CAUSES OF SHORT-TERM HOSPITAL MEDICINE READMISSIONS AT AN ACADEMIC MEDICAL CENTER
Kenton Smitherman; Brian Clay; Leslie Martin-Armstrong. UC San Diego Medical Center, San Diego, CA. (Tracking ID #1927644)

BACKGROUND: Health care continues to undergo significant changes. With the recent creation of the Hospital Readmission Reduction Program (HRRP) by the Centers for Medicare and Medicaid Services (CMS), financial penalties are being assessed to hospitals with high 30-day readmission rates for certain patient groups. Investigating reasons for readmissions could be important in identifying possible patterns and areas for improvement. The objective of this study was to identify the primary contributing cause for each of 341 short-term readmissions (within seven days of discharge) to ten hospital medicine services at an academic medical center over the ten-month period from 4/1/2011 through 1/31/2012.

METHODS: The UC San Diego Health System includes two hospitals with a combined capacity of 552 beds. Use of a full-spectrum inpatient electronic medical record (EMR) began on February 27, 2011 (a system-wide outpatient EMR was already in place). During the period of April 2011 through January 2012, there were 5,789 admissions to the hospital medicine services. From this total, 341 were readmissions within seven days. These readmission cases were retrospectively reviewed by two members of the Division of Hospital Medicine to determine the primary factor causing each patient’s readmission. Patient, health system, and physician factors were considered. Patient factors included: (a) exacerbation of chronic illness, (b) new/separate diagnosis, (c) noncompliance with medication or other therapy, (d) noncompliance with outpatient follow up, and (e) patient not responding to reasonable medication or other therapeutic plan. Health system factors were: (a) lack of timely available outpatient follow up appointment, and (b) inability to provide medication or other therapy in the outpatient setting or at a lower level of care. Physician factors included: (a) discharge with inappropriate medications or therapy, (b) incorrect or incomplete diagnosis (excluding cases when further workup in the outpatient setting was planned), and (c) complication of a procedure or therapy instituted during the preceding hospitalization.

RESULTS: Case review showed that most (95%) short-term readmissions resulted from patient factors: 42% of cases were due to exacerbations of chronic illness, 29% were due to new or separate diagnoses, 14% were due to patient noncompliance with medication or other therapy, none were shown to be due to noncompliance with follow up (these readmissions were within seven days of discharge), and 10% were due to patients not responding to reasonable medication or other therapy. The health system factor of inability to provide medication or other therapy in the outpatient setting or at a lower level of care was deemed the primary cause of readmission in 1% of cases. Importantly, physician factors were the primary cause of readmission in 13, or 4%, of the cases: 2 readmissions were due to discharge with inappropriate medications or therapy, 5 readmissions were due to incorrect or incomplete diagnosis, and 6 readmissions were the result of a complication of a procedure or therapy instituted during the preceding hospitalization. Additionally, in this 341 case cohort, 16% of the readmission cases involved patients with chronic liver disease, and 8% of the cases involved patients who were homeless.

CONCLUSIONS: Most short-term readmissions to our hospital medicine services are due to patient factors. Health system and physician factors were identified as causes of readmissions in only 5% of cases. Penalizing hospitals with higher readmission rates may not be a proper tool for decreasing hospital readmissions within seven days of discharge.