

One-year post-discharge healthcare resources utilisation of critically ill COVID-19 survivors from NUTRICOVID study

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C. Cuerda* ¹, M. Maíz ², S. Palma Milla ³, J. Álvarez-Hernández ⁴, C. Gil Martínez ⁵, C. Marcuello Foncillas ⁶, M. Merino Viveros ⁷, M. Blanca Martínez-Barbeito ⁸, M. A. Sampedro-Núñez ⁹, I. Galicia ¹⁰, I. Gonzalo ¹¹, V. González-Sánchez ¹², N. Modroño Móstoles ¹³, A. Ramos Carrasco ¹⁴, P. Díaz Guardiola ¹⁵, V. Cevallos Peñafiel ¹⁶, S. Aceituno ¹⁷ and NUTRICOVID study research group of SENDIMAD

1 Hospital Universitario Gregorio Marañón, 2 Hospital Universitario 12 de Octubre, 3 Hospital Universitario La Paz, 4 Hospital Universitario Príncipe de Asturias, 5 Hospital Central de La Defensa Gómez Ulla, 6 Hospital Universitario Clínico San Carlos, 7 Hospital Universitario de Getafe, 8 Hospital Universitario Rey Juan Carlos, 9 Hospital Universitario de La Princesa, 10 Hospital Universitario de Torrejón, 11 Hospital Universitario de Fuenlabrada, Universitario, 12 Hospital Universitario Fundación Alcorcón, 13 Hospital Universitario Infanta Elena, 14 Hospital Universitario de Móstoles, 15 Hospital Universitario Infanta Sofía, 16 Hospital Universitario Severo Ochoa, Madrid, 17 Outcomes'10 SLU, Castellón, Spain

INTRODUCTION

High rates of hospitalisation and intensive care unit (ICU) admissions have been observed in patients with severe COVID-19, with approximately 22%¹ of mortality for those requiring ICU. There are few studies on the healthcare resource utilisation (HRU) of ICU survivors.

AIM

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 cohort² 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.

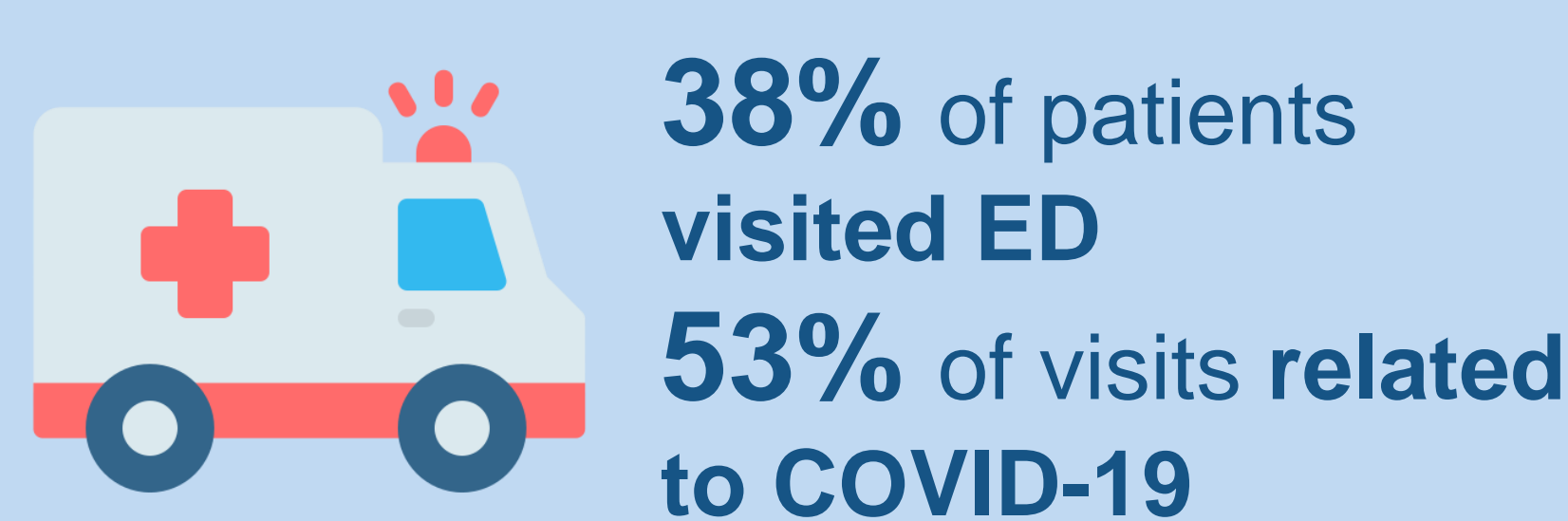
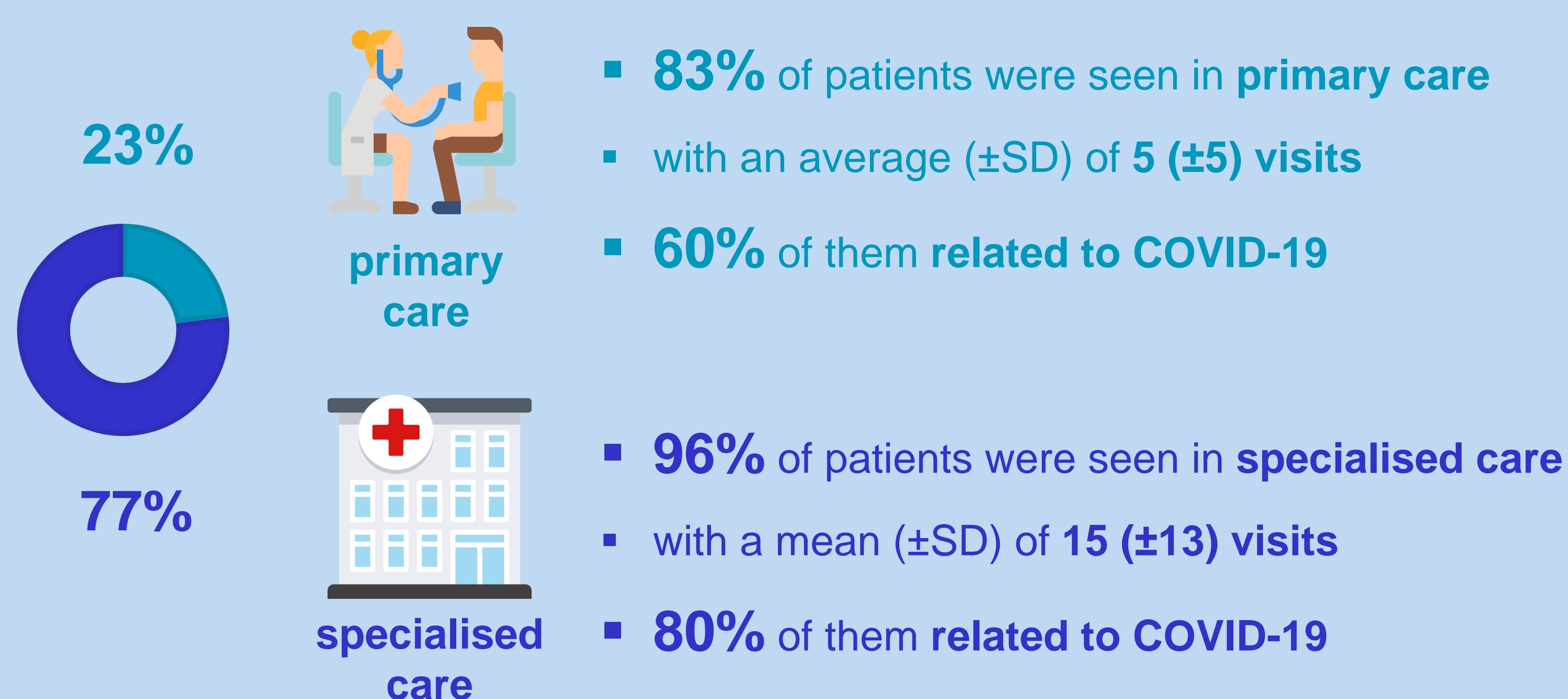
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- 2 Cuerda C. et al. Impact of COVID-19 in nutritional and functional status of survivors admitted in intensive care units during the first outbreak. Preliminary results of the NUTRICOVID study. *Clin Nutr*. 2021;21:S0261-5614.

RESULTS

95% of patients (188 out of 199 enrolled in the study) completed the 12-month follow-up.

3,795 recorded visits



No differences were found in the average number of primary and specialised care visits in patients with higher nutritional (19.0 visits) and functional risk (18.7 visits) versus those with lower risk (18.8 and 20.1 visits, respectively).

CONCLUSIONS

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.

NUTRICOVID study research group of SENDIMAD

NUTRICOVID study research group also includes the following investigators: Ivan Sánchez López, Cristina Velasco, Marina Morato Martínez, Laura Mola Reyes, Cristina Navea Aguilera, Loredana Arhip, Dolores del Olmo García, Emilia Cáncer-Minchot, Mario Huelves Delgado, María Pastor García, Beatriz Pelegrina-Cortés, Silmary Maichle, Begoña Molina Bahena, Natalia García Vázquez, Elena Atienza, Irene Hoyas Rodríguez, Ángela Amengual Garlbarte, Ángela Morales, MA Valero Zanuy, Pilar Matía-Martín, Carolina Knott, Alexander Agrifoglio Rotache, Andrés Ortiz, MP Gómez Montes, Mercedes Ramírez Ortiz, Marta Ruiz Aguado, Teresa Montoya Álvarez, Enrique Sanz Martínez, Marta Rodríguez de Codesal, Belén Quesada Bellver. The authors also acknowledge the funding of this study by Nutricia-Danone Specialized Nutrition.