

ABSTRACT

Globally, one of the most distinctive demographic events of the 20th century was population ageing. Elders are at increased risk of chronic diseases, and disability. Therefore, in the last few decades hospital admission and readmission rates by the elderly have increased substantially. In Sri Lanka, higher level hospital wards are overcrowding due to the absence of clear admission, and referral policies. It is not known that whether the increasing elderly population was contributing for this overcrowding. Therefore, this study was performed in a secondary care hospital to find out the factors affecting readmission of elderly patients in a medical unit, and this study was the first of its kind in Sri Lanka.

This study was conducted in the district of Kalutara in the Western Province of Sri Lanka. It is the largest district in the Western Province, and consists of 10.7 percent urban and 89.3 percent rural population. Panadura Base Hospital was selected for this study, it has one medical unit consists of one male and one female wards. This study was a cross-sectional descriptive study to determine the prevalence and characteristics of patient related factors as well as hospital related factors for the readmission of elderly patients aged 60 years and above to medical unit. In the medical unit 403 elderly patients were selected during the study period of 12 week. The response rate was 95.5 percent. Among the admitted elders found that 191 (47.4%) were readmitted within 12 months of discharge, and 44 (10.9%) were within 30 days of discharge from these wards. Data collection was performed by using an interviewer administered structured questionnaire with close type questions. The questionnaire consists of demographic factors, health status, compliance, pre- discharge activities, health education, follow up, and readmission. Among the readmitted elderly patients prevalence of main diseases were heart disease (29.8%), respiratory disorders (27.7%), hypertension (12%), and diabetes mellitus (11%). The readmissions of elders in the age group of 60 to 75 years were 162 (84.8%), and in 76 and above were 29 (15.2%). Readmissions in male and female elderly patients were 99 (51.8%) and 92 (48.2%) respectively. Also in this study readmitted elderly patients to medical unit showed that 48.7% of them had no schooling or studied upto grade five, 80.6% had monthly income of less than 2500 rupees to nil income, 12% were living alone, 80.6% complaint of vision, and



38.7% complaint of hearing. During the last hospital stay of the readmitted elderly patients in the medical unit found that 61.3% were instructed on discharge to purchase drugs, no diagnosis cards were issued to 12.6%, 76.4% of them were not informed regarding their diseases and their appropriate home care at home, and 18.7% were not instructed to follow up the clinics after hospital discharge. There were lapses found in readmitted elderly patients after discharge from medical unit last time, 20.9% of elders were not taken issued drugs at home, and 19.9 % of elders who were instructed to attend clinics did not follow up clinics regularly. In conclusion, this study showed that patient related factors contribute more than hospital related factors for the readmission of elderly patients in the medical unit.

Improvements are needed in preventive as well as in curative care activities in medical units to reduce the readmission of elderly patients. If the diseases in elders are identified early, they can be managed at out patient clinics. Therefore, effective measures to be taken to screen for common diseases of elderly patients. Regular clinic attendance, good compliance in drug intake, and good healthy living practices should be improved in elderly patients to reduce hospital admissions and readmissions in future. In medical unit further improvements are needed in pre- discharge assessment, health education, and appropriate follow up instructions before discharge of elderly patients.