Factors associated with discharge destination in general medical patients referred to physiotherapy
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FUNDING

AIM
To investigate the association between patient characteristics with discharge destination from acute general medical wards.

STUDY DESIGN, SETTING & SAMPLE SIZE
Prospective, single-site observational study of 480 patients at RMH (convenience sample).

PARTICIPANTS
All ward patients referred to physiotherapy and admitted under general medical units. Patients for palliation, those transferred from another unit and already recruited and readmitted were excluded.

OUTCOME MEASUREMENT
Completed within 72hr of physiotherapy assessment:

- Demographics and admission diagnosis
- Co-morbidity (Charlson Comorbidity Index, CCI)
- Pre-morbid function (Blaylock Risk Assessment Screening Score)
- Mobility (De Morton Mobility Index, DEMMI)
- Function (Alpha Functional Independence Measure, AlphaFIM)
- Cognition (Rowland Universal Dementia Assessment Scale, RUDAS)
- Discharge destination
- Length of stay
- Readmission rates

RESULTS (Continued)

Training data (n=208) 54 items associated with discharge destination

Validation data (n = 105) 8 candidate models associated with discharge destination

Test data (n= 104) 2 models best associated with discharge destination

DEMMI + toilet transfer: More sensitive, identified a higher proportion of patients who were not discharged home of all patients who did not go home.

AlphaFIM + Walking independence: More specific, identified a higher proportion of patients who went home of all those patients who went home.

RESULTS n = 417, percentage (count) or median [Interquartile Range]

- Female: 53% (n = 221) Age: 81 years [76-86]
- CCI: 2 [1-3]
- Top 5 Admission Diagnosis: Other 25% (n=102), Circulatory 19% (n=78), Musculoskeletal 18% (n=75), Respiratory 16% (n=67), Nervous 14% (n=59).

Discharge destination: Home 59% (n=245); Not home 42% (subacute n=140, death n=21, other n=11).

Model development: Forward stepwise regression was used.

CONCLUSION
Two models that can differentiate between patients going home and “not home” have been identified. They have the potential to quickly determine discharge destination, but need validation prior to use in the clinical setting.