This study was designed to investigate multiple factors, both social and medical, which can affect hospital readmissions. The Hospital Readmissions Reduction Program (HRRP), under the Affordable Care Act, will reduce payments to institutions with excessive readmissions within 30 days.

**BACKGROUND**
- Hospital readmission rates have been under a lot of recent scrutiny. Readmission rates are used as indicators of quality of care as well as payment incentives.
- Hospital Readmissions Reduction Program (HRRP), under the Affordable Care Act, will reduce payments to institutions with excessive readmissions within 30 days.

**OBJECTIVE**
- This study was designed to investigate multiple factors, both social and medical, which can affect hospital readmissions.
- Fewer consults were noted in patient who had a history of diabetes mellitus.
- A total number of readmissions was 434, with a mean of 2.64 consults per visit.
- These 28 patients had a total of 344 readmission visits.

**METHODOLOGY**
- Retrospective study
- We analyzed all readmissions in 2010 at Queens Hospital Center and stratified patients into 4 groups:
  1. Planned and Related
  2. Planned and Unrelated
  3. Unplanned and Related
  4. Unplanned and Related
- We then took the unplanned and related group and further investigated those patients against all the factors taken into consideration.
- We then had the Emergency Department re-screen all readmissions within that group to assure that they met published criteria, such as Milliman or Interqual guidelines, for admission.
- Total number of patients readmitted within 30 days in 2010: 1091
- Total number of patient whom met inclusion criteria of Unplanned and Related: 287
- These 287 patient had a total of 344 readmission visits
- 342 admissions met the published admission criteria.

**RISK FACTORS FOR READMISSION**

**BACKGROUND**
- A diagnosis of diabetes mellitus (Type I/II) was noted to be a significant risk factor for readmission.
- Only 30 years of age or less were noted to have a higher rate of readmission.
- History of COPD was noted to be a significant risk factor for readmission.
- History of CHF was noted to be a significant risk factor for readmission.
- History of dementia was noted to be a significant risk factor for readmission.
- History of terminal disease was noted to be a significant risk factor for readmission.

**METHODOLOGY**
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**DATA**

| RISK FACTORS FOR UNPLANNED AND RELATED READMISSION WITHIN 30 DAYS OF DISCHARGE |
|----------------------------------|-----------------|-----------------|-----------------|
| **AGE**                          | **MEAN**        | **STANDARD DEVIATION** | **P-VALUE** |
| 45-54                            | 223             | 54.6             | 0.0023         |
| 55-64                            | 246             | 57.9             | 0.0007         |
| 65-74                            | 231             | 56.8             | 0.0003         |
| 75+                              | 222             | 55.2             | 0.0004         |

**BIBLIOGRAPHY**


