

## Alternatives to Acute Care?

**A**fter treatment in acute care hospitals is completed, many patients need follow-up or ongoing health services in settings other than in an acute care facility. Those services include those provided in continuing-care institutions (such as rehabilitation centres, long-term-care facilities and nursing homes), through home-care programs and by patients' families. However, alternatives to acute care are not always readily available for patients who require them and this leads to extended stays in acute care facilities. Patients occupying acute care beds when they are well enough to be cared for elsewhere are identified as alternative level of care (ALC) patients in some hospitals.

Patients experiencing ALC hospital stays do so for a variety of reasons. In a recent survey of hospital executives from five countries, limited availability of post-acute care was identified as one of the factors leading to discharge delays from acute care facilities (Blendon et al. 2004). According to some Ontario-based reports, other reasons for ALC hospital stays include inadequate communication and coordination among care providers, lack of hospital discharge-planning protocols and deficient utilization management of post-acute services (Ontario District Health Council Archives 2002; Bruce 2002).

Here we look at the characteristics of the patients experiencing alternative level of care stays in hospital in 2004–2005.

### Waiting to Leave the Acute Care Hospital

According to the Canadian Institute for Health Information's (CIHI) Discharge Abstract Database, there were almost 73,000 patients designated as ALC patients among 2.4 million patients admitted to acute care hospitals outside of Quebec between April 1, 2004 and March 31, 2005.<sup>1</sup> This is up by 13.6% from 2003–2004 and 19.6% from 2002–2003.

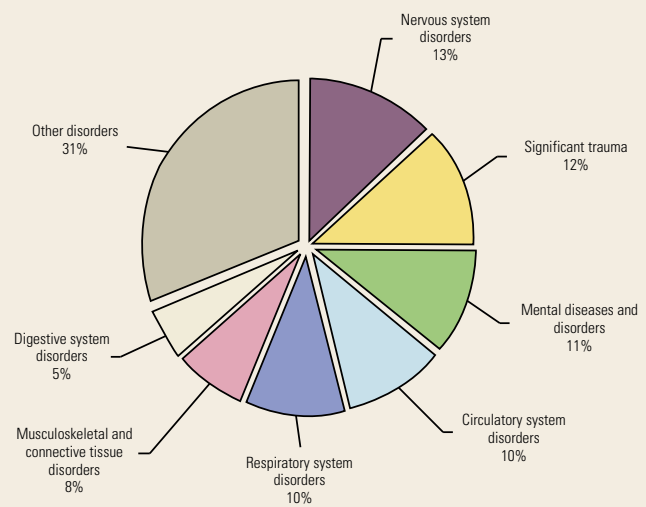
Overall, at least 3% of inpatients in 2004–2005 remained in acute care beds one or more days after a physician said they were ready to move to another level of care. Although this represents only a small fraction of the inpatient population, these patients accounted for close to one tenth (8.7%) of the total inpatient days in this year, with an average length of stay five times that of the overall inpatient average length of stay (36.1 vs. 6.5 days). The proportion of the total inpatient days attributed to ALC varied significantly across the country. However, substantial differences exist in the level of ALC reporting, rendering meaningful cross-country comparisons challenging. Given the cross-Canada reporting differences, these results likely underestimate the number of patients in Canadian hospitals receiving this level of care.

### Who Are ALC Patients?

In 2004–2005 the majority of patients with ALC stays were female (58.1%). An overwhelming majority (82.5%) were also 65 years of age or older (mean age 75.4 years). In urban areas,<sup>2</sup> ALC patients were about equally likely to be from neighbourhoods in one of the five quintiles of the income distribution: 19.4%–21.2%.

More than half of all ALC patients in this year were hospitalized for the treatment of trauma, neurological, mental diseases and disorders, or cardiovascular or respiratory diseases (Figure 1). Most commonly, ALC stays occurred among patients with neurological diseases (10.6%), trauma (7.4%), HIV infections (6.7%) and mental diseases and disorders (6.1%).

Figure 1. Percentage distribution of alternative level of care (ALC) patients by medical condition, Canada,\* 2004–2005



\* Quebec was excluded due to the lack of comparable data; Yukon and Nunavut did not report any ALC separations. Source: Discharge Abstract Database, CIHI

### Where Do They Go Upon Leaving Acute Care Hospitals?

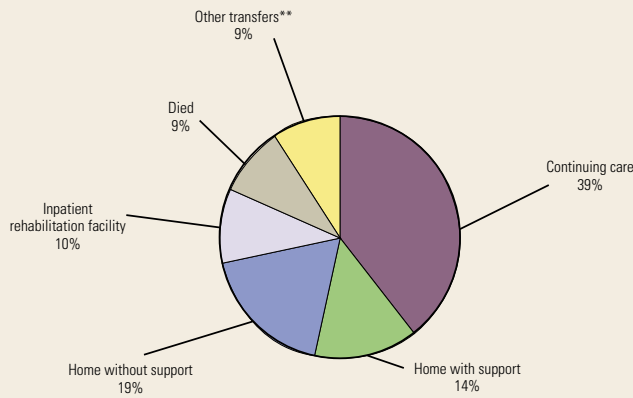
Of those receiving alternative level of care stays in acute care facilities, nearly two in five (39%) were eventually transferred to long-term-care beds and another 10% were transferred to inpatient rehabilitation facilities (Figure 2). One in three of these patients were discharged to their home, with or without the requirement of home-care services. Another one in ten patients died during their ALC stay.

1. Comparable data from Quebec were not available at the writing of this article.

2. Only urban-area postal codes were used in this analysis to minimize socioeconomic misclassification (Wilkins 2004).

As Canada's healthcare system is constantly challenged to improve performance, a better understanding of ALC stays may help to inform processes designed to ensure high-quality care and optimize the use of scarce resources.

Figure 2. Discharge disposition of alternative level of care patients, Canada,\* 2004-2005



\* Quebec was excluded due to the lack of comparable data; Yukon and Nunavut did not report any ALC separations.  
 \*\* Includes transfers to acute care facilities, sub-acute care facilities, psychiatric facilities, rehabilitation facilities, cancer centres, ambulatory care centres, palliative care centres/hospice or addiction treatment centres.  
 Source: Discharge Abstract Database, CIHI

**References**

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