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Readmissions after Frailty Emergency Squad discharge in the Emergency Department

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Introduction

The increasing prevalence of frailty in the ageing UK population poses significant challenges for healthcare systems, particularly in emergency departments (EDs). Frailty is a leading factor in hospital readmissions among individuals over 65 years old. This project aims to analyze readmissions of frail patients within 7 and 30 days of ED discharge following comprehensive geriatric assessments (CGAs).

Method

This retrospective audit aimed to identify 7 day and 30 day readmissions of patients discharged by the Frailty Emergency Service (FES) at Leicester Royal Infirmary over a six-month period (April–September 2021) and potential readmissions related to the first presentation. Data were collected using Electronic Health Records and anonymized by the ED audit team, with variables including age, gender, ethnicity, readmission status within 7 and 30 days, and reasons for readmission. Preventability of readmissions was assessed by comparing diagnosis from the first visit and the following admission to the hospital, considering positive if at least one diagnosis was repeated, a descriptive statistical analysis was performed. The scope of practice involves only patients older than 65 that have a CFS of 6 or above for any reason, or a CFS of 4 and above but have presented to ED with a geriatric syndrome.

FES provided Comprehensive Geriatric Assessment via a multiprofesional team with physiotherapists, occupational therapists, pharmacists, doctors, discharge specialist nurses and advanced clinical practitioners.

Results

During the six-month period beginning April 1, 2021, the FES team in ED performed 749 discharges, including 705 primary visits and 34 revisits (4,6%). Mean age of patients was 84 years.
61,4% of patients were women and 38,6% were male.

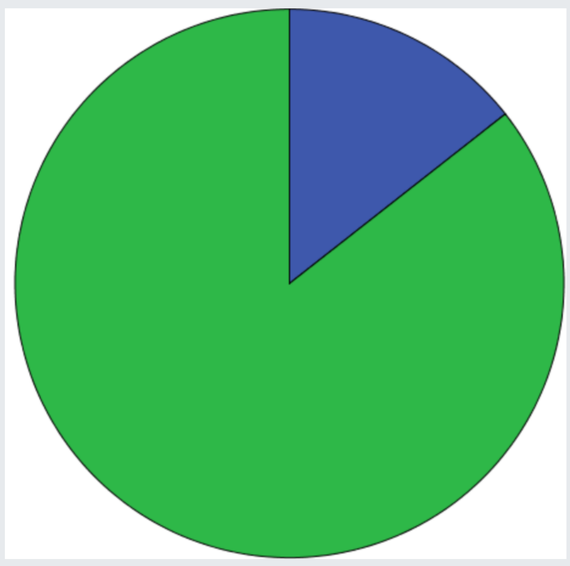

Figure 1. Blue: readmissions 110 (14.68%)
Green: non re admitted 639 (85,31%)

Of the 749 discharges, 110 patients required hospital readmission within 30 days, resulting in an overall readmission rate of 14,68%, increasing to 15,68% when adjusted for primary visits on the first 30 days and 52 on the first 7 days which represents 6,94% readmission rate in total.

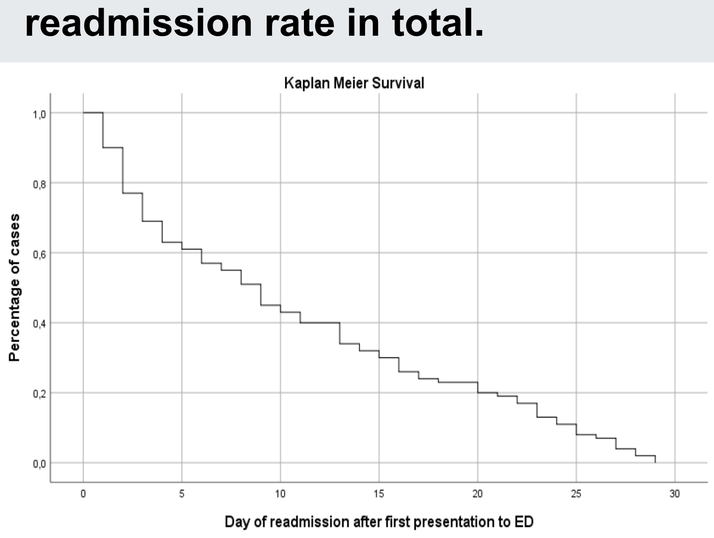

Figure 2. Kaplan-Meier analysis

The potential preventable visits for the first 7 days after discharge was 40 (76,92%) and 68 (61,81%) in the first 30 days. The primary reasons for readmissions included falls, infections, delirium, and social problems. For patients with multiple visits, only data from the initial visit was included in the analysis.

Conclusion

The overall results reveal FES readmission rates align with global CGA studies but highlight potential for improvement. Falls and infections were identified as primary causes of readmissions, with insufficient MDT involvement linked to higher rates. A multifactorial intervention, emphasizing MDT collaboration, team expansion, and improved follow-up care, is proposed to reduce readmissions.

Recommendations

Further actions should be considered to reduce even more the number of readmissions. We suggest that research involving enhanced MDT participation in frailty discharges through structured collaboration and checklists needs to be performed. Also, implementation of standardized falls and infection prevention pathways, including physiotherapy, medication reviews, and patient education.

Acknowledgements

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