Letters to the Editor

Predicting length of hospitalisation and social factors

SIR—The paper by Supervia et al. [1] published in Age and Ageing showed that the Barthel Index could predict the length of stay (LOS) of elderly patients in a Short Stay Unit (SSU). Strict admission criteria are applied in these units because their expected average stay is 4–5 days. Frequently, patients with perceived ‘social problems’ are excluded from admission [2], assuming that social needs exist prior to health needs and that they are not caused or influenced by the latter.

The authors justified their study arguing that ‘the lack of autonomy could be an inconvenience in accepting discharge’ (p. 339). Most would agree that those words were at least inappropriate. Functional ability is not an ‘inconvenience’ but a key factor when dealing with the complexity of discharging elderly patients from health institutions. The exclusion of ‘social problems’ according to clinicians’ perspectives prior to admission does not ensure the exclusion of social needs once patients are in the units. In their study, social factors were not related to functional ability scores on admission or discharge, neither were they related to LOS. This is of particular significance in any healthcare context, but specifically in Spain, a country with an underdeveloped welfare system [3].

The study concludes that the more dependent the patients, the longer their LOS, and that females stayed longer than males. To explain this supposed causality, the authors argue that ‘we think that difference on LOS between men and women on AECPD group could be explained because, in our country, in general, women are better carers of their husbands than men of their wives’ (p. 341). Their classic attribution problem may have been better approached by exploring some of the social factors of their sample. Were those women married or widowed (women tend to live longer than men), how old were their carers?, etc. Most importantly, in Spain, men and women have to care for their relatives with little help from social services. Social services departments would not be able to provide the necessary services for safe discharges in a timely manner.

I would like to remind the authors of the need to develop an understanding of social factors when assessing how elderly patients’ characteristics may influence LOS [4]. Unfortunately, unmet social needs may not always be predicted prior to admission but may still influence outcomes. These studies will require an exploration of macro–meso–micro contextual features affecting patients and the sites where they are admitted [5].

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References

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Reply

SIR—We appreciate the comments made by Ana Manzano-Santaella regarding our article. However, some reflections on the interpretation of data seem to be pertinent. The sentence ‘the lack of autonomy could be an inconvenience in accepting discharge’ refers to the necessity of establishing a previously unneeded resource as a consequence of functional loss in some acutely admitted elderly patients. In our hospital, necessary social resources are offered from the time a patient is admitted to the emergency service, where there is a social worker fully employed. If the older patient is admitted to the hospital, coordinated actions with the social services of the city district are implemented to establish comprehensive discharge planning with postdischarge support. On the other hand, the health care personnel of our hospital is particularly sensitive and motivated to the detection of social problems.