

Hospital readmission common after emergency general surgery

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A study of patients who underwent an emergency general surgery procedure found that hospital readmission was common and varied widely depending on patient factors and diagnosis, according to a study published online by *JAMA Surgery*.

Hospital readmission rates following surgery are increasingly used as a marker of quality of care and are used in pay-for-performance metrics. As such, reducing hospital readmission rates has become a focus of both physicians and hospital administrators as well as policy makers. Emergency general surgery (EGS) [patients](#) represent a unique population at high risk for medical errors and complications following surgery. Approximately half of all patients undergoing EGS will have a postoperative complication, and postoperative complications have been closely linked to hospital readmission, according to background information in the article.

Joaquim M. Havens M.D., of Brigham and Women's Hospital, Boston, and colleagues examined [readmission rates](#) and risk factors for readmission after common EGS procedures. The study included patients undergoing EGS identified in the California State Inpatient Database (2007-2011). Patients were 18 years and older. The researchers identified the 5 most commonly performed EGS procedures in each of 11 EGS diagnosis groups and collected information such as patient demographics, hospital length of stay, complications, and discharge disposition.

Among 177,511 patients meeting inclusion criteria, 57 percent were white, 49 percent were privately insured, and most were 45 years and older (51 percent). Laparoscopic appendectomy (35 percent) and laparoscopic gallbladder removal (19 percent) were the most common procedures. The overall 30-day [hospital readmission](#) rate was 5.9 percent. Readmission rates ranged from 4 percent (upper gastrointestinal) to 17 percent (cardiothoracic). Of readmitted patients, 17 percent were readmitted at a different hospital.

Predictors of readmission included a higher score on an index of co-existing illnesses, being discharged against medical advice, and public insurance. The most common reasons for readmission were surgical site infections (17 percent), gastrointestinal complications (11 percent), and pulmonary complications (4 percent).

"Reducing readmissions is a noble cost-saving goal with benefits not only to the hospitals, but also to the patients. However, it is critical to understand the underlying factors associated with readmission to appropriately identify quality-improvement measures that address the true problem. Focused and concerted efforts should be made to incorporate readmission-reducing strategies into the care of EGS patients, particularly among those at higher risk for readmission," the authors write.

"This article contributes further evidence that we have a great opportunity to intervene on behalf of our patients and improve their outcomes," writes O. Joe Hines, M.D., of the David Geffen School of Medicine at University of California at Los Angeles.

"While local programs can be instituted to prevent complications and readmissions, the incorporation of electronic health records and the creation of large health systems will facilitate better care for the 15 percent to 20 percent of patients who are readmitted to a different

hospital. All of the components are in place to make meaningful progress in surgery, and with our leadership, we can realize substantial change and, most importantly, happy healthy patients."

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