\$871,000</b> .

This number represents the cost difference between ALC patients inhabiting a hospital bed versus a special care home bed over the same duration of time.

Indicator	Impact / Outcome / Result
Return on Investment (ROI)	<p data-bbox="345 128 1446 159"><b>What if this program was expanded province-wide in New Brunswick?</b></p> <p data-bbox="345 159 1446 285">Between April 2019 and March 2020, there were 4,863 ALC patients in hospitals across New Brunswick. If the top 10% of provincial ALC cases (i.e., those with the longest hospital stays) were transferred to special care home beds, here's what would have happened:</p> <p data-bbox="345 317 1446 348"><u>Hospital Bed Availability Across NB</u></p> <p data-bbox="345 348 1446 411">Assuming these 486.3 patients also spent 103.2 days in special care home beds instead of hospital beds...</p> <ul data-bbox="345 411 1446 537" style="list-style-type: none"> <li>• A province-wide rollout of the program would have saved 50,186 hospital bed days (April 2019 – March 2020).</li> <li>• This would have been equal to adding 137.5 hospital beds to the New Brunswick hospital system for one year.</li> </ul> <p data-bbox="345 569 1446 663">The top 10% of provincial ALC cases account for 26.7% of all hospital bed days. If these 486.3 ALC patients were transferred to special care home beds rather than their 164.8 days spent in hospital beds...</p> <ul data-bbox="345 663 1446 789" style="list-style-type: none"> <li>• A province-wide rollout of the program would have saved 80,142 hospital bed days (April 2019-March 2020).</li> <li>• This would have been equal to adding 219.6 hospital beds to the New Brunswick hospital system for one year.</li> </ul> <p data-bbox="345 821 1446 852"><u>Hospital Cost Savings Across NB (April 2019 – March 2020)</u></p> <ul data-bbox="345 852 1446 1020" style="list-style-type: none"> <li>• If 486.3 "average" ALC patients* from across the province had been transferred to special care homes for their 103.2 days spent in hospital beds, the cost savings would have been \$7,839,000.</li> <li>• However, if these 486.3 ALC patients from across the province had been in the top 10%, the cost savings would have been 12,518,981.</li> </ul>

### Methods and Comparison

Researchers at the New Brunswick Institute for Research, Data and Training (NB-IRDT) used Pilot Intervention Program Data (October 2018-March 2019 and April 2019-March 2020) and ALC Case Data (April 2019-March 2020) from the Government of New Brunswick's Department of Health.

- Using economic analysis methods, results are expanded to present the possible impact of the program if it was implemented across New Brunswick from April 2019 to March 2020.
- Note for "cost savings" calculations: After an ALC patient is transferred out of a hospital bed, that bed can be used for an acute care patient. Even though acute care patients still incur hospital costs, it's important to remember that acute care costs are necessary expenditures for hospitals - whereas ALC costs are added, or unnecessary, costs to the system. This approaches the added availability of hospital beds for acute care in terms of cost savings, as this reduces unnecessary costs for the system.

### Conclusions and Lessons Learned

- Overall, this study showed that the implementation of a pilot program facilitating the transfer of ALC patients from two hospitals in the Moncton region to special care homes had positive outcomes in terms of freeing up hospital beds for other patients while lowering unnecessary hospital costs.
- Beyond the cost savings involved, transferring ALC patients to special care homes is also likely to result in them receiving more appropriate care - whereas long hospital stays can lead to a deterioration in their health.
- These outcomes suggest the earlier ALC patients can be transferred out of hospital, the higher the return on investment will be. If some special care homes don't have available resources, a lower number of ALC patients may be eligible for transfer, or the speed at which patients are transferred might be slower than in the pilot program.

## Recommendations

Further studies should look at other types of impacts the program may be having to better understand the ways the pilot program is affecting healthcare delivery and patient outcomes. For instance,

- How does the transfer to special care homes affect ALC patients' health outcomes?
- Do the transferred patients experience different rates of hospital readmission to acute care than those who remained in hospital?
  - What is the financial impact of these differences?
- What kind of impacts do these freed-up hospital beds have on other forms of health care delivery?

## Next Steps

- The Government of New Brunswick has provided funding for 21 special care home beds and is looking to fund more beds across New Brunswick.
- Propose the Government of New Brunswick develop an evidence-informed pilot scale-up.
- Propose further studies expand economic analysis to include seniors' health outcomes and resulting system impacts.

## Disclaimer

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