

SCOOP

ACUTE HOSPITAL OUTCOMES REPORT 2018-2019

An overview of outcomes of acute geriatric medicine services in Scotland



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SCoOP Acute Hospital Outcomes Report

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SCoOP Acute Hospital Outcomes Report

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Foreword

SCoOP is an ambitious project. Evaluation variation and benchmarking older peoples care is wider than the specialty of geriatric medicine or acute hospitals. Nevertheless, this SCoOP report – the second of its kind forms a provocative piece to explore the experiences of a large proportion of older people in acute care. All metrics have their limitations and as with all benchmarking their goal should be to seek to provoke self-examination and discussion as well as drive improvement and reduce variation.

There is a significant and consistent rise in inpatient admissions across Scotland with a 32% rise in admissions over four years: this will undoubtedly have created additional pressures on the specialty who have delivered care within a broadly similar bed base through improved efficiencies and throughput. There are however still wide variations across the country in activity levels and length of stay that are not simply explained by casemix. Reassuringly, despite this increased activity, mortality rates have fallen slightly and readmissions have not risen.

Also reported here are data from across Scotland for Hospital at Home services, which is a rapidly developing sector of specialist acute care that may expand in future reports, and has seen a 5-fold increase in activity.

This is the first SCoOP report to include some metrics on casemix. This will naturally vary by geographic catchment area across Scotland as best illustrated by differences in Depcat 1 Score (most deprived) in Glasgow Royal Infirmary and Depcat 5 (least deprived) in Edinburgh Royal Infirmary. Nevertheless, deprivation and casemix alone cannot explain all the variation seen in performance and teams should consider the configuration of services, staffing and efficiency of their services in light of this variation.

Foreword cont'd

Several key messages are now emerging from the data which seem significant.

1. Time spent out of specialty bed correlates with an increased overall length of stay.
Every one day spent waiting to get to a specialty bed adds three days to overall length of stay. Priority must be given therefore to creating easier access to specialty beds for older people with frailty.
2. Acute length of stay has no correlation with post-acute length of stay. Those who spend longer in an acute hospital bed spend just as long in a post-acute bed and longer lengths of stay do not correlate with shorter lengths of post-acute stay.
3. Shorter lengths of stay do not correlate with increased readmissions.
(The only exception to this observation is Aberdeen Royal Infirmary)
4. Increased early discharge rates (within 24 hours) correlate with lower length of stay overall and fewer extended delays.
It is noteworthy that three of the top four performing hospitals for this metric have acute frailty admission units facilitating earlier discharges. Prioritising senior decision making and access to speciality beds appears to improve overall length of stay.
5. In examining individual hospital charts, three distinct patterns emerge.
Firstly those with highest discharge rates on days 0 and 1 which also tend to have low numbers with extended lengths of stay (over 30 days). These units often have a focus on acute assessment.

Foreword cont'd

Those whose discharge rates peak around day 6 or 7. This pattern may reflect MDT frequency or senior clinical decision making as rate limiting steps. These typically have high levels of extended stays (over 30 days).

Finally those with no clear discharge peak and very high numbers of extended stays (over 30 days).

Ultimately there isn't one perfect system illustrated here and teams need to explore what the data means for their hospitals. Hopefully if it provokes teams to look at their systems and explore which areas they would like to address locally to improve the experience of older people, it will have achieved what it set out to do.



Professor Graham Ellis
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Hospitals Report 2018/19

SCoOP

Scottish Care of Older People Project

Acute Hospitals Report



This is the SCoOP's second Acute Hospitals Report to NHS Boards and Health and Social Care Partnerships. It aims to help them assess their specialist acute geriatric medicine services' performance by highlighting variation in outcomes across Scotland.

There are many factors that can account for variation in outcomes, including differences in case-mix, service configuration, resources and staffing. The report does not attempt to explain the variation but aims to stimulate thoughtful discussion, learning and action.

The report should be used to help benchmark some key patient outcomes and inspire a culture of inter-organisational learning and continuous improvement. The wider goal is to reduce unwarranted and unjustifiable variation in outcomes, which may represent a threat to patient safety and/or a failure to learn from best practice.

The report includes figures comparing outcomes across 20 acute hospital sites and a summary for each hospital site. Data for some smaller hospital sites were removed for disclosure reasons.

For the purposes of this report, admissions were only counted where the majority of the total hospital stay was spent in an acute hospital site.

All data were provided by Public Health Scotland. These rely on health boards correctly identifying and coding admissions under geriatric medicine teams.

What is SCoOP?

“SCoOP is a Scottish national evaluation project focusing on care of older people across Scotland in both primary and secondary care settings.”



SCoOP has the following overarching aims:

- To evaluate the variation in service provision for older people who require health and social care in various settings to serve as a driver for standardisation and improvement of care across Scotland
- To provide benchmarking tools for various care aspects of older people in Scottish NHS health and social care settings to support improvement work in services across Scotland
- To provide a health intelligence and knowledge transfer hub for service users, health care providers and policy makers through annual evaluation cycles

This is a joint initiative set up in late 2016 by three key partners: Healthcare Improvement Scotland, the British Geriatrics Society, and the University of Aberdeen as the lead academic institution, with representation from the other Scottish universities with clinical academic departments in Geriatric Medicine.

Executive summary



- The report measured outcomes of admissions to geriatric medicine in the 20 largest hospitals in Scotland. Admission numbers grew 2% since the previous year. This followed three consecutive years of growth exceeding 10% per year.
- The number of admissions varied widely across sites, with some areas showing large increases in activity while others are in decline.
- Case-mix varied widely across hospitals, particularly in respect to age and social deprivation.
- The previously noted enormous variation in length of stay across hospitals remained, with up to 10-fold differences in median length of stay. Hospitals with higher activity levels generally had lower lengths of stay, but this does not explain all variations.
- Aberdeen Royal Infirmary had a median length of stay less than half that of any other hospital but with readmission rates within 7 days being the highest.
- Differences in readmission rates and mortality were also marked (up to two-fold) between hospitals. Case-mix may account for some of the variation.
- Death rates were lower at 15%, having previously averaged 16.5% for three preceding years.
- Readmissions have remained broadly stable over the last 3 years, despite the substantial increases in activity.
- Four health boards now reported the activity of their 'Hospital at Home' schemes.
- The report relies on accurate coding of specialty and this may be an issue at some sites, e.g. this is likely to have affected Perth Royal Infirmary's data in last's year report.
- The report highlights significant variation in outcomes across the country, and provides potential benchmarks for future quality improvement and greater consistency in outcomes.

Distribution of admissions

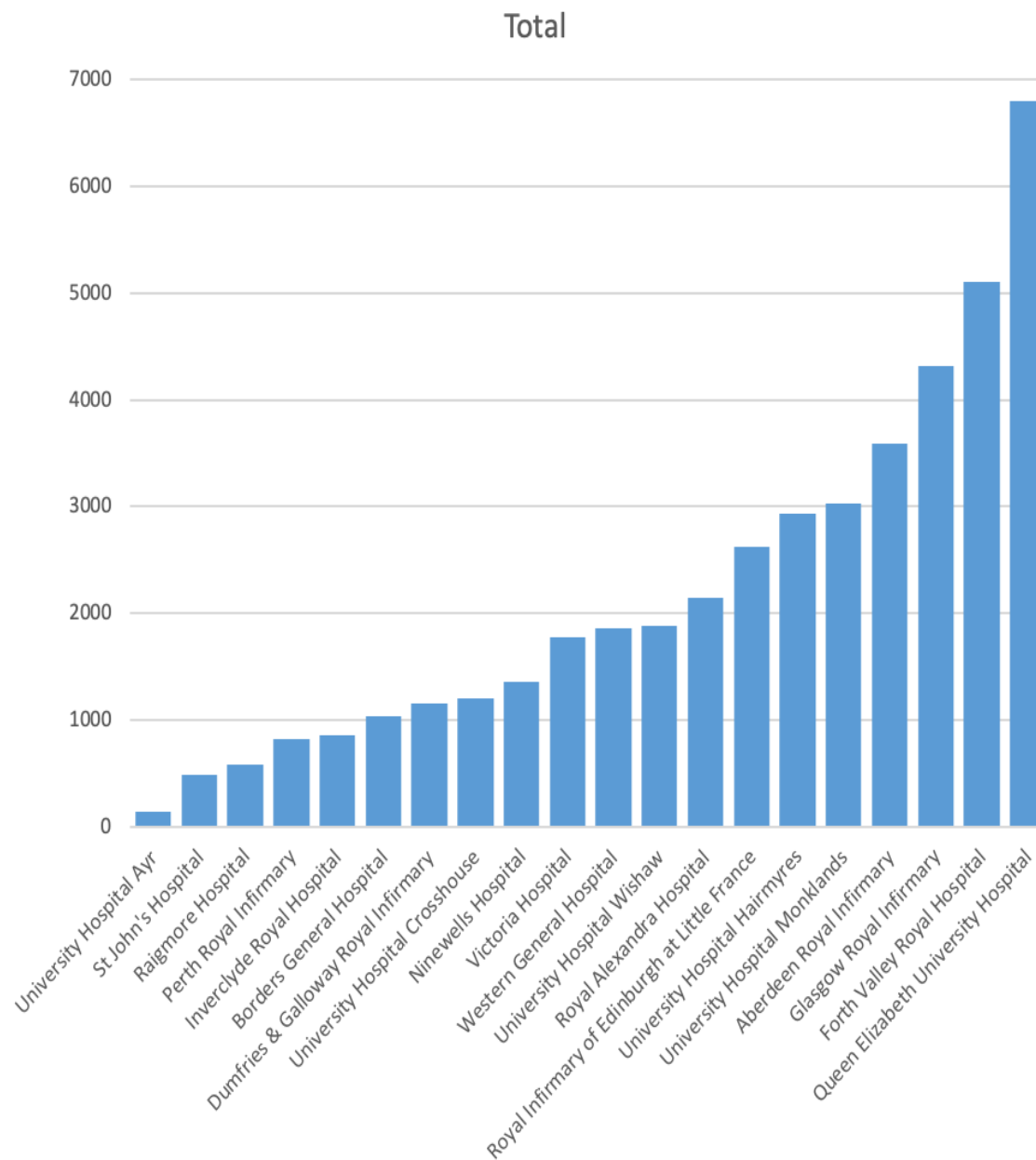
by sex, age group and quintiles of social deprivation indices

Hospital	Total	Sex	Age Distribution				Deprivation Quintile (1=most deprived)				
		F %	65-74 %	75-84 %	85-94 %	95+ %	Dep1%	Dep2%	Dep3%	Dep4%	Dep5%
Aberdeen Royal Infirmary	3589	60.0	7.2	37.5	49.7	5.5	9.5	20.0	20.3	24.5	25.6
Borders General Hospital	1038	54.4	10.3	35.5	47.4	6.7	7.9	21.4	35.9	28.2	6.6
Dumfries & Galloway RI	1153	57.6	7.5	42.8	43.5	6.2	6.2	25.2	42.5	18.1	8.1
Forth Valley Royal Hospital	5110	55.9	3.7	57.7	35.2	3.4	19.2	23.4	23.8	19.8	13.8
Glasgow Royal Infirmary	4317	58.5	15.7	47.0	33.4	3.9	50.9	21.6	9.2	11.1	7.3
Inverclyde Royal Hospital	858	64.1	18.1	42.4	36.8	2.7	46.5	10.8	16.1	12.9	13.6
Ninewells Hospital	1357	55.9	8.0	36.8	48.8	6.4	21.7	20.7	14.8	24.6	18.2
Perth Royal Infirmary	825	57.8	9.7	36.5	46.2	7.6	6.4	15.5	27.4	26.4	24.2
Queen Elizabeth University Hosp	6801	63.0	13.7	40.1	40.4	5.8	34.6	20.2	11.4	11.9	21.8
Raigmore Hospital	583	57.8	13.0	37.0	43.9	6.0	9.9	20.1	30.2	30.7	9.1
Royal Alexandra Hospital	2145	63.4	15.0	40.5	39.5	5.1	27.2	28.8	18.5	13.1	12.4
Royal Infirmary of Edinburgh	2627	63.0	4.9	37.5	49.9	7.6	11.7	25.9	15.6	16.0	30.8
St John's Hospital	491	60.9	21.8	42.8	33.8	1.6	17.3	33.2	22.0	15.5	12.0
University Hospital Ayr	144	53.5	22.2	41.7	34.7	1.4	17.4	31.9	15.3	16.7	18.8
University Hospital Crosshouse	1210	60.6	31.9	39.8	25.1	3.1	35.8	24.2	17.8	13.2	9.0
University Hospital Hairmyres	2935	61.9	13.2	43.4	38.9	4.5	21.8	27.9	22.4	14.1	13.8
University Hospital Monklands	3026	61.4	20.5	45.3	31.5	2.7	40.0	26.3	16.2	11.8	5.8
University Hospital Wishaw	1880	60.4	12.1	44.3	40.1	3.6	34.7	33.4	15.7	10.9	5.3
Victoria Hospital	1780	60.0	13.0	39.0	42.6	5.4	23.8	27.0	19.8	18.3	11.1
Western General Hospital	1860	62.6	7.2	33.3	51.7	7.8	12.1	18.5	10.9	15.0	43.4

Hospitals Report 2018/19

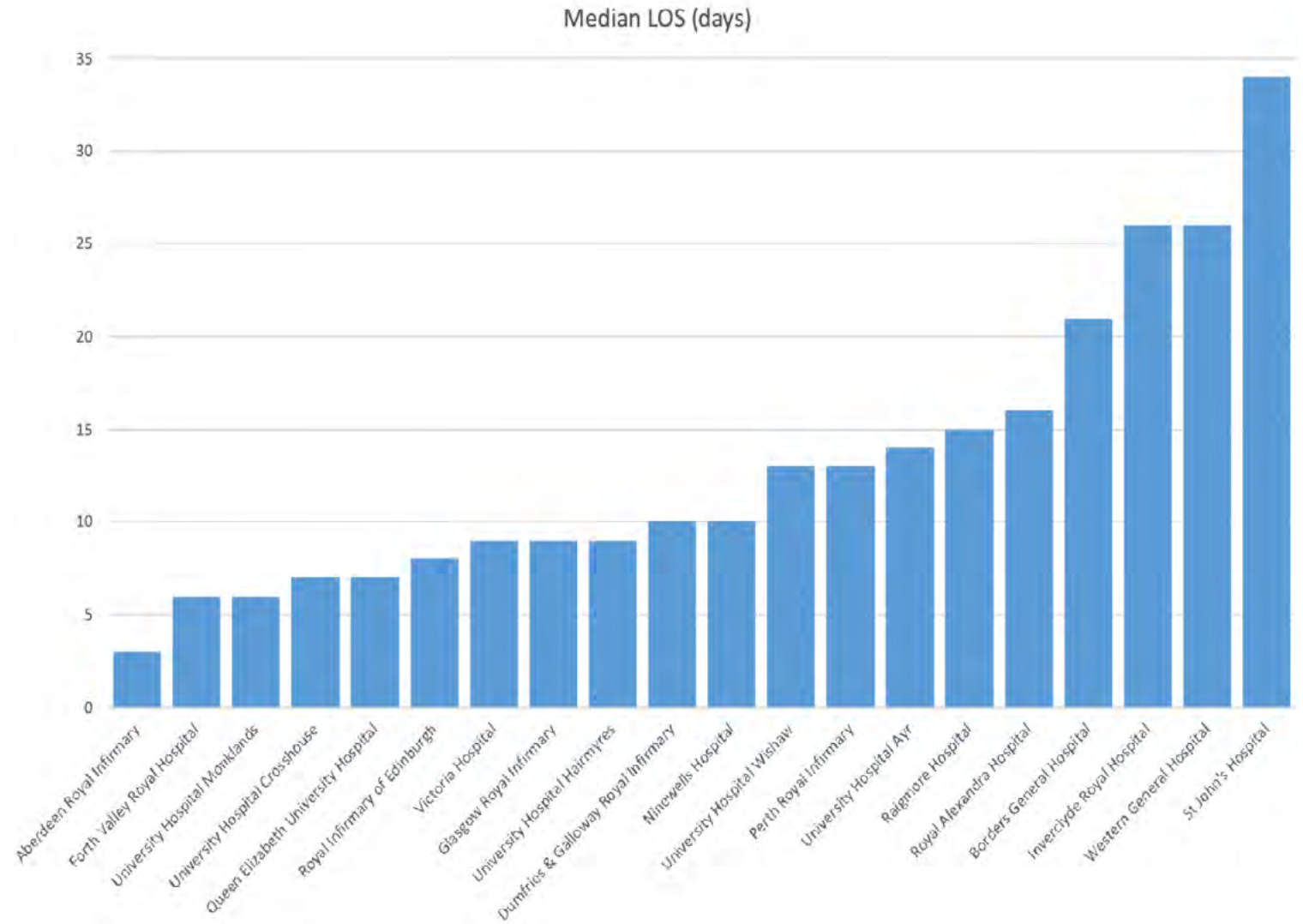
Activity

- There were 43,729 admissions to acute geriatric medicine beds in 2018/19 – up 2% from the previous year
- Activity had increased nationally by around 10% per year since the 32,009 admissions in 2014/5
- Changes in activity over the current audit period (2018/19) varied widely by hospital. Ayr's activity dropped by two thirds whilst Perth and Dumfries recorded 4 to 5 fold increases in activity
- Levels of activity in 2018/19 varied widely by hospital from 144 to 6,801 admissions

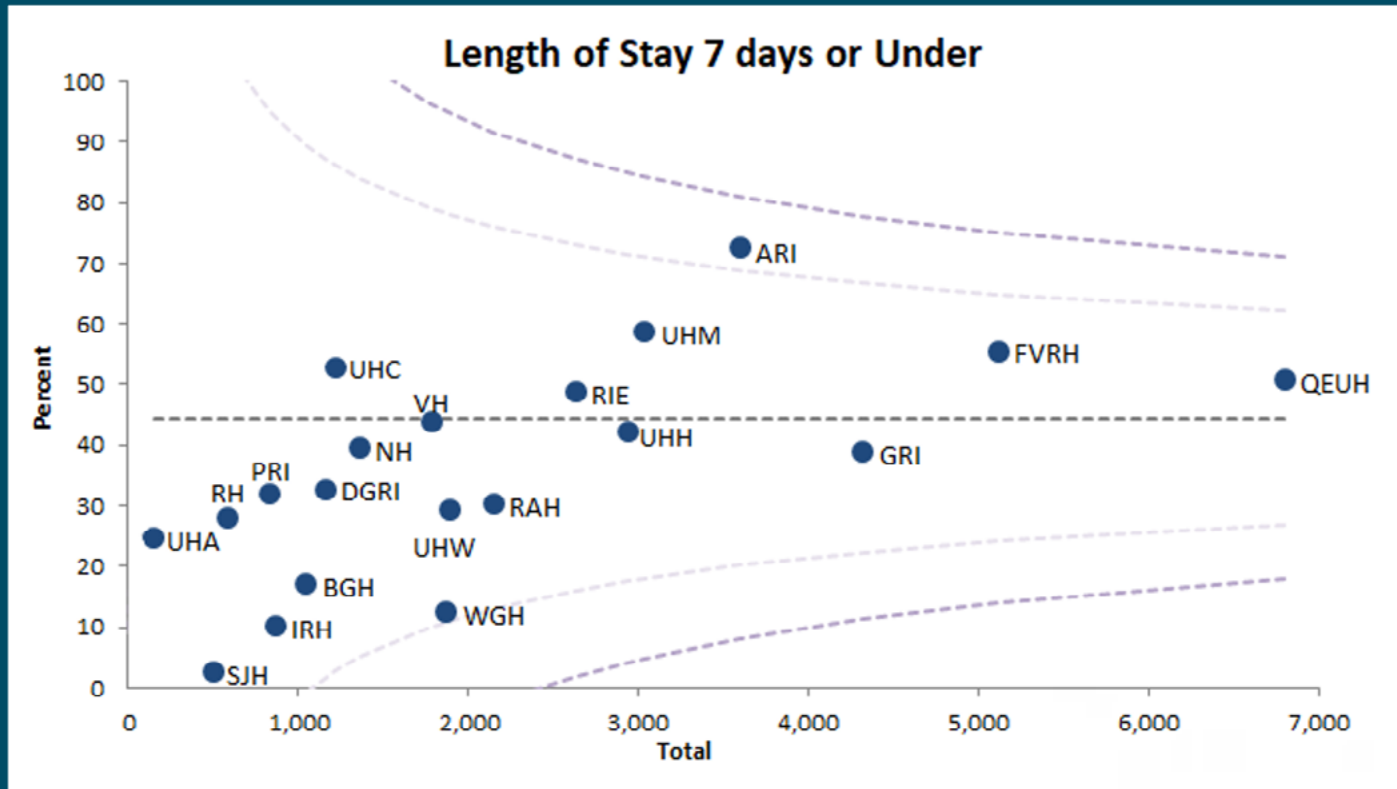


Hospitals Report Length of Stay

- Shown here as complete length of stay in acute beds including time spent in non-specialty beds
- A similar pattern to length of stay from the previous year is seen
- There is a 10-fold variation in median length of stay across the country
- Analyses from last year's report show length of stay in acute hospital settings is strongly associated with mean time spent out of specialty (e.g. due to delays in transfer to specialist geriatric wards), with approximately 1 day out of specialty resulting in 3 days more length of stay
- In addition, this is independent of mean length of stay in non-acute settings such as rehabilitation wards or community hospitals



LOS by activity

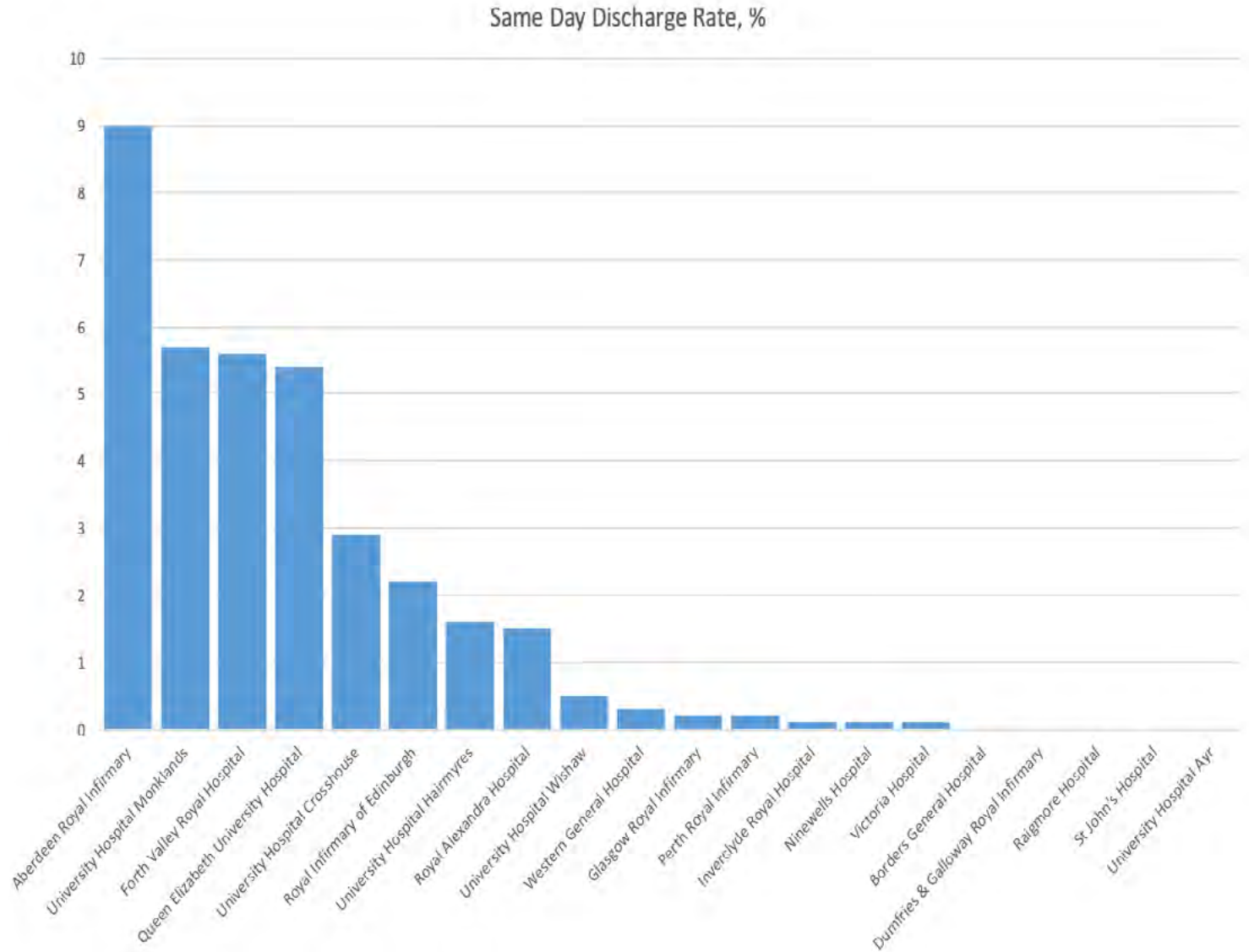


- Funnel plots of all hospital rates versus activity, where dotted lines represent 2 and 3 standard deviations from the mean in all graphs in this report
- Aberdeen Royal Infirmary discharge rate was higher than 2 standard deviation from the mean

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Same Day Discharge

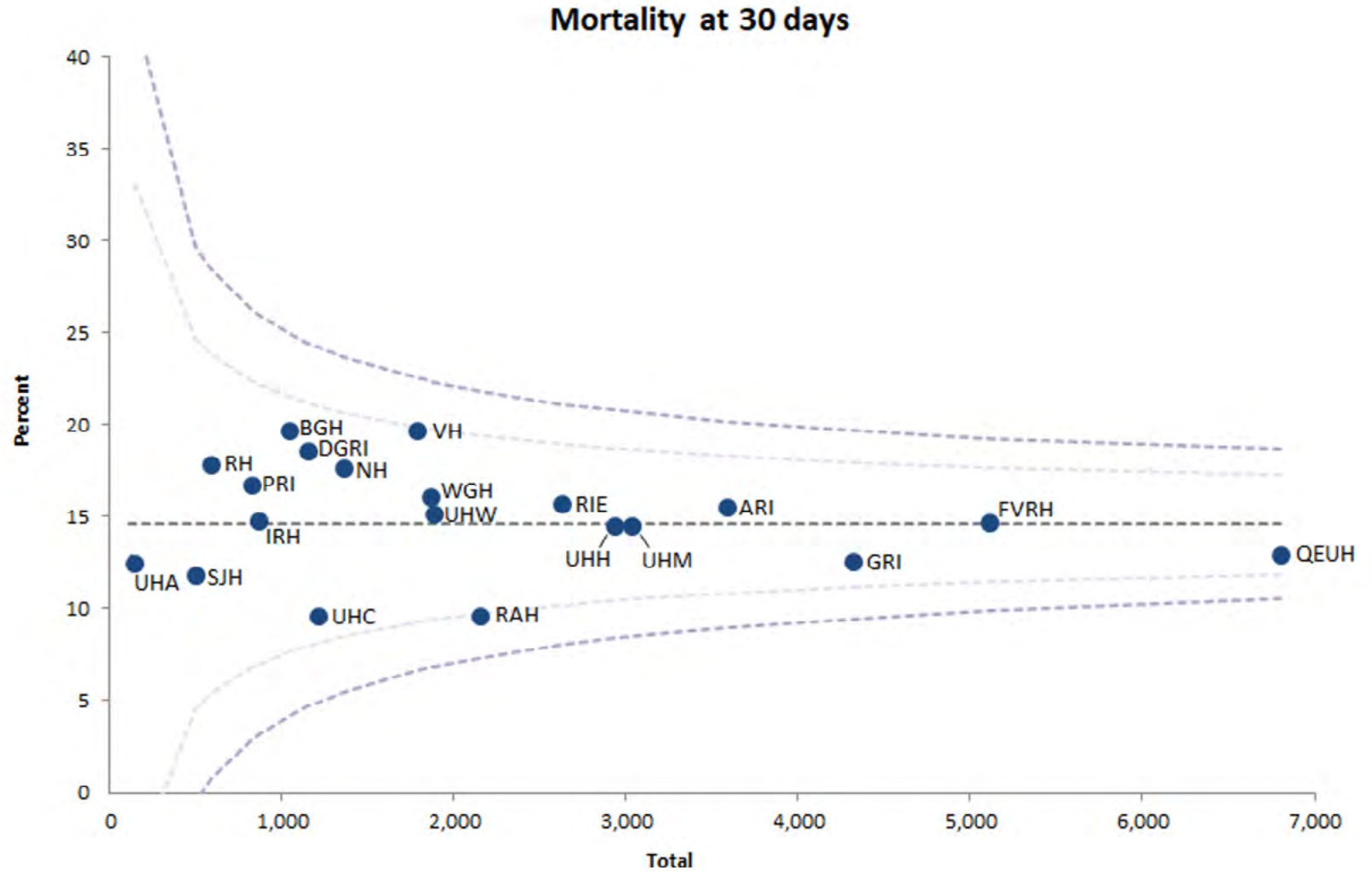
- Percentage of admissions to geriatric medicine discharged on the same day they were admitted
- Rates varied from 0% to 9.0%
- Rates by hospital were similar to last year's report



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Deaths

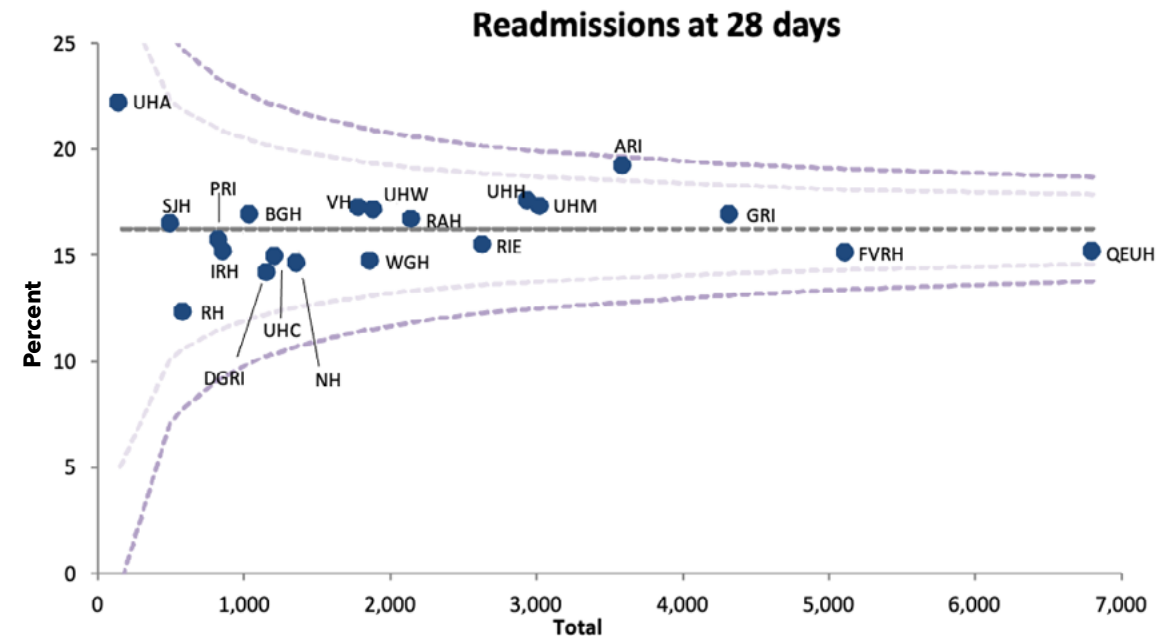
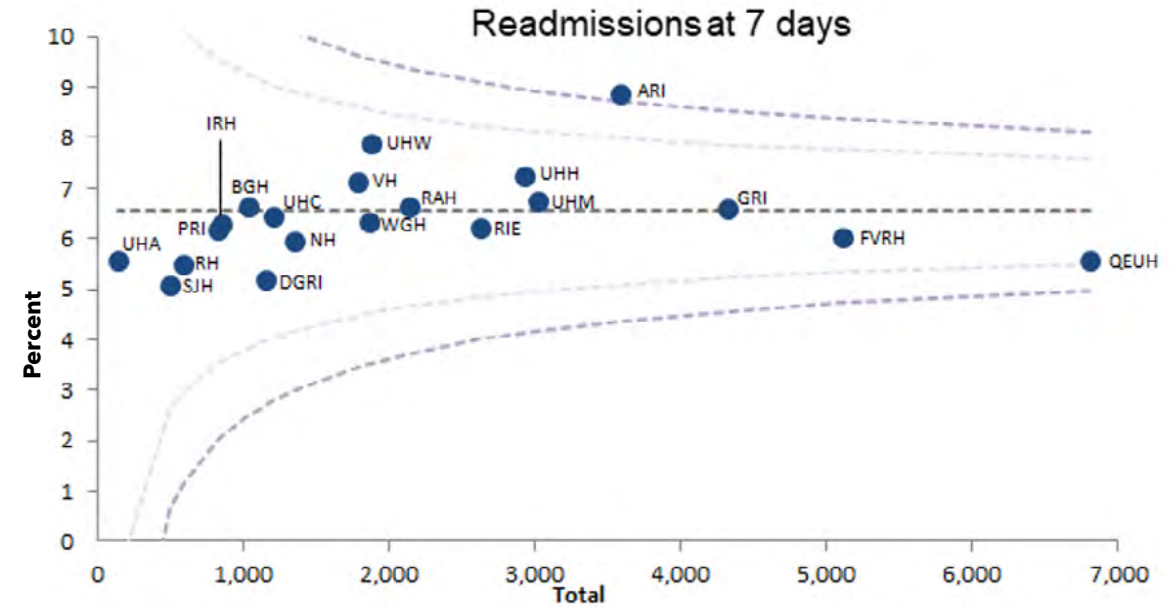
- Mortality rates at 30 days after admission fell to an averaged 15% for the year
- They had remained fairly steady nationally since 2013, averaging around 16.5%
- For 2018/19, mortality rates at 30 days across hospitals ranged from 9.7% to 19.8%
- All 30-day mortality rates were within two standard deviations of the mean, except for Royal Alexandra Hospital having lower than 2 standard deviation from the mean



Hospitals Report 2018/19

Readmissions

- Mean emergency readmission rates at 7 and 28 days post discharge from geriatric medicine have remained steady since 2013
- Mean emergency readmission rates at 7 days averaged 6.5% (range 5-9%)
- Mean emergency readmission rates at 28 days varied widely by site (mean 16%, range 12-22%)
- Aberdeen Royal Infirmary had higher readmission rates at both time points



Hospital at Home

- Only four health boards reported data for their Hospital at Home schemes
- Number of episodes increased over 5-fold from 1,397 to 7,485 in four years
- Median duration of episodes ranges from 4 to 6 days across health boards



Hospital at Home - Number of episodes by financial year and NHS Board

NHS Board of Treatment	2014/15	2015/16	2016/17	2017/18	2018/19	2018/19 comparison
NHS Fife	643	1,941	2,094	1,928	1,667	
NHS Grampian					153	
NHS Lanarkshire	616	2,387	2,872	3,021	3,099	
NHS Lothian	138	1,615	1,904	2,321	2,566	

Hospital at Home - Median duration of episode by financial year and NHS Board

NHS Board of Treatment	2014/15	2015/16	2016/17	2017/18	2018/19
NHS Fife	6	7	6	6	5
NHS Grampian					4
NHS Lanarkshire	4	5	4	5	6
NHS Lothian	7	6	5	5	5

Hospitals Report 2018/19

University Hospital Ayr

Total throughput 2018/19 = 144

Change over last year = -62%

Age 85+, % = 38% (rank 17th)

Most deprived quintile, % = 17% (rank 12th)

Median LOS = 14 days (rank 14th)

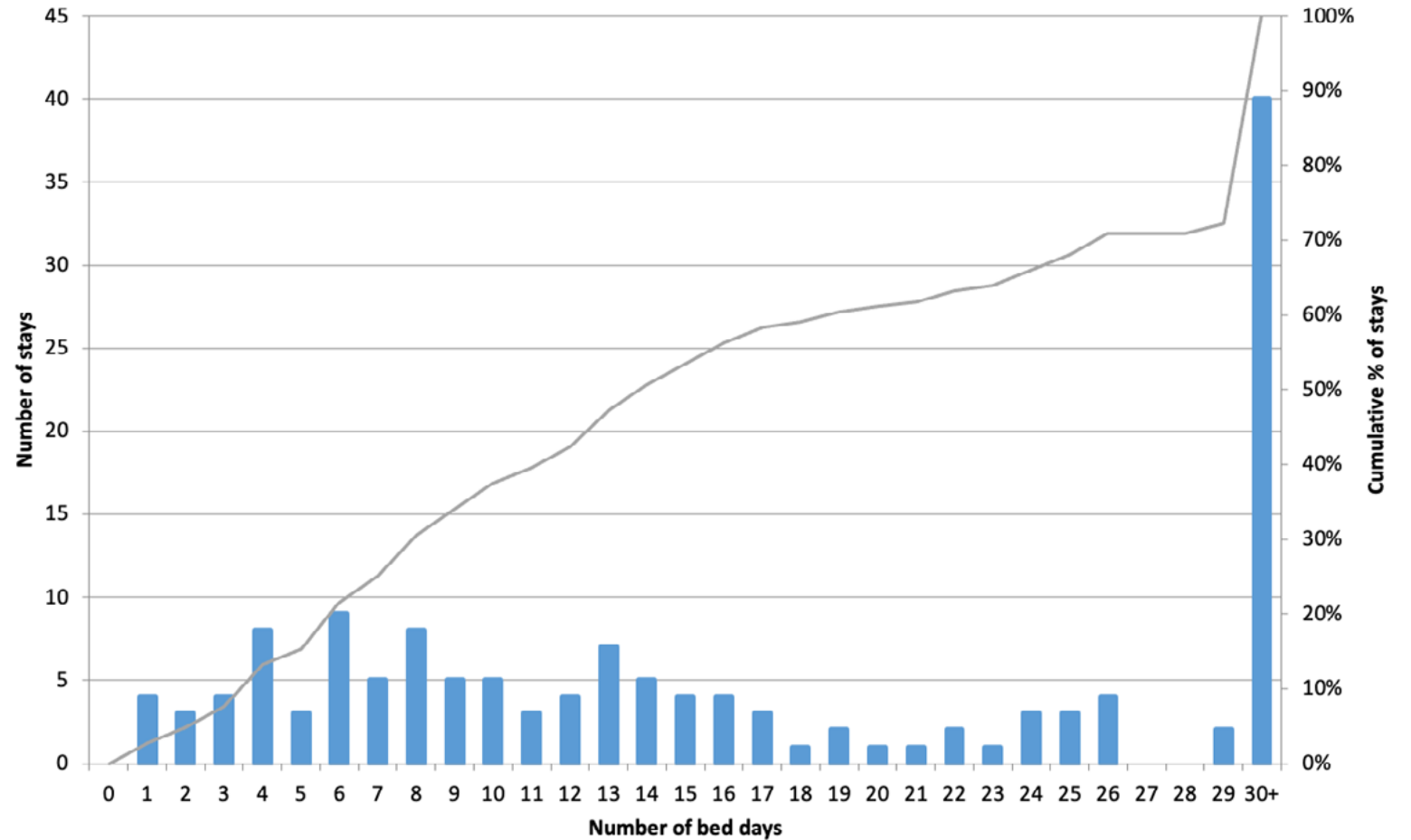
Change since 2017/18 = +2 days

Readmissions 7 days 5.6% (rank 5th)

Readmissions 28 days 22.2% (rank 20th)

Mortality 30 days 12.5% (rank 4th)

University Hospital Ayr: Geriatric Medicine Specialty Length of Stay (days), Aged 65 and over 2018/19



Hospitals Report 2018/19

University Hospital Crosshouse

Total throughput 2018/19 = 1,210

Change over last year = -15%

Age 85+, % = 28% (rank 20th)

Most deprived quintile, = 36% (rank 4th)

Median LOS = 7 days (rank 4th)

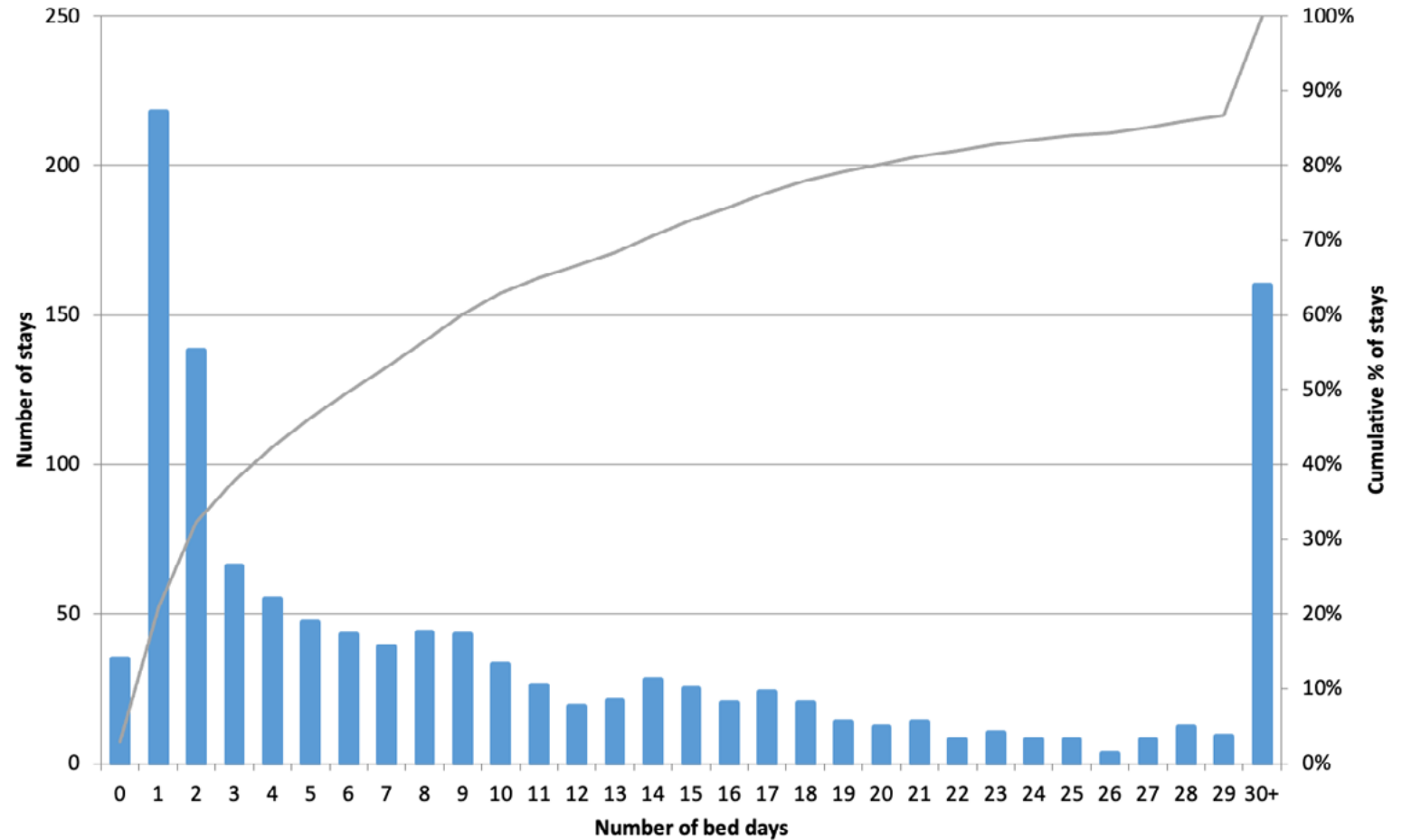
Change since 2017/18 = -3 days

Readmissions 7 days 6.5% (rank 12th)

Readmissions 28 days 15.0% (rank 5th)

Mortality 30 days 9.7% (rank 2nd)

University Hospital Crosshouse: Geriatric Medicine Specialty Length of Stay (days), Aged 65 and over 2018/19



Hospitals Report 2018/19

Borders General Hospital

Total throughput 2018/19 = 1,038

Change over last year = +11%

Age 85+, % = 54% (rank 5th)

Most deprived quintile, % = 8% (rank 18th)

Median LOS = 21 days (rank 17th)

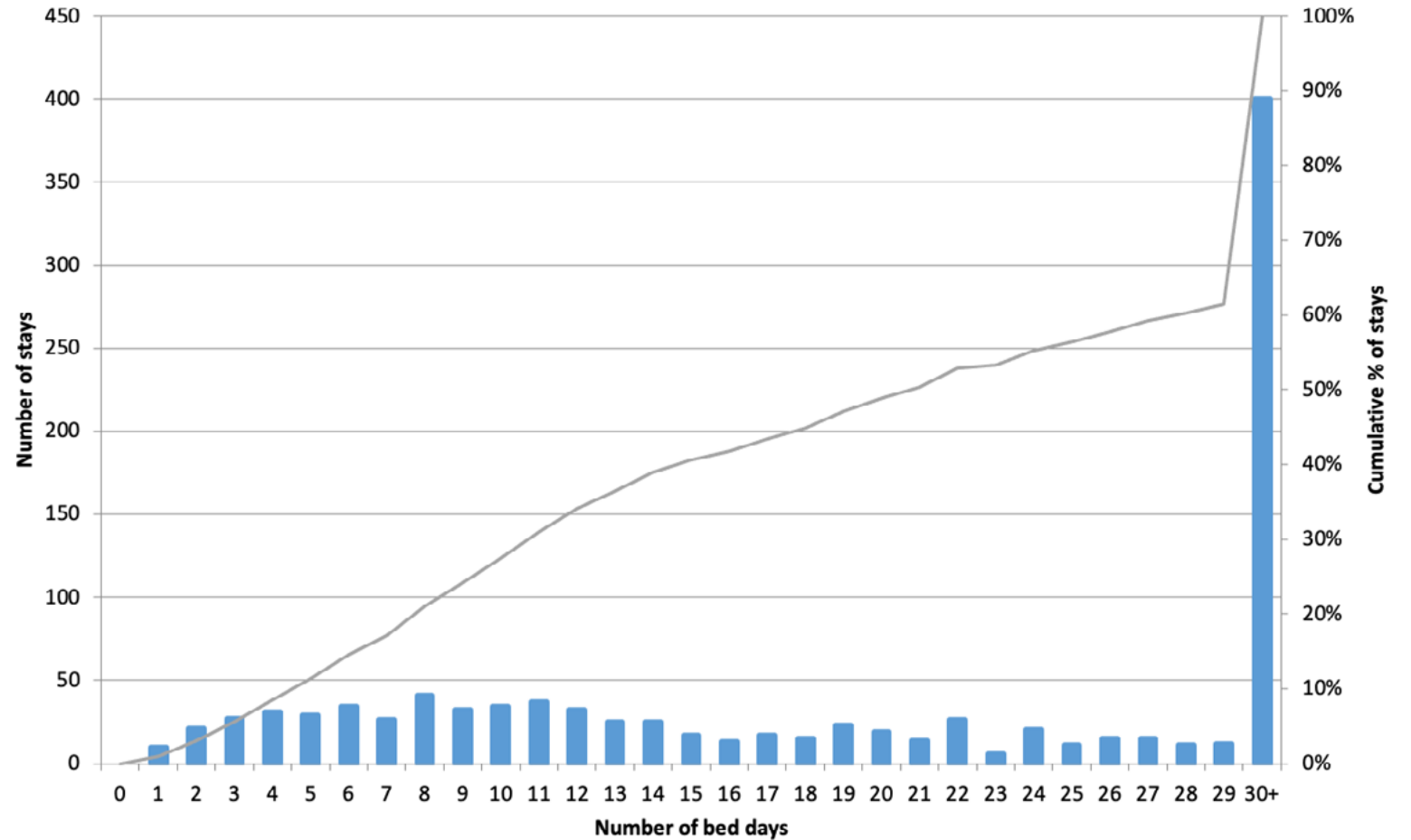
Change since 2017/18 = -3 days

Readmissions 7 days 6.7% (rank 15th)

Readmissions 28 days 17.0% (rank 13th)

Mortality 30 days 19.8% (rank 20th)

Borders General Hospital: Geriatric Medicine Specialty Length of Stay (days), Aged 65 and over 2018/19



Hospitals Report 2018/19

Dumfries and Galloway Infirmary

Total throughput 2018/19 = 1,153

Change over last year = +239%

Age 85+, % = 50% (rank 8th)

Most deprived quintile, % = 6% (rank 20th)

Median LOS = 10 days (rank 10th)

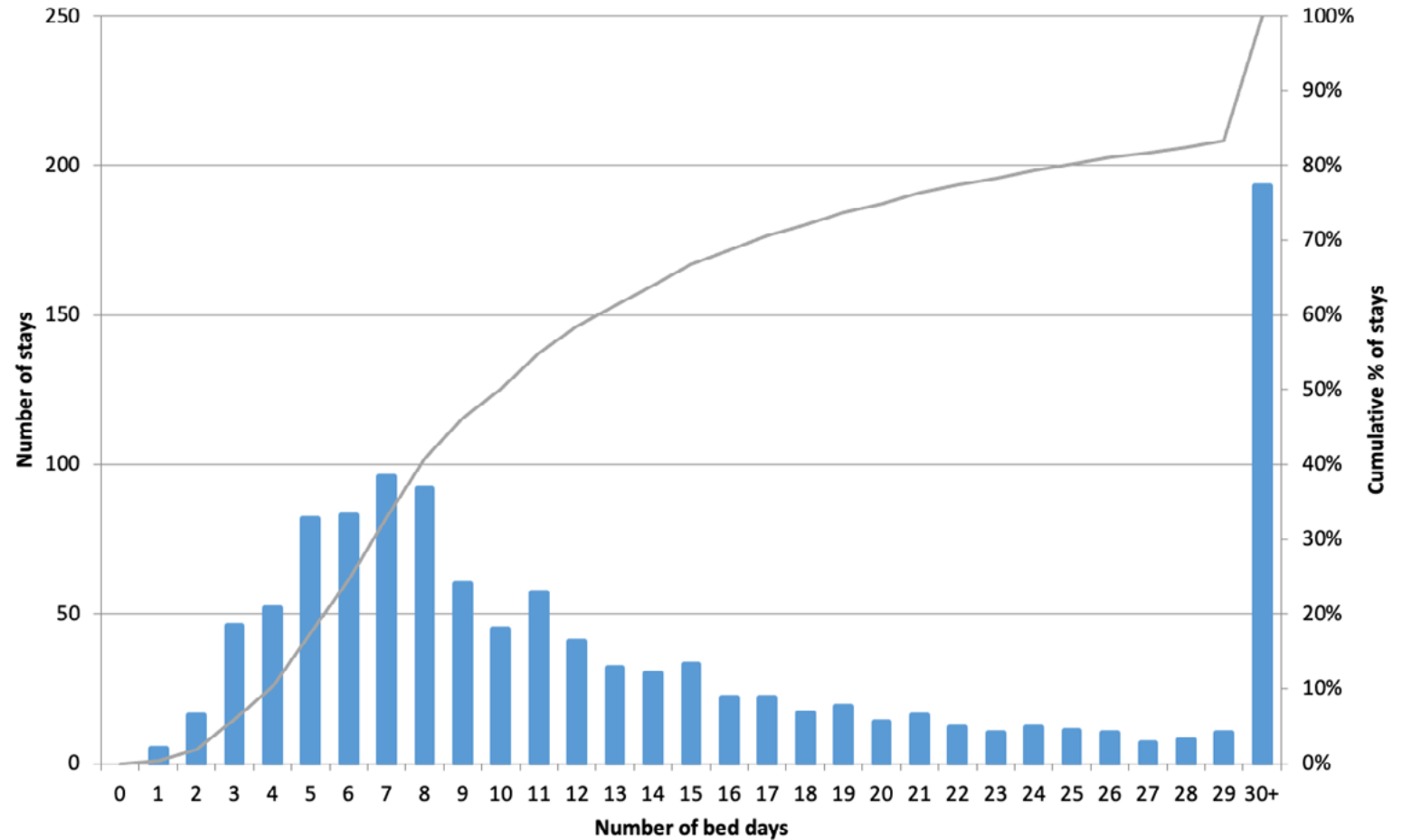
Change since 2017/18 = none

Readmissions 7 days 5.2% (rank 2nd)

Readmissions 28 days 17.0% (rank 14th)

Mortality 30 days 18.6% (rank 18th)

Dumfries & Galloway Royal Infirmary: Geriatric Medicine Specialty Length of Stay (days), Aged 65 and over 2018/19



Hospitals Report 2018/19

Victoria Hospital

Total throughput 2018/19 = 1,780

Change over last year = +6%

Age 85+, % = 48% (rank 9th)

Most deprived quintile, % = 24% (rank 8th)

Median LOS = 9 days (rank 7th)

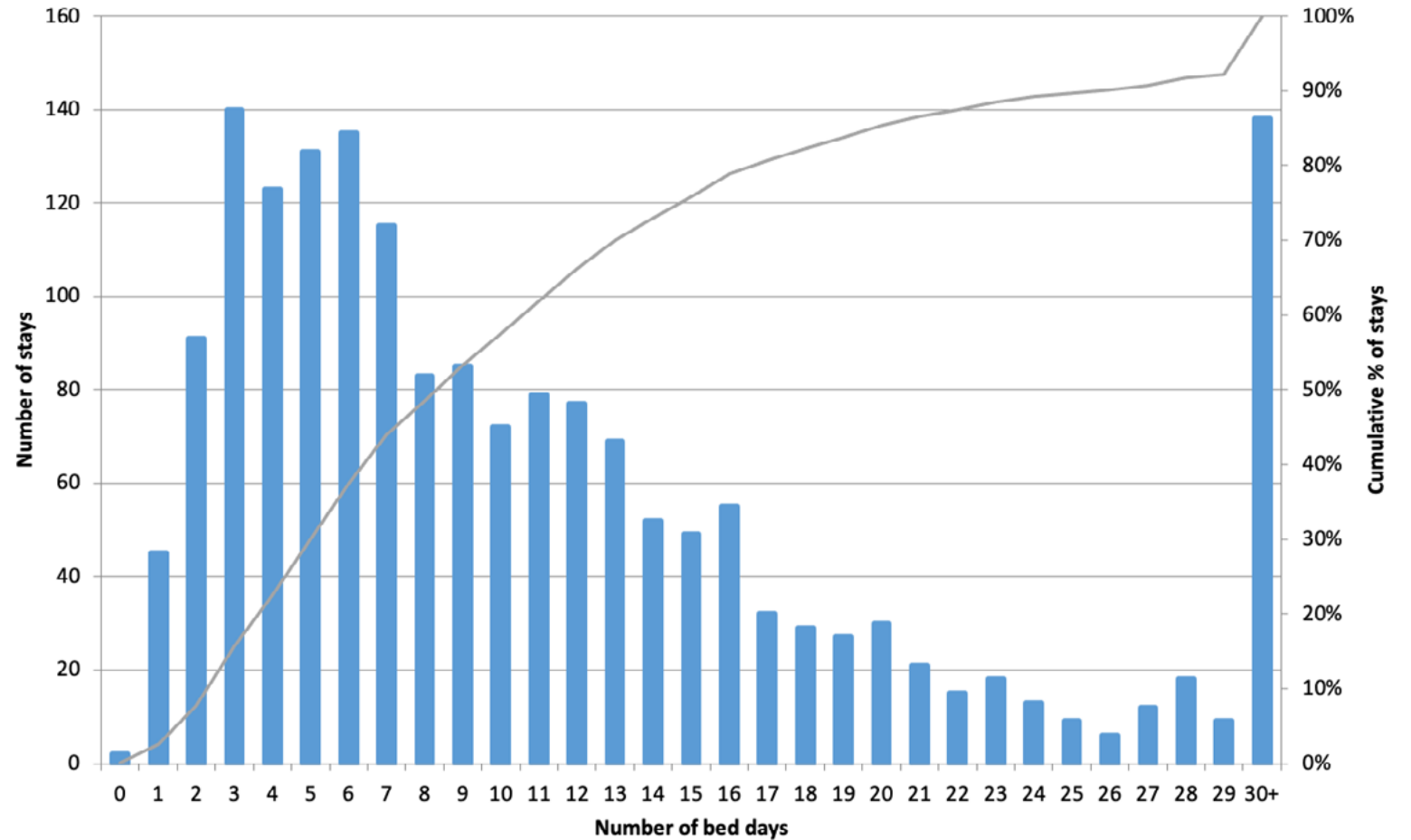
Change since 2017/18 = None

Readmissions 7 days 7.1% (rank 17th)

Readmissions 28 days 17.3% (rank 16th)

Mortality 30 days 19.7% (rank 19th)

Victoria Hospital: Geriatric Medicine Specialty Length of Stay (days), Aged 65 and over 2018/19



Hospitals Report 2018/19

Forth Valley Royal Hospital

Total throughput 2018/19 = 5,110

Change over last year = -1%

Age 85+, % = 39% (rank 15th)

Most deprived quintile, % = 19% (rank 11th)

Median LOS = 6 days (rank 2nd)

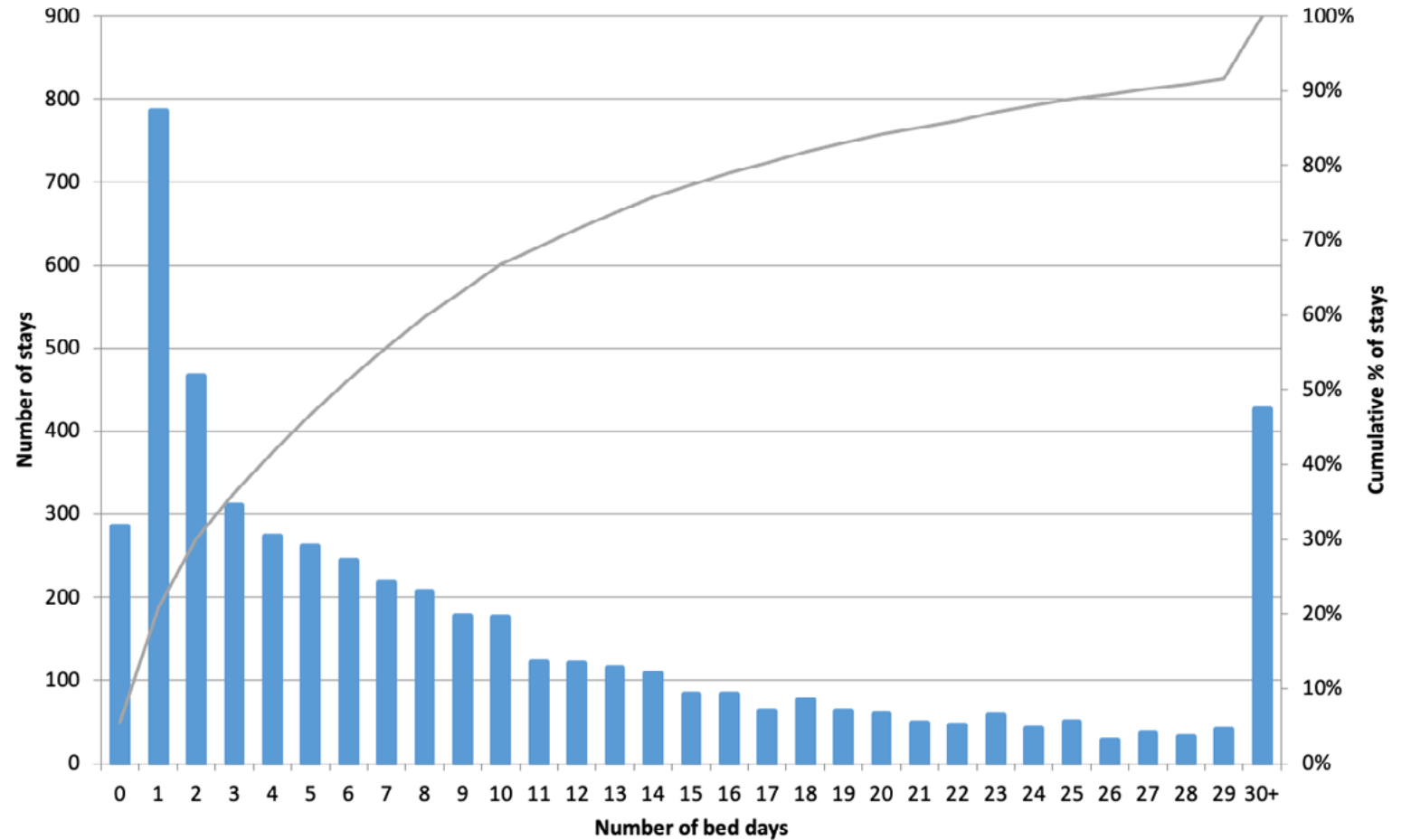
Change since 2017/18 = -1 day

Readmissions 7 days 6.0% (rank 7th)

Readmissions 28 days 15.2% (rank 6th)

Mortality 30 days 14.7% (rank 9th)

Forth Valley Royal Hospital: Geriatric Medicine Specialty Length of Stay (days), Aged 65 and over 2018/19



Hospitals Report 2018/19

Aberdeen Royal Infirmary

Total throughput 2018/19 = 3,589

Change over last year = -9%

Age 85+, % = 55% (rank 3rd)

Most deprived quintile, % = 10% (rank 17th)

Median LOS = 3 days (rank 1st)

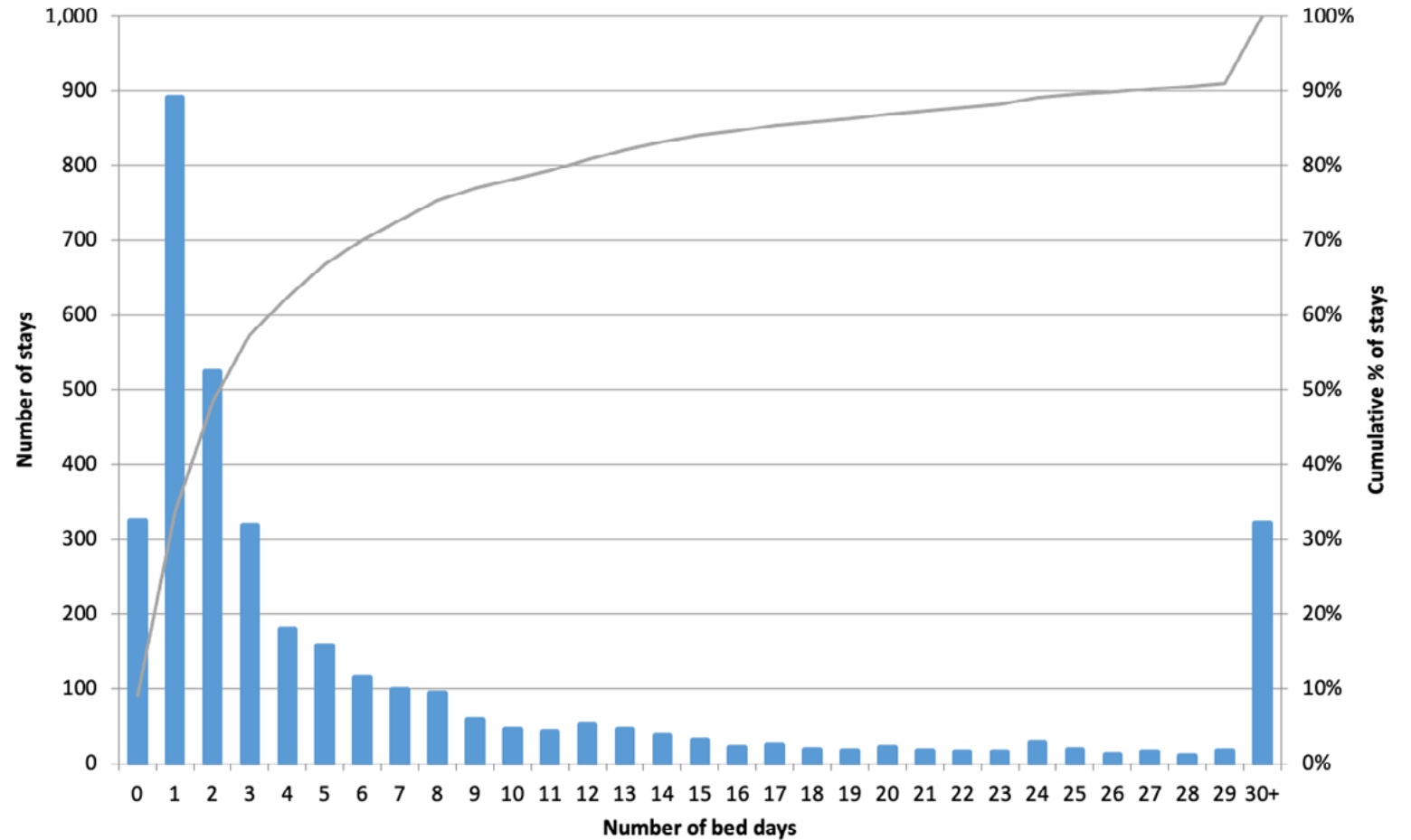
Change since 2017/18 = none

Readmissions 7 days 8.9% (rank 20th)

Readmissions 28 days 19.3% (rank 19th)

Mortality 30 days 15.6% (rank 12th)

Aberdeen Royal Infirmary: Geriatric Medicine Specialty Length of Stay (days), Aged 65 and over 2018/19



Hospitals Report 2018/19

Glasgow Royal Infirmary

Total throughput 2018/19 = 4,317

Change over last year = +4%

Age 85+, % = 37% (rank 16th)

Most deprived quintile, % = 51% (rank 1st)

Median LOS = 9 days (rank 7th)

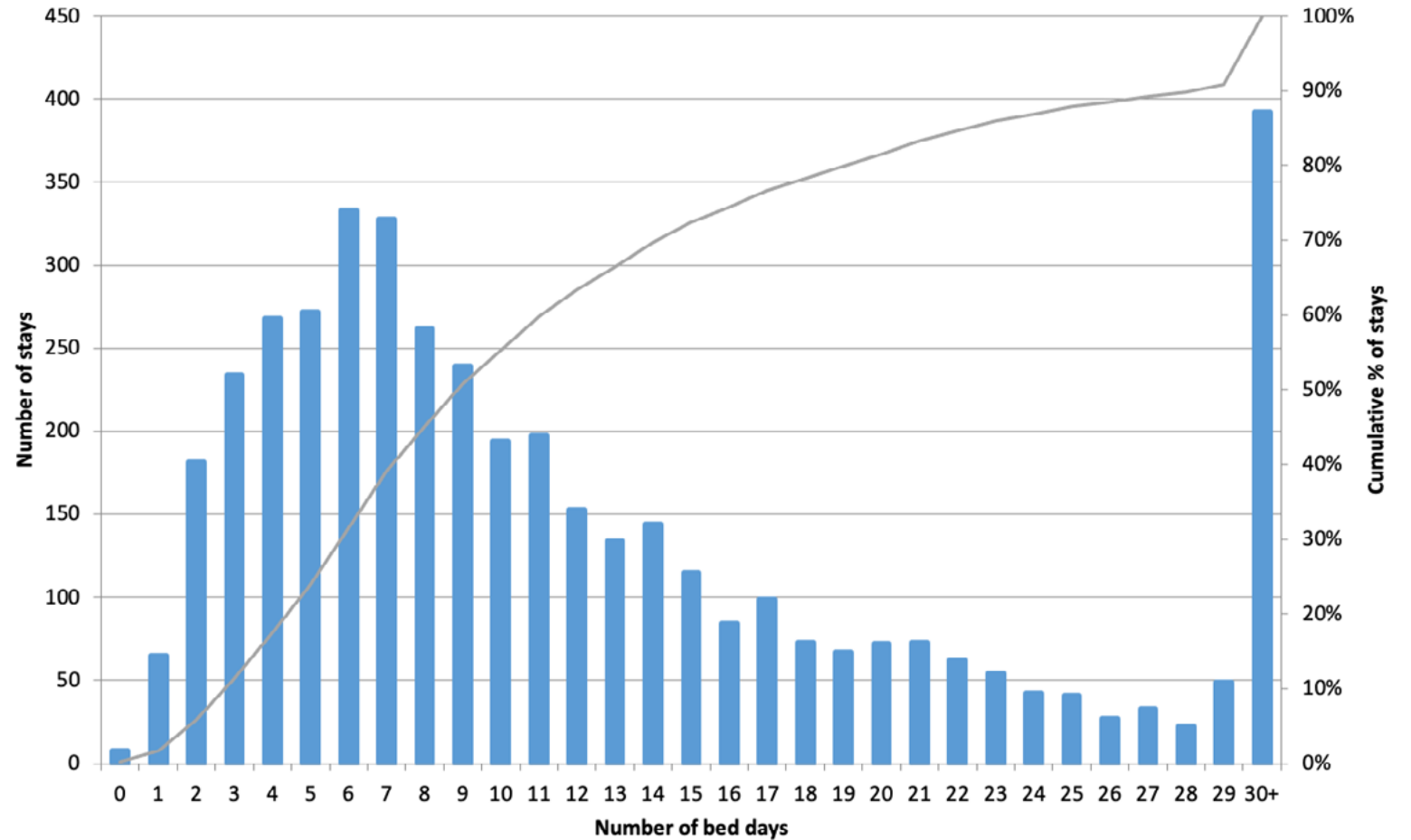
Change since 2017/18 = -1 day

Readmissions 7 days 6.6% (rank 13th)

Readmissions 28 days 17.0% (rank 14th)

Mortality 30 days 12.6% (rank 5th)

Glasgow Royal Infirmary: Geriatric Medicine Specialty Length of Stay (days), Aged 65 and over 2018/19



Hospitals Report 2018/19

Inverclyde Royal Hospital

Total throughput 2018/19 = 858

Change over last year = -11%

Age 85+, % = 40% (rank 14th)

Most deprived quintile, % = 47% (rank 2nd)

Median LOS = 26 days (rank 18th)

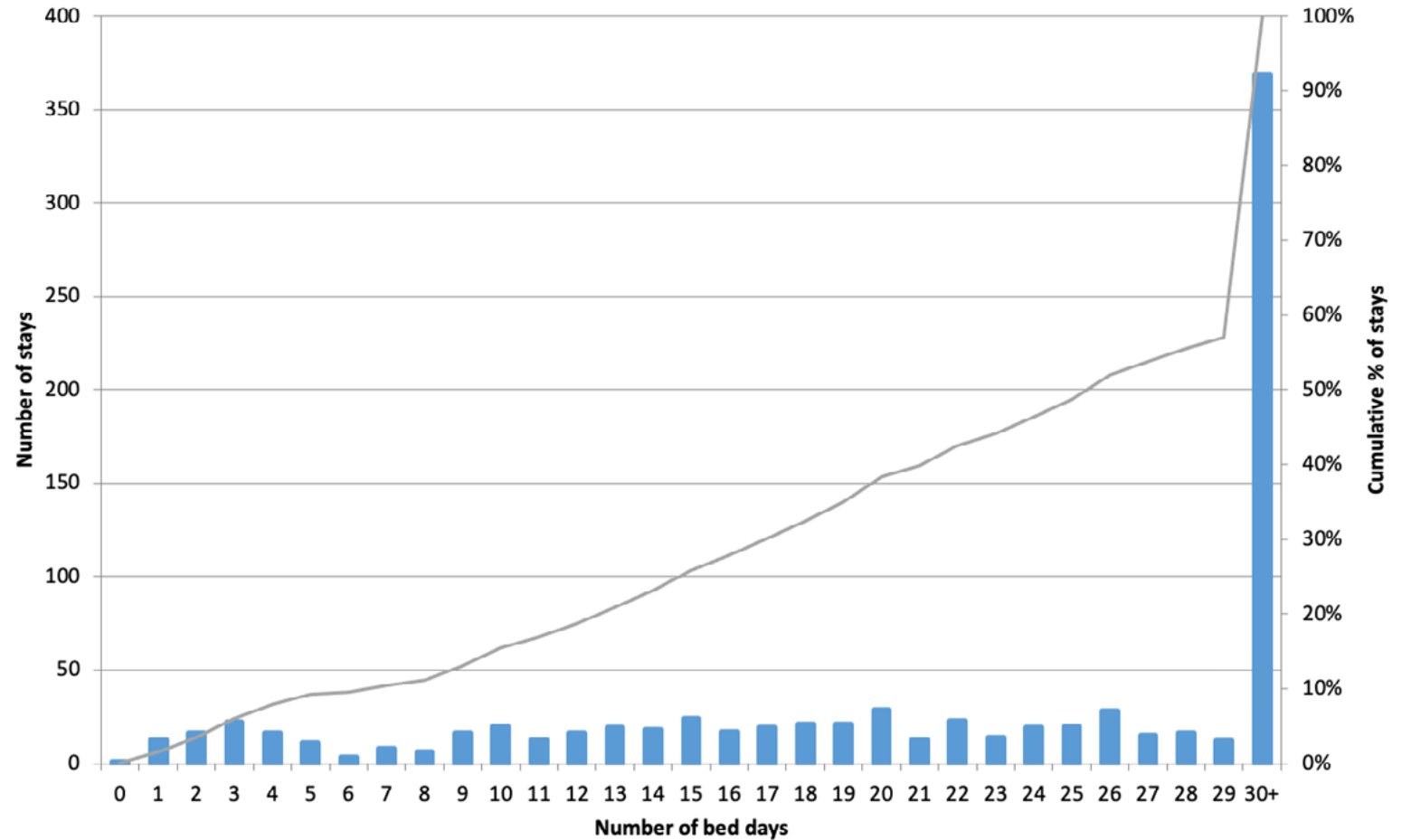
Change since 2017/18 = +1 day

Readmissions 7 days 6.3% (rank 10th)

Readmissions 28 days 15.2% (rank 7th)

Mortality 30 days 14.8% (rank 10th)

Inverclyde Royal Hospital: Geriatric Medicine Specialty Length of Stay (days), Aged 65 and over 2018/19



Hospitals Report 2018/19

Queen Elizabeth University Hospital

Total throughput 2018/19 = 6,801

Change over last year = 0%

Age 85+, % = 46% (rank 10th)

Most deprived quintile, % = 35% (rank 6th)

Median LOS = 7 days (rank 4th)

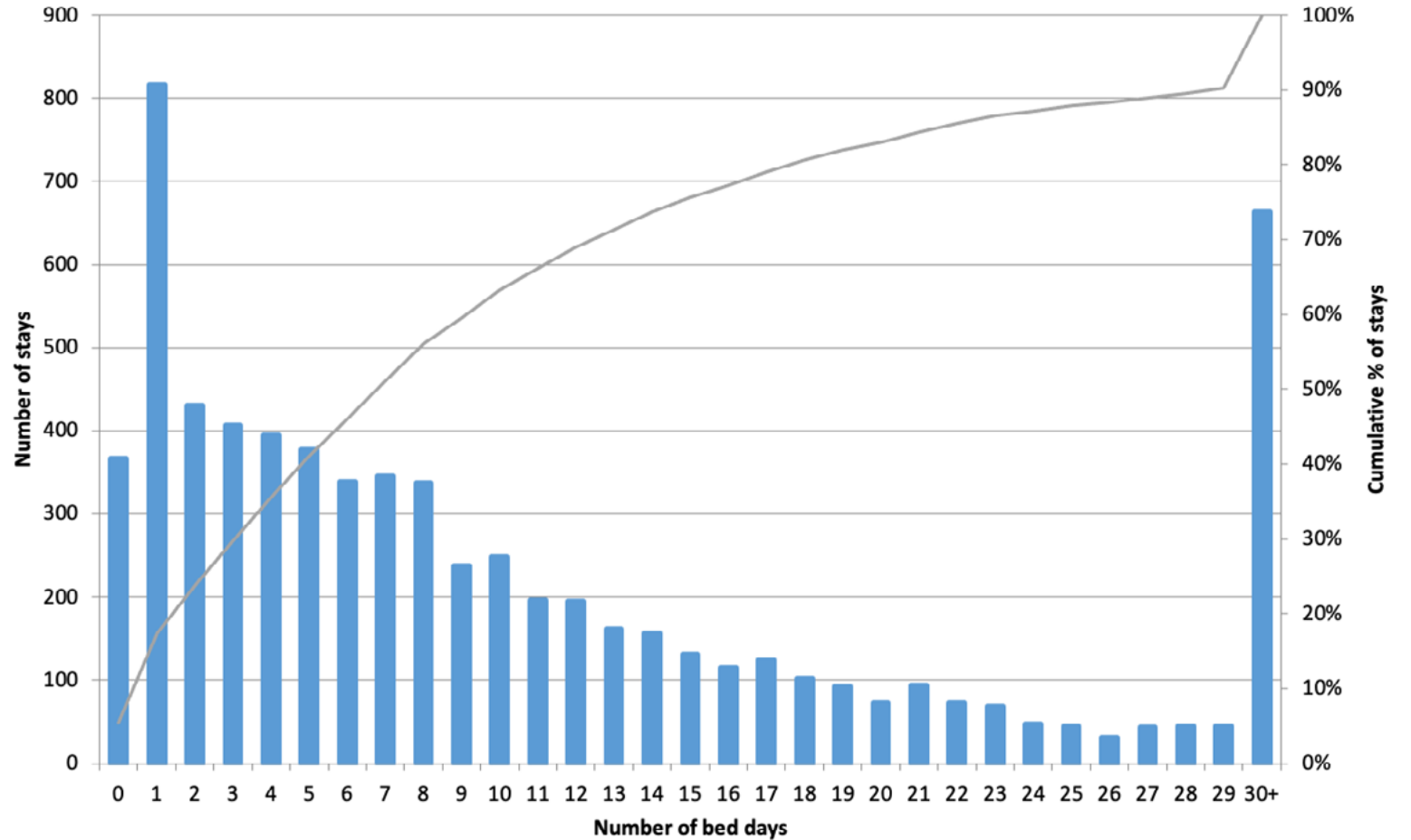
Change since 2017/18 = none

Readmissions 7 days 5.6% (rank 4th)

Readmissions 28 days 15.2% (rank 8th)

Mortality 30 days 12.9% (rank 6th)

Queen Elizabeth University Hospital: Geriatric Medicine Specialty Length of Stay (days), Aged 65 and over 2018/19



Hospitals Report 2018/19

Royal Alexandra Hospital

Total throughput 2018/19 = 2,145

Change over last year = 0%

Age 85+, % = 45% (rank 11th)

Most deprived quintile, % = 27% (rank 7th)

Median LOS = 16 days (rank 16th)

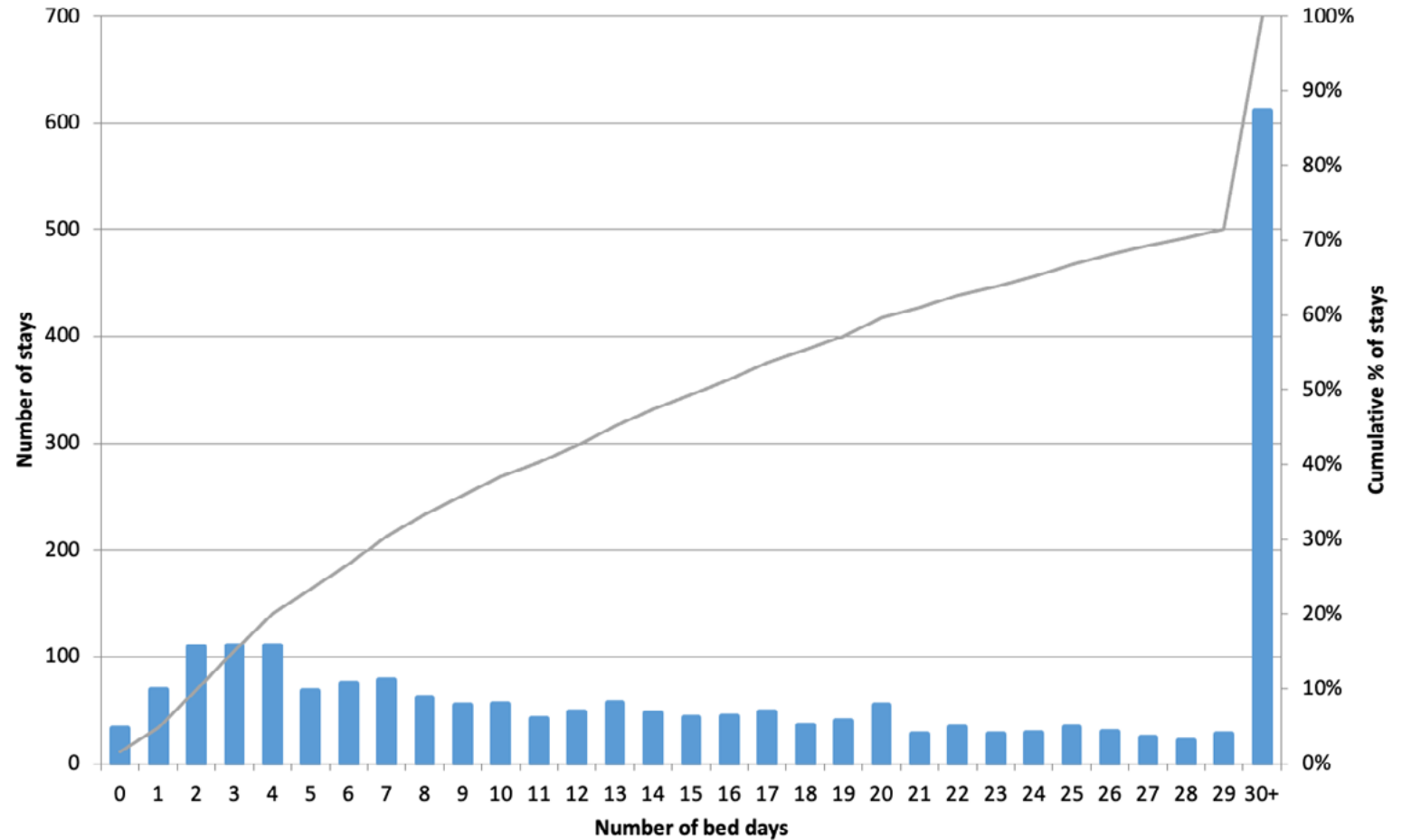
Change since 2017/18 = -1 day

Readmissions 7 days 6.6% (rank 14th)

Readmissions 28 days 16.7% (rank 12th)

Mortality 30 days 9.7% (rank 1st)

Royal Alexandra Hospital: Geriatric Medicine Specialty Length of Stay (days), Aged 65 and over 2018/19



Hospitals Report 2018/19

Raigmore Hospital

Total throughput 2018/19 = 583

Change over last year = -7%

Age 85+, % = 50% (rank 7th)

Most deprived quintile, % = 10% (rank 16th)

Median LOS = 15 days (rank 15th)

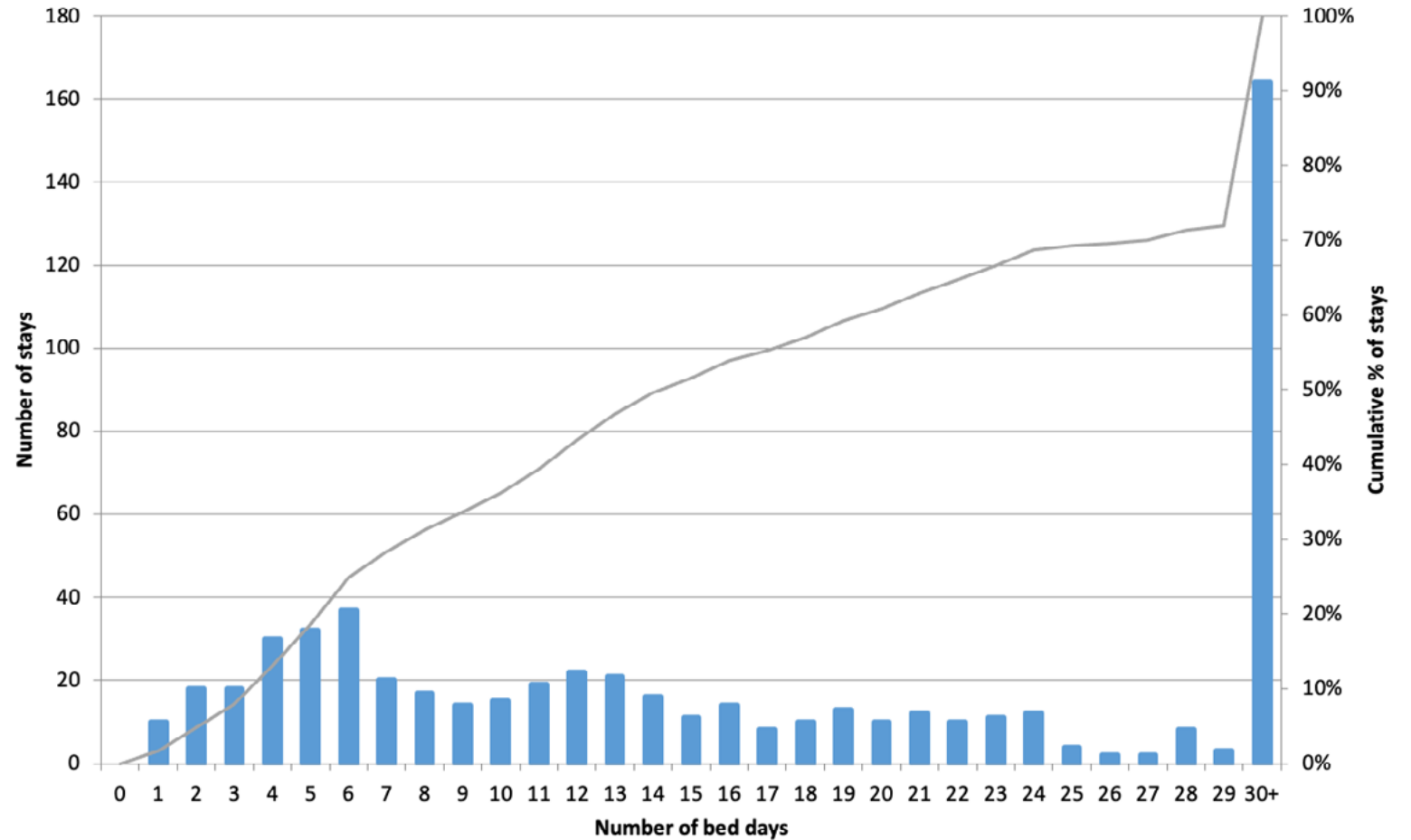
Change since 2017/18 = +5 days

Readmissions 7 days 5.5% (rank 3rd)

Readmissions 28 days 12.4% (rank 1st)

Mortality 30 days 17.8% (rank 17th)

Raigmore Hospital: Geriatric Medicine Specialty Length of Stay (days), Aged 65 and over 2018/19



Hospitals Report 2018/19

University Hospital Hairmyres

Total throughput 2018/19 = 2,935

Change over last year = +6%

Age 85+, % = 43% (rank 13th)

Most deprived quintile, % = 22% (rank 9th)

Median LOS = 9 days (rank 7th)

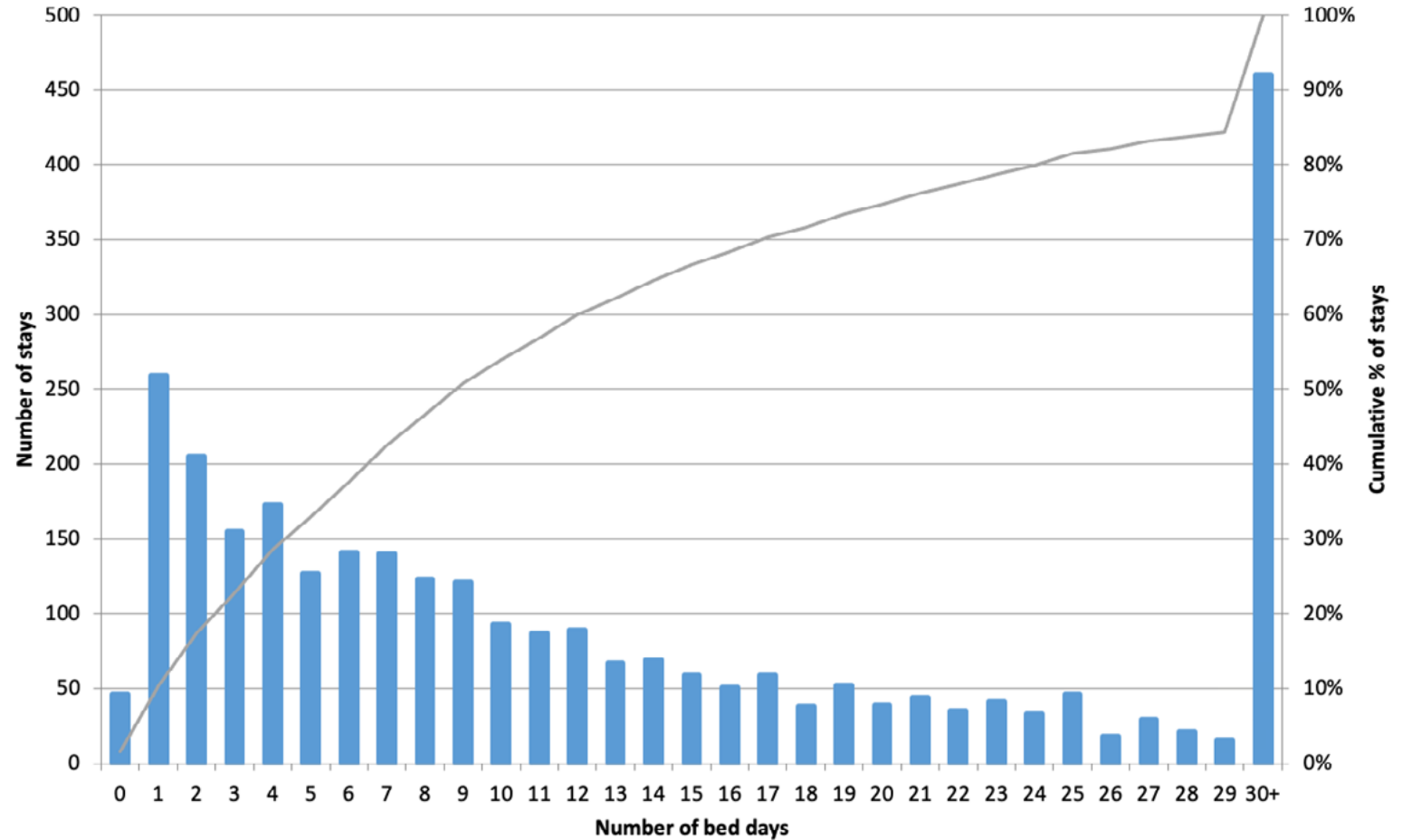
Change since 2017/18 = none

Readmissions 7 days 7.3% (rank 18th)

Readmissions 28 days 17.6% (rank 18th)

Mortality 30 days 14.6% (rank 7th)

University Hospital Hairmyres: Geriatric Medicine Specialty Length of Stay (days), Aged 65 and over 2018/19



Hospitals Report 2018/19

University Hospital Monklands

Total throughput 2018/19 = 3,026

Change over last year = -2%

Age 85+, % = 34% (rank 19th)

Most deprived quintile, % = 40% (rank 3rd)

Median LOS = 6 days (rank 2nd)

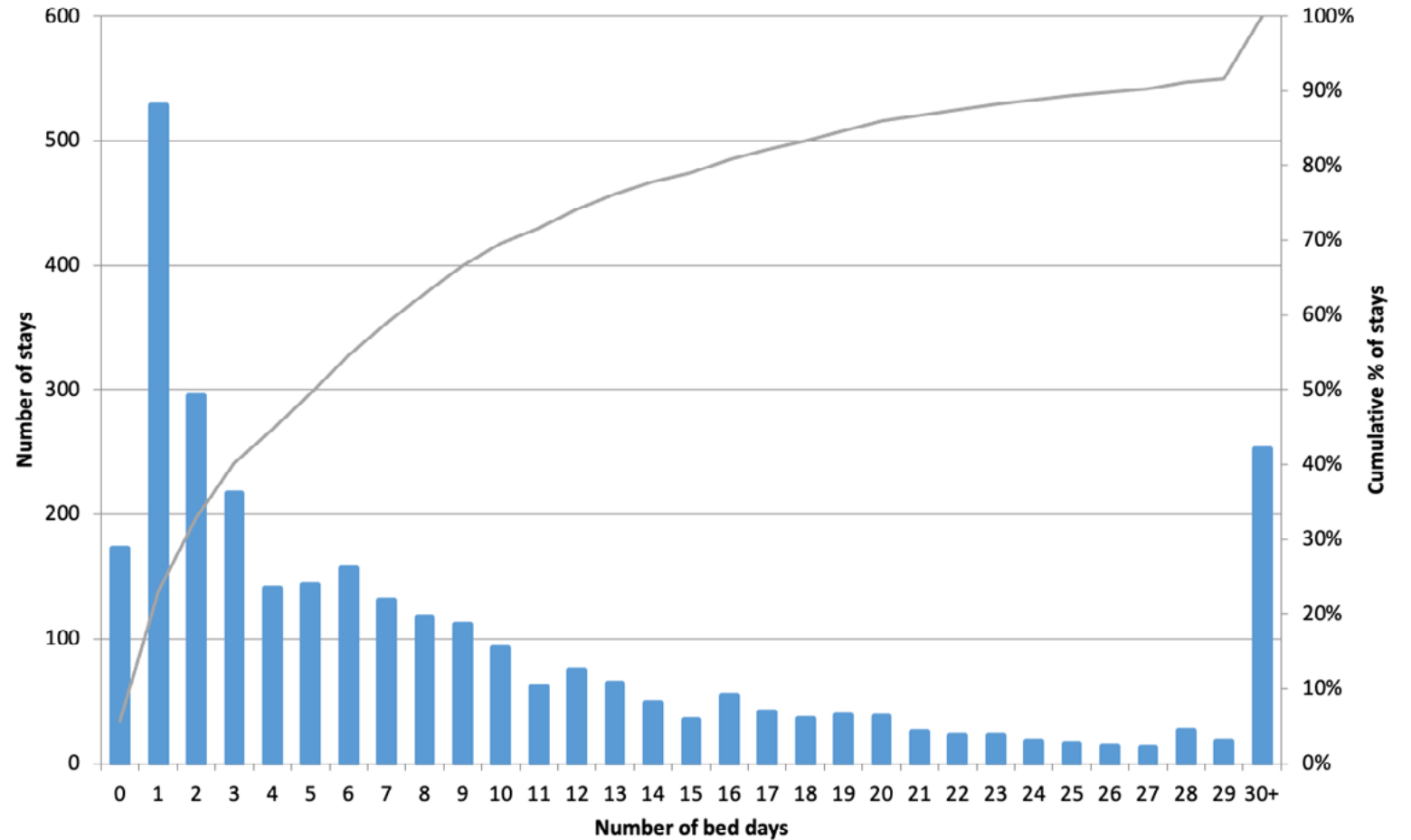
Change since 2017/18 = +1 day

Readmissions 7 days 6.7% (rank 16th)

Readmissions 28 days 17.3% (rank 17th)

Mortality 30 days 14.6% (rank 8th)

University Hospital Monklands: Geriatric Medicine Specialty Length of Stay (days), Aged 65 and over 2018/19



Hospitals Report 2018/19

University Hospital Wishaw

Total throughput 2018/19 = 1,880

Change over last year = +8%

Age 85+, % = 44% (rank 12th)

Most deprived quintile, % = 35% (rank 5th)

Median LOS = 13 days (rank 12th)

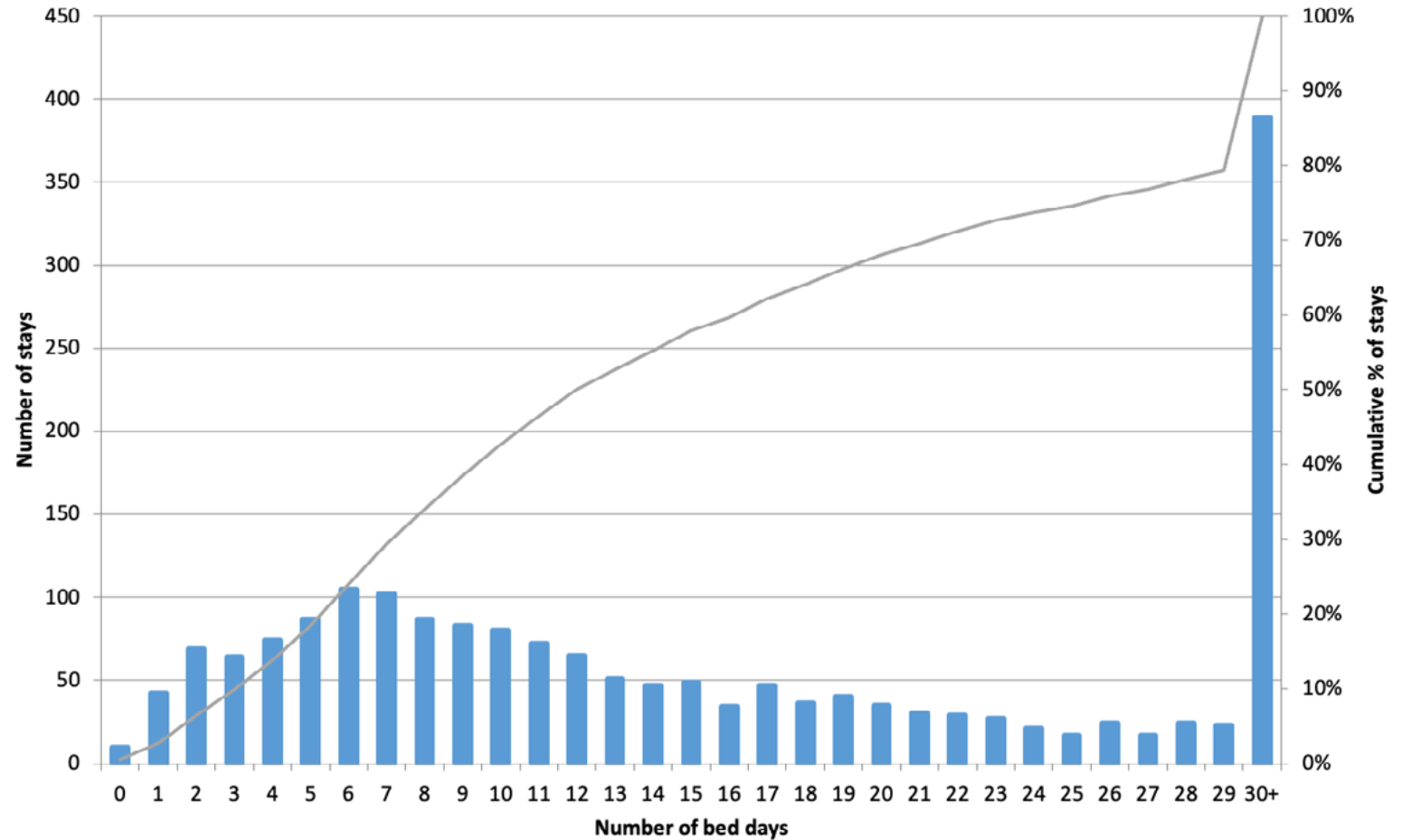
Change since 2017/18 = none

Readmissions 7 days 7.9% (rank 19th)

Readmissions 28 days 17.2% (rank 15th)

Mortality 30 days 15.2% (rank 11th)

University Hospital Wishaw: Geriatric Medicine Specialty Length of Stay (days), Aged 65 and over 2018/19



Hospitals Report 2018/19

Royal Infirmary Edinburgh

Total throughput 2018/19 = 2,627

Change over last year = -3%

Age 85+, % = 58% (rank 2nd)

Most deprived quintile, % = 12% (rank 15th)

Median LOS = 8 days (rank 6th)

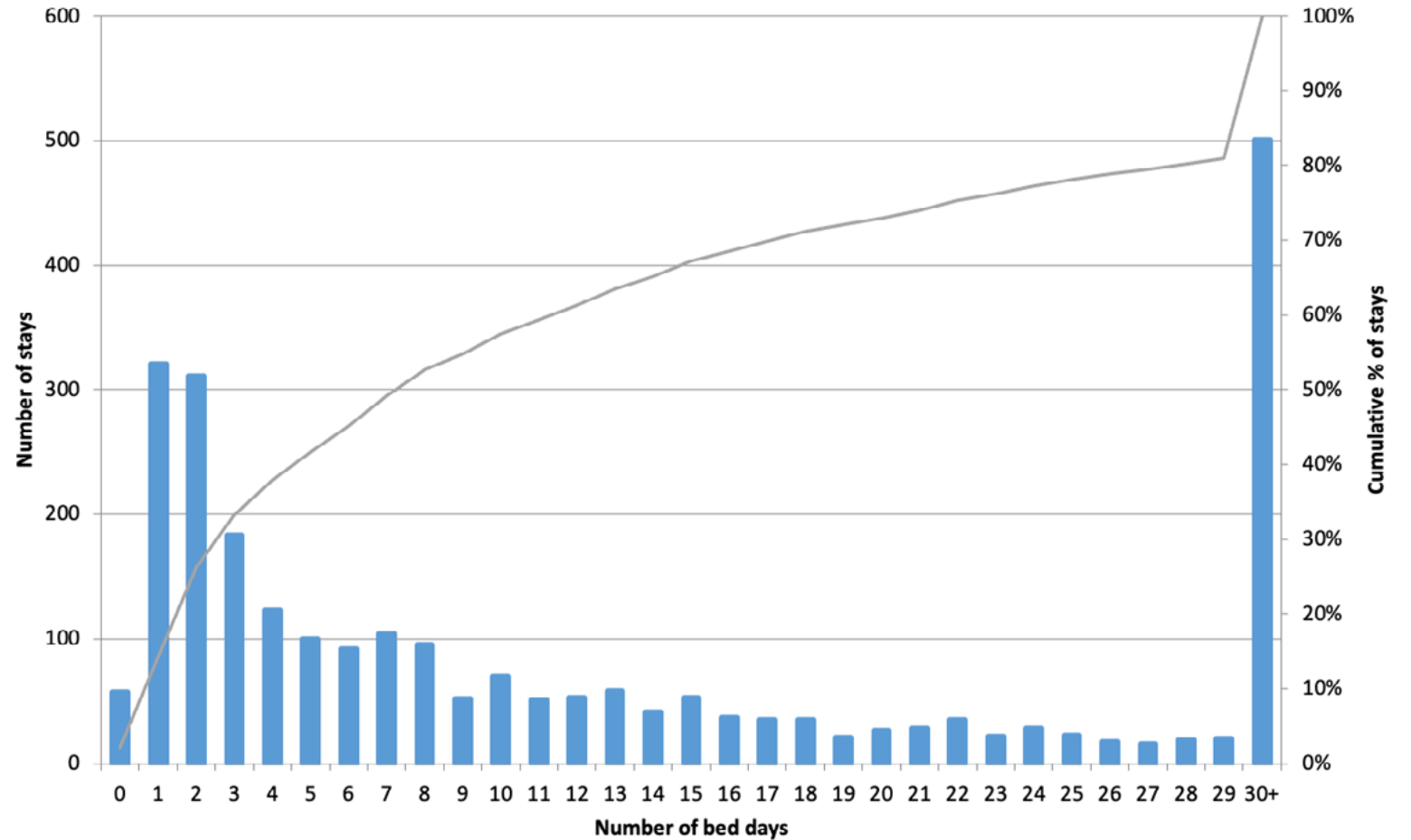
Change since 2017/18 = none

Readmissions 7 days 6.2% (rank 9th)

Readmissions 28 days 15.5% (rank 9th)

Mortality 30 days 15.7% (rank 13th)

Royal Infirmary of Edinburgh at Little France: Geriatric Medicine Specialty Length of Stay (days), Aged 65 and over 2018/19



Hospitals Report 2018/19

St John's Hospital

Total throughput 2018/19 = 491

Change over last year = -18%

Age 85+, % = 35% (rank 18th)

Most deprived quintile, % = 17% (rank 13th)

Median LOS = 34 days (rank 20th)

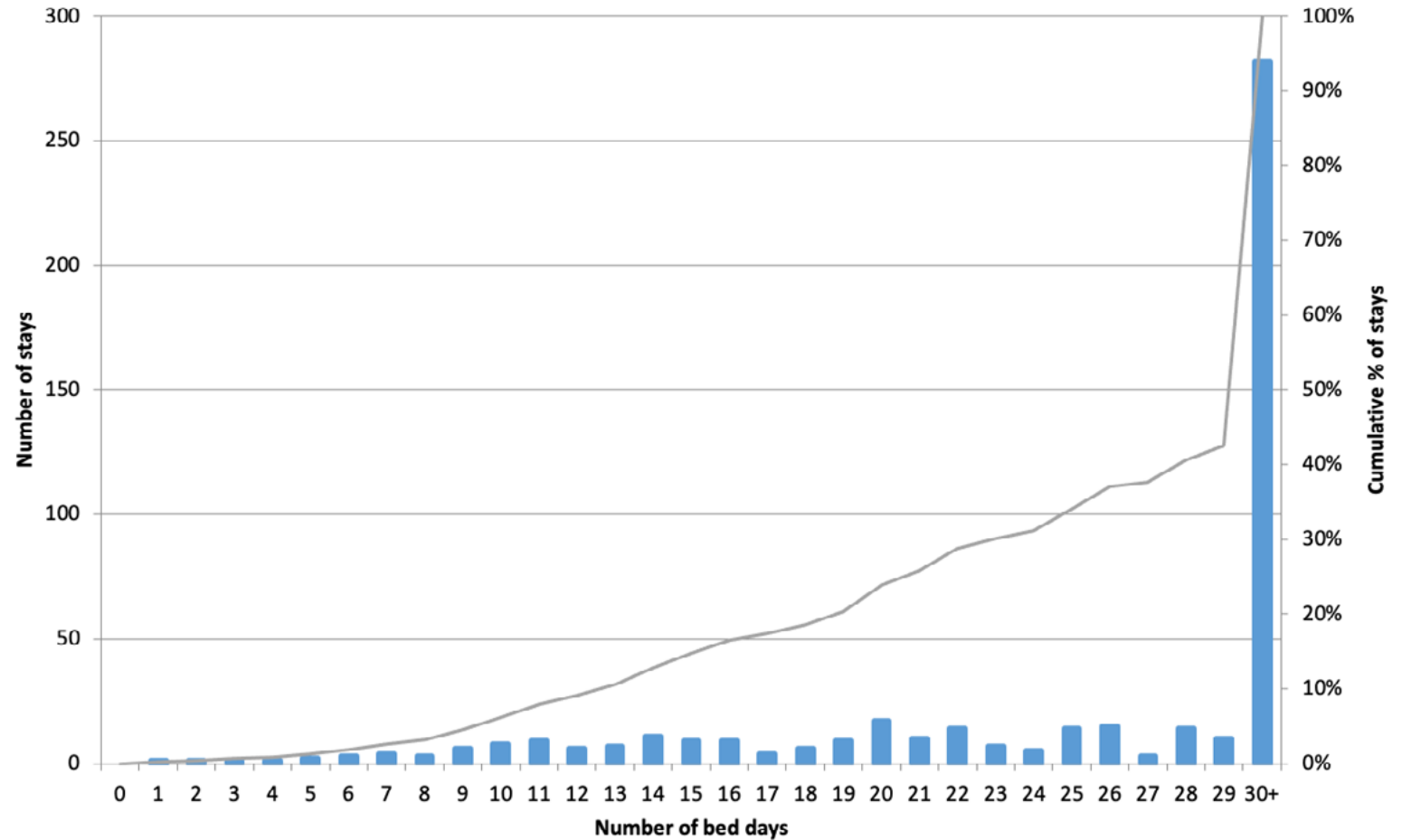
Change since 2017/18 = +4 days

Readmissions 7 days 5.1% (rank 1st)

Readmissions 28 days 16.5% (rank 11th)

Mortality 30 days 11.8% (rank 3rd)

St John's Hospital: Geriatric Medicine Specialty Length of Stay (days), Aged 65 and over 2018/19



Hospitals Report 2018/19

Western General Hospital

Total throughput 2018/19 = 1,860

Change over last year = -2%

Age 85+, % = 60% (rank 1st)

Most deprived quintile, % = 12% (rank 14th)

Median LOS = 26 days (rank 18th)

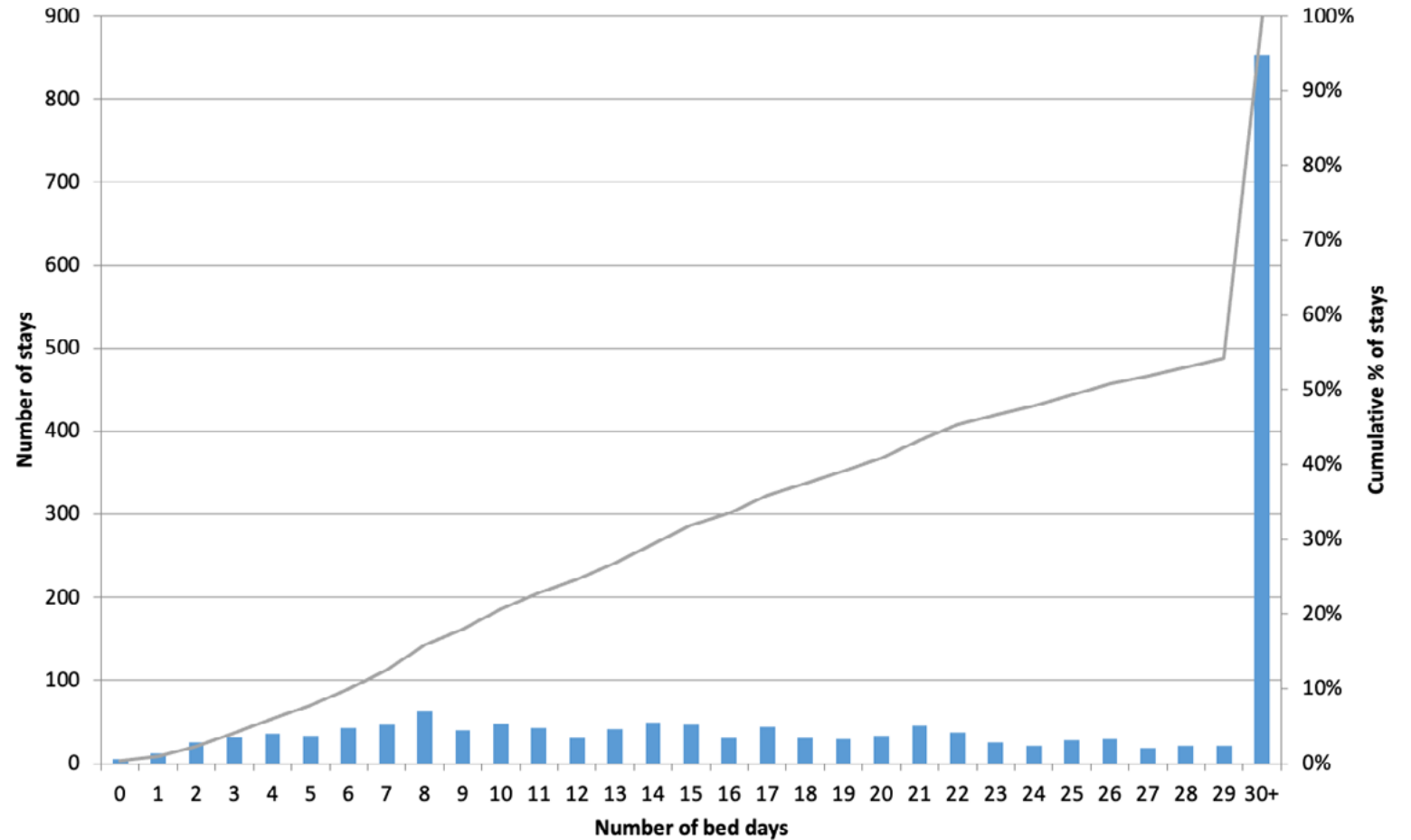
Change since 2017/18 = -4 days

Readmissions 7 days 6.3% (rank 11th)

Readmissions 28 days 14.8% (rank 4th)

Mortality 30 days 16.1% (rank 14th)

Western General Hospital: Geriatric Medicine Specialty Length of Stay (days), Aged 65 and over 2018/19



Hospitals Report 2018/19

Ninewells Hospital

Total throughput 2018/19 = 1,357

Change over last year = +5%

Age 85+, % = 55% (rank 4th)

Most deprived quintile, % = 22% (rank 10th)

Median LOS = 10 days (rank 10th)

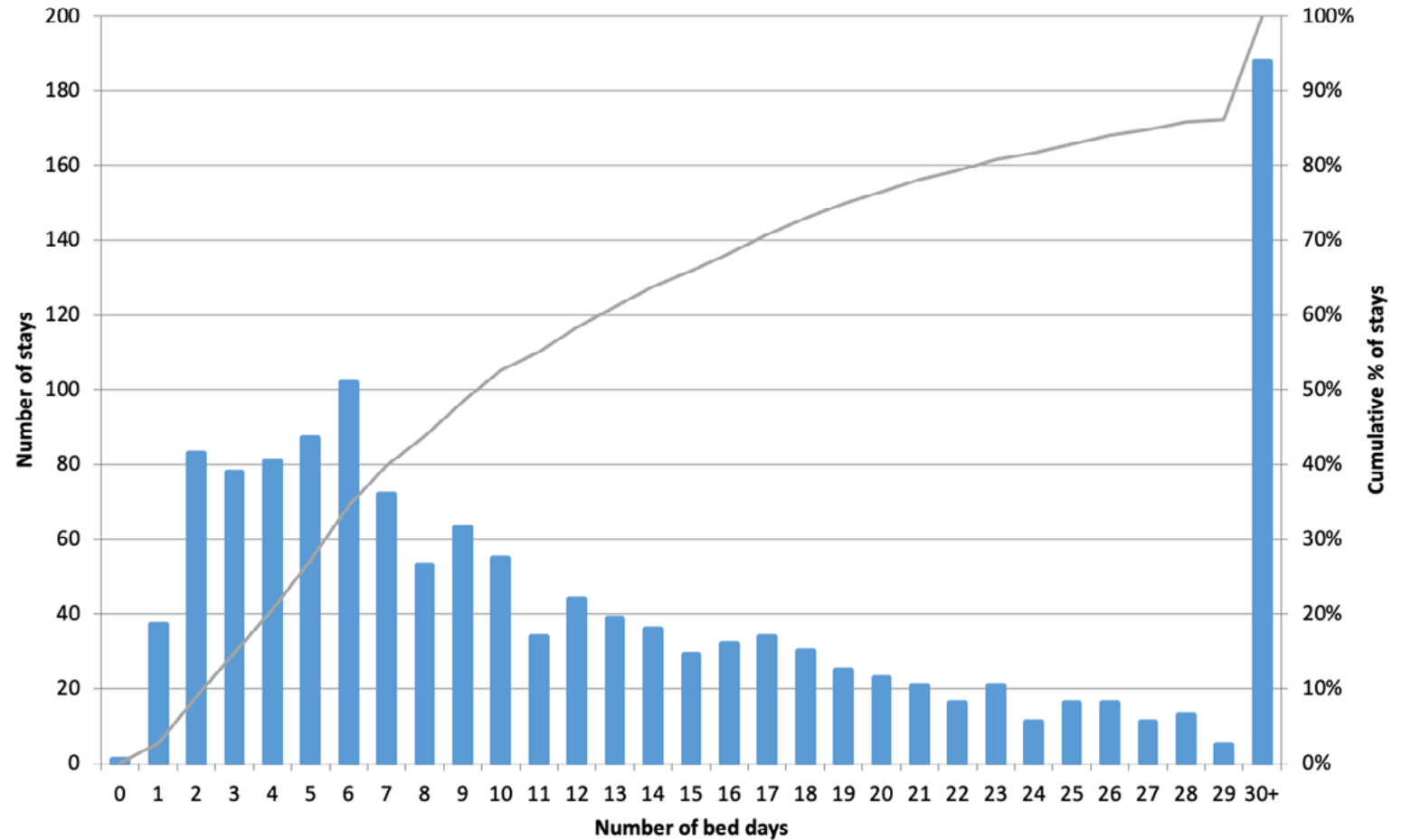
Change since 2017/18 = -2 days

Readmissions 7 days 6.0% (rank 6th)

Readmissions 28 days 14.7% (rank 3rd)

Mortality 30 days 17.7% (rank 16th)

Ninewells Hospital: Geriatric Medicine Specialty Length of Stay (days), Aged 65 and over 2018/19



Hospitals Report 2018/19

Perth Royal Infirmary

Total throughput 2018/19 = 825

Change over last year = +351%

Age 85+, % = 54% (rank 6th)

Most deprived quintile, % = 6% (rank 19th)

Median LOS = 13 days (rank 12th)

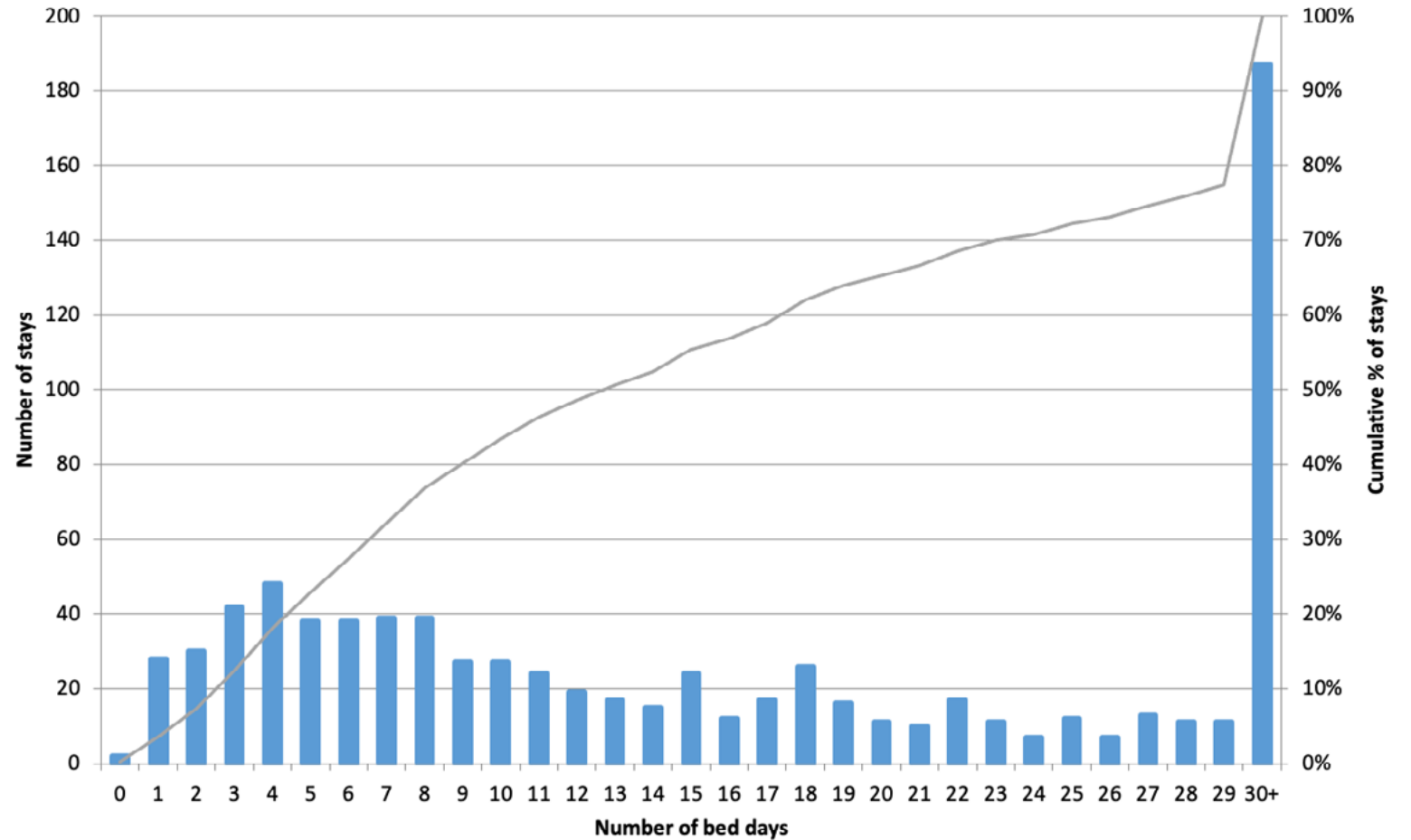
Change since 2017/18 = -23 days

Readmissions 7 days 6.2% (rank 8th)

Readmissions 28 days 15.8% (rank 10th)

Mortality 30 days 16.7% (rank 15th)

Perth Royal Infirmary: Geriatric Medicine Specialty Length of Stay (days), Aged 65 and over 2018/19



Data

Data from Public Health Scotland Data and Intelligence (formerly Information Services Division)



Data Sources : SMR01 and SMR01E

Date of Extract : 01/02/2020

Data relate to Scottish residents only. NHS boards based on the boundaries as at 1st April 2014.

Health Board: Health Board is Health Board of Treatment.

The basic unit of analysis for these figures is a Continuous Inpatient Stay (CIS) in hospital - Probability matching methods have been used to link together individual SMR01/SMR01E hospitals episodes for each patient, thereby creating "linked" patient histories. Within these patient histories, episodes are grouped according to whether they form part of a continuous spell of treatment (whether or not this involves transfer between specialties, consultants, hospitals or health boards).

Only stays that contained a Geriatric Medicine Specialty code (AB) were selected.

Same day discharges were included in all measures and expressed as percentage of all discharges.

Stays with a main diagnosis of stroke were excluded.

Age : Age (years) relates to the age of the patient on admission.

Types of Admission: Emergency admissions were selected for this output. Data for non acute sites are only available at board level.

SCoOP Acute Hospital Outcomes Report

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