



## NEWS RELEASE

### FOR IMMEDIATE RELEASE

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### **Decreasing 30-day hospital revisits in patients with COVID-19**

*Study in November 2021 issue of The Joint Commission Journal on Quality and Patient Safety*

(OAKBROOK TERRACE, Illinois, October 28, 2021) – The COVID-19 pandemic has resulted in an unprecedented surge in health care resource utilization. To accommodate the influx of patients, health care systems have needed to alter their workflows, staffing allocation, and use of space and equipment, while simultaneously managing significant concurrent logistical and financial challenges.

As a result, COVID-19 may have affected the preventability of 30-day hospital revisits, including readmissions and emergency department (ED) visits without admission. A new study in the November 2021 issue of *The Joint Commission Journal on Quality and Patient Safety*, "[Preventability of 30-Day Hospital Revisits Following Admission with COVID-19 at an Academic Medical Center](#)," identified common contributing factors and recommended interventions to decrease future revisits among patients with COVID-19.

The study identified patients with a 30-day revisit following hospital discharge at an academic medical center. Findings showed 13.2% of COVID-19 hospitalizations resulted in a 30-day revisit. Of these, more than a quarter were potentially preventable. The top five contributing factors included:

- Patient/caregiver misunderstanding of the discharge medication (25% of revisits)
- Inappropriate choice of discharge location (25% of revisits)
- Inadequate treatment of medical conditions (15% of revisits)
- Discharge without needed procedure (15% of revisits)
- Patient discharged too soon (15% of revisits)

The study authors also provided recommended interventions to reduce hospital revisits among patients with COVID-19, including improved self-management at discharge to ensure the

patient and caregiver(s) understand and can follow through with the discharge plan, as well as improved clarity, timeliness and availability of information provided at discharge. Another recommended intervention was to provide more complete communication of information such as high-quality, comprehensive discharge documentation. The study authors believe the interventions could be applied to reduce revisits in the future, in both pandemic and non-pandemic conditions.

“This study emphasizes that among patients with COVID-19, the vast majority of readmissions still fall under broad categories of risk factors that plagued our national health care system before the pandemic,” adds an [accompanying editorial](#) by Kendall G. Fancher, MD, and Mark V. Williams, MD. “Hospitals and clinicians must continue to review known fundamental risk factors for high-risk readmissions and address them.”

Also featured in the November issue:

- [Severe Maternal Morbidity in California Hospitals: Performance Based on a Validated Multivariable Prediction Model](#) (data from 225 California hospitals)
- [Look Before Leaping: The Value of Understanding a Quality Measure Before Adoption to Public Reporting](#) (editorial)
- [A Retrospective Analysis of Malpractice-Related Procedure Rates for Internal Medicine Specialists at an Academic Medical Center](#) (Hospital of the University of Pennsylvania, Philadelphia)
- [Utility of the AHRQ Learning Collaboratives Taxonomy for Analyzing Innovations from an Australian Collaborative](#) (interviews with 35 stakeholders)
- [Contributors to Gender Differences in Burnout and Professional Fulfillment: A Survey of Physician Faculty](#) (Brigham and Women’s Hospital, Boston)
- [Reporting of Unsafe Conditions at an Academic Women and Children’s Hospital](#) (Columbia University Irving Medical Center, New York)
- [Implementation and Impact of the Pulmonary Specialist Health Coach Consultation Model to Improve Care for Patients with COPD](#) (University of California, San Francisco)
- [Context Matters—But What Aspects? The Need for Evidence on Essential Aspects of Context to Better Inform Implementation of Quality Improvement Initiatives](#) (commentary)

For more information, visit [The Joint Commission Journal on Quality and Patient Safety website](#).

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#### **Note for editors**

The article is “[Preventability of 30-Day Hospital Revisits Following Admission with COVID-19 at an Academic Medical Center](#)” by Daniel Taupin, MD, MHQS, CPPS; Timothy S. Anderson, MD, MAS; Elisabeth A. Merchant, MD; Andrew Kapoor, MD, MSc; Lauge Sokol-Hessner, MD; Julius J. Yang, MD, PhD; Andrew D. Auerbach, MD, MPH; Jennifer P. Stevens, MD, MS; and Shoshana J. Herzig, MD, MPH. The article appears in *The Joint Commission Journal on Quality and Patient Safety*, volume 47, number 11 (November 2021), published by Elsevier.

#### ***The Joint Commission Journal on Quality and Patient Safety***

[The Joint Commission Journal on Quality and Patient Safety](#) (JQPS) is a peer-reviewed journal providing health care professionals with innovative thinking, strategies and practices in improving quality and safety in health care. JQPS is the official journal of [The Joint Commission](#) and [Joint Commission Resources, Inc.](#) Original case studies, program or project reports, reports of new methodologies or the new application of methodologies, research studies, and commentaries on issues and practices are all considered.