

Posters

Clinical Quality: Clinical Effectiveness

110 A SINGLE CENTRE STUDY ON THE THIRTY-DAY HOSPITAL REATTENDANCE AND READMISSION OF OLDER PATIENTS DURING THE SARS-COV-2 PANDEMIC

C.J. Mooney, L. Hone, M. Majid, J. Cai, L. Mieiro, D. L. Fink
Whipps Cross University Hospital, London, UK

Introduction: Hospital and social care suffered major alterations during the SARS-CoV-2 pandemic in the UK. Older adults were disproportionately affected by routine care disruption. To our knowledge, no data has been published so far on the impact of service disruption on 30-day readmission.

Methods: We performed a retrospective observational study of all patients admitted to a single east London hospital with laboratory-confirmed or clinical diagnosis of COVID-19

between 16th March and 6th April 2020. Older patients were defined as aged 80 years and over. Readmission was captured within 30 days of discharge. Comparator defined as the same period in 2019. Descriptive statistics were used.

Results: Three hundred and ninety-three patients were included. The majority survived to discharge (69.7%). Positive laboratory testing was similar between older and younger patients (85.7% vs 84.7%, $p = \text{NS}$). Mortality was significantly higher for older patients on index presentation (60.2% vs 20.3%, $p < 0.001$). Length of stay was also significantly longer for these patients (median 9 vs 7 days, $p = 0.00694$). The readmission rate for the 274 individuals discharged after index admission was 11.3% ($n = 31$). Amongst older patients, readmission rate during the study period was slightly higher than the same period in 2019 (17.9% vs 14.8%, $p = 0.36$). The median time interval between discharge and re-attendance was 8 [1–29]days. All re-attending older patients were re-admitted, whereas 54.2% of younger patients were sent home directly from the emergency department. Only 1 of the 31 patients re-attended because of insufficient social care.

Conclusions: Our data shows that readmission rates in the older population of East London during the SARS-CoV-2 pandemic were largely similar to non-pandemic periods. During this period, readmission rates appear to have been driven by clinical rather than social imperatives. This suggests that adapted social care services performed well and should be reinforced for future surges.