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Medicare beneficiaries return to emergency rooms after nursing home discharge

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Nursing homes are widely used by Medicare beneficiaries who require rehabilitation after hospital stays. But according to a recent study led by a researcher at the University of North Carolina at Chapel Hill School of Nursing, a high percentage of Medicare patients who are discharged from nursing homes will return to the hospital or the emergency room within 30 days.

"Nearly two million older adults use this benefit every year," said assistant professor Mark Toles, the first author of the study. "Before this study, we didn't recognize the large number of older adults who require additional acute care after they're discharged from a nursing home."

The study included more than 50,000 Medicare beneficiaries who were treated at skilled nursing facilities in North and South Carolina. Analyses conducted in collaboration with the Carolinas Center for Medical Excellence and investigators at Duke University revealed that approximately 22 percent of beneficiaries required emergency care within 30 days of discharge and 37.5 percent required acute care within 90 days.

Toles and his colleagues also examined whether factors such as race and diagnosis increased the likelihood that older adults discharged from a nursing facility would return to the hospital. They found that men and African Americans were more likely to need additional acute care along with older adults with cancer or respiratory diseases. Other factors associated with a higher need for acute care included a high number of previous hospitalizations, comorbid conditions, and receiving care from a for-profit facility.

Toles explained that researchers currently don't know how many of these rehospitalizations and emergency room visits are preventable. Because the Affordable Care Act penalizes hospitals for readmitting Medicare patients, there has been more focus on improving patients' transition from the hospital to their home. Toles hopes this study will convince decision makers to pay attention to transitions from nursing facilities as well.

"The role of nursing homes in communities has changed," he said. "These facilities are increasingly dedicated to transitioning older adults from the hospital back to their own homes. Short-term use of nursing facilities has grown tremendously over the past ten years and we have to examine interventions that will improve that transition."

The study was published in the January 2014 issue of the Journal of the American Geriatrics Society. Funding was provided by the John A. Hartford Foundation, the National Institute for Nursing Research, and pilot funding from the NewCourtland Center for Transitions and Health and the Center for Integrative Science in Aging.

Co-authors include Ruth A. Anderson from the Duke University School of Nursing, Mark Massing from the Carolinas Center for Medical Excellence, Mary D. Naylor from the University of Pennsylvania School of Nursing, and Erick Jackson and Sharon Peacock-Hinton from the Carolinas Center for Medical Excellence. The senior author of the study is Cathleen Colon-Emeric from the Duke University School of Medicine

School of Nursing contact: Meagen Voss, (919)-966-4619, vossm@email.unc.edu

News Services contact: Thania Benios, (919) 962-8596, thania_benios@unc.edu

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