

Doctors' decisions on initial hospital admissions may affect readmission rates

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Researchers compared hospitalization rates and rehospitalization rates of patients admitted for heart attack and for heart failure. Heart attack admissions are considered non-discretionary, whereas, heart failure admissions are considered more discretionary. Hospitalization after heart attack is mandated in treatment guidelines, so physicians have little or no room for discretionary decisions.

Researchers examined [Medicare](#) claims data in 306 regions between 2007 and 2009. The results showed no relationship between [heart attack](#) hospitalization rates and readmission rates. On the other hand, there was a relationship between [heart failure](#) hospitalization rates and readmission rates.

Specifically, regions with higher heart failure hospitalization rates, a discretionary admission condition, tended to have higher readmission rates.

The lowest quintile of heart failure [hospitalization rates](#) had a 30-day risk-standardized readmission rate of 23.6 percent and the highest quintile of heart failure hospitalization rate had a 30-day risk standardized readmission rate of 25.7 percent, a significant difference. Between the groups, this represents a 9 percent relative increase.

More research is needed in order to better characterize the relationship between discretionary admission rates and readmission rates, researchers said.

Efforts to reduce readmission rates have been focused on patients' transition home from the hospital. These findings suggest that attention to initial admission practices, especially for discretionary admission conditions, may yield further reduction in readmission rates, researchers said.

Medicare's Hospital Compare website (www.hospitalcompare.gov) allows patients to see the 30-day-risk standard readmission rates for patients at most hospitals in the United States.

Provided by American Heart Association

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