

'Major differences' found in hospitals' geriatric care during the pandemic in Scotland

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Credit: University of Aberdeen

A Scotland-wide audit of hospital admissions recorded before, during

and after the COVID lockdowns has uncovered major differences in geriatric services' performance between all Scottish health boards.

The Scotland-wide average duration of stay in [hospital](#) during the [pandemic](#) (2020/21) fell by two days from an average of around 14 days to around 12 days, however, there was as much as a 17-fold difference between hospitals—from an average stay of two days compared to an average of 34 days.

The audit which covered the period from 2017 to 2022 found that while some hospitals reported a large reduction in the number of geriatric admissions around the time the pandemic started, others reported significantly more admissions during the same period. The authors suggest this can be explained by hospitals' "widely disparate responses to the pandemic."

The researchers found that the number of geriatric patients who died in hospital was higher during lockdown, at 18%, before falling to 16.5% post-pandemic (2021/22), which is still higher than the 15% recorded in the 2017/20 pre-COVID period. None of the hospitals recorded a higher-than-expected death rate, although one hospital reported significantly fewer than the Scottish average.

This research was conducted as part of the Scottish Care of Older People Project (SCoOP), a national evaluation project, supported by the British Geriatric Society, which focuses on the care of older people across Scotland in both primary and secondary care settings.

The [current report](#) includes [historical data](#) covering pre-, during and post- pandemic lockdowns which, the authors explain, provides "a unique examination of care of older peoples acute, [emergency services](#) across Scotland."

Chair in Old Age Medicine at the University of Aberdeen and SCoOP Steering Group Co-Chair Professor Phyo Myint said, "This report has highlighted the major differences in responses to the pandemic within each Scottish hospital.

"There are of course contributing factors—such as the way individual services are configured, the frequency and timing of multidisciplinary meetings, composition and culture of the teams, and the availability of rehabilitation services within the community. However, the impact of the pandemic on admissions and [patient outcomes](#) between individual hospitals was widely disparate, which reflects variation in how each hospital service responded to the pandemic and highlighting potential lessons to be learned.

"While factors such as age and social deprivation varied widely across hospitals, the variation in outcomes observed is probably too large to be explained by these factors alone and may instead be explained by how individual health boards reacted to the COVID pandemic."

Audit Lead and Honorary Clinical Reader at the University, Dr. Roy Soiza, said "There remains unwarranted high variation in outcomes of acute geriatric medicine services across Scottish hospitals, especially with regards to length of stay in hospital.

"This report is primarily intended to stimulate reflection, learning and action to improve services and outcomes."

Professor Myint added that "This report highlights the need to better understand how [health systems](#) could be improved to best serve the older people in Scotland and beyond.

"We need to gain deeper insight into the factors that drive the differences in care we observe from this national program.

"Future work may allow us to analyze this complex issue where outcomes depend not only on the patients themselves, but also staffing and service level factors, social care settings and this report clearly demonstrates the need for more robust analyses to understand this."

Dr. Rowan Wallace, Chair of BGS Scotland (who also co-wrote the report's foreword) added, "The COVID pandemic has been the biggest challenge ever to face health and social care services.

"The variation in experiences and outcomes for older people receiving acute or emergency care across Scotland during this period is concerning and highlights a number of lessons that can be learned.

"The report also sheds light on the impact of deprivation on health care outcomes. Health inequalities must be addressed to ensure that all older patients receive the care and support they need.

"We hope this report provides an opportunity to understand, reflect and act on the causes of these disparities and help work towards high quality acute care for all older people in Scotland."

More information: SCoOP reports: www.bgs.org.uk/resources/scott..._people-scoop-project

Provided by University of Aberdeen

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