Readmissions after Hospitalization for Lower Respiratory Infections
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The Hospital Readmission Reduction Program established in 2012 by the Affordable Care Act institutes financial penalties on hospitals with high readmission rates for certain disease conditions. While we know that readmissions for children are far less than adults, are they as preventable as they might be in an older population? To answer this question, Nakamura et al. (10.1542/peds.2016-0938) elected to study data over a decade involving more than 150,000 Medicaid pediatric patients in 26 states admitted with lower respiratory infections (LRIs) including bronchiolitis, influenza, or community-acquired pneumonia or secondary LRIs in the setting of asthma, respiratory failure, sepsis, or bacteremia. A readmission was defined as a hospitalization with a second admission within 30 days of the first. In this study, 5.5% of patients had a readmission but the range of percent readmitted varied greatly by hospital. Half of those readmissions were coded as LRIs while others were due to other causes such as asthma, electrolyte disorders, respiratory failure or upper respiratory infection.

So what does so much variation between hospitals for readmissions mean? It likely means that some readmissions are more preventable than others and be a result of caregiver, provider or even hospital system issues. To help understand how we might use this study to better focus our efforts on preventing unnecessary readmissions (using tools like clinical practice guidelines for diagnosing and managing LRIs more uniformly in children's hospitals), Drs. Sowdhramini Wallace and Ricard Quinonez from Baylor have written a terrific accompanying commentary (10.1542/peds.2017-1681) that get us on the road to reducing readmission rates by suggesting ways we can do this-especially for children with LRIs. We won’t penalize you if you reread both the study and commentary more than once, since they have a lot of great information to share about preventing readmissions when warranted.