

Title: Effect of Discharge Disposition on Follow-Up Rates after Acute Inpatient Rehabilitation

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Abstract: A major challenge in the care continuum is the interface between acute hospitals and community-based outpatient services. In studies with primary care follow-up, patient forgetfulness, miscommunication, and logistical barriers have been noted. Age, rural residence, and socioeconomic status have also been shown to have an impact on primary care follow-up. Attendance of post-discharge follow-up visit (PDFV) has been shown to reduce re-hospitalization in some populations. Conversely, missed visits (MV) have been linked to poorer short-term and long-term clinical outcomes in high-risk medical populations, like those with substance abuse or diabetes. As such, identifying risk factors for MVs at PDFVs is a potential target for improving patient outcomes. Discharge from acute inpatient rehabilitation (AIR) presents unique challenges in attending outpatient follow-up appointments. AIR often involves multiple specialties and two or more sequential hospital courses. Currently, there is paucity of data to help primary care clinicians identify AIR patient characteristics which contribute to their loss to follow-up. We sought to identify readily available patient related variables from the hospital medical record that are associated with missed PDFV. Knowledge of the patient characteristics at highest risk for missed PDFV would allow the primary care team to better optimize PDFV. We hypothesized that for tertiary AIR hospital patients, discharge disposition is strongly correlated to higher missed PDFV, even controlling for other variables.