A total of 254 patients with COPD were studied.
- 127 with a 30-day readmission & 127 without a readmission (Control).
- PAH was present in 85% (108/127) of readmitted and 30% (39/127) of control.
- 12.82 is the odds ratio of being readmitted due to PAH (RR=4.13, 95% CI=2.7-6.3) compared to those without PAH.
- Readmission Attributable Risk (AR) of 0.55 and AR% of 75.83% (p value <0.001) was due to PAH.
- Further analyzed readmission risk in patients with normal RVSP to degrees of PAH;
  - Mild (RR=4.2, 95% CI= 2.7-6.2)
  - Moderate (RR=3.7, 95% CI= 2.3-5.8)
  - Severe (RR=4.7, 95% CI= 3.0-7.3).

CONCLUSIONS
The presence and degree of PAH is an indicator in predicting the risk of Readmissions in COPD patients. Advancements in management of PAH may prevent readmissions and should be considered in patients who remain WHO functional Class III or IV, despite correction of hypoxemia and optimization of underlying disease. By using indicators, we can proactively improve the health of patient while conserving hospital resources.