

Readmission common after hospitalization for heart failure

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Diabetes (odds ratio, 1.06), [chronic lung disease](#) (odds ratio, 1.13), renal failure/electrolyte imbalance (odds ratio, 1.12), discharge to facilities (odds ratio, 1.07), lengthier hospital stay, and transfusion during index admission were significant predictors of increased 30-day readmission.

"Although it may be necessary to readmit some patients, the striking rate of readmission demands efforts to further clarify the determinants of readmission and develop strategies in terms of quality of care and care transitions to prevent this adverse outcome," the authors write.

More information: [Abstract](#)
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(HealthDay)—For patients with hospitalization for heart failure, readmission within 30 days is common, according to a study published in the March 1 issue of *The American Journal of Cardiology*.

Shilpkumar Arora, M.D., from Mount Sinai St Luke's-Roosevelt Hospital in New York City, and colleagues derived a study cohort from the Healthcare Cost and Utilization Project's National Readmission Data 2013. They identified patients with [heart failure](#) and examined readmission within 30 days after discharge day of index admission.

The researchers found that 55,857 patients (18.5 percent) of a total of 301,892 principal admissions were readmitted, with a total of 64,264 readmissions during the study year. Cardiac causes were the most common etiology of readmission (49.8 percent), most frequently heart failure, [coronary artery disease](#), and arrhythmias, while pulmonary and renal causes accounted for 13.1 and 8.9 percent of readmissions, respectively.

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