



Research Brief

The Primary and Secondary Causes of Hospitalizations During the five years after spinal cord

Introduction

Individuals with spinal cord injury (SCI) experience high rates of rehospitalization, including admissions through the emergency department (ED) or direct inpatient (IP) admissions, often for potentially preventable health conditions. Hospitalizations are not only financially costly, but they undermine the individual's ability to participate in society, maintain employment, and preserve quality of life. Our objective was to compare and contrast the primary and secondary causes of hospitalization by type of admission, emergency department (ED) versus inpatient only (IP), during the first five years after the traumatic spinal cord injury (SCI).

Key Findings

- Overall, there were 9733 hospital admissions in the five years after SCI onset, not including the initial hospitalization; 53% were admissions through the emergency department.
- In year 1, septicemia, other disorders of urethra and urinary tract (primarily urinary tract infections), and pneumonia were the leading causes of emergency department admissions.
- Diseases of the lung (primarily acute respiratory failure), and chronic ulcers of the skin (primarily pressure ulcers) were the leading causes of inpatient only admissions.

What Does This Mean?

Taken together, the findings provide a better understanding of the health conditions that require hospitalization, and may be helpful for developing prevention strategies, management techniques, and determining appropriate avenues of care for those with SCI.

For example, we found that individuals with SCI are visiting the emergency department and being admitted for potentially preventable conditions including septicemia, urinary tract infections, complications related to catheters, and pneumonia, all serious health issues that may be avoided with proper care or education.

The emergency department-related hospitalizations suggest a lack of successful management these expected secondary conditions. Focused care coordination or enhanced rehabilitation services might result in improved disease management in years 2–5, just as the percentage of emergency department admissions increases.

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