

POST AMI READMISSION

[RATES]

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BACKGROUND: Every 40 seconds someone in the United States has a heart attack leading to roughly 900,000 people annually. 1 in 6 of these persons will be readmitted within 30 days of their initial discharge date with the median being 10 days. Due to recent hospital turnover rates these numbers have increased as there is a failure to implement care and treatment procedures once the patient leaves the hospital. This includes failure to schedule follow up appointments, lack of primary care engagement, inadequate discharge instructions, and lack of referral to cardiac rehab.

OBJECTIVE: The purpose of this study was to evaluate the effectiveness of an adequate transition of care program that allows patients to engage in a self-care journey by providing them with products, nutrition, medications and services that can meet their care and recovery needs across the continuum of care.

Risk Factors for Readmission

Comorbidities

Those who have other conditions such as COPD, HF, renal disease or diabetes have a greater risk of readmission

Gender

Females typically have a higher risk due to lack of symptoms

Age

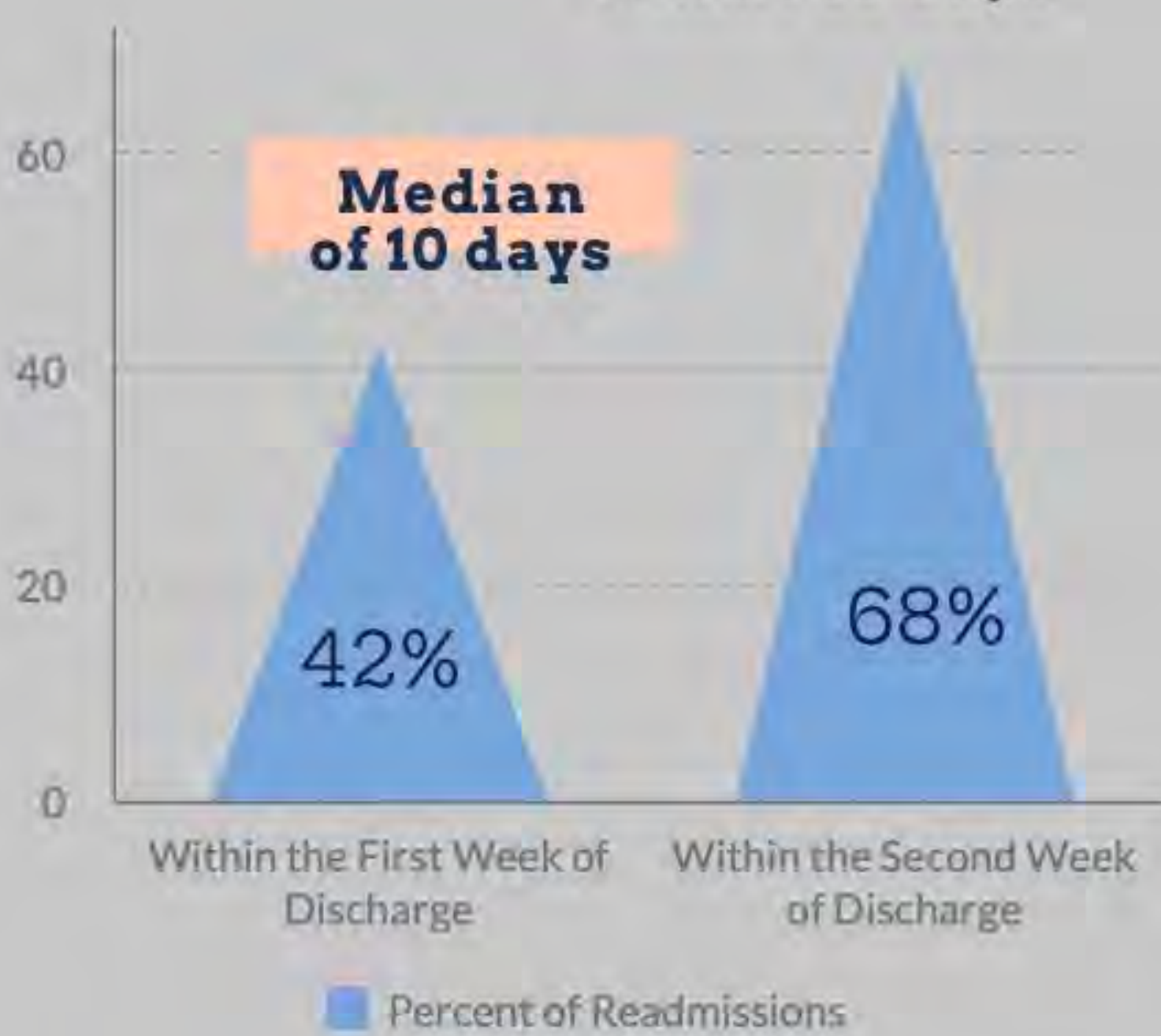
Those over 70 have an increased risk for readmission

Failure to Implement Care and Treatment Procedures

No scheduled follow up appointments, lack of primary care engagement, inadequate discharge instructions, lack of referral to cardiac rehab



1 IN 6 people had a readmission within 30 days



CONCLUSION: The 30-day readmission rate of post-AMI ranged from 15% to 35% and can be mainly attributed to cardiovascular and non-cardiovascular events. The common co-morbidities, such as kidney disease, HF, and diabetes were significant risk factors for 30-day readmissions. Transition of care programs, such as cardiac rehabilitation, are proven to significantly reduce the risk of readmission as some studies showed that it had reduced their readmission rates as much as 20%. Several studies have evaluated the response of cardiac rehabilitation, with additional sessions being associated with better survival, a lower subsequent incidence of MI, and reduced hospital readmission rates.

