Death rates higher in for-profit nursing homes, report says

There are also more hospitalizations, research shows.



The death rate is higher in for-profit nursing homes than the rate for non-profit homes, new research shows. (TARA WALTON / TORONTO STAR) | ORDER THIS PHOTO By **THERESA BOYLE**Health, Ontario

Wed., Oct. 7, 2015

Rates of death and hospitalization are "significantly" higher in Ontario's for-profit nursing homes than in non-profit ones, according to new research.

For-profit homes have a mortality rate that is 16 per cent higher and a hospitalization rate that is 33 per cent higher than their non-profit counterparts, a study published Wednesday in the Journal of the American Medical Directors Association.

The study followed 53,739 residents admitted to Ontario's 640 long-term care homes between Jan. 1, 2010 and March 1, 2012. Sixty per cent of homes are for-profit.

Within six months of admission, residents of for-profit homes had a mortality rate of 252 per 1,000 person years vs 216 per 1,000 person years for those in non-profit homes.

(A person year is a measurement that combines the number of persons and their time contribution in a study. In this case, it essentially means that if you followed 1,000 people over the span of a full year, on average 252 would die in for-profit homes compared to 216 in non-profit homes.)

During the same period, residents in for-profit homes had a hospitalization rate of 565 per 1,000 person years compared to 416 per 1,000 person years for those in not-for-profit facilities.

The study was done by the Bruyere Research Institute in Ottawa using data from the Institute for Clinical Evaluative Sciences.

Researchers created an online calculator that predicts what a resident's chances of dying in a home are six months after admission. In addition to taking into account whether a home is for-profit or non-profit, the calculator also considers such factors as age, sex, marital status and health.

The average length of stay in an Ontario home is 18.7 months, according to the Canadian Institute for Health Information. While some residents are discharged, for most it is their last home before death.

Lead author Dr. Peter Tanuseputro said the study does not address why there is a difference between non-profit and for-profit homes. But he noted that previous research has found that staffing levels are lower in the for-profit sector and said that may be a contributing factor.

Tanuseputro emphasized that some homes in the for-profit sector performed extremely well.

The finding that the non-profit sector performed better overall did not come as a surprise to Donna Rubin, CEO of the Ontario Association of Non-Profit Homes and Services for Seniors. But she was surprised at the magnitude of the difference.

"Ownership matters," she said. "(Non-profit homes) are not in it for the business of profit, so all surplus, if there is any, goes back into the home."

Non-profit homes are owned and operated by municipalities, charities, service clubs, religious orders and ethnic groups.

Until about 15 years, there was an equal split in the number of non-profit and for-profit homes in Ontario, Rubin said.

But that changed when the province provided funding for the creation of 20,000 new beds, she explained, noting that the for-profit sector won contracts for 65 per cent of them.

The study also looked at how the size of homes affects rates of death and hospitalization. In assessing residents six months after admission, it found that those in homes with at least 150 beds had a 30 per cent lower rate of death but 61 per cent higher rate of hospitalization when compared to facilities with up to 49 beds.

Candace Chartier, CEO of the Ontario Long-Term Care Association, said she just recently received the report and wants to go through it to see what can be learned. Her association represents most for-profit homes in the province as well as some non-profit ones. She pointed out that other research shows the two sectors perform similarly on indicators that measure quality of care, including rates of falls, incontinence and restraint use.

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