During 2011, 571,737 live discharges were from short-term or critical access hospitals during 2011, patients were typically discharged to home, under the supervision of a home health agency; or to a skilled nursing facility (Figure 1).

The study population included patients on dialysis with live hospital discharges during the study period, 1996 to June 2012. Only patients with Medicare as primary payer were retained. The study population included patients on dialysis with live hospital discharges during the study period, 1996 to June 2012.

Methods
- Data were ascertained from the Centers for Medicare & Medicaid Services End-Stage Renal Disease database, as formatted by the United States Renal Data System.
- Only patients with Medicare as primary payer were retained.
- The study population included patients on dialysis with live hospital discharges during the study period, 1996 to June 2012.
- Short-term or critical access hospital types were included (more than 95% of live discharges in 2011 were from short-term or critical access hospitals).
- The 30-day all-cause readmission rates were calculated, without adjustment for differences in patient case-mix or hospital characteristics.

Results
- During 2011, 571,737 live discharges occurred among patients receiving maintenance dialysis treatment both before and after hospitalization, and 95.6% (546,465) of discharges were from short-term or critical access hospitals.
- Among discharge from short-term or critical access hospitals during 2011, patients were typically discharged to home, under self-care; to home, under the supervision of a home health agency; or to a skilled nursing facility (Figure 1).
- About 34% of hospitals made 1-10 discharges in 2011, and 23% made 11-100 discharges (Figure 2).
- All-cause readmission rates increased modestly over the period studied except for 2012. The nadir was 32.8% in 1996; the rate increased to 34.4% in 2005 and fell to 34.1% in 2009 before increasing to a peak of 34.8% in 2010. Discharge data in the first 6 months of 2012 showed a decrease again to 32.8% (Figure 3).

Conclusions
- Thirty-day readmission rates were, as expected, substantially higher in dialysis patients compared with the general Medicare population, with rates increasing over the last decade until 2012.
- Although dialysis patient case-mix may partially explain some of the rise, recent steady decreases (34.8% in 2010, 34.7% in 2011, and 32.8% in Jan. to June 2012) are consistent with the goals of policy initiatives by Medicare across all populations.
- In comparison, the rate in the general Medicare population was relatively stable: 19.2% in 2007, 19.0% in 2011, and 19.4% in 2012 (Gerhardt et al., Medicare & Medicaid Res Rev 3, 2013 doi: http://dx.doi.org/10.5600/mmrr.03.02.b01)
- Further studies are needed to determine whether the readmission decline is also associated with changes in emergency department visits and observation stays.