Hospital Readmissions Among Hematopoietic Cell Transplantation (HCT) Recipients

Essy Mozaffari,1 Jay Lin,2 Melissa Lingohr-Smith2

1Chimerix, Inc., Durham, NC, USA; 2Novosy Health, Green Brook, NJ, USA

ABSTRACT

The frequency and reasons of hospital readmissions were evaluated during a 12-month follow-up period after the HCT index hospitalization using hospital discharge records. The causes of hospital readmissions were categorized as: readmission for any cause, graft-versus-host disease (GVHD)-related readmission, renal impairment-related readmission, or opportunistic infection-related readmission (OIRR). The objectives of this study were to quantify the frequency of hospital readmissions post HCT, analyze the readmission reasons, and identify the risk factors for hospital readmissions among HCT recipients. The study population included patients who underwent allogeneic and autologous HCT between January 2009 and September 2013, and who survived the index hospitalization. Among the patients who survived the index hospitalization, 25.8% (n=349) had hospital readmissions related to opportunistic infections, 32.0% (n=349) had opportunistic infection-related readmissions, and 8.2% (n=349) had hospital readmissions related to viral, bacterial, and fungal infections. Readmissions were most frequently related to opportunistic infections (25.8%), follow by viral, bacterial, and fungal infections. Opportunistic infection-related readmissions were due to herpes virus, varicella zoster virus, Epstein–Barr virus, and herpes simplex virus.

REFERENCES


DISCLOSURES

All authors declare no conflicts of interest.