The unique needs of older patients who are readmitted to the hospital

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Background

Approximately twenty percent of Medicare patients are readmitted within 30-days of discharge from the hospital. Patients who are hospitalized as a readmission are particularly vulnerable for complications during their acute illness. The ACE Tracker checklist is an Electronic Medical Record (EMR) report which provides a description of key geriatrics health indicators among all hospitalized patients in Aurora Health Care.

Research question

This study was designed to describe the unique vulnerabilities of patients age 65 and older who were readmitted.

Methods

Data was collected on all 65 year old and older patients who were hospitalized in a hospital in Milwaukee, WI during the month of February, 2012. To provide a convenience sample, the ACE Tracker checklist was printed every Wednesday during the one month study period. The average day of the assessment was day 7. The collected data included demographics, number of medications, functional status, and high risk medications (Beer’s). Readmission was noted to be present if the current hospital stay was preceded by a hospital stay in the health care system within 30 days. We compared patient characteristics between those whose current hospitalization was their second within 30 days and those whose hospitalization was not a re-hospitalization (index hospitalization).

Results

One thousand three hundred and five patients were included in the study. The average age of the patients was 77 years. For two- hundred and seventeen patients (16.6%) the hospitalization represented a re-hospitalization. The cohort who were receiving care during their second hospitalization were prescribed more medications when compared to those who were on their index hospital stay (13.2 vs. 11.8; p= 0.00). Patients whose hospitalization represented a re-hospitalization were more likely to be on high risk medications (20% vs. 15%; p= 0.027). Patients whose hospitalization represented a second hospitalization had a functional decline when compared to those who were on their index hospital stay (14.7 % vs. 9.7%; p= 0.025).

Conclusion

Patients whose hospitalization was a re-hospitalization were prescribed more total medications, more high risk medications, and had a decline in functional status. Further study could define if older patients who are readmitted are more vulnerable to drug- drug interactions or adverse drug events.