

Top hospitals reduce readmissions by preventing complications across all diagnoses

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Checking back into the hospital within 30 days of discharge is not only bad news for patients, but also for hospitals, which now face financial penalties for high readmissions. The key to reducing readmissions may be focusing on the whole patient, rather than the specific conditions that caused their hospitalizations, according to a new study by Yale School of Medicine researchers.

Published Nov. 20 in the *British Medical Journal*, the researchers found that top-performing hospitals—those with the lowest 30-day [readmission rates](#)—had fewer readmissions from all diagnoses and time periods after discharge than lower performing hospitals with higher readmissions.

"Our findings suggest that hospitals may best achieve low rates of readmission by employing strategies that lower readmission risk globally rather than for specific diagnoses or time periods after hospitalization," said lead author Kumar Dharmarajan, M.D., a visiting scholar at the Center for Outcomes Research and Evaluation at Yale School of Medicine and cardiology fellow at Columbia University Medical Center.

Despite the increased national focus on reducing [hospital](#) readmissions, Dharmarajan said it had not been clear whether hospitals with the lowest readmission rates have been especially good at reducing readmissions from specific diagnoses and time periods after hospitalization, or have instead lowered readmissions more generally. To find out, Dharmarajan and colleagues studied over 4,000 hospitals in the United States caring for older patients hospitalized with heart attacks, heart failure, or

pneumonia from 2007 through 2009. The authors examined over 600,000 readmissions occurring within 30 days of hospitalization.

The research team found that readmission diagnoses and timing were similar regardless of a hospital's 30-day readmission rates. High performing hospitals had fewer readmissions across all diagnostic categories and time periods after discharge. "Earlier data show that patients are readmitted for a broad range of conditions. We have found empirically that hospitals with the lowest readmission rates have reduced readmissions across the board," said Dharmarajan.

"This study suggests that the path to excellence in readmission is a result of an approach that focuses on the patient as a whole rather than on what caused them to be admitted," said senior author and director of the Yale Center for Outcomes Research and Evaluation Harlan Krumholz, M.D., the Harold H. Hines, Jr. Professor of Medicine and professor of investigative medicine and of public health at Yale School of Medicine. "And this study adds emphasis to the idea that patients are susceptible to a wide range of conditions after a hospitalization—they are a highly vulnerable population and we need to focus intently on making the immediate post-discharge period safer."

Provided by Yale University

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