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เรื่อง Practical pearls for long term care in the new normal era

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O2 : Incidence and associated factors of -30day unplanned ER revisits or readmissions in medical frail older patients

Maytinee Srisubin MD*, Varalak Srinonprasert MD*, Patumporn Suraarunsumrit MD*

*Division of Geriatric Medicine, Department of Medicine, Faculty of Medicine, Siriraj Hospital, Mahidol University, Bangkok, Thailand

Objectives: To determine an incidence rate of 30-day unplanned ER revisits and readmissions and identify the factors associated with the events. Additionally, to explore the potentially preventable causes.

Methods: We conducted a prospective Nested Case-Control study between September 2019 and December 2020. The hospitalized medical patients aged at least 60 years who met screening criteria for frailty using the Frail Questionnaire were included in the study. The incidence rate of 30-day ER revisits or readmissions was the primary outcome. The factors related to the events were secondary outcomes. Associations were analyzed using logistic regression models, with adjustment for considered variables.

Results: Of the 89 frail elderly, the mean age was 77.3 ± 8.5 years, and 53.9% of those were female. Mean Charlson Comorbidity Index (CCI) was 7.1 ± 2.5 . The ER revisits and readmission rates were 14.6% and 16.9%, respectively, while the overall events were 31.5%. Among participants with ER revisits or readmissions, 16 (57.1%) patients developed delirium during hospitalization. After multivariate logistic regression adjusting for Lawton-Brody IADL ≤ 3 and dependence mobility at discharge, the patients with delirium had an estimated 3.24 times the odds ratio (OR) of ER revisits or readmissions (95%CI 1.05 - 10.06, $p = 0.042$) compared to the ones without delirium. Of note, the 20 events (71.4%) related to potentially avoidable causes.

Conclusion: The hospitalized elderly patients with frailty had a pretty high incidence rate of unplanned 30-day ER revisits or readmissions. Delirium's strong the associated risk factor of the events. Therefore, delirium prevention might decrease the ER revisit and readmission rate among the frail elderly.

Keywords: Frail elderly, ER revisits, Readmissions, Delirium, Avoidable causes.