

Critical Role of Functional Decline in Delayed Discharge from an Acute Geriatric Unit

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Abstract

Introduction: Delayed hospital discharge of elderly patients after an acute illness poses significant problems, including bed-blockade, iatrogenesis, and increase in morbidity, dependency and social isolation. The aim of this study was to determine the factors associated with delayed discharge from an acute geriatric unit. **Materials and Methods:** This was a prospective cohort study involving 172 consecutive non-institutionalised patients, 65 years and older, admitted to an acute geriatric unit. The medical, functional, psychological and social variables of each subject were documented and any decline in functional status recorded. Based on the discharge status, patients were dichotomised into the “delayed” and “non-delayed” groups. Initial bivariate analyses of the variables were performed to select those associated with the “delayed discharge” group at the $P < 0.05$ levels. These variables were in turn entered into a multivariate logistic regression model to identify factors significantly associated with delayed discharge. **Results:** Forty-eight patients (27.9%) had their discharge from the acute geriatric care unit delayed despite clinically fit to be so. Variables significantly associated with delayed discharge in the multivariate model were: 1) decline in basic activities of daily living (ADL) status [$P < 0.001$; adjusted odds ratio (AOR), 3.63; 95% confidence interval (CI), 1.33 to 9.86] and 2) need for skilled nursing [$P = 0.012$; AOR, 4.57; 95% CI, 1.88 to 11.14]. **Conclusions:** The study demonstrates the central importance of effectively identifying elderly patients who are at risk of delayed discharge after acute hospitalisation through a multi-disciplinary focus on illness-induced functional decline. It is likely therefore that proactive approaches to rehabilitation and caregiver training, and adequate community-based services, may facilitate early and effective return of these patients to their homes, thereby reducing inappropriate use of acute beds.

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