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ORIGINAL ARTICLE

Multiple hospitalizations at the department of internal medicine of a tertiary hospital[☆]



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Abstract

Background and objectives: Patient who require multiple hospitalizations result in a considerable consumption of healthcare resources. In this study, we analyzed the factors associated with the multiple hospitalizations of a cohort of patients treated at a department of internal medicine.

Patients and methods: A total of 613 consecutive hospitalizations were analyzed. A multiple-hospitalization patient was defined as one who at the time of admission had been hospitalized 3 or more times in the past year. We analyzed the relationship between demographic, clinical and societal factors on one hand and having been hospitalized on multiple occasions on the other. We also analyzed readmissions in the 6 months after discharge, as well as mortality during the hospitalization and in the 6 and 12 months after discharge.

Results: When compared with patients who have not been hospitalized on multiple occasions, multiple-hospitalization patients are more likely to be male, younger and to have greater comorbidity, greater consumption of medicines and higher Katz Index scores. The main cause for admission for multiple-hospitalizations patients was chronic disease decompensation (87.3%). The diseases that were most obviously associated with multiple hospitalizations were heart failure, diabetes mellitus and chronic obstructive pulmonary disease. In the first 6 months after discharge, multiple-hospitalization patients had a greater number of readmissions. During the study period, 40.4% of the multiple-hospitalization patients died, and 28.8% of the nonmultiple-hospitalization patients died.

Conclusions: Multiple-hospitalization patients have a greater clinical complexity than nonmultiple-hospitalization patients, and multiple hospitalizations are associated with chronic diseases, polypharmacy, functional impairment and high mortality rates.

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PALABRAS CLAVE

Reingreso
hospitalario;
Multiingresador;
Enfermedad crónica;
Comorbilidad;
Mortalidad

Multiingreso en el Servicio de Medicina Interna de un hospital terciario**Resumen**

Antecedentes y objetivos: El paciente multiingresador origina un gran consumo de recursos sanitarios. Hemos estudiado los factores asociados con el ingreso hospitalario múltiple en una cohorte de pacientes asistidos en un Servicio de Medicina Interna.

Pacientes y métodos: Se analizaron 613 ingresos hospitalarios consecutivos. Se definió como paciente multiingresador a aquel que al ingresar contabilizaba 3 ingresos o más en los últimos 12 meses. Se analizó la relación de factores demográficos, clínicos y sociales con la característica de ser multiingresador. Además, se analizó el reingreso en los 6 meses siguientes al alta así como el fallecimiento en el ingreso y en los 6 y 12 meses siguientes al alta.

Resultados: Los multiingresadores se caracterizaron frente a los no multiingresadores por ser de sexo masculino, ser más jóvenes y presentar mayor comorbilidad, mayor consumo de medicaciones y mayor puntuación en el índice de Katz. La principal causa de ingreso de los multiingresadores fue la «descompensación de una enfermedad crónica» (87,3%). Las enfermedades que se asociaron de forma más destacada con el multiingreso fueron la insuficiencia cardiaca, la diabetes mellitus y la enfermedad pulmonar obstructiva crónica. En los 6 primeros meses tras el alta los multiingresadores presentaron más reingresos. Durante el periodo de estudio, falleció el 40,4% de los pacientes multiingresadores y el 28,8% de los pacientes no multiingresadores.

Conclusiones: Los pacientes multiingresadores presentaron mayor complejidad clínica que los no multiingresadores, y el multiingreso se asoció con las enfermedades crónicas, la polifarmacia, el deterioro funcional y tasas elevadas de mortalidad.

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Background

There are many criteria for defining hospital readmission, but to summarize it can be defined as “a hospitalization episode for a patient that occurs within a certain time from a previous hospitalization referred to as the index hospitalization”. According to various studies, the rate of readmission in Spain is estimated to be between 15% and 25%.¹ When patients require several hospital readmissions within a period of time, we refer to this as repeated hospital admissions or multiple hospitalizations. The definition of multiple hospitalizations varies from one study to the next, such that multiple hospitalizations can be understood as the occurrence of 2 or more hospitalizations in a year or the occurrence of 2 or more hospitalizations within several years.^{2–5} In Spain, multiple hospitalizations can represent more than 30% of hospitalized patients in a department of internal medicine (MI).^{5,6}

Patients with multiple hospitalizations are characterized by advanced age,^{5–7} having complex chronic diseases,^{7–10} having high mortality rates^{5,11} and for requiring a considerable amount of resources. Although patients with multiple hospitalizations as a whole represent a small fraction of hospitalized patients, they generate a high proportion of hospital expenditures, to the extent that the literature frequently addresses the problem of multiple hospitalizations from the perspective of high-cost patients.¹²

Due to progressive aging of the population and the high prevalence of chronic diseases, the healthcare approach to complex chronicity in Spain is currently a major challenge. Its importance is derived not only from the growing societal

need, but also from the need to adjust and optimize financial resources directed at the public healthcare model.¹³ In this context, patients with multiple hospitalizations could be an indicator for an analysis of these healthcare needs, not only because they use the hospital resource more frequently (which is a high-cost resource), but also because multiple hospitalization is probably an indirect indicator of proximity to death, the time during which the largest healthcare expenditure in the life of an individual is produced.¹⁴

The primary objective of this study was to determine the differential characteristics of the admissions of patients with multiple hospitalizations in a cohort of patients treated by a department of IM. The secondary objective was to identify the factors associated with recurrent hospitalizations and especially those factors that enable us to quickly recognize patients at risk for repeated hospitalizations.

Patients and method

This was a prospective study of a cohort of 613 consecutive hospitalizations that took place at the Department of IM at the Hospital Complex of Navarra A (CHN-A) between April 2 and August 10, 2011. The Department of IM of CHN-A is a department with 36 beds integrated into a tertiary hospital of 499 beds. A rehospitalized patient was defined as one who at the time of admission had been hospitalized 2 or more times in the past year, including the current admission. A patient with multiple hospitalizations was defined as one who at the time of admission had been hospitalized 3 or more times in the past year, including the

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