



EDITORIAL

Preventable readmissions: an opportunity for improvement within our reach[☆]



Reingresos evitables, una oportunidad de mejora a nuestro alcance

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As the field responsible for the comprehensive care of hospitalised children, inpatient paediatrics face a series of challenges shared by many fields in medicine. Among them are the increase in chronic disease, the striving for care quality, concerns about patient safety, the rational use of resources and the sustainability of the health care system.

Clinical administrators are not solely concerned with financial costs, but also with guaranteeing the quality of the care offered in health care facilities by health providers. Determining the quality of the care delivered and continuously developing initiatives for improvement requires a series of tools to measure and monitor quality.¹ One such indicator is the rate of unplanned readmissions, proven to be a reliable indicator of clinical effectiveness in the adult population. Unplanned readmissions related to the same clinical condition that prompted a previous admission can be considered an unfavourable outcome and indicate potential areas for improvement. Readmissions are often caused by adverse events related to the care (nosocomial infections, medication errors and interactions, inadequate transitioning of

care between involved parties, etc), which evinces potential threats to the safety of patients. Furthermore, readmissions not only prolong lengths of stay, but may increase the costs associated with hospitalization by up to twofold.²

The analysis of benchmarks such as the proportion of preventable readmissions can help design strategies to improve the care and safety of the patient. However, this indicator has to be adapted to the paediatric population, as readmissions in this subset differ from those in the adult population quantitatively and qualitatively.³

Although not all readmissions are preventable, it is believed that up to 20% can be prevented by active quality improvement policies, especially in high-risk groups.⁴ There are variables that have a substantial impact on the probability of readmission and that should be taken into account when performing comparative analysis, such as the complexity of the caseload, the vulnerability of the patient and the severity of the disease that resulted in the original admission. In recent years, the number of paediatric patients with complex chronic diseases and significant health care needs has increased exponentially, and there is evidence that the risk of unplanned readmission is greater in this population.⁵

Broadly speaking, preventable admissions can indicate the presence of 1 of 2 potentially preventable situations: complications that develop after discharge for which adequate follow-up was not established, or early discharge when the patient was not sufficiently stable. In the current issue of ANALES DE PEDIATRÍA, Pérez-Moreno et al.⁶ analyse the characteristics of patients readmitted to a general

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paediatrics ward and identify potential risk factors, such as high hospital occupancy periods, early discharge without appropriate education or training of the patient and family, or poor coordination between health care settings, especially in children with chronic diseases.

As these authors suggest, an awareness of risk factors may be the first step in the implementation of preventive measures in different health care settings. The ultimate goal is not the mere reduction of a clinical management indicator, but to offer improved care to the paediatric population managed in hospitals, which has changed in recent years, with an increasing proportion of patients with chronic complex disease.

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