

Loss of independence after surgery for older patients associated with increased risk of hospital readmission

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In a study published online by *JAMA Surgery*, Julia R. Berian, M.D., of the American College of Surgeons, Chicago, and colleagues examined loss of independence (LOI; defined as a decline in function or mobility, increased care needs at home, or discharge to a nonhome destination) among older patients after surgical procedures and the association of LOI with readmission and death after discharge. Currently, quality metrics prioritized by hospitals and medical professionals focus on discrete outcomes, such as readmission or mortality.

The study included 9,972 patients 65 years and older with known baseline function, mobility, and living situation undergoing inpatient operations from January 2014 to December 2014 at 26 hospitals.

The final analysis included 5,077 patients. For this group, LOI increased with age; LOI occurred in 50 percent of patients age 65 to 74 years, 67 percent of patients 75 to 84 years of age, and 84 percent of patients 85 years and older. Hospital [readmission](#) occurred in 517 patients (10.2 percent). After serious postoperative complication, LOI was the second most important factor associated with readmission, increasing the risk by 70 percent. Serious [postoperative complications](#) were most significantly associated with readmission, increasing the risk by 6.7-fold.

"Complications may presumably be directly associated with the indication for readmission. However, the significant association of readmission with LOI and preoperative support in the home may suggest the critical role of environment and patient resources in prompting readmission," the authors write.

Death after [discharge](#) occurred in 69 [patients](#) (1.4

percent). When examining death after discharge, LOI was associated with a 6.7-fold increased risk. Additional significant factors included surrogate-signed consent and emergency operations, as well as advancing age. Postoperative complications were not significantly associated with death after discharge.

"Patient-centered outcomes such as LOI can, and should, be collected in multi-institutional data registries. Loss of independence is a potential target for intervention, and future work should move beyond its use as a factor for prognostication. To best serve the aging population, clinical initiatives must focus on efforts to minimize LOI and better understand its association with discrete outcomes like readmission and death after discharge," the researchers write.

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