

Association of changing hospital readmission rates with mortality rates after hospital discharge.

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<https://psnet.ahrq.gov/issue/association-changing-hospital-readmission-rates-mortality-rates-after-hospital-discharge>

[Reducing hospital readmissions](#) is a major patient safety priority. The Centers for Medicare and Medicaid Services policy of [nonpayment](#) for readmissions for certain conditions has [decreased](#) their incidence. However, the impact of this policy on 30-day postdischarge mortality remains unknown. Researchers conducted a retrospective study of Medicare fee-for-service patients admitted to hospitals with [heart failure](#), acute myocardial infarction, or pneumonia from 2008 through 2014. They calculated monthly 30-day risk-adjusted readmission rates and 30-day risk-adjusted mortality rates for each condition at each hospital. They then examined the association between hospitals' monthly trends in 30-day readmissions and 30-day mortality after discharge for each condition. The authors found a weak but significant association between decreased 30-day readmissions and lower 30-day postdischarge mortality and conclude that efforts to reduce readmissions for the analyzed conditions do not lead to increased mortality. A previous [WebM&M commentary](#) discussed an incident involving a patient readmitted to the hospital after being discharged to a skilled nursing facility.