Objective(s):
The inpatient cost of care for diabetic foot ulcers (DFU) is estimated to be $1.4 billion per year in the United States. We have previously demonstrated that the risk of 30-day unplanned readmission in DFU patients is nearly 20%. Our aim was to quantify the cost of readmissions in patients admitted with DFU.

Methods:
All patients presenting to our multidisciplinary diabetic limb preservation service from 6/2012-06/2016 were enrolled in a prospective database. Inpatient costs and net margins ($USD) were calculated overall and for index admissions versus 30-day unplanned readmissions.

Results:
A total of 249 admissions in 150 patients were included. Of these, 206 admissions were index admissions and 43 were 30-day readmissions. The most common reason for readmission was the
foot wound (49%), followed by bypass wound (14%), renal (9%), and other systemic complications. Surgical interventions during readmission were common (47%), and included both podiatric (37%) and vascular (23%) interventions. The mean hospital cost per admission was $25,915±1,309, and did not differ between index admissions vs. readmissions ($25,649±2,384 vs. $28,792±4,902; P = .59). However, there was a trend toward lower hospital net margins following readmissions ($4,978±1,010 vs. $2,700±1,289; P = .07). The overall cost of care for patients requiring readmission was significantly higher than for patients who were not readmitted ($115,288±19,325 vs. $42,525±3,664; P < .001). Over the course of the study period, DFU care at our institution cost $7.9 million, of which $1.2 million (15%) was attributable to readmission costs. Wound healing outcomes were favorable, with 78% of all wounds achieving healing by one year. Limb salvage was 91% overall.

Conclusions:
Readmissions in DFU patients are common, and associated with a substantial cost burden. The cost of readmissions for DFU patients is just as high as the cost of the index admissions, but with lower hospital net margins. When extrapolated to national data, the 15% readmission cost burden that we report is equivalent to $210 million in hospital costs annually. Focused efforts at preventing readmissions in this high-risk patient population are essential to reducing the overall costs of care associated with DFU.

Author Disclosure Block: