Rehabilitation therapists’ discharge recommendations and hospital readmissions in patients with congestive heart failure

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INTRODUCTION

- > 6 million American adults have CHF1
- Costs > $39 billion in care per year1
- Readmissions within 30 days for 1 in 4 patients2
- Physical (PT) and Occupational therapists (OT) make discharge recommendations based on2:
  - Physical and cognitive impairments
  - Capacity to perform basic activities of daily living
  - Environmental barriers
  - Caregiver support availability and competence
  - Patient/family preference
  - Fall risk

Discharge discordance (defined as discharge to a setting that is less intensive than recommended by the therapist) may be associated with poorer outcomes

OBJECTIVES

1. Describe the degree of discharge discordance for patients discharged from the acute care setting with a diagnosis of CHF
2. Examine the association between discharge discordance and 30-day all-cause hospital readmission
3. Identify sociodemographic and clinical predictors of discharge discordance

MATERIALS & METHODS

- EHR data from 12 acute care hospitals during Jan 2016 – Mar 2018
- Inclusion Criteria: 18 years+, survived acute care stay, received at least one PT or OT visit during hospital stay
- Exclusion Criteria: Transferred to another hospital, died within 30 days after discharge, missing discharge destinations, missing or unclear therapist-discharge recommendations

RESULTS

Sample (N=26,500):
- 55% female, 89% white, 79.5% were 65 years old +
- Median hospital length of stay = 6.7 days
- Median number of comorbidities = 7
- Moderate or greater: mobility limitations (64%) and activities of daily living limitations (57%)

DISCHARGE DISCORDANCE

- Discharge discordance increased the risk of 30-day readmission (OR = 1.12 [95% CI, 1.04-1.20])
- Greater effect in subgroup of patients with more mobility limitations (OR = 1.20 [95% CI, 1.08-1.33])
- Decreased effect in subgroup of patients with fewer mobility limitations (OR = 1.10 [95% CI, 0.99-1.22])

PREDICTORS OF DISCHARGE DISCORDANCE

- Sociodemographic and clinical variables were predictive of discordant/discrepant care

REFERENCES