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ONE-YEAR POST-DISCHARGE HEALTHCARE RESOURCES UTILISATION OF CRITICALLY ILL COVID-19 SURVIVORS FROM NUTRICOVID STUDY

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Rationale: High rates of hospitalisation and intensive care unit (ICU) admissions have been observed in patients with severe COVID-19, with approximately 22% of mortality for those requiring ICU. There are few studies on the healthcare resource utilisation (HRU) of ICU survivors. We aim to describe the HRU of COVID-19 ICU survivors from the NUTRICOVID cohort for one year after discharge.

Methods: A descriptive analysis of HRU of the NUTRICOVID cohort followed-up for 12 months post-discharge was performed. We assessed rates of primary and specialised care visits, emergency department (ED) visits and hospital readmissions. Visits were classified according to the association with COVID-19, and the use of respiratory and nutritional support during readmissions was explored. A bivariate analysis of the number of visits was carried out based on the patient's risk of malnutrition (MUST) and functional status (SARC-f and Barthel Index) at discharge. The analysis was performed with STATA v.14.

Results: A total of 188 out of 199 patients (95%) completed the 12-months follow-up. 83% and 96% of the cohort patients had visits with primary and specialised care, respectively. The mean (SD) for the number of visits per patient to primary and specialised care was 5 (5) and 15 (13), respectively. Among the total number of registered visits (3,795), 23% were to primary care and 77% to specialised care, with 60% and 80% related to COVID-19 in each setting. The rate of ED visits in our cohort was 38%, being 53% related to COVID-19. The readmission rate was 17% with 8% of patients requiring ventilation and 24% nutritional support. No differences were found in the HRU in patients with higher nutritional and functional risk versus those with lower risk.

Conclusion: During one-year post-discharge, ICU COVID-19 survivors showed a high HRU, however, only 17% of patients were readmitted to the hospital. The majority of primary care, specialised care and ED visits were related to COVID-19.

Disclosure of Interest: None Declared

Keywords: Covid-19, Critically ill, Healthcare Resource Use, nutritional and functional status, readmission