



**Everyday activities in
older adults readmitted to hospital**

av

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Akademisk avhandling

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Abstract

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The coordination of health care and social care at discharge are particularly important for older adults with complex health and social needs, as approximately 30 % of these persons are readmitted to hospital on an unplanned basis within three months of discharge. In order to provide adequate care for this group of older adults, we need a deeper understanding of their experiences regarding their functional ability at hospital and at home.

The overall aim of this thesis was to describe older readmitted adults in terms of their abilities at hospital, everyday activities at home and of healthcare professionals' conception of the care of older adults.

Four studies were conducted using descriptive design. Data were gathered using four different methods of data collection. In this thesis, older readmitted adults are, defined as persons aged 75 years or older who have been readmitted to hospital on an unplanned basis three or more times within 12 months. In Study I, older adults readmitted to hospital ($n=60$), were assessed regarding personal activities of daily living, cognitive function, risk of falls, pressure sores and malnutrition. They were compared with samples from the general population. In order to describe everyday activities at home, semi-structured interviews were carried out with older readmitted adults ($n=16$) in Study II, and with close relatives ($n=20$) in Study III. In Study IV, focus group interviews were performed with healthcare professionals ($n=29$) about care at discharge and which measures that may be appropriate in order to prevent readmission.

The major findings were that the participants had a higher risk of pressure sores, falls and dependency on ADL at hospital compared to age-matched samples. 40% of the participants had a cognitive limitation. At home, older adults strived to perform everyday activities but the ability was limited. Close relatives described that social relations were fundamental to perform everyday activities and social activities at home. Healthcare professionals stated that older readmitted adults were vulnerable. Multidisciplinary teamwork and geriatric expertise were fundamental but were perceived as lacking. Medical resources and rehabilitation resources should be developed and include rapid follow-up appointments at home in order to prevent readmission.

Overall, health care and social care must identify this group and offer preventive assessments and interventions.

Keywords: Activities of daily living, ageing, cognition, everyday activities, occupational therapy, patient discharge, patient readmission, performance.

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