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The Relationship of Risk for Falls and Activities of Daily Living to 30-Day Hospital Readmission Among Older Adults with Type 2 Diabetes

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ABSTRACT

Introduction: Reducing thirty-day hospital readmissions is a top healthcare priority. However, there is little research describing the risk factors of readmission among patients with diabetes, especially for older adults. Understanding what the risk factors are for 30-day hospital readmission for older adults with type 2 diabetes (T2DM) would help identify patients at risk of rehospitalization.

Objective: The aim of this study was to identify factors associated with 30-day unplanned hospital readmissions among older adults with T2DM. Factors to be investigated are: patient demographics, whether patients were at risk for falling, and patients' activities of daily living (ADL) at discharge.

Methods: Participants were older adults ≥ 65 years old with T2DM, admitted to a community hospital from January 2012-January 2017. Of 843 patients, 200 were randomly selected to have their electronic medical records reviewed for this study.

Results: Patients readmitted within 30 days of discharge were similar to patients who were not readmitted on most demographic characteristics, except for hospitalization in the 12 months before admission. No statistically significant differences were found between readmitted and not readmitted patients on whether they were at risk for falls or their ADLs at discharge.

Conclusion: Older adults with T2DM who were readmitted within 30 days post-discharge were more likely to have had a previous hospitalization. Readmitted patients did not differ from not readmitted patients on risk for falls or ADLs at discharge. Future analyses will incorporate additional potential predictors of unplanned hospital readmissions.

INTRODUCTION

- Reducing 30-day hospital readmissions is a top healthcare priority. However, despite the interest in reducing early readmissions, there is relatively little research focusing on readmissions among patients with type 2 diabetes (T2DM).¹
- In particular, there are very few studies that investigate factors that are predictive of hospital readmission among older adults with T2DM.^{2,3}
- Given that the prevalence of diabetes in the United States is highest among older adults (21.3%)⁴ and the substantial costs associated with unplanned hospital readmissions,⁵ it is important to identify risk factors of readmission in this population.
- An understanding of the risk factors of hospital readmission among older adults with T2DM would aid healthcare providers in identifying which patients are at highest risk of readmission. This information could potentially be used to inform interventions designed to prevent rehospitalization.

SPECIFIC AIM

- The aim of this study was to conduct retrospective reviews of electronic medical records to identify factors associated with unplanned 30-day hospital readmissions among older adults with T2DM. Factors investigated were: patient demographics, whether patients were at risk for fallings, and patients' activities of daily living (ADL) at discharge.

METHODS

PARTICIPANTS

- Inclusion Criteria:** Participants were older adults ≥ 65 years old admitted to a community hospital from January 1, 2012 to January 1, 2017 with a diagnosis of T2DM at their index hospitalization, defined as patients' first hospitalization to occur during the study period.

- Exclusion Criteria:** Patients were excluded if they died during the index hospitalization or were discharged to hospice.

PROCEDURES

- Of the 843 patients who met the study's inclusion criteria, 200 were randomly selected to have their electronic medical records reviewed.
- Factors investigated were: patients' demographics and whether patients were hospitalized for cardiovascular disease.

RESULTS

- Readmission Rate:** Of the 200 patients, 15.5% (N=31) had an unplanned hospital readmission within 30 days of discharge.
- Data on demographic characteristics are presented in Table 1.

Table 1. Demographic characteristics

Characteristic	Readmitted		Not Readmitted		p-value
	N	(%)	N	(%)	
Race (N=184)	(N=30)		(N=154)		0.49
	African American	9 (30.0)	33 (21.4)		
	White	20 (66.7)	110 (71.4)		
	1 (3.3)	11 (7.2)			
Sex (N=200)	(N=31)		(N=169)		1.00
	Female	17 (54.8)	94 (55.6)		
	Male	14 (45.2)	75 (44.4)		
Hospitalization 12 months prior (N=200)	(N=31)		(N=169)		0.00
	Yes	19 (61.3)	37 (21.9)		
	No	12 (38.7)	132 (78.1)		
	N	M (SD)	N	M (SD)	p-value
Age (N=200)	31	78.58 (7.71)	169	77.75 (8.36)	0.61
Body Mass Index (N=198)	31	28.69 (6.33)	167	29.50 (6.79)	0.54
Length of stay (N=200)	31	6.35 (4.24)	169	6.38 (5.45)	0.98

- In general, there were no statistically significant differences between patients who were readmitted and patients who were not readmitted on demographic characteristics.
- However, a statistically significant difference was found on whether patients were hospitalized in the 12 months prior to admission. Patients who were readmitted were more likely to have been previously hospitalized than patients who had not been readmitted.

- Data on the percentage of patients who were at risk for falls and patients' ADLs are presented in Table 2.

Table 2. Risk for falls and ADLs on discharge

	Readmitted		Not Readmitted		p-value
	N	(%)	N	(%)	
Patient has history of falls or is at risk for falls (N=200)	(N=31)		(N=168)		0.42
	Yes	17 (54.8)	107 (63.3)		
	No	14 (45.2)	62 (45.2)		
	N	M (SD)	N	M (SD)	p-value
ADLS on discharge (N=131)	17	2.41 (2.33)	114	2.51 (1.95)	0.85

- No statistically significant difference was found between readmitted and not readmitted patients on whether they had a history of falls or were at risk for falls.
- There was also no statistically significant difference between readmitted and not readmitted patients on their ADLs at discharge.

CONCLUSIONS

- Readmitted and not readmitted patients with T2DM were similar on most demographic characteristics.
- Patients who had been readmitted within 30 days of discharged were more likely than patients who had not been readmitted to have had a previous hospitalization in the 12 months prior to admission.
- No differences were found between readmitted and not readmitted patients on their risk for falls or on their ADLs at discharge.
- Future analyses of these data will incorporate other potential predictors of hospital readmission in this population.

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