30-Day Acute Myocardial Infarction Readmission

Name: 30-Day Acute Myocardial Infarction Readmission

Short/Other Names: Not applicable

Description: This indicator provides the risk-adjusted rate of urgent readmission following discharge for acute myocardial infarction (AMI).

Interpretation: Lower rates are desirable.

HSP Framework Dimension: Health System Outputs: Appropriate and effective

Areas of Need: Getting Better

Geographic Coverage: All provinces/territories

Reporting Level/Disaggregation: National, Province/Territory, Region, Neighbourhood Income Quintile

Indicator Results: http://yourhealthsystem.cihi.ca/epub/?language=en

Description: This indicator provides the risk-adjusted rate of urgent readmission following discharge for acute myocardial infarction (AMI).

For further details, please see the General Methodology Notes.

Unit of analysis: Episode of care

An episode of care refers to all contiguous inpatient hospitalizations and same-day surgery visits. For episodes with transfers within or between facilities, transactions were linked regardless of diagnoses. To construct an episode of care, a transfer is assumed to have occurred if either of the following conditions is met:

a) An acute care hospitalization or a same-day surgery visit occurs less than seven hours after discharge from the previous acute care hospitalization or same-day surgery visit, regardless of whether the transfer is coded;

b) An acute care hospitalization or same-day surgery visit occurs between 7 and 12 hours after discharge from the previous acute care hospitalization or same-day surgery visit, and at least one of the hospitalizations or visits has coded the transfer.

Calculation:

The following covariates are used in risk adjustment:

For a detailed list of covariates used in the model, please refer to the Model Specification document.
2. Episodes involving inpatient care. An episode may start or end in a day surgery setting. Episodes that both start and end in day surgery settings are not included.

3. Discharge between April 1 and March 1 of the following year (period of case selection ends March 1 to allow for 30 days of follow-up)

4. Age 20 and older

5. Sex recorded as male or female

Exclusions:
1. Records with an invalid health card number
2. Records with an invalid code for province issuing health card number
3. Records with an invalid admission date or time
4. Records with an invalid discharge date or time
5. Discharges as deaths or self sign-outs or did not return from a pass (Discharge Disposition Code = 06, 07, 12)
6. Any one of the following diagnoses recorded in any position in the index episode:
   a. Cancer (ICD-9/ICD-9-CM: 140-208, V58.1, V58.0; or ICD-10-CA: C00–C97, Z51.0 and Z51.1)
   b. HIV (ICD-9: 042, 043, 044, 795.8; or ICD-9-CM: 042, 043, 044, 795.71, V08; or ICD-10-CA: B24, Z21, R75 and O98.7)

Description:
Cases within the denominator with a readmission for any reason within 30 days of discharge after the index episode of care

Inclusions:
1. Emergent or urgent (non-elective) readmission to an acute care hospital (Admission Category Code = U)

Background, Interpretation and Benchmarks
Rationale
Readmissions to acute care facilities are increasingly being used to measure institutional or regional quality of care and care coordination. Readmission rates after AMI can be influenced by a variety of factors, including the quality of inpatient and outpatient care, effectiveness of the care transition and coordination, or the availability of appropriate diagnostic or therapeutic technologies during the initial hospital stay. While not all urgent readmissions are avoidable, interventions during and after a hospitalization can be effective in reducing readmission rates.

Interpretation
Lower rates are desirable.

HSP Framework
Dimension
Health System Outputs: Appropriate and effective
Areas of Need
Getting Better
Targets/Benchmarks Not applicable

References


Availability of Data Sources and Results
Data Sources
DAD, HMDB, NACRS

Type of Year:
Fiscal

First Available Year:
2007

Last Available Year:
2017

Geographic Coverage
All provinces/territories

Reporting Level/Disaggregation National, Province/Territory, Region, Neighbourhood Income Quintile

Result Updates
Update Frequency Every year

Web Tool:
<table>
<thead>
<tr>
<th>Indicator Results</th>
<th>Health Indicators e-Publication</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>URL:</strong></td>
<td><a href="http://yourhealthsystem.cihi.ca/epub/?language=en">http://yourhealthsystem.cihi.ca/epub/?language=en</a></td>
</tr>
<tr>
<td>Updates</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Quality Statement</td>
<td>Patients can appear in the denominator more than once if they have multiple episodes of care between April 1 and March 1 of the fiscal year.</td>
</tr>
<tr>
<td>Caveats and Limitations</td>
<td>Planned readmissions reported as urgent admissions are included in the readmission rate.</td>
</tr>
<tr>
<td>Trending Issues</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Comments</td>
<td>Not applicable</td>
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