

ANALYSIS OF CLINICAL, SOCIAL, AND TRANSITIONAL CARE FACTORS ASSOCIATED WITH 30-DAY HEART FAILURE READMISSIONS



Margaret Kinney, BSN, RN; Julie Zulkosky, BSN, RN; Cindy Costanzo PhD, RN



Purpose

The purpose of this study is to explore the clinical, social, and transitional care factors related to the 30-day readmission rate of an adult congestive heart failure population at a Midwest, urban teaching hospital.

Background & Significance

- Patients with heart failure are subject to frequent exacerbations of their condition, resulting in frequent readmissions to the hospital.
- 26.9% of Medicare patients hospitalized for heart failure were re-hospitalized within 30 days (Jencks, Williams, & Coleman, 2009)
- High rates of readmission for heart failure have resulted in legislation, which is aimed at decreasing the rate of reimbursement for hospitals demonstrating high rates of readmission.

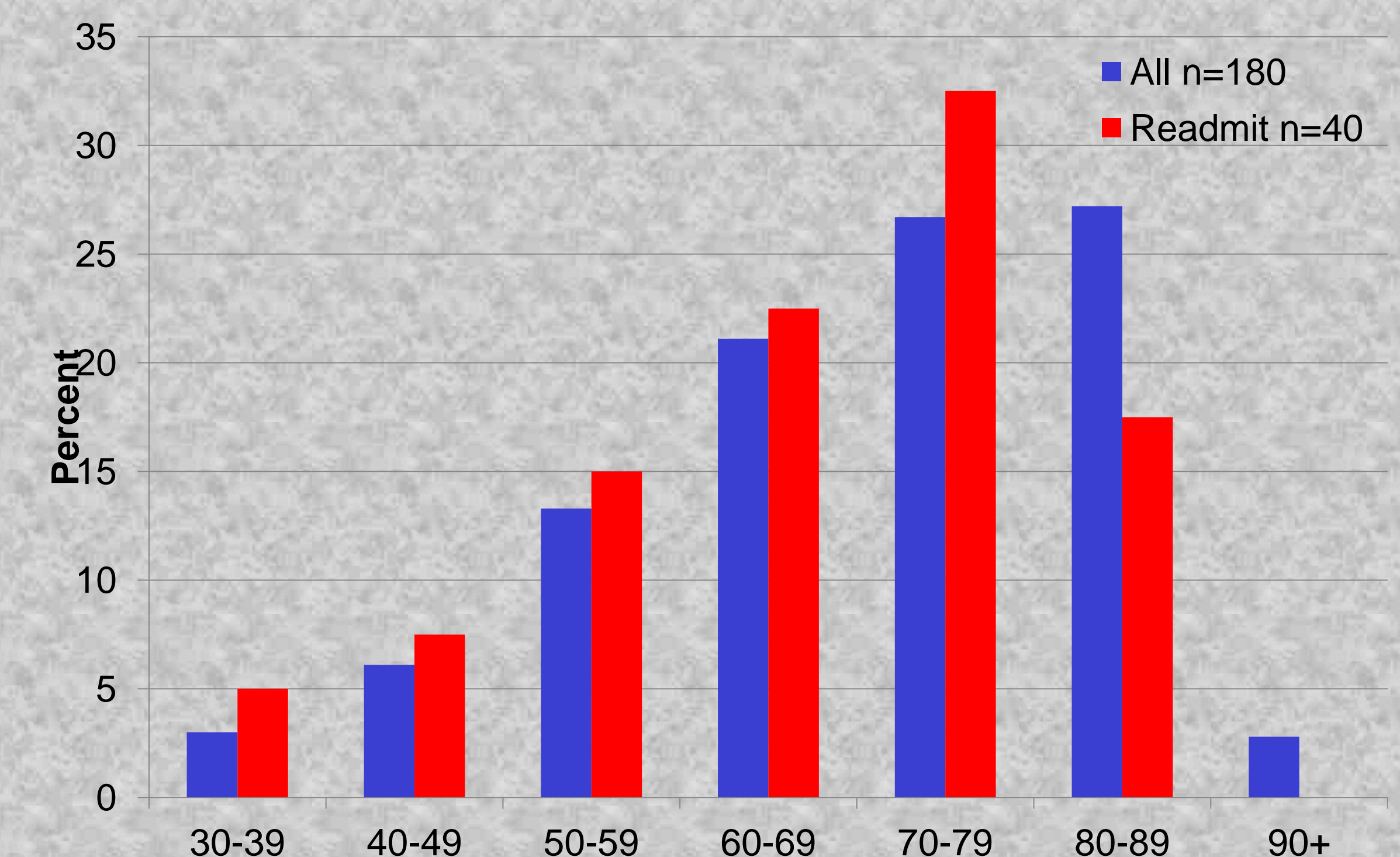
Factors Influencing Readmissions

- Clinical factors include health care utilization patterns, comorbid conditions, and complex medication regimens.
- Social factors include age, health literacy, functional deficits, social support, and nonadherence to therapy.
- Transitional care factors will be disposition at discharge, follow-up phone calls, and time to first follow-up appointment.

Demographics

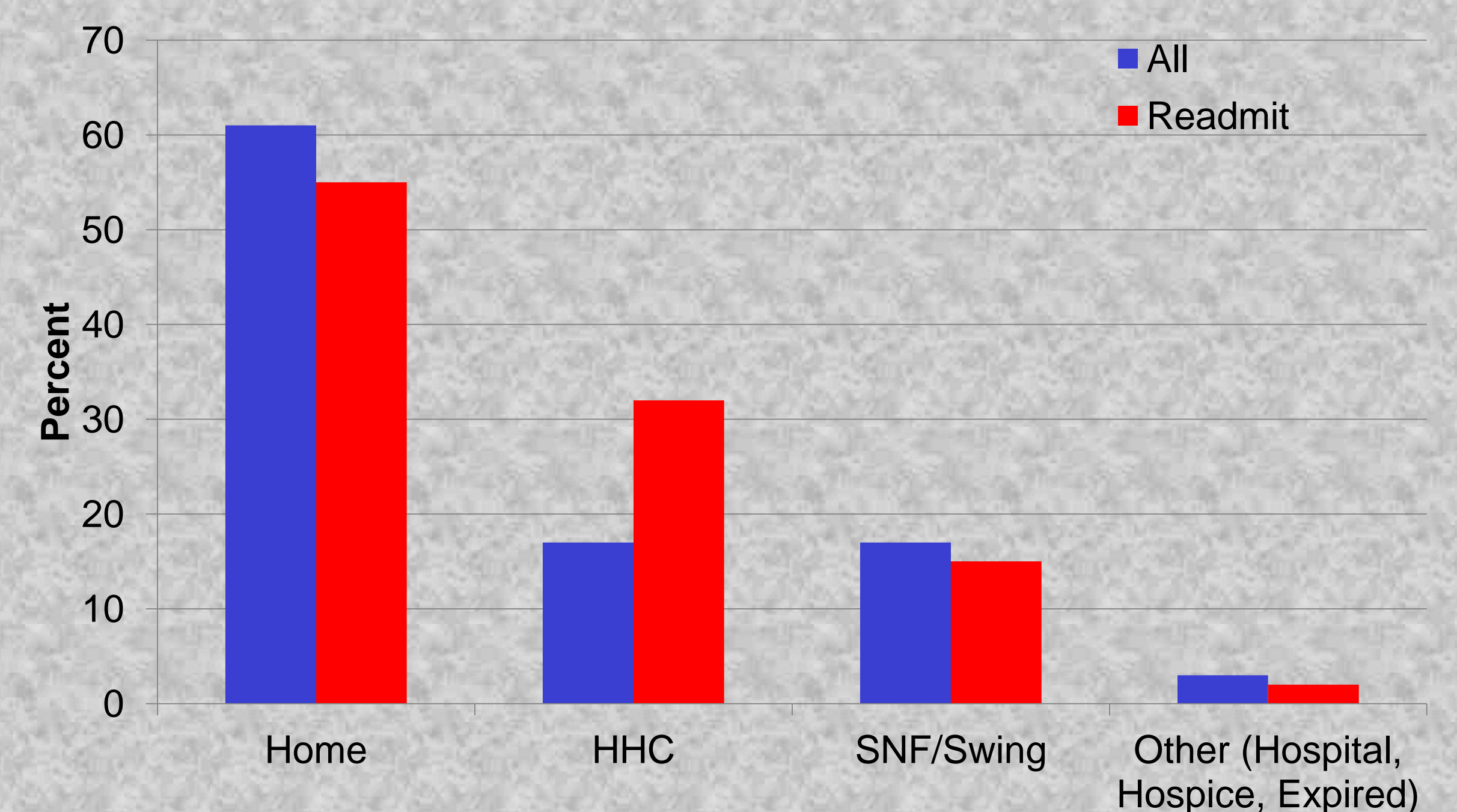
	Non Readmit Cases (n) 180	CHF Readmissions (n) 22	All Cause Readmissions (n) 18
Age Range (mean)	31-93 (70)	67 (34-87)	66 (34-81)
Sex No. (%)			
Men	95 (52.8)	11 (50)	9 (50)
Women	85 (47.2)	11 (50)	9 (50)
Race No. (%)			
Caucasian	127 (70.6)	20 (90.9)	11 (61.1)
Black	35 (19.4)	1 (4.5)	5 (27.8)
Other	18 (10)	1 (4.5)	2 (11.1)
Payer Source No. (%)			
Medicare	130 (72.2)	19 (86.4)	14 (77.8)
Medicaid	10 (6)	1 (4.5)	0
Other	24 (13.3)	1 (4.5)	2 (11.1)
None	16 (8.9)	1 (4.5)	2 (11.1)
Marital Status No. (%)			
Married	84 (46.7)	9 (41)	4 (22.2)
Single	96 (53.3)	13 (59.1)	14 (77.8)

Social: Age



◆ The influence of health literacy, functional deficits, social support, and nonadherence to therapy was not well-documented.

Transitional: Discharge Disposition



◆ The influence of follow-up phone calls and time to first follow-up appointment was not well-documented.

Clinical

Age Range	Comorbid Conditions (mean)		DC Meds (mean)	
	All	Readmissions	All	Readmissions
30-39	5.6	6.0	8.8	14.5
40-49	5.5	3.0	12.1	6.0
50-59	5.9	9.2	11.5	16.0
60-69	7.6	7.3	14.9	14.4
70-79	7.6	8.8	13.6	16.8
80-89	8.1	8.1	15.6	16.1
90+	9.6	0.0	15.4	0.0

Implications For Future Practice

More samples are needed for a more robust picture of why people are being readmitted. Tools are needed to identify risk stratification in this population that focus on social as well as physiological aspects of this disease and its population.