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Trends in Emergency Department Visits by Retirement Home Residents: A Population-Based Study

Wenshan Li[1], Richard Perez[2], Stephen Fung[3], James Lee[2], and Chantal Backman[3]

[1]Ottawa Hospital Research Institute, Ottawa, Canada
[2]ICES, Hamilton, Canada
[3]University of Ottawa, Ottawa, Canada

Background

With persistent LTC shortages, retirement homes (RHs) house an increasingly large and frail population despite fewer on-site medical supports, leading to high rates of acute care use. Leveraging a postal code co-location method, we obtained a population-based capture of RH residents in Ontario, Canada and described trends in the rates/types of ED visits.

Methods

Using individually-linked health administrative datasets at ICES, we identified all ED visits (n=275,881) by RH residents from 2015–2023. Each visit was categorized using the Canadian Triage and Acuity Scale (CTAS), from Level I (Resuscitation-Critical) to Level V (Non-Urgent). We described annual ED visit rates by home characteristics and summarized main admission reasons and resident/home characteristics by CTAS category.

Results

Resident and home characteristics remained stable over time, though comorbidity burden declined slightly. Overall ED visit rates stayed at ∼0.4 visits/10,000 person-days, except for a marked decline during early COVID-19 and rebound in 2021. Rural homes and homes without dementia programs had higher visit rates and greater volatility during COVID-19. Less-urgent visits (CTAS 4; top diagnoses included aftercare and cellulitis) decreased from 15.2% in 2015 to 7.6% in 2023, while urgent visits (CTAS 3; top diagnoses included heart failure and injuries) increased from 56.9% in 2015 to 65.6% in 2023.

Impact

The rising acuity of ED visits by RH residents may suggest a lack of clinical capacity and adequate preventative measures, exacerbated by structural inequities. Routine monitoring and stronger oversight of RHs may be necessary to reduce ED visits and ensure resident safety.

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