

Frequent readmissions, high costs after cardiac arrest

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(HealthDay)—Frequent readmissions and high inpatient costs are seen among older survivors of in-hospital cardiac arrest, according to a study published online Oct. 28 in *Circulation: Cardiovascular Quality and Outcomes*.

Paul S. Chan, M.D., from Saint Luke's Mid America Heart Institute in Kansas City, Missouri, and colleagues examined readmission patterns and long-term inpatient resource use among survivors of an in-hospital cardiac arrest. Data were collected from a national registry for 6,972 adults aged \geq 65 years who survived an in-hospital cardiac arrest.

The researchers found that there were 2,005 readmissions during the first 30 days and 8,751 readmissions at one year (cumulative incidence rates 35 readmissions/100 patients and 185 readmissions/100 patients, respectively). The mean inpatient costs were $\$7,741 \pm \$2,323$ and



\$18,629 \pm \$9,411 at 30 days and one year, respectively. Thirty-day inpatient costs were elevated for patients of younger age (\$7,444 for 75 to 84 years and \$8,291 for 65 to 74 years versus \$6,052 for \geq 85 years; adjusted cost ratios, 1.23 and 1.37, respectively); for black patients (\$9,044 versus \$7,413 for whites; adjusted cost ratio, 1.22); and for those discharged with severe neurological disability or to skilled nursing or rehabilitation facilities. These differences persisted at one year and were mainly attributed to increased rates of readmission.

"We found that elderly <u>survivors</u> of an in-hospital cardiac arrest were frequently readmitted, with high costs for an inpatient care during follow-up," the authors write.

One author disclosed financial ties to the medical device and health care industries.

More information: Abstract

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