

# Reducing Hospital Re-admission and ER Visits Among Patients with Dementia

It is estimated that 25% of older adults admitted to the hospital have a diagnosis of dementia. Older adults living with dementia are two times more likely to have a hospital re-admission within 30 days after discharge than their peers living without the disease. Studies have also shown that hospital re-admissions are more costly for dementia patients, totaling on average \$22,371 compared to \$19,578 for the general older adult population.

Older adults with dementia are also using the emergency room (ER) more frequently. Many times, these emergency room visits are unnecessary and costly. ER visits may include potentially unnecessary tests as well as the administration or prescription of antipsychotic drugs that could contribute to an increased risk of early death.

## Why Are Dementia Patients at Higher Risk for Hospitalization Re-admission and ER Visits?

Eighty-five percent of older adults living with dementia have one or more chronic diseases and are five times more likely to have six or more co-morbidities. Some of the symptoms of dementia, such as confusion, memory loss, depression, aggression, and wandering can make it more difficult for patients and caregivers to manage chronic disease in the home. Many re-admissions and ER visits are a result of the complications of these diseases in combination with the symptoms of dementia. In some cases, it is the caregiver's need for additional support and education on the management of chronic disease that can contribute to the frequency of overutilization of the ER.

## What Can Be Done?

Efforts to help reduce unnecessary hospital readmissions and ER visits can begin during hospitalization and at discharge. Caregivers can reach out to local or national organizations that help provide support and education to keep older adults with dementia healthy at home. Here are some interventions to consider:

- Incorporate best practices and models of care
  - Track and monitor re-admissions and emergency room visits for patients with dementia
  - Enroll frequent utilizers in care management programs if available
  - Thorough discharge planning and education for both the patient and caregiver(s) with a focus on medication education and reconciliation
  - Expanded provider access including telemedicine options

- Develop guidelines that focus on the care of the patient with dementia
  - Dementia protocols for discharge, including processes for care transition to another care setting or home
  - Establishing follow-up appointments (and transportation if needed)
  - Working with caregivers to assess for any unidentified needs that were not addressed during hospital stay or discharge
- Target falls prevention efforts on patients who live alone
  - Supervised exercise to build strength
  - Learn the importance of sleep and healthy eating
  - Understand the side effect of medications – keep a diary of side effects to monitor
  - Create a clutter free environment for walking and wear properly fitted shoes
  - Stand up and sit down slowly to avoid dizziness
  - Stay socially active to reduce social isolation
- Provide clinicians with education on the impact of dementia on chronic disease management
  - Common risks for dementia patients living at home that make them more susceptible to being re-admitted to the hospital or emergency room
  - How dementia can affect chronic disease management at home or in a skilled nursing facility
- Help patients with dementia and their caregivers find appropriate resources
  - Alzheimer’s Association Resources - [https://www.alz.org/indiana/helping\\_you](https://www.alz.org/indiana/helping_you)
- Connect caregivers with support
  - Alzheimer’s Association - 24/7 Helpline offers confidential support, crisis assistance, and local resources. Call 1-800-272-3900

## References

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