



Economics of
Social and Health Care
Research Unit

Centre for Health Economics Research Paper 86

Lay Summary

**LONG TERM CARE PROVISION, HOSPITAL LENGTH OF STAY AND DISCHARGE DESTINATION
FOR HIP FRACTURE AND STROKE PATIENTS**

by James Gaughan, Hugh Gravelle, Rita Santos and Luigi Siciliani

Hospitals claim that it is difficult to discharge patients if beds in residential or nursing homes are not available (also known as 'bed blocking'). Our study shows this is true for patients who have had a hip fracture but not for those who have had a stroke.

Elderly individuals living at home who suffer trauma, such as hip fracture or stroke, generally require immediate hospital care. Usually this is followed by long term care which can be provided either in their own home or in a residential or nursing home. Getting the balance right between hospital and residential/nursing home care is key to improving the care pathway.

Our study examines the relationship between the supply of places in residential and nursing homes and

- (i) the probability of being discharged to a residential or nursing home and
- (ii) the length of stay in hospital.

We examine data on all patients aged 65 and over who had an emergency admission to English hospitals for either hip fracture or stroke in 2008/9.

Patient and clinical characteristics are the main factors affecting discharge destination and length of stay. For example:

- Patients aged over 75 are twice as likely as those under 75 to be discharged to a residential or nursing home.
- Men are less likely to be discharged to a residential or nursing home, possibly because they are more likely to have a spouse who can provide care at home.
- Over 75s who are discharged back home stay about 30% longer in hospital than those under 75.
- Patients with more secondary diagnoses and those who have more operations stay longer in hospitals.

For hip fracture patients:

- A greater availability of residential or nursing home beds is associated with a greater likelihood of being discharged to residential or nursing homes rather than back to their own home.
- For those discharged to residential or nursing homes, higher prices are associated with a longer hospital stay, perhaps because people take longer to find a place they can afford.
- The greater the availability of residential or nursing home beds, the shorter the stay in hospital: in areas with the most residential or nursing home beds, length of stay in hospital is 30% lower.

This confirms the claim that hospital discharge is influenced by the supply of residential and nursing home beds: patients cannot be discharged quickly when a bed elsewhere is not readily available.

For stroke patients there is little evidence of an association between availability of residential or nursing home beds and either discharge destination or length of stay. This may be due to stroke being a more impairing condition.

Overall, our study suggests that patients' severity plays a key role in determining both the demand for care homes and hospital length of stay, but economic variables (such as long-term care beds availability) also matter.

Full report available at

<http://goo.gl/rBWfOM>

Contact

Luigi Siciliani email luigi.siciliani@york.ac.uk or Hugh Gravelle email hugh.gravelle@york.ac.uk

The Economics of Social and Health Care Research Unit is a joint collaboration between the Centre for Health Economics (CHE) at the University of York and the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the University of Kent. ESHCRU is supported by a grant awarded by the English Department of Health: Policy Research Unit in Economics of Health and Social Care Systems.