

## Early geriatric follow-up after discharge reduces read missions

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### Abstract

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 ( $\geq 75$  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 read mission 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.

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### Biography

Lene Holst Pedersen is a PhD student at Aarhus University. She is a medical doctor specialist in many geriatrics hospitals at Denmark and also specialization in geriatrics at Aarhus

University Hospital. In the spring 2016, she published an article on early geriatric follow-up in the journal European Geriatric