Risk Factors Associated With Unplanned Hospital Readmissions in Adults With Cancer

Clara Granda-Cameron, DrNP, CRNP, AOCN®, Maryam Behta, PharmD, Mary Hovinga, PhD, MPH, Al Rundio, PhD, DNP, NEA-BC, and David Mintzer, MD

Hospital readmission is a major issue in the U.S. healthcare system because of an association with inadequate quality care, patient safety, and increased costs (MedPAC, 2007). In the United States, from 2007–2011, the 30-day, all-cause hospital readmission rate among Medicare beneficiaries remained stable at 19%, with a downward trend noted in 2012 (Gerhardt et al., 2013). The costs of 30-day hospital readmissions were estimated to be $17.4 billion (Jencks, Williams, & Coleman, 2009). Although not all hospital readmissions are unplanned, many result from a fragmented health delivery system in which patients receive care by multiple providers in a variety of healthcare settings, which can lead to low-quality care (Pham, Schrag, O’Malley, Wu, & Bach, 2007). Numerous reports have reviewed factors associated with unplanned hospital readmissions in the general population and in patients with cardiovascular disease (Amarasingham et al, 2010; Desai, Stauffer, Feringa, & Schreiner, 2009; Jencks et al., 2009; Kansagara et al., 2011; Kind, Smith, Frytak, & Finch, 2007; Lichtman et al., 2010; Ross et al., 2008), but little research has focused on this issue with patients with cancer.

Patients with cancer experience a variety of medical, psychosocial, and comorbid conditions that may require hospitalization. The Healthcare Cost and Utilization Project (HCUP) reported 4.7 million hospitalizations related to adult cancers in the United States in 2009; of these, 1.2 million identified cancer as the main diagnosis (Price, Stranges, & Elixhauser, 2012). The total cost associated with hospitalizations among adults in 2009 was $20.1 billion, accounting for 6% of hospital costs in adults (Price et al., 2012). Studies of hospital readmission for patients with cancer have focused mostly on patients who have had surgery, particularly for colon, thyroid, and gynecologic cancers (Greenblatt et al., 2010; Henretta, Scalici, Engelhard, & Duska, 2011; Tuggle, Park, Roman, Udelsman, & Sosa, 2010); and not much on patients admitted to medical oncology units (Weaver et al., 2006). Those studies reported mostly on clinical and sociodemographic factors but did not...