

Preventability and Causes of Readmissions in a National Patients

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Citation Report

#	ARTICLE	IF	CITATIONS
1	The HOSPITAL score as a predictor of 30 day readmission in a retrospective study at a university affiliated community hospital. PeerJ, 2016, 4, e2441.	0.9	15
2	Preventability of Hospital Readmissions From Skilled Nursing Facilities: A Consumer Perspective. Gerontologist, The, 2016, 57, gnw132.	2.3	8
3	COPD Readmissions. Chest, 2016, 150, 916-926.	0.4	124
4	For Hospital Readmissions, Hindsight is Not 20/20. Journal of General Internal Medicine, 2016, 31, 1270-1271.	1.3	0
5	Hospital Transfers of Skilled Nursing Facility (SNF) Patients Within 48 Hours and 30 Days After SNF Admission. Journal of the American Medical Directors Association, 2016, 17, 839-845.	1.2	46
6	Further Limitations of the HOSPITAL Score in US Hospitals. JAMA Internal Medicine, 2016, 176, 1232.	2.6	5
7	Internal Medicine Residents' Perceived Responsibility for Patients at Hospital Discharge: A National Survey. Journal of General Internal Medicine, 2016, 31, 1490-1495.	1.3	12
8	Predicting the Risk of Readmission in Pneumonia. A Systematic Review of Model Performance. Annals of the American Thoracic Society, 2016, 13, 1607-1614.	1.5	36
9	Rethinking medical ward quality. BMJ, The, 2016, 355, i5417.	3.0	8
10	A Phenomenological Study of Hospital Readmissions of Chinese Older People With COPD: Table 1.. Gerontologist, The, 2017, 57, gnw134.	2.3	4
11	Design of an orthopaedic-specific discharge summary. BMC Health Services Research, 2016, 16, 545.	0.9	2
12	A case management report: a collaborative perioperative surgical home paradigm and the reduction of total joint arthroplasty readmissions. Perioperative Medicine (London, England), 2016, 5, 27.	0.6	11
13	International Validity of the HOSPITAL Score to Predict 30-Day Potentially Avoidable Hospital Readmissions. JAMA Internal Medicine, 2016, 176, 496.	2.6	184
14	Reducing Readmissions—Destination or Journey?. JAMA Internal Medicine, 2016, 176, 493.	2.6	10
15	Potentially Avoidable Readmissions of Patients Discharged to Post-Acute Care: Perspectives of Hospital and Skilled Nursing Facility Staff. Journal of the American Geriatrics Society, 2017, 65, 269-276.	1.3	55
16	Are Readmissions After THA Preventable?. Clinical Orthopaedics and Related Research, 2017, 475, 1414-1423.	0.7	24
17	Is enhanced recovery enough for reducing 30-d readmissions after surgery?. Journal of Surgical Research, 2017, 217, 45-53.	0.8	8
18	Simplification of the HOSPITAL score for predicting 30-day readmissions. BMJ Quality and Safety, 2017, 26, 799-805.	1.8	19

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19	User-centered design of discharge warnings tool for colorectal surgery patients. <i>Journal of the American Medical Informatics Association: JAMIA</i> , 2017, 24, 975-980.	2.2	10
20	Improving transitions of care across the spectrum of healthcare delivery: A multidisciplinary approach to understanding variability in outcomes across hospitals and skilled nursing facilities. <i>American Journal of Surgery</i> , 2017, 213, 910-914.	0.9	26
21	Residents' responsibilities: Adopting a wider view. <i>Medical Teacher</i> , 2017, 39, 1286-1289.	1.0	2
22	Evaluation of the Yale New Haven Readmission Risk Score for Pneumonia in a General Hospital Population. <i>American Journal of Medicine</i> , 2017, 130, 1107-1111.e1.	0.6	5
23	The HOSPITAL Score Predicts Potentially Preventable 30-Day Readmissions in Conditions Targeted by the Hospital Readmissions Reduction Program. <i>Medical Care</i> , 2017, 55, 285-290.	1.1	34
24	Discharge disposition as an independent predictor of readmission among patients hospitalised for community-acquired pneumonia. <i>International Journal of Clinical Practice</i> , 2017, 71, e12935.	0.8	14
25	Effectiveness of a financial incentive to physicians for timely follow-up after hospital discharge: a population-based time series analysis. <i>Cmaj</i> , 2017, 189, E1224-E1229.	0.9	26
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32	The P4 Health Spectrum – A Predictive, Preventive, Personalized and Participatory Continuum for Promoting Healthspan. <i>Progress in Cardiovascular Diseases</i> , 2017, 59, 506-521.	1.6	178
33	The HOSPITAL score and LACE index as predictors of 30 day readmission in a retrospective study at a university-affiliated community hospital. <i>PeerJ</i> , 2017, 5, e3137.	0.9	54
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42	Handing Off the Older Patient: Improved Documentation of Geriatric Assessment in Transitions of Care. <i>Journal of the American Geriatrics Society</i> , 2018, 66, 401-406.	1.3	5
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