

Weekend discharge not linked to increased readmission

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pneumonia: OR, 1.02; 95 percent CI, 0.98 to 1.07).

"In conclusion, among patients admitted with AMI, CHF, or [pneumonia](#) in California, discharge on a weekend is not associated with hospital readmission," the authors write. "Future studies on hospital readmissions should use a population-based approach to accurately capture all readmissions following discharge."

More information: [Abstract](#)
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(HealthDay)—For patients with acute myocardial infarction (AMI), congestive heart failure (CHF), and pneumonia, weekend discharge is not associated with 30-day readmission, according to a study published online June 30 in the *Journal of Hospital Medicine*.

Jordan M. Cloyd, M.D., from Stanford University in California, and colleagues used the 2012 California Office of Statewide Health Planning and Development database to examine the impact of weekend [discharge](#) on 30-day hospital readmission rates. Data were included for 266,519 patients with AMI, CHF, or pneumonia, of whom 22.5 percent were discharged on a weekend.

The researchers observed similar unadjusted 30-day hospital readmission rates for weekend and weekday discharges (AMI: 21.9 versus 21.9 percent; CHF: 15.4 versus 16.0 percent; pneumonia: 12.1 versus 12.4 percent). Weekday discharge correlated with longer length of stay and more frequent discharge to a skilled nursing facility. There was no association for weekend discharge with readmission in multivariable logistic regression models (AMI: odds ratio [OR], 1.02; 95 percent confidence interval [CI], 0.98 to 1.06; CHF: OR, 0.99; 95 percent CI, 0.94 to 1.03; and

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