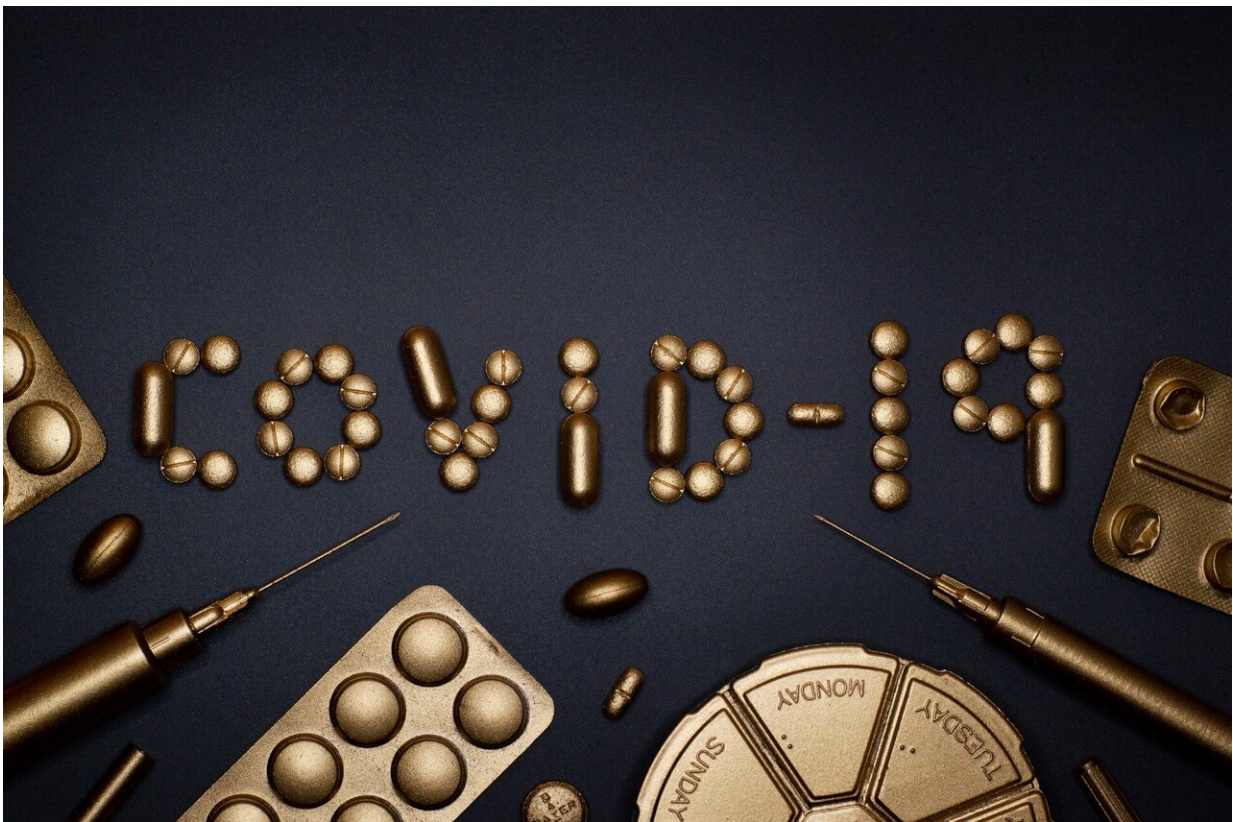


Participation in program for patients hospitalized with COVID-19 increases likelihood of home discharge

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The Acute Hospital Rehabilitation Intensive Service (ARISE) program, developed in 2020 by the Johns Hopkins Department of Physical

Medicine and Rehabilitation (PM&R), may increase the chances of patients hospitalized with COVID-19 getting discharged to their home rather than to a rehabilitation facility that provides post-hospitalization care services.

This is according to a new, [retrospective analysis](#) conducted by Johns Hopkins Medicine and approved by the Johns Hopkins Medicine Institutional Review Board. *The Journal of Internal Medicine* published a research letter from the study's authors on March 7, 2023.

When the COVID-19 pandemic began in early 2020, clinical staff at Johns Hopkins found that some [patients](#) hospitalized with COVID were developing deficits with mobility, swallowing and performance of daily activities.

Under typical circumstances, post-acute care rehabilitation facilities could help such patients. However, new quarantine restrictions, among other complicating factors, made discharges to these facilities challenging. To help address the issue and increase the number of home discharges, the Johns Hopkins PM&R department created the ARISE program.

"ARISE's care model promotes early, individualized, intensive and coordinated rehabilitation of acute care patients to help them regain functionality," says Erik Hoyer, M.D., assistant professor of physical medicine and rehabilitation at the Johns Hopkins University School of Medicine and first author of the analysis on ARISE's effectiveness.

"ARISE recipients are evaluated and treated by a multidisciplinary team, including [physical therapists](#), [occupational therapists](#), speech language pathologists and physiatrists. These teams deliver rehabilitation interventions, rather than consultations."

The analysis looked at patients admitted with a COVID-19 diagnosis for five or more days to a Johns Hopkins hospital between April 13 and June 30, 2020. Of the 218 patients included in the analysis, 132 received ARISE program care at The Johns Hopkins Hospital in East Baltimore. The remaining 86 patients were admitted to one of three other Johns Hopkins-affiliated hospitals in suburban Maryland.

Using a statistical analysis technique known as propensity matched analysis, researchers found that the ARISE care recipients were 17% more likely than ARISE nonrecipients to be discharged home rather than to a post-acute care rehab facility, though the research team believes this may be an underestimation.

"Our findings show that it is important for patients with COVID-19 experiencing functional deficits to receive early, targeted, high-frequency [rehabilitation](#) from a multidisciplinary team," says Hoyer. "Next, we are looking to expand the program to other patient populations, such as patients hospitalized with cancer."

More information: Erik H. Hoyer et al, Improving hospital outcomes using an acute hospital rehabilitation intensive service (ARISE) for patients with COVID-19, *Journal of Internal Medicine* (2023). [DOI: 10.1111/joim.13613](https://doi.org/10.1111/joim.13613)

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