

Readmissions frequent in month after hospital discharge

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Following hospitalization for heart attacks, heart failure, or pneumonia, patients are at high risk of being readmitted for a broad spectrum of medical conditions in the month following hospital discharge, research at Yale School of Medicine shows. The study appears in the Jan. 23/30 issue of the *Journal of the American Medical Association*.

Hospital readmission has garnered significant interest from patient advocates, payers such as insurance companies, and policymakers, but neither the timing nor causes of readmissions have been well described.

The authors studied older patients with traditional Medicare health insurance who were readmitted within 30 days after hospitalization for heart attacks, [heart failure](#), or pneumonia from 2007 through 2009.

Readmissions were frequent throughout the month after hospitalization and resulted from a wide spectrum of medical conditions regardless of a patient's age, sex, or race, or the time since the patient's [hospital discharge](#). In the great majority of cases, [readmission](#) was for a medical condition that was different from the cause of initial hospitalization.

"To reduce readmissions, doctors and hospitals should design interventions that apply broadly across multiple potential medical conditions and time periods associated with rehospitalization," said lead author Kumar Dharmarajan, M.D., a visiting scholar at the Yale School of Medicine and cardiology fellow at Columbia University Medical Center. "Interventions that are specific to particular diseases or time

periods may only address a fraction of patients at risk for rehospitalization. We need to be more holistic in our approach."

"We are just now recognizing that upon leaving the hospital patients may have entered a transient period of generalized risk," said senior author Harlan Krumholz, M.D., the Harold H. Hines, Jr. Professor of Medicine (cardiology) and professor of investigative medicine and of public health (health policy); director of the Clinical Scholars Program; and director of the Yale-New Haven Hospital Center for Outcomes Research and Evaluation. "Patients need to know that they are at risk for rehospitalization from a wide variety of medical conditions."

More information: *JAMA*. 2013;309(4):355-363

Provided by Yale University

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