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Predicting the Preventable: Social Drivers of Health and Pediatric Re-Hospitalizations & ED Visits

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Keywords

Pediatric Hospitalizations, Preventable Medical Events

Abstract

Introduction

This study addresses pediatric hospital readmissions and emergency department (ED) visits, affecting 22% of children within one year of discharge. These acute medical events (AMEs) lead to emotional stress, missed school, and financial burdens for families. Existing literature lacks long-term follow-up, especially regarding caregiver-reported risks predicting future preventable events. The study aims to bridge this gap by examining preventable AMEs utilizing three methods of preventability (NYU ED Algorithm, ACSC, and Physician rating) over a one-year period. Specific aims include assessing caregiver-reported social risks and child medical status to predict AMEs, anticipating that factors like patient race, access to care, and familial factors will strongly influence outcomes. Open the Styles Pane to get easy access to all the styles defined in this template for formatting the text of your abstract.

Methods

The study recruited caregivers of hospitalized children who completed an electronic survey regarding healthcare utilization and social determinants of health (e.g., ACEs, previous hospitalizations, experiences of racial discrimination). Chart reviews were conducted 365 days post-discharge to assess for AMEs. Preventability was assessed using three methods and patients were classified as experiencing a preventable event if they had at least one classified under any of the methods of preventability.

Results

Binary logistic regression showed that child age under 1, chronic/complex medical condition, other children in the home with health concerns, and neurodevelopmental diagnoses ($p < .05$) were predictive of a preventable event while a parent education of a college degree or more was a protective factor ($p < .01$), indicating children of parents with higher education are .26 times less likely to experience a preventable event.

Discussion

Future clinical practice could include spending more time with families to ask what resources are needed to prevent another acute medical event from occurring and putting those resources into place. It is Crucial for healthcare teams to engage with families of hospitalized children to gather insight into unique family situations and social risk factors identified in this study.