

Re-admission rates via emergency rooms climbing among patients who have recently been hospitalized

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Emergency department patients who have recently been hospitalized are more than twice as likely to be admitted as those who have not recently been in the hospital, according to new research from the Perelman School of Medicine at the University of Pennsylvania which will be presented this week at the Society for Academic Emergency Medicine's annual meeting.

"Patients who return to the emergency department within seven days of hospitalization have both relatively high and increasing rates of [readmission](#)," says Zachary F. Meisel, MD, MPH, MSc, an [emergency physician](#) and a Robert Wood Johnson Foundation Clinical Scholar at the Hospital of the University of Pennsylvania, who led the study. "These findings are important because they come at a time when there is a great effort underway to reduce hospital re-admission rates, and they give us clues about how emergency departments can play a role in that process."

Looking at data from the National Hospital Ambulatory Medical Care Survey, Meisel and his colleagues analyzed a sample of about 2.3 million [emergency room visits](#) from each year between 2005 and 2008 and found that hospital re-admission rates for recently hospitalized patients increased for each year of the study -- from 28.6 percent to 38 percent. Admission rates for patients not recently hospitalized increased at a lesser rate -- from 15.3 percent to 17.2 percent. These findings do not appear to be driven by differences in age or the system of triaging sick or injured patients who seek help in the emergency room.

The findings suggest rich possibilities for future research, Meisel says. "First, these results tell us that most patients who come to an emergency department after a hospitalization are not being readmitted. This means that the emergency

department plays a major role in preventing readmissions by taking care of these patients and sending them home," he says. "However, because admission decisions are often made in the [emergency department](#), we need to better understand why recently discharged patients are more likely to be admitted to the hospital than people who have not recently been in the hospital. For example, are they being treated extra cautiously? Is there a sense on the part of emergency physicians that their inpatient physicians know these patients better and can take better care of them in the hospital?"

The data also has policy implications, the researchers suggest, for better defining the role of emergency departments in determining the disposition of recently hospitalized patients. Hospitals might, for instance, identify ways to intervene at the time of discharge to reduce [emergency department](#) use in the coming days and weeks, or improve the capacity of their emergency departments to safely discharge the [patients](#) back to their homes.

Provided by University of Pennsylvania School of Medicine

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