

30-Day Hospital Readmissions among Vermonters with COPD

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Chronic Obstructive Pulmonary Disease (COPD) is a condition where the lungs are damaged, remodeled, or lose functioning and can't go back to normal, leading to long-term breathing problems. About 34,000 Vermonters have COPD, and many have complex health care needs or even require hospitalization during the progression of their disease.

30-day readmissions, or rehospitalizations within 30 days of an initial inpatient stay, are used as a measure of health care quality. Some estimates put the U.S. COPD readmission rate at 20%, making COPD the third leading cause of readmissions in the country, and the Center for Medicare & Medicaid Services has been penalizing hospitals with excessive COPD readmissions since 2014¹.

Readmissions may indicate poorly managed COPD resulting in severe exacerbations. A high readmission rate could indicate that patients are not receiving recommended care or adequate follow up after discharge. Readmissions could also reflect lack of access to care due to transportation or provider availability, lack of access to medications or devices needed to manage their condition, or housing conditions.

This brief explores the landscape of COPD-related[†] hospital readmissions in Vermont, highlighting groups experiencing a higher burden, with the goal of raising awareness and reducing COPD-related readmissions in the state.

If you need help accessing or understanding this information, contact ahs.vdhdpdanalytics@vermont.gov.

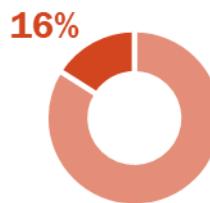
Key Points

- The past five years COPD-related 30-day readmissions rate is between 15-16%.
- The top ten causes of COPD-related admissions account for 41% of all admissions.
- The readmission rate for residents of small rural towns is significantly lower than the state rate, while the readmission rate for those living in urban areas is higher.
- Springfield Hospital has a lower COPD readmission rate than the state as a whole.

Burden of COPD Readmissions

6,140

people were admitted to the hospital for COPD-related[†] causes in 2022



16% (1,007) of those admissions resulted in a readmission within 30 days

Data Source: VUHDDS 2022

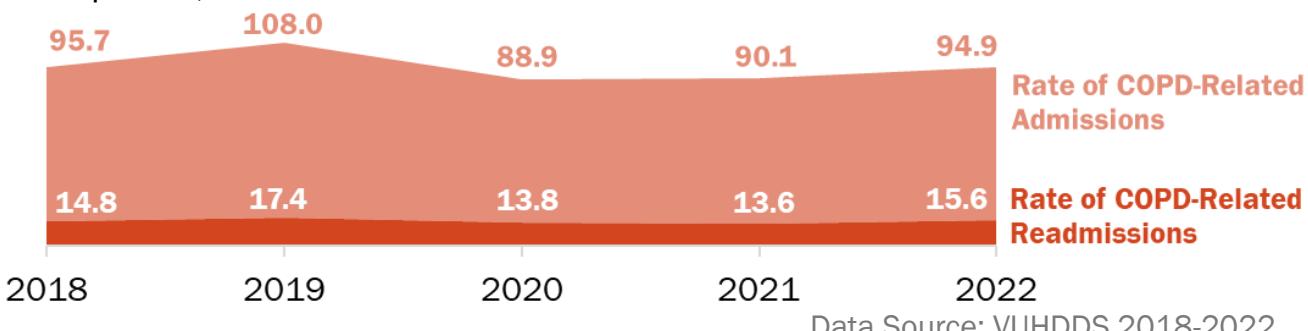


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COPD Hospital Admissions and Readmissions

Rate per 10,000 Vermont Residents



Data Source: VUHDDS 2018-2022

- The rate of COPD inpatient admissions has fluctuated in recent years, with significant changes every year except 2020 to 2021.
- Despite this overall fluctuation, the percentage of admissions resulting in a 30-day readmission remains between 15% and 16%.

Primary Causes of Readmission

Nine out of the top ten primary diagnoses for COPD-related hospitalizations are also in the top ten diagnoses for readmissions.

	Primary Causes of COPD-Related Admissions	Primary Causes of Readmissions
1	COPD	COPD
2	Sepsis	Sepsis
3	COVID-19	Heart and Chronic Kidney Disease with Heart Failure
4	Pneumonia	Heart Disease with Heart Failure
5	Heart Disease with Heart Failure	COVID-19
6	Heart and Chronic Kidney Disease with Heart Failure	Pneumonia
7	Respiratory Failure (Chronic & Acute)	Respiratory Failure (Chronic & Acute)
8	Myocardial Infarction	Acute Kidney Failure
9	Respiratory Failure (Acute)	Pneumonitis due to Inhalation of Food and Vomit
10	Acute Kidney Failure	Respiratory Failure (Acute)

Data Source: VUHDDS 2022

- The top ten primary causes of COPD-related admissions account for 41% of all admissions, highlighting the importance of preventing and managing these conditions among those with COPD.
- Seven out of ten primary causes of readmissions are related to respiratory health.
- Some important factors contributing to the burden of readmissions may not be captured here. Socioeconomic factors such as transportation, financial means, and caregiving are important to consider with regard to ability to access care.

Who is being readmitted?

Among COPD-related admissions, those who are readmitted within 30 days tend to be more male, older, and urban residents than those not readmitted.

Comparison of those **readmitted** and not readmitted who were...



* Statistically significantly higher prevalence than comparison group

Data Source: VUHDDS 2022



There is a slightly different age distribution between groups, with a higher percentage of those in the readmitted group being 65-74.



The readmitted group has a higher percentage of males than those not readmitted.



Those not readmitted are more likely to be from small rural towns, while those readmitted are more likely to be urban residents.



There is no significant difference in the composition of those readmitted compared to those not readmitted with respect to types of insurance coverage or race/ethnicity (data not shown).

There are no significant differences in length of stay or discharge type between those who were and were not readmitted.

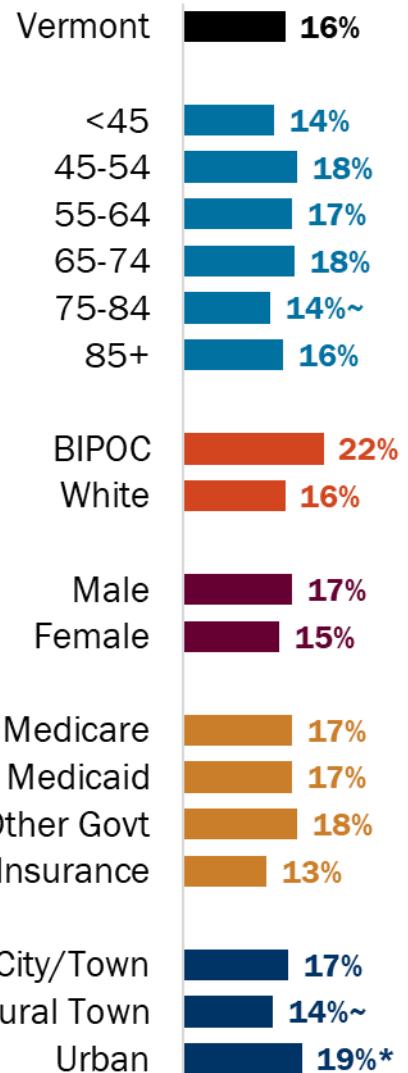
- Those who were readmitted had a similar average length of initial stay to those who were not (~6 days).
- There are no significant differences in where those who were and were not readmitted are discharged. Most patients in both groups are discharged to their homes.

Certain groups have higher rates of COPD-related readmissions compared to the state rate.

- Those 75-84 years old admitted for COPD-related causes are significantly less likely to be readmitted than the admitted COPD population as a whole, which could suggest better care or management of COPD in this age group.
- The readmission percentages for racial/ethnic groups, sex groups, or health insurance groups do not differ significantly from the state rate.

The readmission percentage for residents of small rural towns is significantly lower than the state rate, while the readmission percentage for those living in urban areas is significantly higher.

Readmission Percentage by Population Group



~ Significantly lower than state rate

* Significantly higher than state rate

Data Source: VUHDDS 2022

There are no statistical differences in the readmission rate, regardless of where patients are discharged.

Readmission Percentage by Discharge Type



Data Source: VUHDDS 2022

Springfield Hospital has a significantly lower rate of COPD-related hospitalizations resulting in 30-day readmissions than the state as a whole.

Hospital	Readmissions %	Comparison to State (16%)
Porter Medical Center	20%	Similar
University of Vermont Medical Center	18%	Similar
Central Vermont Hospital	17%	Similar
Copley Hospital	17%	Similar
Northwestern Medical Center	17%	Similar
Rutland Regional Medical Center	17%	Similar
Southwestern Vermont Medical Center	16%	Similar
Brattleboro Memorial Hospital	15%	Similar
North Country Hospital and Health Center	12%	Similar
Northeastern Vermont Regional Hospital	12%	Similar
Gifford Memorial Hospital	12%	Similar
Springfield Hospital	8%	Lower
Grace Cottage Hospital	**	
Mount Ascutney Hospital and Health Center	**	

** Data suppressed due to small numbers.

Data Source: VUHDDS 2022

For more information and resources related to COPD, visit our website:
[COPD: Chronic Obstructive Pulmonary Disease | Vermont Department of Health](https://www.healthvermont.gov/chronic-obstructive-pulmonary-disease)

References

¹Press, V. G., Myers, L. C., & Feemster, L. C. (2021). Preventing COPD Readmissions Under the Hospital Readmissions Reduction Program. *Chest*, 159(3), 996–1006.

Data Notes

[†]A COPD-related admission defined in this report as an individual hospitalized between Dec. 1 of Year 1 and Dec. 31 of Year 2 (i.e. 12/1/2021-12/31/2022). Analyses exclude those who died before discharge. A readmission is any admission occurring within 30 days of a COPD-related admission during the calendar year (i.e. 2022). Data may represent an undercount as Vermont residents visiting hospitals in neighboring states are not included.

^{††}A patient discharged to a swing bed can transition out of acute care and into post-acute or skilled nursing care while remaining in the hospital.

Data Source: Green Mountain Care Board (GMCB) Vermont Uniform Hospital Discharge Data System (VUHDDS) NOTE: All analyses, conclusions, and recommendations provided in this presentation from VUHDDS are solely those of the Department of Health and not necessarily those of the GMCB.

Learn more about how the way these data were collected may impact this data brief:
www.healthvermont.gov/stats/data-reporting-topic/health-equity-data