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
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| 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
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| 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
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| Chafe et al. (2010) | Improving the management of waiting lists for long term care | To identify interventions that effectively manage LTC admission waitlists | QualitativeLiterature 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
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| 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 | QuantitativeLongitudinal 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
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| 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
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| 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 | QuantitativeSimulation | * 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
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| 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 | QuantitativeCross-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
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| 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
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| 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 MethodsProspective 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
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| 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 | QuantitativeCross-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
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| National Institute on Ageing, 2019 | Enabling the Future Provision of Long Term Care in Canada | Examines the currentsystem of home and community careand of care delivered for olderCanadians 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
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| 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 placementbetween 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
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| Raciborski & Samolinski, 2015 | Supply and demand for long-term care services from the perspective of leaders of health care institutions | To gainknowledge on the supply and demand of different institutionalized forms of care services from thehealthcare 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
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| 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
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| 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
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