

ASSESSING THE IMPACT OF AN ADULT DAY PROGRAM ON HOSPITAL UTILIZATION BY PERSONS LIVING WITH HIV/AIDS

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Objective: To examine the impact of Canada's first HIV/AIDS-focused adult day program on hospital utilization patterns of HIV-positive individuals.

Methods: We conducted a retrospective hospital chart review involving 89 HIV-positive individuals who attended the Dr. Peter Centre day program, which provides medical services, counselling, and nutrition to HIV-positive persons. Each record covered a period of two years: one year prior to and one year following the subject's admission to the day program. Records contained information concerning frequency of hospital use stratified by: emergency room visits, acute bed admissions, out-patient visits, surgical short stays, and psychiatric assessments. Information concerning subjects' use of antiretroviral (ARV) therapy was obtained through a linkage with the British Columbia Centre for Excellence's Drug Treatment Programme.

Results: Comparisons of the total number of subjects on ARV in the pre-admission (n=72) and post-admission (n=78) periods were not significant (p=0.21). With regard to hospital use, the median number of days spent in an acute bed decreased from 5.5 in the pre-admission period to 2 in the post-admission period (p=0.011). Similarly, the median length of stay in an acute bed decreased from 6.3 days in the pre-admission period to 4.0 in the post-admission period (p=0.002). Substantial reductions in the total number of acute bed days were also observed, with the sample accounting for 882 days in the pre-admission period and 394 in the post-admission period (p=0.01). Comparisons of all other hospital service categories were not significant.

Conclusions: Access to HIV-focused adult day programs can reduce the need for hospital care, with significant cost-saving potential. These findings have implications for other Canadian cities where day programs have not been implemented, as well as for developing nations that do not presently have access to higher levels of care including ARVs.