



PATIENT-REPORTED QUALITY OF LIFE: AN OBSERVATIONAL STUDY EXAMINING QUALITY OF LIFE AND DISCHARGE DESTINATION IN A POST-ACUTE REHABILITATION SETTING

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AIM

This study aims to examine the relationship between level of frailty, quality of life (QOL) outcomes and discharge destination among patients on a specialist geriatric ward (SGW) in a post-acute rehabilitation setting.

INTRODUCTION

Older adults with complex care needs requiring post-acute rehabilitation presented with varying levels of frailty and disability. Disability is a determinant of well-being and QOL(1). Understanding the relationship between level of frailty and quality of life can inform patient-centred decision-making.

METHODS

A retrospective review was conducted using local patient information systems for all patients admitted to a SGW in 2024.

Baseline demographics, admission Clinical Frailty Scale (CFS) score, admission and discharge Euroqol's 5-level version (EQ-5D-5L) QOL measure and discharge destination were collected.

RESULTS

219 patients were admitted to a SGW in 2024 (Figure 1). Discharge destination and patient profile for the 174 patients included in this review are shown in Figure 2.

Mean self-reported health increased from admission to discharge in both cohorts (Figure 3). Across the five EQ-5D-5L domains, mood was the single domain that declined in the discharge to long term care (LTC) cohort. The median value on admission was 1, indicating no feelings of anxiety or depression. The median value on discharge increased to 2, indicating slight feelings of anxiety or depression. Improvement in the five combined domains was observed in both cohorts.

REFERENCES

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Figure 1 Patient inclusion and exclusion flow chart

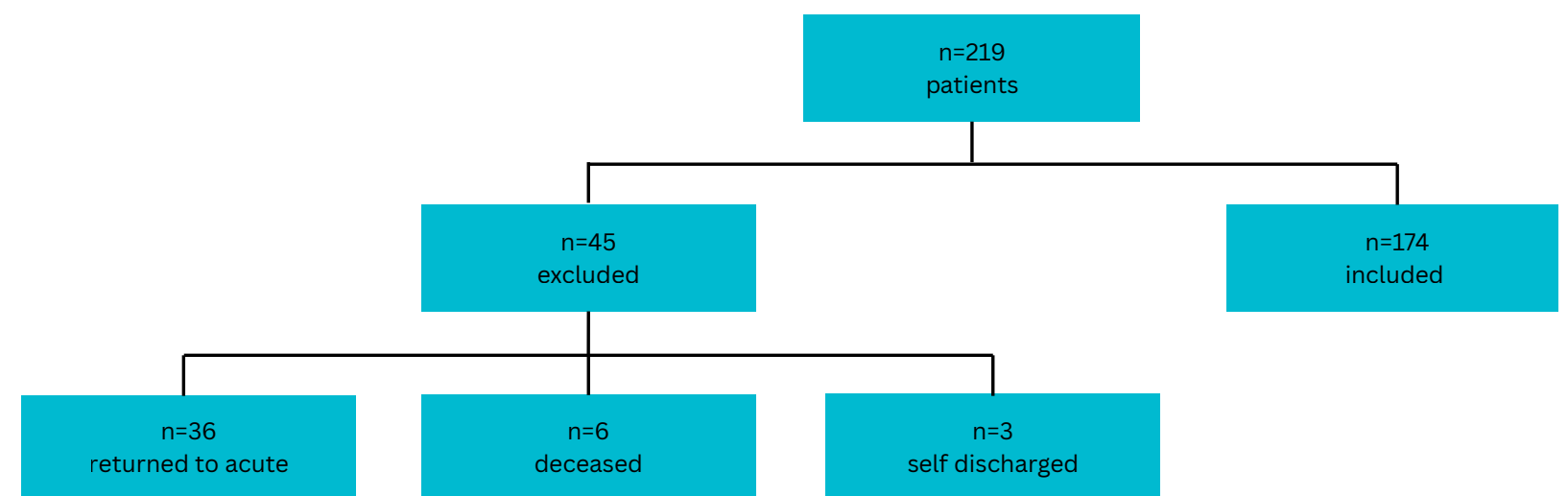


Figure 2 Patient profile and discharge destination

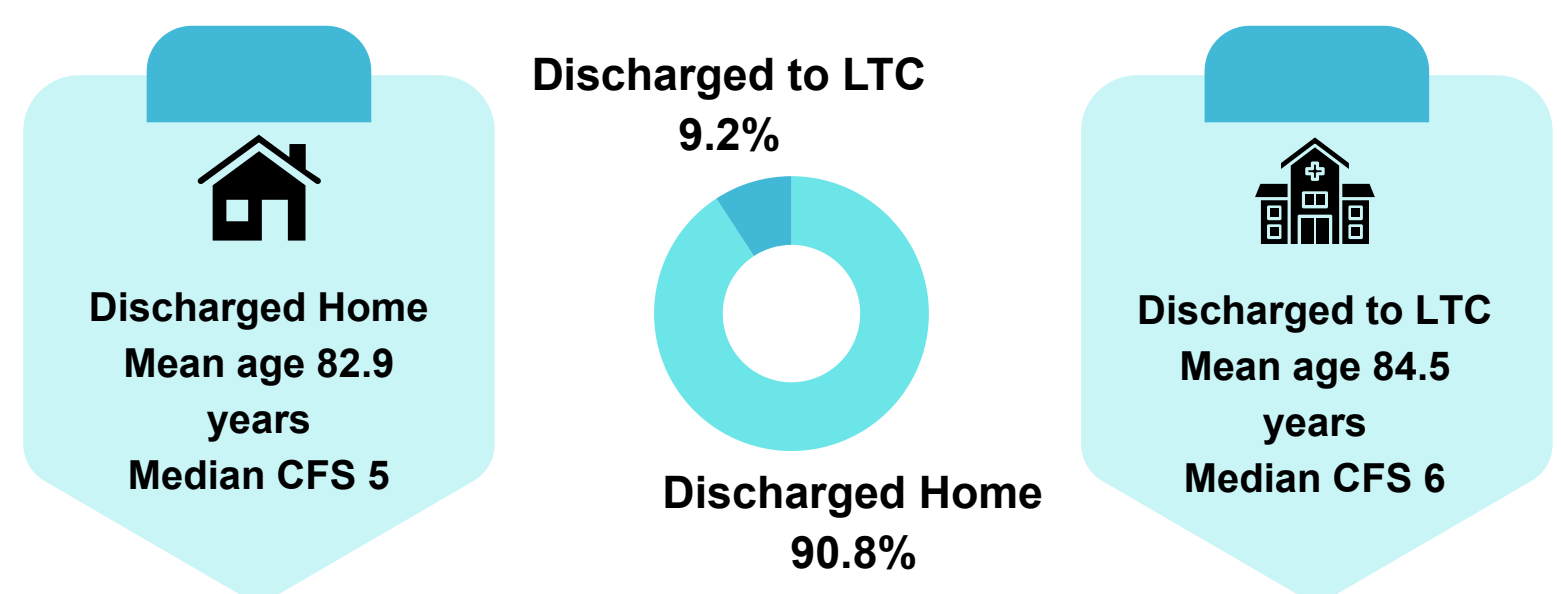
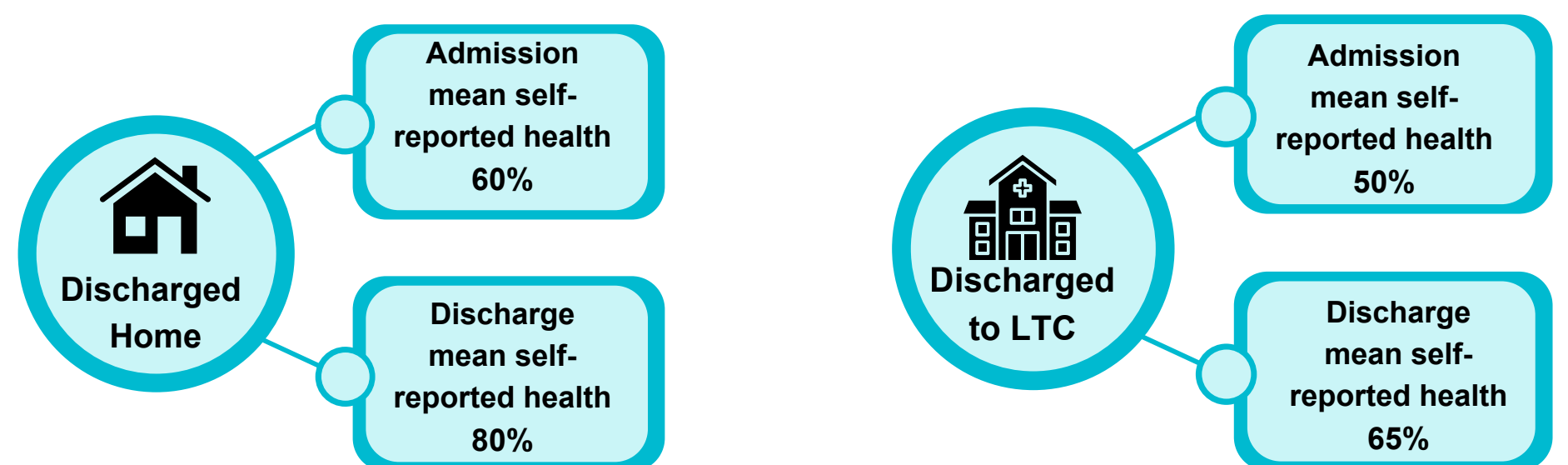


Figure 3 Change in mean self-reported health



DISCUSSION

QOL in older adults is influenced by various factors, including demographic, health, and social characteristics, with physical and mental health playing key roles (2). This observational study highlights the positive impact of post-acute rehabilitation on QOL outcomes in older adults admitted to a SGW. Irrespective of frailty levels or discharge destination, patients demonstrated measurable improvements in self-reported health and across the aggregated EQ-5D-5L domains at discharge. Those discharged home experienced a greater increase in perceived health compared to those transitioning to LTC, suggesting that discharge destination and the factors that contribute to that decision, may influence the magnitude of QOL improvement. While all domains showed improvement, mood declined slightly in the LTC group, potentially reflecting the biopsychosocial challenges associated with transitioning to LTC. These findings underscore the therapeutic value of rehabilitation irrespective of baseline frailty or discharge outcome, while also reinforcing the importance of comprehensive care during hospitalisation to enhance both physical and mental well-being in older adults.

CONCLUSION

Improvement in QOL was observed in patients discharged from a SGW across all frailty cohorts regardless of discharge destination. These findings highlight the critical role of post-acute rehabilitation in enhancing QOL for older adults, while also underscoring the need for additional support for those transitioning to LTC.