Author's response to reviews

Title: Elderly surgical patients and hospital bed occupancy

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Dear sir/madam,

We noted at our institution that elderly patients appeared to be waiting proportionately longer for discharge when they required care of the elderly consultant input and placement in a community hospital. We attempted to accurately quantify the length of stay for all patients admitted under the care of one consultant surgeon in a district general hospital and identify the reasons for delay in discharge. This prospective study aimed to improve on the shortcomings of previous studies that have quantified discharge delay by taking into account whether waiting for tests or treatments actually prolonged the length of stay and whether discharge arrangements caused patients to stay beyond the predicted date of discharge (PDD).

The findings confirmed our suspicions that elderly patients admitted as emergencies often experienced significant delays due to lack of provision for elderly patients requiring placement in community hospitals.

There have been several initiatives to reduce delays for in patients at our institution. However it is clear that almost 20% of total length of stay is still unnecessary and the majority of delays affect elderly patients. The current drive to reduce acute hospital bed provision, combined with limited community provision, suggests that an increasingly elderly population will be particularly vulnerable to adverse effects of unnecessary, prolonged hospital stay.