Post-Operative Readmissions in the Aging Veteran Population

**Conclusion:** Identifying reasons for readmission in the aging veteran population after optimizing their care is an essential first step to preventing readmissions in this vulnerable population. Our work suggests the need to focus on ensuring that aging veterans undergoing inpatient surgery are discharged with enough support to be successful at home.

**Significance and Aim:** The elderly population is susceptible to post-operative complications after major surgeries. Readmission after discharge is a common complication and is associated with a significant cost. We sought to evaluate the unplanned 30-day readmission rate and reason for readmission during implementation of the Geriatric Surgery Verification Program.

**Data Source and Study Procedures**
- Patients age 75 or older who underwent inpatient surgery from Jan 2018-Dec 2020 at a single, level 1A Veteran Health Administration Medical Center (VAMC) were included.
- Descriptive statistics were used to describe the population and outcomes.

**Results**
- 308 patients met inclusion criteria.
- The average patient age was 79.6 years (+/- 4.6) and nearly all of patients were male (98.7%).
- Most patients were discharged home (77.9%). 22.0% of patients had an unplanned visit to the emergency room within 30 days of discharge.
- The unplanned readmission rate was 10.4% with an average readmission length of stay was 5.6 days (+/- 4.8).
- Top causes of readmissions included surgical site infection (15.7%) and ileus (12.5%) but the single most common reason for unplanned readmission was failure to thrive after discharge (21.9%) (Table 1).

**Lessons Learned**
- Identifying reasons for readmission in the aging veteran population after optimizing their care is an essential first step to preventing readmissions in this vulnerable population.
- Our work suggests the need to focus on ensuring that aging veterans undergoing inpatient surgery are discharged with enough support to be successful at home.

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