

# Understanding health-care outcomes of older people with cognitive impairment and/or dementia admitted to hospital: a mixed-methods study

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## Plain English summary

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## Plain English summary

People who are confused because of dementia or another reason and who are admitted to hospital often do badly. Improving this situation is complex. This project looked at what happened to patients with confusion who were admitted to a typical general hospital over a 2-year period (2012–13) and provides a baseline from which to measure improvement in a future evaluation.

The research was carried out in four ways. First, all available research publications were reviewed. Second, hospital records were analysed to calculate the health-care outcomes (e.g. mortality, length of stay and re-admission). Third, the hospital costs of patients with and of those without confusion were compared. Finally, we carried out a survey of people with confusion who had been patients in hospital and their families to see what was important to them.

From the research publications, we found that there is overlap between the conditions that cause confusion and there is no agreement on how to test for and define these conditions.

From the hospital records, we found that one-third of all patients aged  $\geq 65$  years have confusion, and that they had higher mortality and a longer hospital stay than those without confusion.

The analysis showed that patients with confusion had an overall higher cost for their hospital admission than patients without confusion; however, this was because they stayed in hospital longer. Their daily cost was lower.

When surveyed, patients and their families told us that they expect the patient to leave the hospital in the same or a better condition than they were in on admission. Failing that, they expect patients to have a satisfactory experience of their hospital stay.

These findings will be used to inform the development of a standardised management plan to improve the identified outcomes and, therefore, the quality of care. This will be evaluated in a future study.

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