

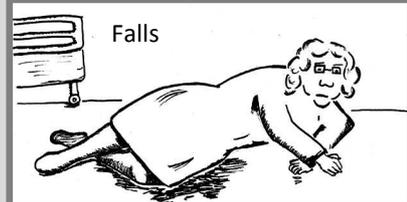
The Effectiveness of Hospital Based Strategies of Reducing the Length of Hospital Stay for Older Adults Admitted for Planned Treatment

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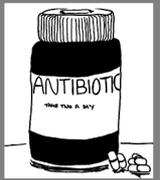


The number of older adults entering hospital for planned treatment is increasing.

Older adults are at increased risk of complications compared to younger people during a hospital stay.



Falls



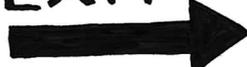
Infection

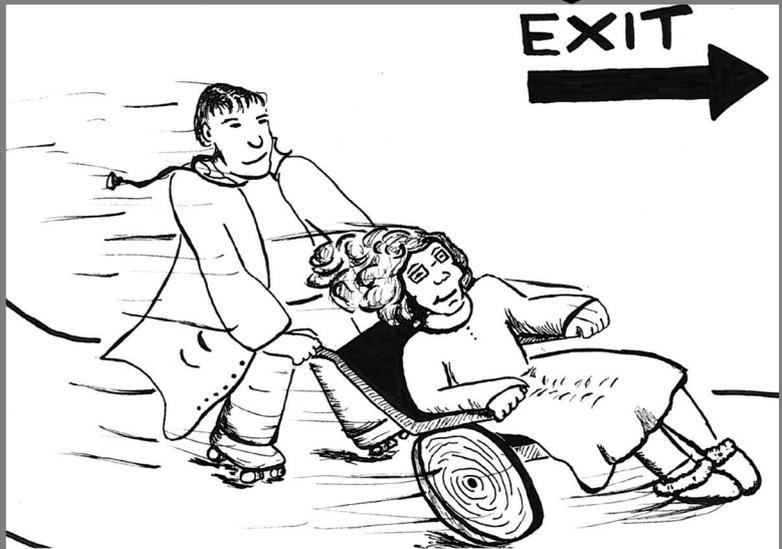


Complications

Hospitals need to ensure older adults don't stay in hospital longer than they need to...

EXIT







However, care is needed they are not discharged too quickly....

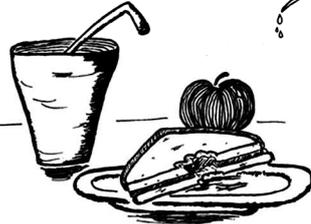
There are several strategies hospitals use to try and reduce the length of time older adults spend in hospital after receiving planned treatment.



Exercise programmes before admission



Changes to pre surgery medication and anaesthesia

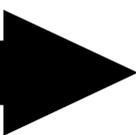


Eating earlier after an operation

We wanted to find out which strategies helped to reduce the length of time older adults spend in hospital.

We also wanted to find out how the strategies affected rates of complications, readmission and patient quality of life after discharge.

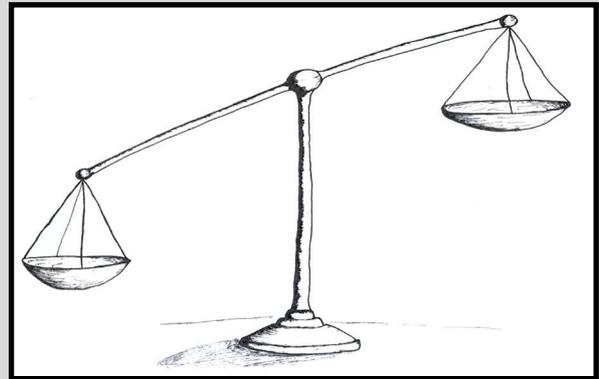
Please turn over....



We reviewed all of the published literature which looked at different strategies which aimed to reduce the length of time older people spent in hospital after receiving planned treatment.



This involved searching online databases and assessing the quality of the publications we found. This process is known as a Systematic Review.



We looked for information on strategies used to reduce hospital length of stay for:

- Older adults aged sixty or above.
- Who stayed in hospital for at least one night for a planned treatment.
- Where the strategy was delivered by hospital funded staff.

RESULTS

- ✓ All strategies **EITHER** reduced length of hospital stay **OR** Were no worse than standard care.
- ✓ Number of complications or readmissions to hospital did not increase.
- ✗ Patient Satisfaction, Mental Health and Quality of Life were often not reported.
- ✗ Recovery after discharge rarely measured beyond 1 month after leaving hospital.



What should happen next?

We need to find out more about the patient's experience of some of the strategies that were looked at in this research. The patient voice needs to be considered by researchers and people who deliver healthcare services.

Exeter HS&DR Evidence Synthesis Centre

We are one of three research groups in the UK commissioned by the National Institute of Health Research HS&DR (Health Services & Delivery Research Programme) to conduct syntheses of evidence about the organisation and delivery of healthcare (Project number 16/47/22). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.



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