



## The association between participation and quality of life indicators with hospitalizations in ambulatory adults with spinal cord injury

### Introduction

Participation, or involvement in a life situation, and quality of life (QOL) are important after spinal cord injury (SCI). The objective of this study was to examine the relationships between self-reported participation and QOL indicators, including Home Life Satisfaction, Vocational Satisfaction, and Global Satisfaction and future hospital admissions among adults with SCI who could walk. Participants were identified through the South Carolina SCI Surveillance System Registry (SCISSR). In this study, we linked the data from 613 participants who completed a self-report assessment (SRA) with hospital administrative billing data, collected from hospitals in the state of South Carolina in the year following the completion of the SRA.

### Key Findings

- Self-reported hospital discharges in the previous year, current pressure ulcers, number of chronic conditions, walking 150 feet more often and greater home life satisfaction were associated with an increased risk of additional hospitalization in the year after the SRA.
- Walking 10 feet more often and greater global satisfaction were associated with a decreased risk of hospital admission.
- Among those who were rehospitalized, the self-reported predictors of admission included having had a previous hospital admission, two health factors (pressure ulcers and chronic conditions), a participation item (how often the individuals walk 33 feet), and two QOL items (home life and global satisfaction).

### Conclusions & Implications

The unique aspects of this study were: (1) the linkages of self-reported data on participation and QOL and future hospital admissions using hospital administrative billing data and (2) using a large group of ambulatory adults with chronic SCI. The vast majority of studies related to rehospitalizations use self-report data alone. Similarly, most studies of SCI use non-ambulatory participants identified through clinical sources, such as an SCI Model System of care; whereas population-based registries such as SCISSR include all individuals with SCI in the geographic region, which results in a larger portion of people who are ambulatory (70% of the SCISSR were ambulatory).

Specific participation and QOL items may increase the risk of hospitalization in ambulatory adults with SCI. Further study is necessary to understand better the relationships between walking distance and how often they walked, home life and global satisfaction, and inpatient hospital admissions.

**Reference:** DiPiro, N., David Murday, D., Corley, B., Krause, J.; The association between participation and quality of life indicators with hospitalizations in ambulatory adults with spinal cord injury, Accepted: 26 March 2020, International Spinal Cord Society. This article contains full references to all pertinent information, including details of previous research by other investigators, instruments used, and more detailed findings.

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