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LENGTH OF STAY AND THE INFLUENCE OF SPECIFIC FACTORS AT TARA - THE H MOROSS CENTRE

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ABSTRACT

Background: General public hospitals in South Africa are currently overloaded with psychiatric patients who cannot be transferred to specialised psychiatric hospitals because of lack of beds. Identification of factors influencing bed occupancy could be used to model ideal referral systems for psychiatric patients. There has been no known study conducted in the specialised psychiatric hospitals in South Africa to assess patient profiles since the implementation of the Mental Health Care Act of 2002. This study was planned to determine the length of stay in a psychiatric hospital in Gauteng Province and to identify factors that could influence the length of stay in that hospital.

Aims: To determine the length of stay in specialty units and the influence of specific factors on length of stay at the Tara - the H Moross Centre, during a one-year period.

Methodology: This was a cross sectional study which involved the analysis of retrospective data for a one-year period. This data is routinely collected by the Hospital. Variables included age, gender, ethnicity, marital status, employment status, medical aid utilisation, education level, hospital classification, unit of admission, access to hospital, source of referral, season, frequency of admissions, medico-legal status, and length of stay. Descriptive statistics was used to analyse the data. Permission was obtained from the Gauteng Department of Health and Social Development, and the University of the Witwatersrand Ethics and Postgraduate Committees.

Results: The findings indicate that most patients stay in Tara for 49 (29-78) days, which is in keeping with the expectation of this hospital, which is an acute to medium term psychiatric hospital. Significant differences in gender, ethnicity, marital status, employment status, medical AID status and hospital classification among different wards was established. The clinical profile was predominantly biochemical related disorders from public tertiary and public secondary hospitals reflecting the under privileged groups in the population. Social demographic factors and clinical profiles were found to significantly influence the LOS. Gender, ethnicity, employment status, and source of referral were more influential.

Conclusion: A follow up study could look at the readmission rates of these patients who stay in the hospital for this short period to determine if the rehabilitation programmes are indeed effective or the patients are being discharged prematurely only to be readmitted.