

Aims and hypothesis

We aimed to review various health related outcomes for people admitted to our in-patient specialist dementia unit. We hypothesised that patients admitted would be physically frail, have a significant mortality rate and would likely require long-term care post discharge.

Background

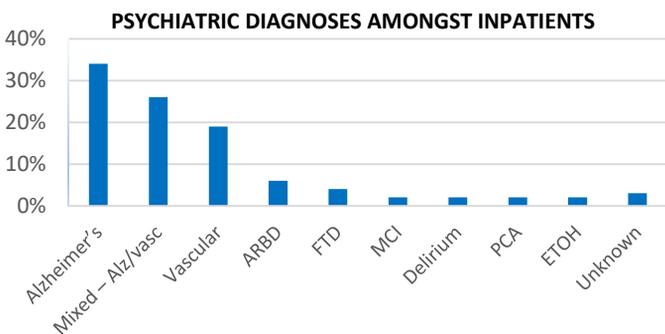
Recent local research examined mortality rates following admission to a dementia ward. We wanted to expand on this work and include other important outcomes for patients admitted to our dementia unit. This would provide a comprehensive overview of our in-patient population, aid service review and improve care.

Methods

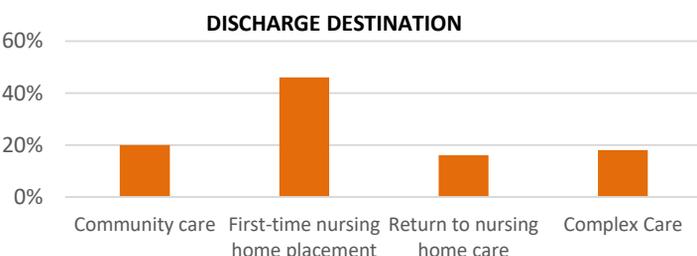
The clinical notes for each admission to the unit for one year were examined (total 62). We extracted data from a number of different areas such as; demographics, mortality rates, discharge destination, readmission rates, prescribed medications.

Results

Mean length of stay was 64 days.



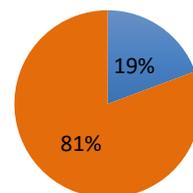
A minority of patients lived alone (36%) before admission. The majority of patients (62%) were discharged to nursing home care.



12% of patients remained under the Mental Health Act at discharge. The average number of medications prescribed at discharge was 8.4 and 66% of patients were discharged on an antipsychotic.

19% of patients died during their inpatient psychiatry stay.

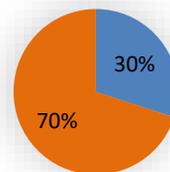
INPATIENT MORTALITY RATE



■ Died whilst inpatients ■ Survived to discharge

Of those who were discharged, 30% had died within a year of their admission date.

MORTALITY RATE AMONGST DISCHARGED PATIENTS



■ Died within one year of admission ■ Alive one-year post-admission

Therefore 44% of patients died either during admission or within a year of their admission date.

2% of discharged patients were re-admitted to psychiatry and 35% to another hospital specialty during the follow-up period.

Conclusion

People admitted to our dementia unit are physically frail, with only 20% returning to live in the community, 35% being readmitted to a medical ward within a year of discharge and 44% dying during the admission or within a year of discharge. We need to bear these results in mind when considering if hospital admission is appropriate and ultimately further develop our skills in palliative and end of life care in order to provide those people admitted to our dementia unit (and those who remain at home) with the highest standard of care.