UNPLANNED HOSPITAL READMISSION AND ITS PREDICTORS IN PATIENTS WITH CHRONIC CONDITIONS

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**Background and Purpose:** Unplanned hospital readmission is a devastating experience for patients and is costly for society. This study determined the 60-day unplanned readmission rate and its predicting factors in patients with chronic conditions.

**Methods:** A total of 334 patients discharged from five hospitals were followed for 2 months after discharge. Patients enrolled in the study were disabled and had a diagnosis of progressive chronic disease (congestive heart failure, chronic pulmonary disease, cancer) or chronic impairment following an acute episode (stroke, traumatic brain injury, hip fracture). Patients were assessed before discharge to collect in-hospital variables. Telephone interviews with patients and families were used to collect data on hospital readmission.

**Results:** Of the 334 patients followed, 76 had unplanned readmission (24.4%). Patients with progressive chronic disease had a higher readmission rate (40.9%) than those with chronic impairment following an acute episode (15.1%). Frailty and abnormal respiratory pattern were significant predictors of readmission for patients with progressive chronic disease. The predictors of readmission for patients with chronic impairment following an acute episode included frailty, clinical instability and discharge from a regional hospital. The major reasons for hospital readmission were exacerbation of the initial major disease (33/76, 43.4%) and infection (21/76, 27.7%).

**Conclusions:** Exacerbation of chronic diseases and infection are the two major reasons for unplanned readmission. Patients with a progressive chronic disease are more likely to be readmitted.