Open Home Care Cases

CHA REPORT 2004

Definition/Description:

Open Home Care Cases (Prevalence)
This is the total number of open cases of home care per thousand residents. A resident could have more than one episode of home care in the two-year period, and these will both be counted as separate cases.

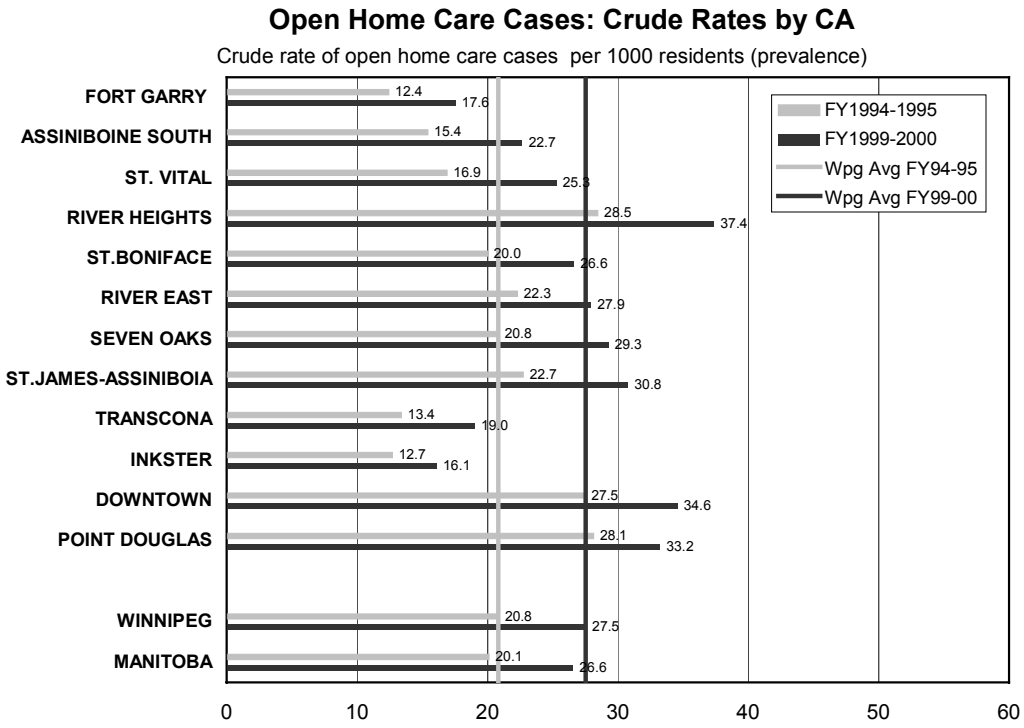
Home Care Use: Open Cases, Closed Cases, New Cases, Average LOS
'Open cases' was defined as the per cent of residents who were open in the Home Care program, that is, the per cent of residents who were registered with the Home Care program for at least one day during the time period. 'Closed cases' was defined as the proportion of residents who were taken out of the Home Care program over the time period. 'New cases' was defined using the number of home care clients with a start date in the home care program after April 1st (i.e. after the fiscal year start). Average LOS (length of stay) was defined as the number of days "open" in the Home Care program, using registration and termination dates.

Methodol
For all Home Care and Personal Care Home (PCH) analyses, two years of data were used (1994/95-1995/96 and 1999/2000-2000/01), with the population from the same years as the denominator (see specific categories for exceptions). In preparation for analyses done for the RHA 2002 deliverable, considerable effort was invested in determining whether some reasonable results could be presented for PCH residents in Churchill. In past studies, Churchill is either excluded altogether or included with Burntwood for PCH analyses. The conclusion was that reliable results could not be produced, so Churchill was excluded from PCH analyses in the RHA 2002 Manitoba Centre for Health Policy deliverable.

Source:

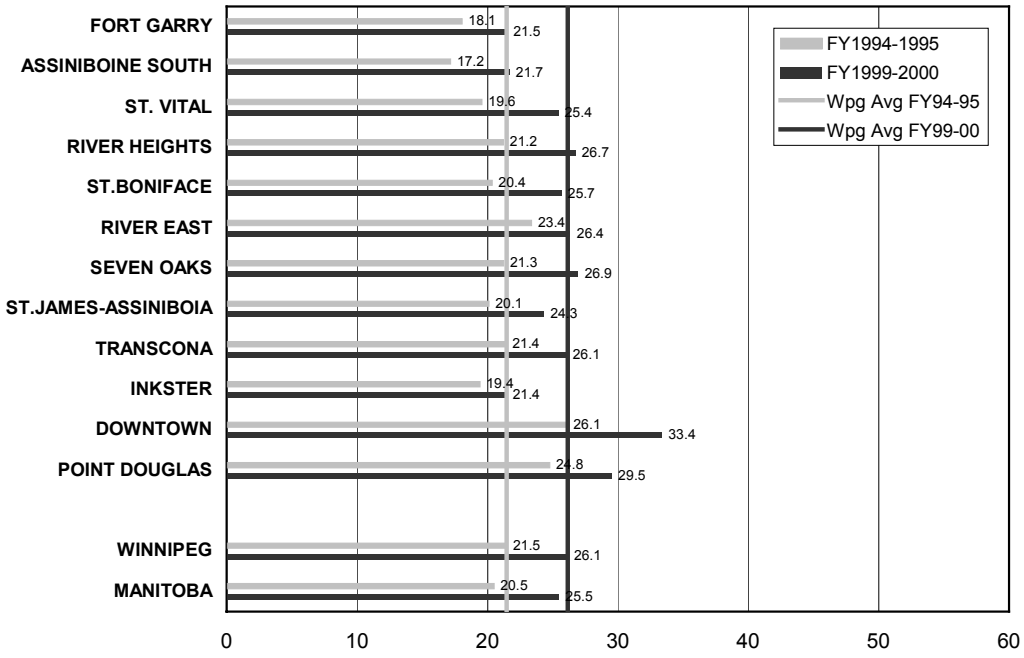
The Need to Know Project, Manitoba Centre for Health Policy, 2003. All numerical values, tables, and figures (including spatial analyses) were generated by the Population Health and Health System Analysis Unit, Winnipeg Regional Health Authority.

Findings:


Open Home Care Cases: Crude Rates by CA
Crude rate of open home care cases per 1000 residents (prevalence)
FORT GARRY
ASSINIBOINE SOUTH
ST. VITAL
RIVER HEIGHTS
ST.BONIFACE
RIVER EAST
SEVEN OAKS
ST.JAMES-ASSINIBOIA
TRANSCONA
INKSTER
DOWNTOWN
POINT DOUGLAS
WINNIPEG
MANITOBA
12.4
17.6
15.4
22.7
16.9
25.3
28.5
37.4
20.0
26.6
22.3
27.9
20.8
29.3
22.7
30.8
13.4
19.0
12.7
16.1
27.5
34.6
28.1
33.2
20.8
27.5
20.1
26.6
FY1994-1995
FY1999-2000
Wpg Avg FY94-95
Wpg Avg FY99-00
0
10
20
30
40
50
60

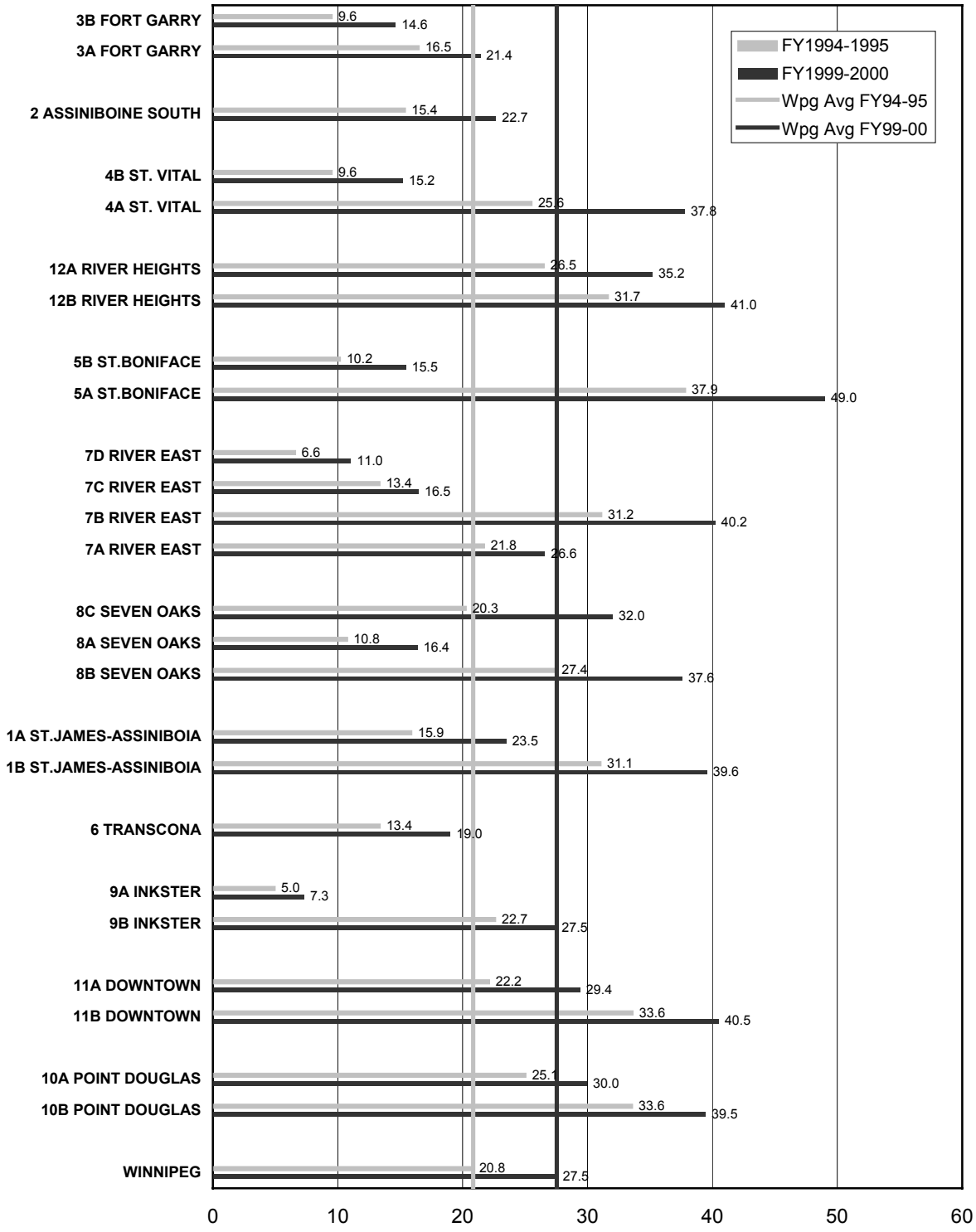
Open Home Care Cases: Age-Adjusted by CA

Age- & sex-adjusted rates of open home care cases per 1000 residents (prevalence)



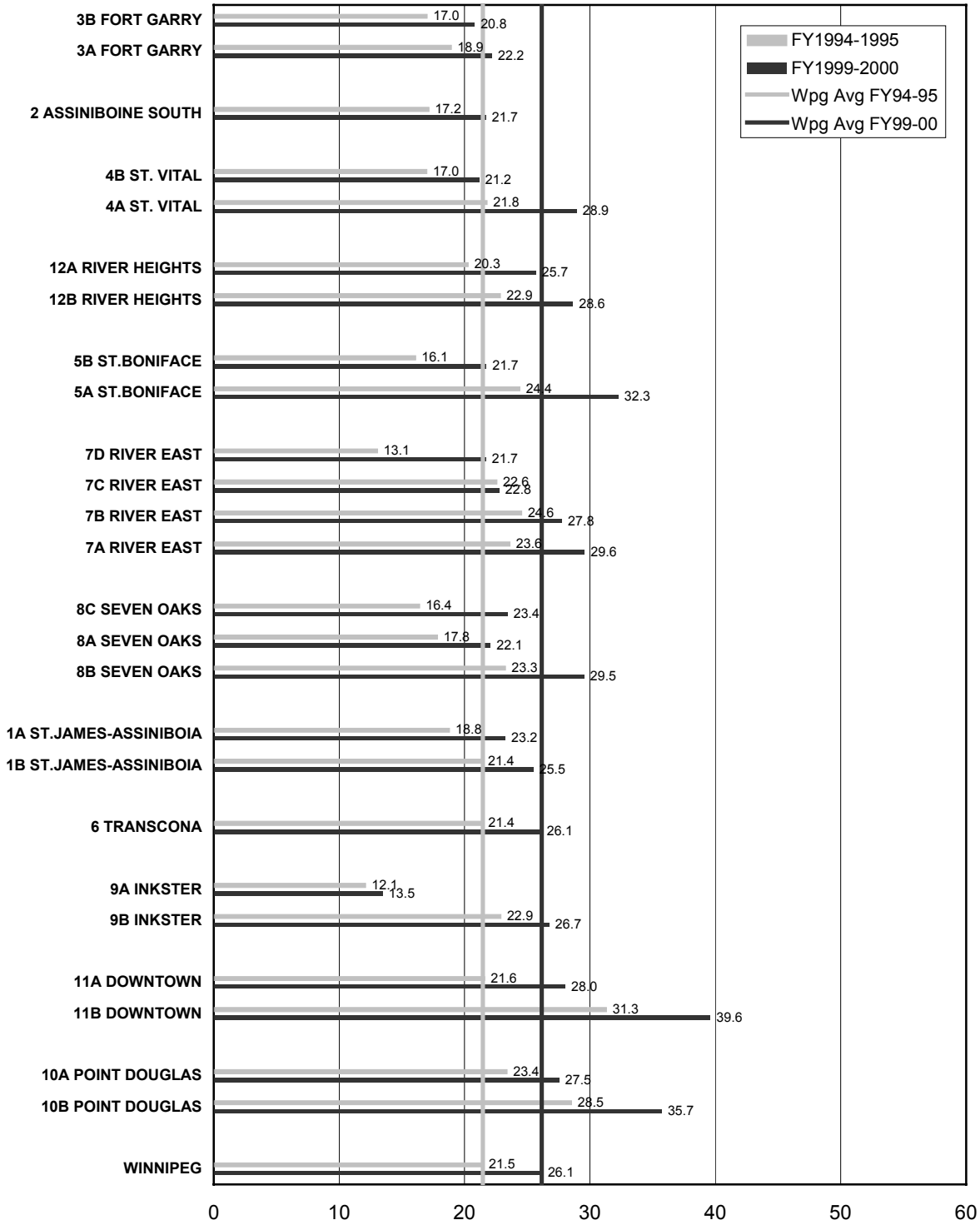
Open Home Care Cases: Crude Rates by NC

Crude rate of open home care cases per 1000 residents (prevalence)



Open Home Care Cases: Age-Adjusted Rates by NC

Age- & sex-adjusted rate of open home care cases per 1000 residents (prevalence)



Highlights:

Note: The crude rates are referred to in this narrative (unless otherwise stated) as very few differences were noted between crude and adjusted rates.

Regional Rates:

- There was a substantial increase in the crude prevalence rate of open home care cases for the WHR between the time periods of 1994-1995 (t_1) and 1999-2000 (t_2).
- The WHR rate increased from 20.8 cases per 1000 population to 27.5 cases per 1000 population (crude rates); these rates were slightly higher than those for Manitoba for the same time periods.
- There were minimal differences between the age-& sex-adjusted rates and the crude rates at the regional level.

Community Area Rates:

- The lowest rates of prevalence of open home care cases were seen in community areas Fort Garry for t_1 and in Inkster for t_2.
- The highest rates of prevalence of open home care cases were found in community areas River Heights, Downtown, and Point Douglas for both time periods; these rates were substantially higher than the WHR rate in both time periods.
- Every community area experienced an increase in the rate of prevalence of open home care cases between the two time periods.
- The following community areas had rates that were lower than that of the WHR (both time periods): Fort Garry, Assiniboine South, St. Vital, St. Boniface, Transcona, and Inkster.
- The following community areas had rates that were higher than that of the WHR (both time periods): River Heights, River East, Seven Oaks, St. James-Assiniboia, Downtown and Point Douglas.
- Adjusting the rates for the age and sex of the population had the overall effect of minimizing the differences seen among the community areas in the crude rates. However, the values in t_2 for Point Douglas and Downtown, remained the highest after adjustment, indicating that the age and sex distribution of the underlying population is less likely to account for differences seen in the crude rates.
- In contrast, in River Heights community area the t_2 adjusted rate was nearly the same as the WHR rate, indicating that age and sex distribution of the underlying population may account for the relatively high crude rate.

Neighbourhood Cluster Rates:

- The lowest rates of prevalence of open home care cases were found in Inkster West 9A for both time periods; these rates were substantially lower than that of the WHR in both time periods.
- The highest rates of incidence of new home care cases were found in St. Boniface West 5A for both time periods.
- Every neighbourhood cluster experienced an increase in their rate between the two time periods.
- The following neighbourhood clusters had rates that were higher than the WHR rate in t_1 and t_2: St. Vital North 4A, River Heights West 12A, River Heights East 12B, St. Boniface West 5A, River East South 7A, River East West 7B, Seven Oaks East 8B, St. James-Assiniboia East 1B, Downtown West 11A, Downtown East 11B, Point Douglas North 10A and Point Douglas 10B.
- Adjusting the rates for the age and sex of the population had the overall effect of minimizing the differences seen among the neighbourhood clusters in the crude rates. However, the values in t_2 for St. Boniface West 5A, Point Douglas South 10B,and most notably, Downtown East 11B remained the highest after adjustment. An indication that the age and sex distribution of the underlying population is less likely to account for differences seen in the crude rates.