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Evaluation of Documentation of Admissions into A Geriatrics Unit in Nigeria: 2014–2018

Évaluation de la Documentation des Admissions dans une Unité de Gériatrie au Nigeria : 2014–2018

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ABSTRACT

BACKGROUND AND AIMS: The Geriatrics Unit in University of Benin Teaching Hospital (UBTH), Nigeria, was established in March 2014 to provide specialized healthcare to older persons. We undertook a review of admissions into the unit in order to characterize disease patterns, identify gaps and make recommendations for service improvement.

METHODS: Admissions from April 1, 2014, to March 31, 2018, were classified into age groups. Diseases were classified using the International Classification of Diseases (ICD-10 CM). Challenges with documentation were identified and summarized.

RESULTS: All documentation and data extraction were manually done; some data sources were hard to reach. A total of 835 elderly patients were admitted during the period under review, of whom 51.8% were females. Almost half of patients (48.1%) were aged 60–74 years; 15% were 85 years and above. “Sepsis, unspecified organism” (ICD-10 code A41.9) was the leading single diagnosis (10.2%). Pneumonia (ICD-10 code J18) and urinary tract infection (ICD-10 code N39.0) were the most frequent infections that caused sepsis. Diabetes and hypertension contributed 16.8% and 3.9%, respectively. Delirium, vascular dementia and Alzheimer’s disease accounted for 4%, 0.8% and 0.3%, respectively.

CONCLUSIONS: This evaluation enabled the description of disease patterns in our geriatrics unit, and revealed documentation gaps. Based on our findings, we argue for interventions to improve documentation and to reduce the burden of infections, diabetes and hypertension, which were the major causes of disease in older persons in our unit. *WJMJ* 2021; 38(1): 35–41.

Keywords: Service evaluation, Geriatrics, Disease, Documentation, ICD-10 codes, Nigeria.

RÉSUMÉ

CONTEXTE ET OBJECTIFS: L’unité de gériatrie de l’hôpital universitaire du Bénin (UBTH), au Nigeria, a été créée en mars 2014 pour fournir des soins de santé spécialisés aux personnes âgées. Nous avons entrepris un examen des admissions dans l’unité afin de caractériser les schémas de maladie, d’identifier les lacunes et de faire des recommandations pour améliorer les services.

MÉTHODES: Les admissions du 1er avril 2014 au 31 mars 2018 ont été classées par groupes d’âge. Les maladies ont été classées à l’aide de la Classification internationale des maladies (CIM-10 CM). Les difficultés liées à la documentation ont été identifiées et résumées.

RÉSULTATS: Toute la documentation et l’extraction des données ont été faites manuellement ; certaines sources de données étaient difficiles à atteindre. Au total, 835 patients âgés ont été admis au cours de la période considérée, dont 51,8 % de femmes. Près de la moitié des patients (48,1 %) étaient âgés de 60 à 74 ans ; 15 % avaient 85 ans et plus. “Septicémie, organisme non spécifié” (CIM-10 code A41.9) était le principal diagnostic unique (10,2 %). La pneumonie (CIM-10 code J18) et l’infection urinaire (CIM-10 code N39.0) étaient les infections les plus fréquentes à l’origine de la septicémie. Le diabète et l’hypertension ont contribué respectivement pour 16,8 % et 3,9 %. Le délire, la démence vasculaire et la maladie d’Alzheimer représentaient respectivement 4 %, 0,8 % et 0,3 %.

CONCLUSIONS: Cette évaluation a permis de décrire les caractéristiques des maladies dans notre unité de gériatrie et a révélé des lacunes dans la documentation. Sur la base de nos conclusions, nous préconisons des interventions visant à améliorer la documentation et à réduire le fardeau des infections, du diabète et de l’hypertension, qui sont les principales causes de maladie chez les personnes âgées de notre unité. *WJMJ* 2021; 38(1): 35–41.

Mots-clés: Évaluation des services, Gériatrie, Maladie, Documentation, Codes CIM-10, Nigeria.

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Abbreviations: ICD-10 CM, International Classification of Diseases; UBTH, University of Benin Teaching Hospital.