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University of Pennsylvania



**Impact of Geriatric Day Hospital Services on Inpatient
Hospital Use**

Julie Sochalski

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Julie Sochalski, Ph.D., RN

Abstract

Objectives: To assess the impact of geriatric day hospital services (CARE Program) on hospital readmission and readmission inpatient days.

Design: Quasi-experimental study comparing post-program outcomes of CARE program enrollees and a statistically-matched control group over 12-month period.

Setting: University of Pennsylvania Collaborative Assessment and Rehabilitation for Elders (CARE) Program.

Participants: 282 elders enrolled in CARE Program from 1994-1996 and 282 statistically-matched controls drawn from the 1994 National Long Term Care Survey (NLTC).

Intervention: Comprehensive outpatient geriatric rehabilitation services provided to CARE program enrollees.

Measurements: Change in functional status (ADL) between admission to discharge from CARE program among CARE enrollees; difference in time to hospital readmission and total inpatient days between CARE enrollees and NLTC controls.

Results: There was a significant shift in CARE enrollees from lower to higher functional status categories between admission and discharge ($\chi^2 = 206.40, p < 0.0001$). The time to hospital readmission was lower among CARE enrollees than NLTC controls, but the difference was not statistically significant (Cox regression hazard ratio= 0.805, $p = ns$). There was no difference in the mean number of inpatient days between the two groups ($F = 1.16, p = ns$).

Conclusion. This study confirms the benefit of geriatric day hospitals for functional outcomes, and suggests that this gain may influence subsequent hospital use. Future studies employing rigorous study designs that include a broader range of outcomes such as quality of life, that assess other models of geriatric day hospital care, and that examine the cost implications of these programs are warranted.