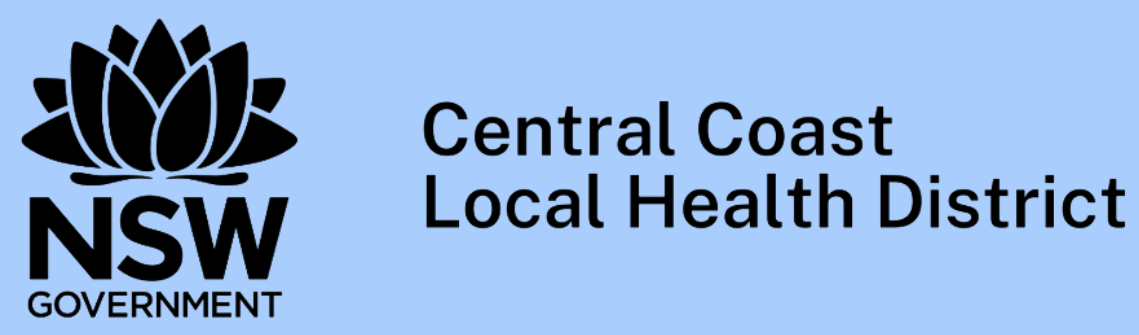


Adult readmissions following sepsis: A prevocational trainee led clinical audit provides important insights into our increasingly complex patient community

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Abstract: The ageing and increasing complexity of patients is providing doctors an ever-growing challenge regarding patient management and triage. We undertook a retrospective audit of readmission rates following sepsis, demonstrating the high mortality of sepsis and high rate of readmission for patients with multiple comorbidities or those who are immunocompromised.

Introduction

- Sepsis describes a life-threatening organ dysfunction due to a dysregulated host response to infection and is a major cause of morbidity and mortality.
- Trainee understanding of sepsis is essential, particularly in the setting of an increasingly complex patient environment.
- We undertook a prevocational trainee led audit to investigate the rates and predisposing factors for hospital readmission within 30 days of an admission involving sepsis.

Methods

- Retrospective audit for readmission rates within 30 days for adult non-maternity patients admitted with sepsis or who developed sepsis during their admission within the Central Coast Local Health District (CCLHD) during June 2022-2023 (n=139)
- Readmitted patients were analysed for time to readmission; diagnosis at readmission; previous discharge destination; immunocompromised status; presence of four or more comorbidities; and source of sepsis.

Results

- During the initial admission, 24/139 (17%) patients died. Of those discharged, 26/115 (23%) were readmitted to the CCLHD within 30 days, with 10/115 (9%) representing with sepsis.
- Mean time to readmission with sepsis was 14.6 days (standard deviation: 8.9).
- 8/10 (80%) patients readmitted with sepsis were considered immunocompromised, and 5/10 (50%) had four or more comorbidities.
- In those with an established source of initial sepsis (n=9), two represented with a different source, six with the same source, and in one patient the source was not confirmed during readmission.

Results

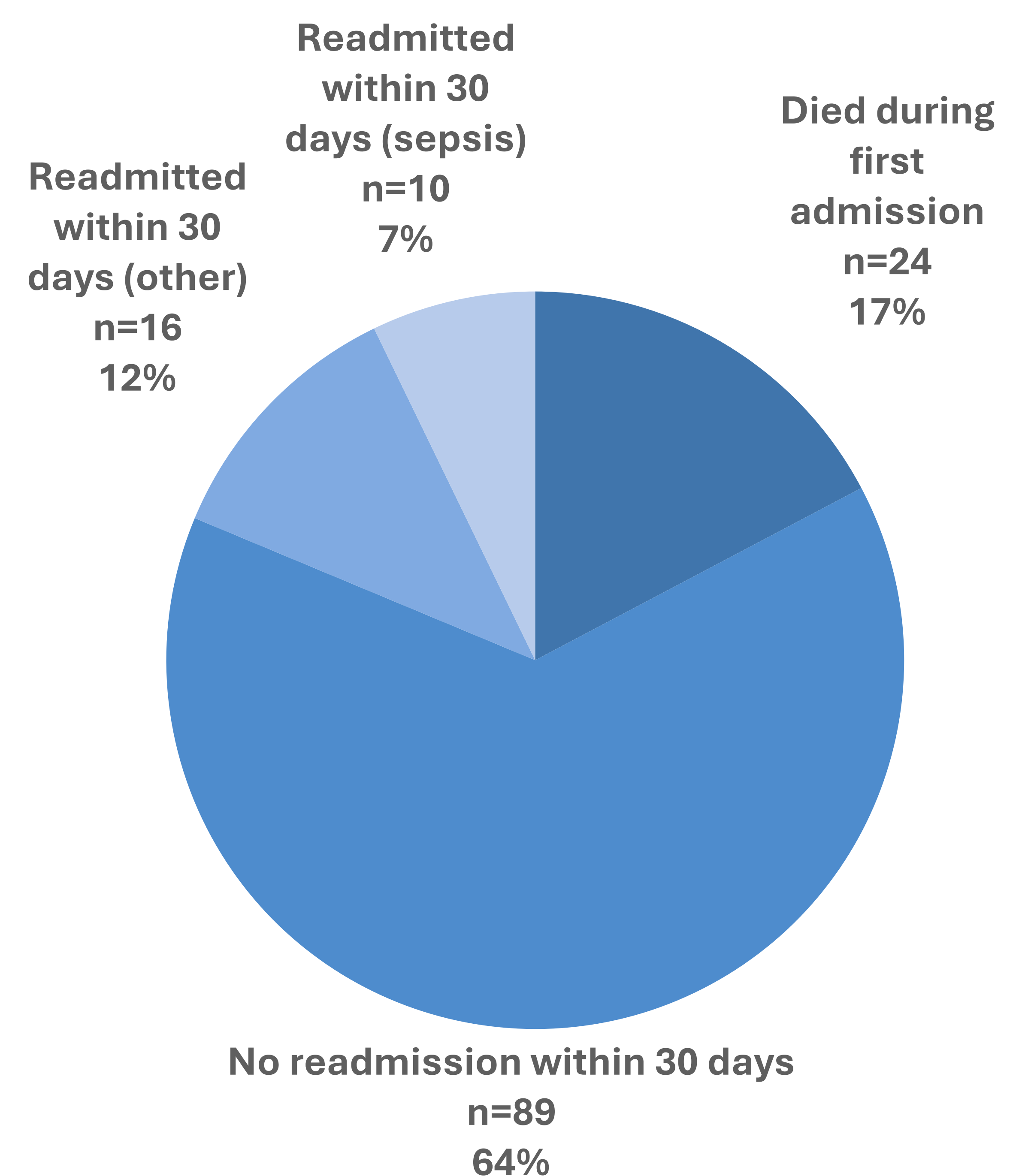


Figure 1. Outcomes of 139 patients who presented within the CCLHD with sepsis or who developed sepsis during their hospital admission. Reported as number of patients and percentage (n=139).

Conclusions

- Admissions involving sepsis are associated with high mortality and a significant readmission rate particularly for immunocompromised patients or those with multiple comorbidities.
- Audits are a powerful tool for prevocational education and help to develop thoughtful clinicians who are attuned to the needs of their local community.

References

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