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HEALTH SCIENCES

THE EFFECTS OF CARDIAC REHABILITATION ON 30-DAY HOSPITAL  
READMISSION RATES (90 pp.)

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Readmission rates at 30 days are considered a hospital quality indicator, and previous research suggests that up to 76% of 30-day readmissions could be prevented. The purpose of this study was to compare 30-, 60-, and 180-day readmission and short-term observation (STO) rates for participants and non-participants in Phase II cardiac rehabilitation (CR), and to determine predictors for readmission, STO and CR participation. Ninety subjects (participants  $n = 45$ ; non-participants  $n = 45$ ) retrospectively participated in the study. All subjects were referred to CR following a qualifying diagnosis. An additional 131 subjects were retrospectively studied to quantify predictors for readmission, STO, and participation in CR. Thirty-day readmission rates approached statistical significance and were higher for non-participants than participants ( $p = .064$ ). Sixty-day readmission rates were higher for non-participants but not statistically significant. One hundred eighty-day readmission rates were significantly higher for non-participants than participants ( $p = .014$ ). Thirty- and 60-day STO rates were slightly higher for non-participants but not statistically significant. One hundred eighty-day STO rates were statistically higher for participants than non-participants ( $p = .027$ ). Predictors for readmission and STO were varied, based on timeframe. Being smoke-free, non-hypertensive, married, and not having a myocardial infarction (MI) at admission were significant predictors for enrolling in CR. CR appears to decrease the

likelihood for readmission at 180 days. STO rates were higher at 180 days for CR participants, perhaps indicating a need for increased monitoring without rehospitalization. Predictors for readmission and STO were widely varied, necessitating further research.