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EARLY GERIATRIC FOLLOW-UP AFTER DISCHARGE REDUCES READMISSIONS

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As part of a Triple Aim project, we examined the effect of an early geriatric follow-up after discharge in a quasi-randomized controlled trial of geriatric patients (≥ 75 years) acutely admitted to the emergency department with one of nine diagnoses: pneumonia, COPD, delirium, dehydration, urinary tract infection, constipation, anemia, heart failure, and other infections. The intervention consisted of a follow-up visit to the patient's home on the first working day after hospital discharge.

The visit was performed by a nurse and a geriatrician and tailored to the patient's need. The control group was discharged according to standard procedures, which included follow-home or telephone follow-up.

From June 2014 to November 2015, 1330 patients were included. We found a statistically significant reduction in the readmission rate in the intervention group compared to the control group (12% vs. 23%; $P < 0.001$). The adjusted hazard ratio in the intervention group was 0.50 (95% CI: 0.38-0.65). In the intervention group more patients were discharged directly from the emergency department, instead of being transferred to the geriatric ward, compared to the control group (56% vs 49% $p=0.01$). The intervention reduced the length of the primary hospital stay median 2 days (1-7) vs. 3 days (1-8) in the control group ($p=0.03$). Preliminary data on 30 and 90 day mortality show no statistically significant difference between the groups.

Biography

Lene Holst Pedersen is a PhD student at Aarhus University. She is a medical doctor specializing in geriatrics at Aarhus University Hospital. In the spring 2016, she published an article on early geriatric follow-up in the journal European Geriatric Medicine.

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