



Partners in preventing rehospitalization for individuals with spinal cord injury

Madonna Rehabilitation Hospital works closely with acute care hospitals, post rehab health care providers, and payers to ensure the individuals we serve with spinal cord injury (SCI) receive optimum care to transition back to the community, as well as sustain the gains they made during rehabilitation. Despite quality health care across the continuum, persons with SCI across the nation and the world have a high rate of rehospitalization.

“...Approximately one-third of persons with a traumatic SCI will be rehospitalized each year.”³

Rehospitalizations are the second leading lifetime expense for persons with SCI² and occur more often within the first year following discharge from a rehabilitation setting.¹ Rehospitalization impacts not only the health care system, but also the individual's ability to move

to prevent rehospitalizations. “Most hospitalizations appear to be preventable, particularly those related to pressure sores, UTI and psychosocial problems.”²

Partnership in prevention

Role of Acute care

Individuals with complex injuries are surviving at higher rates, however, length of stay in acute care facilities and rehab units is declining. As a result, health care professionals must wisely utilize time and resources to best prepare the patient for the next level of care.

Two issues that cause rehospitalization are pressure ulcers and complications of the respiratory system. Wound management delays rehabilitation, leading to further complications, as well as places the patient at higher risk for skin breakdown and further pressure ulcers throughout their lifetime. Skin complications are the second leading cause of rehospitalization and the most costly.²

Helpful suggestions

- Engage the patient and family in investing in a repositioning schedule of every two hours while in bed and every 15 minutes when in a sitting position.
- Immediate initiation of bowel program to prevent incontinence leading to increased risk for skin complications and bowel obstructions.
- Utilize one way valves and other tools to prevent aspiration and to encourage lung expansion following traumatic injury.



Providing exercise training can help reduce the rate of rehospitalization of persons with spinal cord injury.

Role of rehabilitation providers

Key areas in patient preparation for reintegration into the community include patient and caregiver training in health management, self advocacy and life care planning for future costs. The use of a transdisciplinary team working together to discharge patients to the community decreases long term costs because evidence shows the rate of rehospitalizations are greater for patients who are admitted to a SNF following acute rehab.¹

What can we do?

- Provide proper equipment prescriptions and training to prevent pressure ulcers
- Provide proper training in management of the genitourinary system with consideration of lifestyle and available resources.

“By understanding the areas of high risk for individuals with SCI, we can align our health care resources and knowledge to prevent rehospitalization.”

on with their life, affecting the individual's ability to be employed and causing interruption in meaningful life activities.³

By understanding the areas of high risk for individuals with SCI, we can align our health care resources and knowledge

- Training in lifelong exercise and measure of lung capacity for early identification of respiratory complications.
- Lifelong follow up for prevention of secondary complications.

Role of post-Acute rehabilitation providers

Knowing that rates of rehospitalization are highest in the first year following an injury,³ the role of post acute rehab providers is of the utmost importance in prevention. The leading cause of rehospitalizations following SCI is urinary tract infections. Frequent contact with health care providers and frequent educational interventions have been shown to decrease the use of antibiotics and hospitalizations due to UTI.⁵ Research shows that rural vs. urban areas can differ in rehospitalization rates due to the availability of specialty care and knowledge of physicians in caring for persons with SCI.⁶

Helpful suggestions

- Ensure annual urological studies are performed and provide ongoing education and training in proper catheter and catheterization hygiene¹
- Early recognition and treatment of infections and symptoms that may lead to infection¹

- Referral to a CARF accredited rehabilitation facility for annual assessment of proper equipment, seating and positioning, and training in prevention of secondary complications.

Role of Payor

The payer may have an impact on a person's ability to timely access the primary care physician, as well as specialty follow up services.⁴ Cardenas et al. studied the rate of rehospitalization by payer group. The study shows significant differences between state and federal program and private insurance payers. As a result, we know the payer also has an impact of person's long term health and quality of life.

Suggestions

- Maintain open communication with health care providers to ensure timely access to preventative medicine and proper equipment prescription.
- Be knowledgeable of providers outcomes and ability to prepare patients for life long management of a disability.
- Utilize expertise of CARF accredited rehabilitation program to assist in prevention of secondary complications for persons with disabilities.

References

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