

Abstract:

Introduction: Readmissions are now a metric of quality care and have an impact on reimbursement.¹ They are also associated with adverse outcomes as well as increased costs to both patients and hospital systems.²⁻³ There have been increased efforts to prevent readmissions with studies failing to show a single strategy to be superior.⁴ The purpose of this study was to perform a retrospective chart review of readmitted patients at the University of Colorado Hospital to better characterize factors underlying readmissions to guide future interventions.

Methods: A retrospective chart review of 48-hour readmissions during June and July 2023 was carried out by two researchers independently. A total of 30 initial encounters and their corresponding readmissions were reviewed and subsequently analyzed.

Results: Our retrospective chart review revealed that there were a variety of unique reasons underlying readmissions. Primary admissions for infectious processes (33%) and shortness of breath (17%) were most commonly readmitted. Additionally, 8 of 30 patients (27%) had substance use disorder contributing to their readmission and 10 of 30 patients (33%) were advised to remain hospitalized at discharge.

Conclusions: Future interventions to prevent readmissions should be capable of addressing a multitude of conditions and complications in the post-discharge period. We recommend post-discharge phone calls as an intervention, which could specifically target patients admitted with a primary diagnosis of infection/sepsis or shortness of breath for the greatest impact. Given the prevalence of readmissions for patients with substance use disorder and patients who leave AMA, there should be an emphasis on substance use disorder treatment and optimizing AMA discussions.