
Hospital Readmissions for Sepsis a Problem



A new UCLA study reveals that between 2009-2011 sepsis accounted for roughly the same percentage of hospital readmissions in California as heart attacks and congestive heart failure (CHF) — and that it cost the healthcare system more than both of them combined. Annual cost of sepsis-related readmissions in California during the study period was estimated at \$500 million, compared with \$229 million for CHF and \$142 million for heart attacks. The findings are published online in the journal *Critical Care Medicine*.

Researchers examined admissions for adults 18 and older for the three high-risk conditions at all California hospitals from 2009 through 2011. There were a total of 240,198 admissions for sepsis, 193,153 for CHF and 105,684 for heart attacks.

The UCLA team found that the all-cause 30-day readmission rate for sepsis was 20.4 percent, compared with 23.6 percent for CHF and 17.7 percent for heart attacks. People with sepsis were readmitted due to respiratory failure; pneumonia; complications with devices, implants or grafts; renal infections; intestinal infections; and urinary tract infections; among other causes.

Data analysis also showed that readmission rates were higher among young adults than older adults, among men than women, among black and Native American patients than other racial groups, and among lower-income patients than those with higher incomes. In addition, people with other concurrent health problems were more likely to be readmitted than those with sepsis alone.

"Our study shows how common sepsis readmissions are and some of the factors that are associated with higher risk of readmission after these severe infections," says the study's lead author Dr. Dong Chang, assistant professor of medicine at Harbor-UCLA Medical Center. "In addition, we show that sepsis readmissions have a significant impact on healthcare expenditures relative to other high-risk conditions that are receiving active attention and interventions."

The U.S. Affordable Care Act created several national initiatives aimed at reducing hospital readmission rates for heart attacks, CHF and other common high-risk conditions. However, there is still no national programme intended to address sepsis, the UCLA team notes.

"Based on these results, we believe that sepsis readmissions are under-recognised and should be among the conditions that are targeted for intervention by policymakers," Dr. Chang points out.

The team plans to conduct further research to determine why patients are readmitted after sepsis and the percentage of those readmissions that are due to processes that can be improved upon, such as discharge practices, follow-up care and teaching patients how to take their medications.

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