**PREDICTORS OF 30DAY READMISSION IN ACUTE DECOMPENSATED HEART FAILURE PATIENTS TREATED WITH ULTRAFILTRATION**

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Introduction: Heart Failure treatment guidelines support use of ultrafiltration [UF] for patients with acute decompensated heart failure [ADHF]. UF therapy has been shown to reduce rehospitalization rate.

Hypothesis: Our goal is to identify factors that predict risk of 30 day readmission in ADHF patients treated with UF.

Methods: Retrospective chart review of patients with ADHF treated with Aquapheresis, between December 2008 and November 2010 were performed. Various parameters (Age, gender ratio, length of stay), lab results and changes in the lab results between admission and discharge were compared between the patients who were readmitted within 30 days and patients who were not.

Results: One hundred eighty treatments were performed between December 2008 and November 2010, this provided the data. Of the 180 treatments 23(12.8%) patients were referred to hospice, they were excluded from the analysis. Of the 157 patients 33 were readmitted with in 30days and 124 were not. Gender ratio (p=0.04) and decrease in the weight during hospitalization (p= <0.0001) were statistically different in the two groups. Due to missing data for several variables, standard repeated measures analyses were not conducted. Instead, p-values are based on calculation of difference scores from admission to discharge Mann Whitney rank sums tests for the skewed continuous variables. All analyses are for exploratory purposes only, and p < .05 denotes statistical significance. Conclusions: Multiple risk factors play a role in predicting 30 day readmission for ADHF treated with UF. Larger studies are needed to accurately identify the risk factors.