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Top Three Discharge Diagnoses of 30-Day Readmission for End Stage Renal Disease (ESRD) Patients on Hemodialysis in a Hospital Setting

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Background: Total Medicare spending for ESRD in 2016 totaled \$35 billion (USRDS, 2016). Hospitalization accounted for 40% of total Medicare expenditures for dialysis patients (CMS, 2014). The goal of this retrospective and descriptive study is to identify the top three discharge diagnoses for 30-day readmission of ESRD patients on hemodialysis in a hospital setting. The purpose of this study is to identify what intervention would be appropriate to reduce readmissions.

Method: The hospital is a 143-bed, not-for-profit, full-service acute care hospital. The in-hospital dialysis unit has two beds with five nurses and one technician on the dialysis team. The data was pulled using a reporting function from an electronic medical record system. The patient list is based from January 1, 2018 through September 30, 2019 (21-month period). The 30-day readmission is counted by the number of days between each hospital admission for each patient. The top three discharge diagnosis is tallied for each discharge diagnosis for each visit.

Results: Forty patients met the 30-day readmission criteria for the 21-month period. Twenty-four male and 16 female patients ranged in age from 31 to 90 years with a median age of 66 for male and age of 67 for female. The average length of stay was 3.9 days. The top three discharge diagnoses were 1. Diabetes mellitus (22.4%), 2. Hypertension (10.3%), 3. Acute Respiratory failure with hypoxia, pneumonia, and sepsis (6.5%).

Conclusion: With one in three ESRD patients being readmitted within 30 days (USRDS, 2016), results will be used to develop an intervention to educate staff and patients on how to manage their diabetes and hypertension during their dialysis treatment. Reducing hospital readmission for ESRD patients decrease morbidity and mortality and improve their quality of life (USRDS, 2016).

References

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