

Wennberg International Collaborative Spring Policy Meeting 2018 (Zurich)

Wennberg International Collaborative Spring Policy Meeting 2018

Abstract preview

Abstract no.: WICSPM18-68
Created: 8 December 2017 11:24:25 CET
Updated: 8 December 2017 22:06:24 CET
Status: Submitted
Type: Talk
Abstract language: English
Presentation language: English
A/V equipment: -
Lead author: Franziska Zúñiga
Presenting author(s): Franziska Zúñiga, Michael Simon
Submitting author: Michael Simon
Author(s): Franziska Zúñiga ¹, Ulrike Muench ², Raphaëlle Ashley Guerbaai ¹, Michael Simon ¹
Institutes: [1] Institute of Nursing Science, University of Basel (Basel)
 [2] Philip R. Lee Institute for Health Policy Studies (San Francisco)
Topic: Open health services research

Content English

Title: Preventable hospitalizations from Swiss nursing homes: analysis of Swiss discharge data

Abstract text:

Your abstract

Background: Reducing nursing home hospitalizations for ambulatory care sensitive conditions (ACSC) has been identified as an opportunity to improve patient well-being and reduce costs. Hospitalizations of frail, elderly persons with multiple chronic conditions are often related to loss of functional ability, cognitive decline, hospital-acquired infections and discontinuity of medications. However, no information exists about the magnitude of potentially preventable hospitalizations identified with ACSCs and associated costs in Swiss hospitals. The aim of this study was to identify the number of hospitalizations for ACSCs for nursing home residents and calculate hospital expenses from these hospitalizations.

Material/Methods: Using merged hospital administrative data with payment data based on diagnosis related groups (DRGs) for the year 2013, we descriptively examined nursing home residents who were 65 years of age or older and were admitted to an acute care hospital, in Switzerland.

Results: There were a total of 19,209 hospitalizations from nursing homes of patients 65 years and older. Approximately 42% of all nursing home admissions were due to ACSCs. Falls and trauma (53.6%), pneumonia and bronchitis (15%), and congestive heart failure (12.1%) were the three most common identified ACSCs. Assuming a base rate of CHF 11,200 for University hospitals (9,500 for non-university hospitals), payments to Swiss hospitals for ACSCs were 105 million (90 million) in 2013.

Conclusion: Our analysis highlights that a sizable share of hospitalizations for nursing home residents are for ACSCs and that associated costs are substantial. These findings suggest that primary care management in nursing homes could likely be improved and that programs and policies designed to reduce these potentially preventable hospitalizations from the nursing home setting could lead to increased patient well-being and lower costs.

Keywords: preventable hospitalizations, avoidable hospitalizations, nursing homes, hospital costs