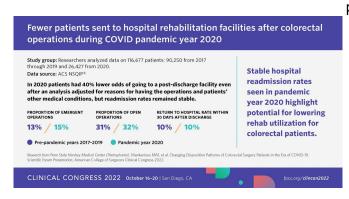


Fewer patients sent to hospital rehabilitation facilities after colorectal operations early in the COVID pandemic

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Fewer patients sent to hospital rehabilitation facilities after colorectal operations during COVID pandemic year 2020. Credit: American College of Surgeons

The first months of the COVID pandemic had a profound effect on hospital discharge practices and use patterns for patients with colorectal disease, according to findings presented at the Scientific Forum of the American College of Surgeons (ACS) Clinical Congress 2022. A study of more than 100,000 surgical patients who underwent procedures for colorectal cancer found that they had 40% lower odds of being discharged to posthospital rehabilitation during the pandemic than before.

Despite this significantly lower rate, the hospital readmission rate did not change from prepandemic levels, said Marc Mankarious, MD, a surgical resident at Penn State Hershey Medical Center, Hershey, Pennsylvania.

"We found that discharge to a <u>rehabilitation facility</u> pre-pandemic was 10%, which agreed with previous literature, but once the pandemic hit, the discharge-to-rehabilitation rate dropped to about 7%," Dr. Mankarious said. "We saw a drop of three

percentage points, even though we were doing more emergent operations and more open operations, which are typical risk factors for requiring rehabilitation after surgery."

The authors hypothesized that anecdotally, fear of going into confined spaces, staff and supply shortages, and disease outbreaks contributed to changes in discharge practices.

About the study

The retrospective cohort study used two databases from the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP): the Participant Use File and Target Colectomy databases. Researchers analyzed data on 116,677 patients: 90,250 from 2017 through 2019, and 26,427 from 2020. For comparison, the first quarter was excluded from all years because the first COVID restrictions did not go into effect until March 2020. ACS NSQIP is the leading nationally validated, risk-adjusted, outcomes-based program to measure and improve the quality of surgical care in hospitals. It was created by surgeons to help hospitals gauge the quality of their surgical programs and improve surgical outcomes by collecting robust, accurate, and precise clinical patient information.

Key findings

 In comparing the pre- and post-COVID-19 periods, the proportion of emergent cases and open operations—as opposed to minimally invasive procedures—increased in 2020, from 13 to 15% (p



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