“The Revolving Door Syndrome” in Internal Medicine. A study on 11.846 subjects discharged from all Internal Medicine departments of Tuscany with diagnosis of heart failure and pneumonia.

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Background

Rehospitalization is the return of a patient to a surgical or medical department within 30 days from discharge. Reducing rates of rehospitalization has attracted attention as a way to improve quality of care and reduce costs in USA. Our purpose is to describe this phenomenon in Tuscany.

Methods

We analyzed Hospital Discharge Abstract data in Tuscany 2012 to describe 30-days all cause readmissions. We studied patients aged 18 or more discharged with diagnoses of heart failure or pneumonia from Internal Medicine departments (11.846). Demographic and clinical characteristics, place and diagnosis of readmission were also analyzed.

Discharge diagnosis	All Internal Medicine wards (Tuscany)	Jencks et al., 2009
All causes	14,6%	19,6%
Heart failure	18,3%	26,9%
Pneumonia	15,2%	20,1%

***Table 1**: 30-day readmission rates*

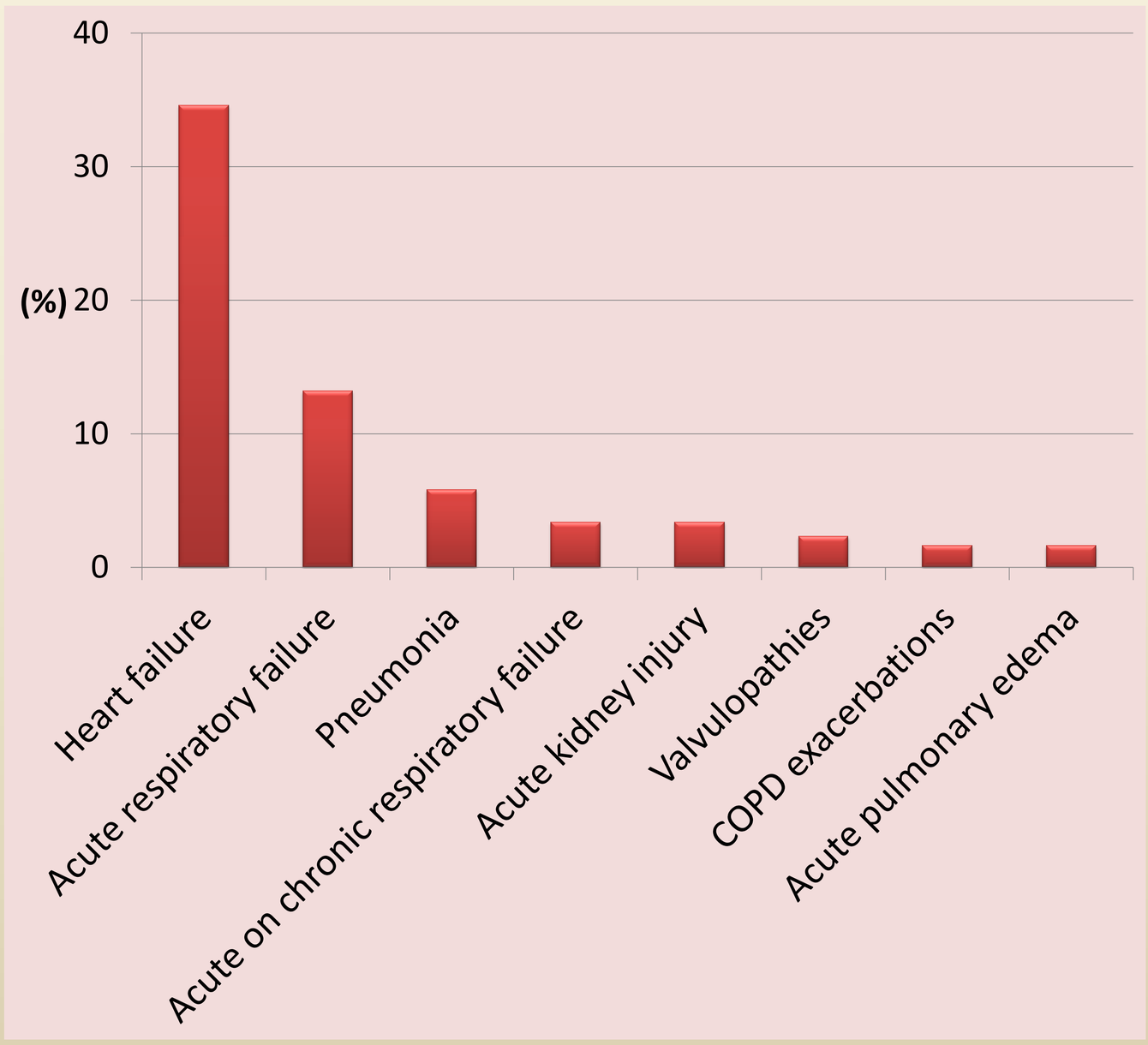

***Figure1**: Readmission causes in subjects discharged with diagnosis of heart failure*

Results

18,3% and 15,2% of subjects respectively discharged with diagnosis of heart failure and pneumonia were readmitted within 30 days (**Table 1**). Risk factors significantly related to readmissions were longer length of stay, increasing number of different medications taken during the year preceding hospitalization and greater number of hospitalizations during the semester preceding admission. Age did not represent a significant factor in determining rehospitalizations. Patients were more often rehospitalized in the same place of discharge. In most of cases readmission and discharge diagnoses coincided (**Figure 1**).

Conclusions

It is hard to draw an identikit profile of patients at risk of readmission on the basis of demographic, social or clinical data. The most important factors (length of stay, number of different drugs, number of previous hospitalizations) represent the frailty and the complexity of patients. This study could be the basis for further investigations in order to know if improving discharge program could reduce readmission rates.

References
• Jencks SF et al. Rehospitalizations among patients in the Medicare fee-for-service program. N Engl J Med 2009; 360:1418-28.
• Goodman DC et al. The Revolving Door: A Report on U.S. Hospital Readmissions. Dartmouth Atlas Project 2013 (http://www.rwjf.org/content/dam/farm/reports/reports/2013/rwjf404178)