

RISK FACTORS FOR RE-HOSPITALIZATION IN THE GERIATRIC POPULATION

**Dor Yizhaki MD¹, Lilach Didi-Shema PhD², Tsvi Sheleg MD^{1,4} Orly Yakir MA^{1,3}, Boris Svirsky MD^{1,2}
Edward Kaykov MD^{1,2}**

¹ Azrieli Faculty of Medicine. ²Dept. of Geriatrics, GMC. ³ Dept. of Statistics , GMC. ⁴ Chief medical officer, GMC.

BACKGROUND

Re-hospitalization is defined as a return to hospitalization within 30 days. Decreasing the rate of re-hospitalization in the older population has become a main goal due to its effect on both the patient's quality of life and high costs.

Re-hospitalization is often unavoidable but can certainly be reduced by identifying patients at risk, using a risk scale, and adjusting preventive intervention accordingly. We wanted to build a risk scale to find those patients.

METHODS

We conducted a retrospective study of electronic medical data from four months in 2018 - January, April, July and October. The data gathered were of 380 patients discharged from seven internal medicine departments in Galilee Medical Center. We then divided those patients into two groups, one group of patients who discharged and were re-hospitalized within 30 days (n=240) and a control group of patients who did not return within 30 days (n=140).

RESULTS

Several independent variables were found statistically significant between the groups. A regression model showed a significant statistical difference between age categories (65-84/85+), with the older group at 2.298 times higher risk to return (OR ,P=0.021). The non-Jewish patient was 5.883 times more likely to return to hospital (OR, P <0.001). We also found that patients who lived at home with family members, lived in an institution, and lived at home with a caregiver, were likely to return to the hospital by 5.787 (OR, P<0.001), 4.012 (OR, p=0.008), and 5.185 (OR, p=0.007) times, respectively.

CONCLUSIONS

A risk scale can be created based on our study findings.