

Advancing SCI health care to avert rehospitalization

Abstract

This commentary reflects on the high rate of health care utilization among individuals with traumatic spinal cord injury (SCI) in the first year of injury as reported by Skelton et al. in the current issue of this journal. Commentary argues that the variation in risk-adjusted rehospitalization rates suggests that there is considerable opportunity for improvement. Authors note that we need better strategies to prevent the onset of the 3 conditions that drive most of the rehospitalization, namely, urinary tract infections, pneumonia, and pressure ulcers. Commentary also urges providers to rethink and reinvent the process of care in acute, rehabilitation, and post-discharge phases of care. It recommends that SCI centers take greater advantage data resources already available such as the National Spinal Cord Injury Database to openly share and compare center-to-center differences in practice and outcomes. It also urges SCI centers to reinvent their systems of care in ways being made possible under health care reform, especially systems that make all providers in a given episode of care—from acute to rehabilitation to post-discharge care, mutually and financially accountable for both outcomes and costs including emergency room use and rehospitalization.

KEYWORDS:

National Spinal Cord Injury Database; Rehabilitation; Rehospitalization; SCI; Spinal Cord Injury