Appendix: Studies included in the review with extracted system-level factor

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| **Author** | **Title** | **Aim** | **Design/Methods** | **Key Findings** | **System-Level Factor(s) Attributed to Long-Term Care Wait Times** |
| Arntzen et al., 2022 | Reducing waiting times by preference-based allocation of patients to nursing homes | To provide further context on the allocation model, a new method of waitlist management | Case studies of a quantitative simulation study of preference profiles | * Allocation model decreased the waiting times in both case studies * Compared with the current practice policy, the allocation model reduced the waiting times until placement by at least a factor of 2 | * Waitlist management styles * Ranking preferences |
| Berger et al., 2020 | Delayed discharges from a tertiary teaching hospital in Israel- incidence, implications, and solutions | To examine the extent, characteristics, significance, and solutions to ‘detained patients’ who remain in hospital with no alternatives for housing | Retrospective quantitative review of hospital data | * At any given moment, approximately 40 patients are waiting for long-term care placement while in hospital * There is a need to increase LTC beds * Improved care coordination is needed | * Insufficient community-based care * Lack of system integration * The debate of supply and demand * Financial incentives and funding |
| Casado et al. (2000) | Health Care for Older Persons; A Country Profile - Spain | Descriptive summary of the state of the Spain’s Health Care System for Older Adults | Descriptive Summary | * Prices of private institutions are not affordable to most older adults, insurance isn’t regularly available. Resulting in long waitlists for admission to public nursing homes. | * Unintended consequences of Insurance Plans * Financial incentives and funding |
| Chafe et al. (2010) | Improving the management of waiting lists for long term care | To identify interventions that effectively manage LTC admission waitlists | Qualitative  Literature Review | * A needs-based model is recommended along with a centralized assessment system for applicants * Regular auditing of the waitlist is required * Use of transitional care units reduces acute care usage, but increases the overall wait for admission to nursing homes * Improving home care potentially prevents LTC referral and improves alternative care while waiting for LTC admission | * Waitlist management styles * Insufficient community-based care * Ranking Preferences |
| Haken et al. (2002) | Orientation towards living in an old age home: an instrument to predict use of an old age home | To examine the validity of an “orientation scale” which measures the subjective demand for residential care | Quantitative  Longitudinal study | * The subjective demand (intentions of an individual to move into an old age home) is a predictor of LTC usage while objective demand (level of impairment) is not seen as a sole predictor * The orientation (subjective demand) of individuals moving into residential care is significantly higher than those who do not obtain the care | * Waitlist management styles * Ranking Preferences |
| Hoek et al.,(2000) | Health Care for Older Persons, A country Profile: The Netherlands | Descriptive summary of the state of the the Netherlands Health Care System for Older Adults | Descriptive Summary | * LTC homes have difficulty recruiting qualified personnel resulting in a lack of available spaces, therefore longer waitlists. | * Personnel Shortage * The debate of supply and demand |
| Kommer (2002) | A Waiting List Model for Residential Care for the Mentally Disabled in the Netherlands | To develop a model describing residential waitlists in the Netherlands | Quantitative  Simulation | * Inflow of patients exceeds outflow for residential care waitlists * The increase rate of waitlists is comparable to the decline in mortality rates * Reorganization of waitlist registration is recommended * Higher rate of complex populations in the community | * Waitlist management styles |
| Kuluski et al., (2012) | The Role of Community-Based Care Capacity in Shaping Risk of Long-Term Care Facility Placement | To assess factors regarding supply and demand-side factors contributing to LTC wait times | Quantitative  Cross-sectional  retrospective study | * Less availability of home and community care results in LTC referrals at lower levels of need * Limited access to home and community care in rural regions * Rural areas more likely to refer LTC placement | * Waitlist management styles * Inconsistent standards of admission * Insufficient community-based care * Inequitable geographic distribution of services * Lack of system integration * Ranking preferences * The debate of supply and demand |
| Laporte et al. (2017) | Factors Associated with Residential Long-Term Care Waitlist Placement in North West Ontario | To determine factors that increase the likelihood of LTC placement | Quantitative  Model-Based | * Presence of informal caregivers delay or prevent LTC placement * IADL capacity is a significant predictor of waitlist placement * Community support services positively influence LTC waitlists | * Insufficient community-based care * Inequitable geographic distribution of services * Ranking preferences * The debate of supply and demand |
| Meiland et al., (2001) | Burden of delayed admission to psychogeriatric nursing homes on patients and their informal caregivers | To investigate the impact of delayed nursing home admission on patient and caregiver health | Mixed Methods  Prospective longitudinal  study | * Patient health remained stable while ADLs declined while waiting for admission * Depressive symptoms remained or increased among caregivers after patient admission | * The debate of supply and demand |
| Nakanishi et al., (2012) | Priority for Elderly Persons with Behavioural and Psychological | To explore the differences in admission guidelines and patient priority in admitting elderly patients with symptoms of dementia | Quantitative  Cross-sectional study | * The gap between the long term care insurance system and the Public Aid for the Aged Act led to discrepancies in guidelines * Special nursing homes did not increase admission priority for patients with behavioural and psychological symptoms of dementia (BPSD) * Certain facilities have limited resources to address BPSD | * Waitlist Management styles * Inconsistent standards of admission * Lack of system integration * Unintended consequences of Insurance Plans |
| National Institute on Ageing, 2019 | Enabling the Future Provision of Long Term Care in Canada | Examines the current  system of home and community care  and of care delivered for older  Canadians in designated buildings,  such as nursing homes | Policy Report | * Reducing LTC capacity where it is not matched by a corresponding expansion of home and community-based care funding and capacity results in longer waitlists and drives hospital based ALC rates. | * Insufficient community-based care capacity * Lack of system integration * Unintended consequences of Insurance Plans |
| Quereshi et al., 2021 | Describing Differences Among Recent Immigrants and Long-Standing Residents Waiting for Long-Term Care: A Population-Based Retrospective Cohort Study | To describe and compare characteristics and the time to placement  between recent immigrants and long-standing residents waiting for long-term care | Quantitative Population-based retrospective cohort study using linked health administrative data | * Recent immigrants vary considerably from long-standing residents and tend to wait longer to be placed into LTC homes. | * Ranking Preferences * The debate of supply and demand * Financial Incentives and funding |
| Raciborski & Samolinski, 2015 | Supply and demand for long-term care services from the perspective of leaders of health care institutions | To gain  knowledge on the supply and demand of different institutionalized forms of care services from the  healthcare system perspective | Qualitative computer-assisted personal interview (CAPI) survey | * Financing systems of LTC result in a barrier in increasing the supply of care institutions. | * Personnel shortage * The debate of supply and demand * Financial incentives and funding |
| Roblin et al., 2018 | Ontario’s Retirement Homes and Long-Term Care Homes: A Comparison of Care Services and Funding Regimes | To examine the similarities and differences between LTC homes and Retirement Homes within Ontario, Canada | Quantitative descriptive summaries of LTC Homes and Retirement Homes | * Overlaps exist in the services of both LTC and retirement homes, particularly at higher levels of care. * Most care costs in LTC homes are publicly funded, whereas residents in retirement homes generally cover these expenses personally. * Given waitlists in Ontario’s LTC homes, many older adults must find residential care elsewhere, including in retirement homes | * Unintended consequences of Insurance Plans * Ranking Preferences * The debate of supply and demand * Financial incentives and funding |
| Zhang et al., (2012) | Residential Long-Term Care Capacity Planning: The Shortcomings of Ratio-Based Forecasts | To evaluate and present deficits of ratio-based approaches that are commonly used for residential LTC capacity planning | Mixed Methods  Model-Based | * Ratio-based approaches significantly over- or underestimate capacity requirements and service levels, potentially resulting in excess capacity and inadequate service * Varying demographic characteristics in every region make ratio-based approaches unreliable for long term planning | * Waitlist management styles * Insufficient community-based care |
| Van Bilsen et al., 2006 | Demand of elderly people for residential care: an exploratory study | Presents the demand and determinants of demand for residential care. As well as the accuracy of the waitlist as a reflection of this demand | Mixed Methods | * Waitlists do not accurately reflect the demand for residential care. * Respondents registered for residential care out of a sense of precaution | * Waitlist management styles * Lack of system integration |