Number of readmissions varies by data collection

Data from the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) led to more accurate tracking of 30-day hospital readmissions among colorectal surgical patients than another popular database, the University HealthSystem Consortium (UHC), a study finds.

Because Medicare penalties on hospitals with higher-than-expected rates of 30-day readmissions are expected to rise in 2014, more hospitals are evaluating the most accurate methods for tracking readmissions.

Researchers examined data for 735 patients who had colorectal surgery at Johns Hopkins University Medical Center, Baltimore, between July 2009 and November 2011.

Comparing how accurately ACS NSQIP, UHC, and patient chart review capture readmission information, the researchers found important differences.

ACS NSQIP data reported that 107 patients had been readmitted, and UHC data said 129 patients had been readmitted within 30 days.

ACS NSQIP identified 9 readmissions not found in billing records because they occurred at another hospital or because of a discrepancy in definition. UHC identified 31 readmissions not identified by ACS NSQIP because of a broader readmission definition or because they were missed by reviewers.

In the ACS NSQIP registry, 72% of readmissions were found to be related to index admission, and physician chart review identified 83% of these.

UHC found 51% of readmissions related to index admission; physician chart review identified 86% of these.

Of 129 UHC-identified readmissions, 66 (51%) were deemed potentially preventable, and based on physician chart review, 112 (87%) were found to be clinically necessary.

Most readmissions were a result of surgical site infections (36%), and the majority of SSI readmissions were necessary for safe patient care.

Reimbursements based on readmission should use standardized and fair methods to minimize perverse incentives that penalize hospitals for appropriate care of high-risk patients, the researchers say. ♦

Reference