

TITLE: 90-Day Readmissions following COVID-19 Hospitalization among Veterans

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STUDENT SUBMISSION: No

TOPIC/TARGET AUDIENCE: policy makers; health system/hospital leaders; researchers

ABSTRACT: Problem Statement: Outcomes after COVID-19 hospitalization are of interest as some individuals experience post-discharge sequelae including rehospitalization and death. Objectives & Approach: Veterans hospitalized with COVID-19 at a Veterans Health Administration hospital between Mar-Dec. 2020 were followed to profile 90-day readmissions; logistic regression was used to evaluate associations between characteristics of initial COVID-19 hospitalization and subsequent 90-day readmission. Results & Implications: Of 20,414 Veterans hospitalized with COVID-19 during this period, 13% died in hospital. Among those discharged (n=17,771), nearly 1 in 6 (16%) were readmitted within 90 days, most often presenting with infectious diseases (39%) or circulatory conditions (16%). Mean time to readmission was 21.6 (SD 21.1) days. Characteristics of the initial COVID-19 hospitalization associated with greater likelihood of 90-day readmission included longer length of stay, discharged against medical advice, mechanical ventilator use, higher comorbidity index, current smoking, urban residence, and hospitalized during Sept-Dec. 2020 (vs. Mar-Aug. 2020) (all p-values< 0.02). COVID-19 hospitalizations were shorter during Sept-Dec. 2020, suggesting hospital capacity issues during the early wave of the pandemic and COVID-19 infections may have resulted in earlier discharges and increased readmissions. Monitoring and support for COVID-19 patients, including those discharged in over-capacity situations may help curb readmissions.

OBJECTIVE(S): Describe rates of in-hospital death and 90-day hospital readmissions among Veterans hospitalized with a diagnosis of COVID-19 during the first 10 months of the COVID-19 pandemic. Evaluate predictors of 90-day hospital readmission among Veterans discharged after COVID-19 hospitalization. Discuss potential areas for intervention to reduce hospital readmissions among individuals discharged after COVID-19 hospitalization.
