

## **Better Outcomes in Elderly but Care Integration Needed**



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A recent study published in the *International Journal of Surgery* focuses on challenges the National Health System (NHS) in England face when treating elderly patients in emergency care.

Ageing increases the propensity to chronic disease that leads to challenging decision making in managing "pre-existing illnesses and post-operative rehabilitation with higher morbidity and mortality", the article says.

It goes on to say that in order to optimise service design and development, it is critical to understand the changing pattern of emergency surgical care for this patient group.

The study investigated the outcomes of emergency surgical admissions between 2000 and 2014 for 105, 002 patients aged 70 and above. The results showed the following:

- Outcomes for elderly surgical patients are improving;
- Elderly patients are becoming more frail;
- The weekend effect (increased mortality) is present when operations are undertaken on Saturdays and Sundays;
- The mean age and risks from pre-existing disease increased.
- Operative intervention was undertaken in 13 percent of patients in all age groups with an increased number of patients undergoing
  operations over time. Fifty percent of these were within 48 hours of admission.
- Overall in-hospital mortality dropped significantly along with length of hospital stay.

The study found that factors associated with increased 30-day in-hospital mortality included:

- Rising age and level of pre-existing disease;
- · Admissions direct from clinic;
- Patients admitted earlier in the course of the study period;
- Surgery performed at the weekend (had a 25-30% greater mortality than the rest of the week).

Mr Paul O'Loughlin, study lead author and Consultant Colorectal Surgeon, Department of Colorectal Surgery, Queen Elizabeth Hospital, said: "The aging UK population has long been predicted to cause significant strain on health services. This study demonstrates the effect within trends and outcomes for elderly acute surgical patients over the last 15 years within the Northern region of England. The data shows a shift from primary care towards A&E becoming the prime route of admission to hospital and indicates the increasing complexity and amount of pre-existing illness of the acute elderly general surgery admissions. "

O'Loughlin went on to say that, in spite of this, the study showed significantly better outcomes for both length of stay and mortality. "The study shows mortality has improved variably for specific conditions and highlights areas that may still need improvement. The study will allow for useful benchmarking of future interventions and service improvements targeting the growing issue of the ageing population for health services," he added.

Source: <u>Eureka</u> Image Credit: NHS

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