

# Risk factors can ID patients more likely to be readmitted

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"Actions to reduce readmissions can be targeted to patient groups at risk, and should be aimed at the caring for chronic cardiovascular or pulmonary diseases, preventing complications and multiple emergency department visits, and ensuring continuity of care after discharge, especially for patients discharged on Friday," the authors write.

**More information:** [Abstract](#)  
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(HealthDay)—Patients at greatest risk for an unplanned hospital readmission include those with chronic cardiovascular and pulmonary diseases, those discharged on Fridays, and those with a high number of previous emergency department visits, according to a study published in the August issue of the *Journal of Evaluation in Clinical Practice*.

Anja Braet M.D., from KU Leuven-University of Leuven in Belgium, and colleagues analyzed data from the Belgian Hospital Discharge Dataset (1,130,491 patients discharged in 2008) in order to identify patient and hospital factors contributing to [readmission rates](#).

The researchers found that the overall unplanned [readmission](#) rate was 5.2 percent. The most common reasons for readmission were cardiovascular and pulmonary diagnoses, and 10.4 percent of all readmissions were due to complications. The strongest predictor of readmission was a high number of previous [emergency department](#) visits (odds ratio for patients with at least four emergency department visits in the past six months, 4.65). Other predictors of a higher risk for readmission included discharge on Friday (odds ratio, 1.05) and a long length of stay (odds ratio, 1.19).

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