

Total patients – 1498

Readmitted patients – 147

Average of Length of Stay

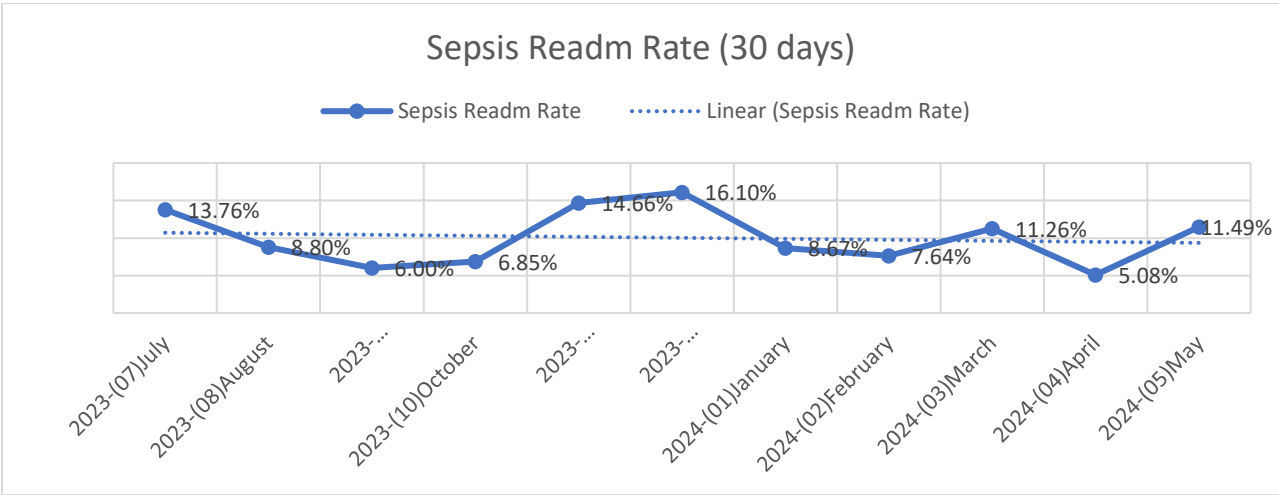
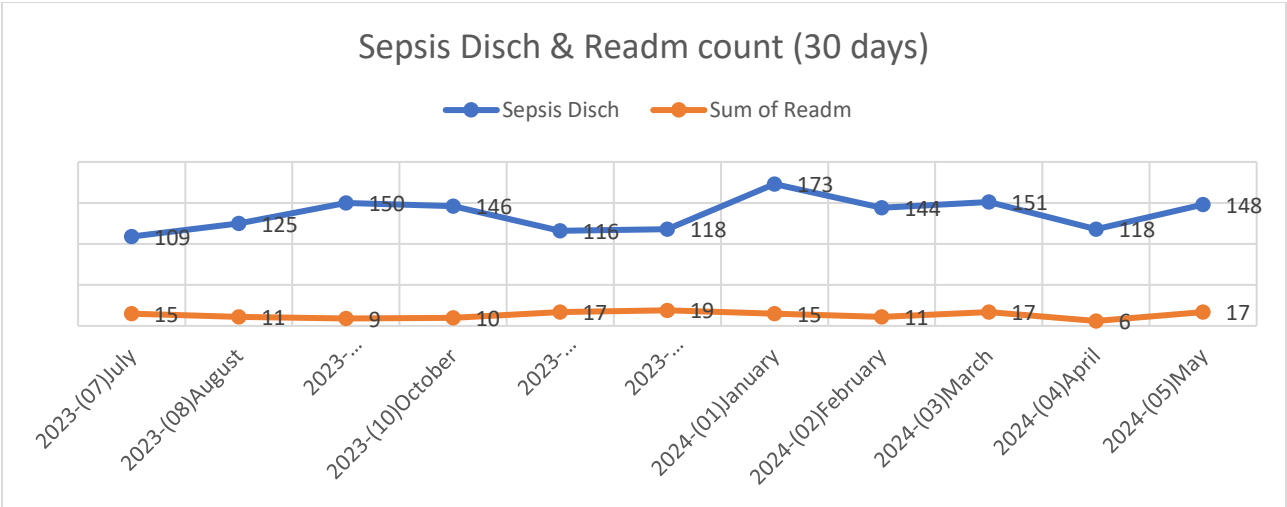
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Key Insights:

- Highest readmission rate: December 2023 (16.10%)
- Lowest readmission rate: April 2024 (5.08%)
- Variability in readmission rates observed month-to-month
- No clear upward or downward trend over time

Year-Month	Sepsis Disch	Sum of Readm	Sepsis Readm Rate
2023-(07)July	109	15	13.76%
2023-(08)August	125	11	8.80%
2023-(09)September	150	9	6.00%
2023-(10)October	146	10	6.85%
2023-(11)November	116	17	14.66%
2023-(12)December	118	19	16.10%
2024-(01)January	173	15	8.67%
2024-(02)February	144	11	7.64%
2024-(03)March	151	17	11.26%
2024-(04)April	118	6	5.08%
2024-(05)May	148	17	11.49%
Grand Total	1498	147	9.81%
AVG	136	13	

Sepsis Insights



Unit- wise analysis

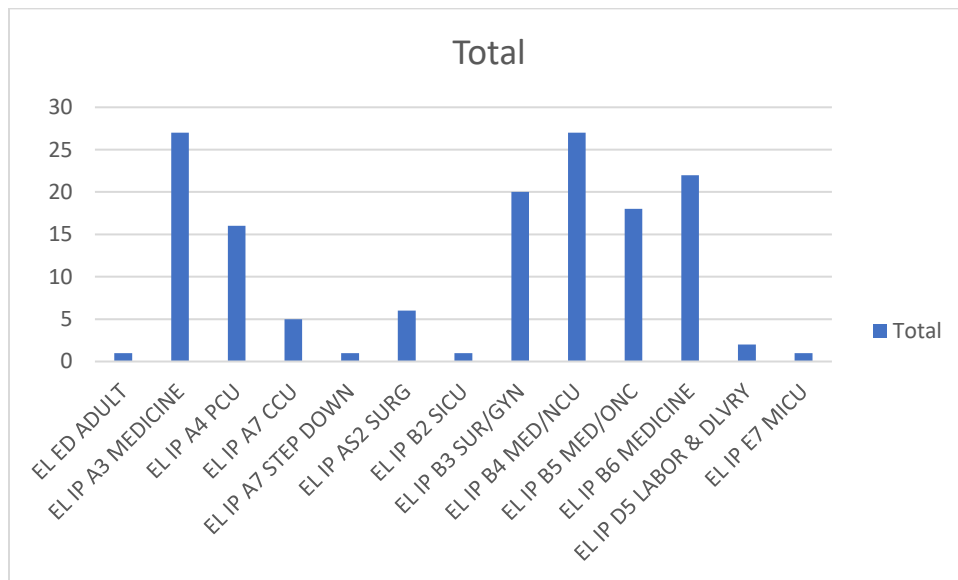
Row Labels	Count of Pt Name
EL ED ADULT	1
EL IP A3 MEDICINE	27
EL IP A4 PCU	16
EL IP A7 CCU	5
EL IP A7 STEP DOWN	1
EL IP AS2 SURG	6
EL IP B2 SICU	1
EL IP B3 SUR/GYN	20
EL IP B4 MED/NCU	27

Sepsis Insights

EL IP B5 MED/ONC	18
EL IP B6 MEDICINE	22
EL IP D5 LABOR & DLVRY	2
EL IP E7 MICU	1
Grand Total	147

Key Insights:

- **Highest Readmission Counts:**
 - EL IP A3 MEDICINE and EL IP B4 MED/NCU (27 each)
 - EL IP B6 MEDICINE (22)
- **Lowest Readmission Counts:**
 - Several units with 1 readmission (e.g., EL ED ADULT, EL IP A7 CCU)
- **Units with Notable Counts:**
 - EL IP A4 PCU (16)
 - EL IP B5 MED/ONC (18)



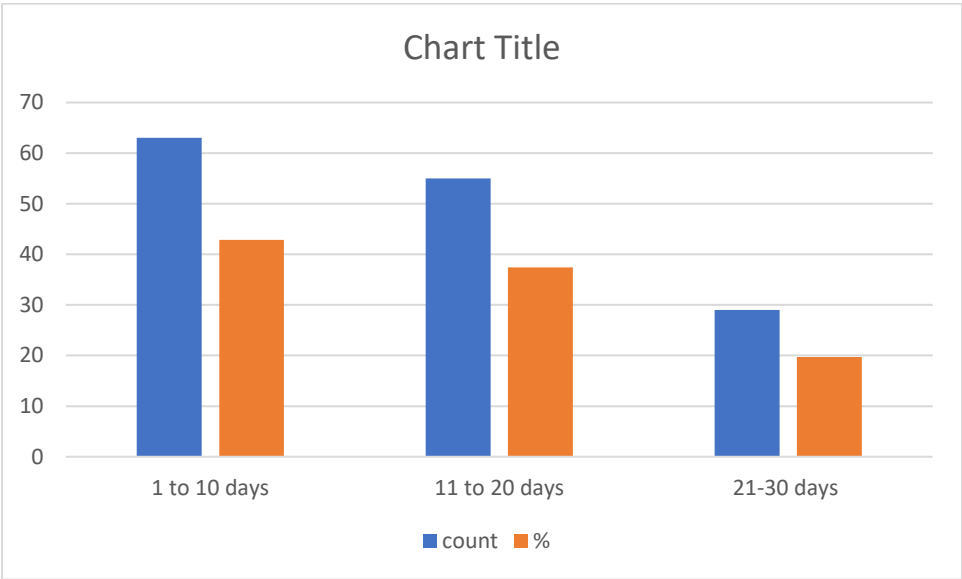
Days from discharge

- **Majority of Readmissions:** Occur within the first 10 days (42.9%).
- **Significant Portion:** Also occurs between 11 to 20 days (37.4%).
- **Smaller Share:** Readmissions occur after 21 days (19.7%).

Days from sepsis discharge date	count	%
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Sepsis Insights

1 to 10 days	63	42.9
11 to 20 days	55	37.4
21-30 days	29	19.7
Total	147	100.0



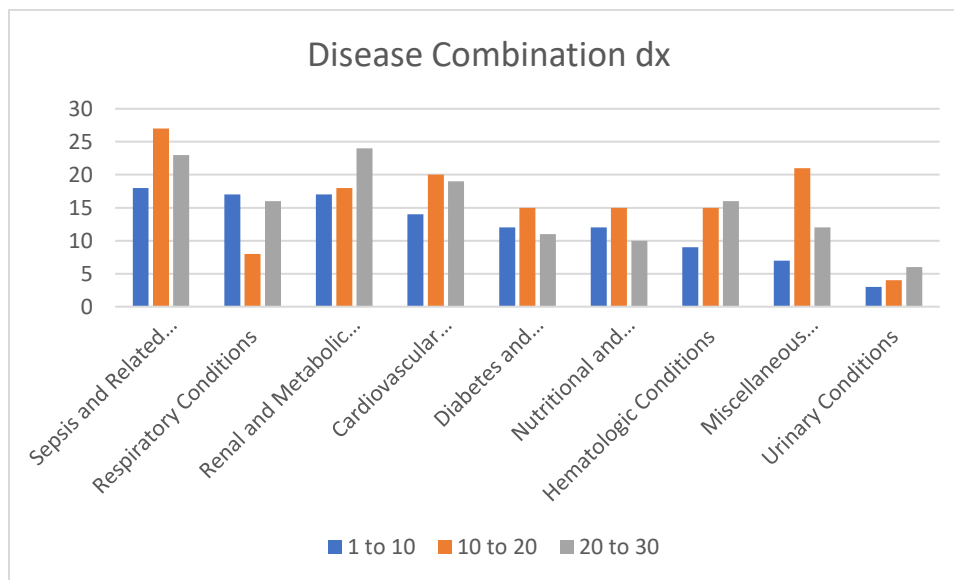
Diagnosis Analysis-

Key Insights:

- **Sepsis and Related Infections:** High late readmissions (20-30 days), indicating complications may arise after initial recovery.
- **Respiratory Conditions:** Notable readmissions both early (1-10 days) and late (20-30 days), suggesting persistent issues.
- **Renal and Metabolic Conditions:** Consistent readmissions, peaking late (20-30 days), indicating prolonged recovery needs.
- **Cardiovascular Conditions:** Even distribution, with a peak late (20-30 days), suggesting extended management.
- **Diabetes and Endocrine Conditions:** Fewer late readmissions, indicating stability post-discharge.
- **Nutritional and Gastrointestinal Conditions:** Decreased late readmissions, reflecting better stabilization.
- **Hematologic Conditions:** Increased late readmissions, pointing to ongoing complications.
- **Miscellaneous Conditions:** Significant late readmissions, indicating complex cases.

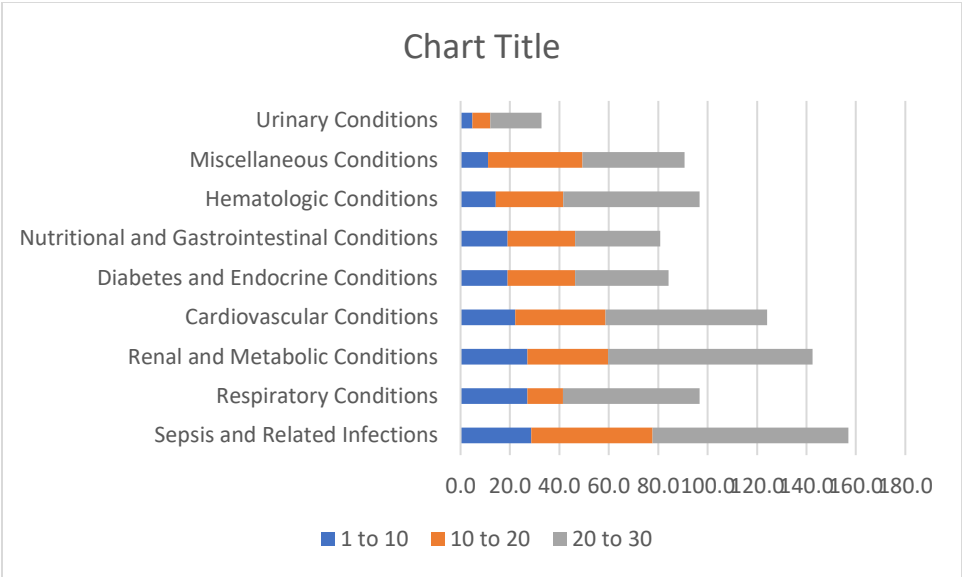
- **Urinary Conditions:** Lowest overall readmissions, with a peak late, indicating fewer complications.

Combinations	1 to 10	10 to 20	20 to 30
Sepsis and Related Infections	18	27	23
Respiratory Conditions	17	8	16
Renal and Metabolic Conditions	17	18	24
Cardiovascular Conditions	14	20	19
Diabetes and Endocrine Conditions	12	15	11
Nutritional and Gastrointestinal Conditions	12	15	10
Hematologic Conditions	9	15	16
Miscellaneous Conditions	7	21	12
Urinary Conditions	3	4	6



By %

Combinations	1 to 10	10 to 20	20 to 30
Sepsis and Related Infections	28.6	49.1	79.3
Respiratory Conditions	27.0	14.5	55.2
Renal and Metabolic Conditions	27.0	32.7	82.8
Cardiovascular Conditions	22.2	36.4	65.5
Diabetes and Endocrine Conditions	19.0	27.3	37.9
Nutritional and Gastrointestinal Conditions	19.0	27.3	34.5
Hematologic Conditions	14.3	27.3	55.2
Miscellaneous Conditions	11.1	38.2	41.4
Urinary Conditions	4.8	7.3	20.7



EQUITY LENS FOR PI PROJECT:

Health Disparities: Analyze readmission data to identify disparities among different demographic groups (e.g., age, sex, ethnicity and insurance status). Tailor interventions to address specific needs of these groups.

Conclusion:

These insights into readmission patterns by diagnosis and time frame highlight critical areas for targeted interventions. To improve patient outcomes, we will focus on:

- **Educational Materials:** Develop resources for patients and hospital staff to better manage conditions associated with high readmission rates.
- **Follow-Up Calls:** Implement systematic follow-up calls after discharge to address potential complications and ensure ongoing support.

By addressing these areas, we aim to reduce readmissions and enhance overall patient care.