

All Patients Readmitted to Hospital

| | |
|---------------------------------------|--|
| Name | All Patients Readmitted to Hospital |
| Short/Other Names | 30-Day Overall Readmission |
| Description | <p>This indicator measures the risk-adjusted rate of urgent readmissions within 30 days of discharge for episodes of care for the following patient groups: obstetric, pediatric, surgical and medical.</p> <p>For further details, please see the General Methodology Notes.</p> |
| 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, Facility |
| Indicator Results | Accessing Indicator Results on Your Health System: In Depth |
| Identifying Information | |
| Name | All Patients Readmitted to Hospital |
| Short/Other Names | 30-Day Overall Readmission |
| Indicator Description and Calculation | |
| Description | <p>This indicator measures the risk-adjusted rate of urgent readmissions within 30 days of discharge for episodes of care for the following patient groups: obstetric, pediatric, surgical and medical.</p> <p>For further details, please see the General Methodology Notes.</p> <p>Risk-adjusted rate for each facility = Observed number of readmissions for each facility ÷ Expected number of readmissions for the facility × Canadian average readmission rate</p> <p>Unit of Analysis: Episode of care</p> <p>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:</p> <p>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</p> <p>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</p> <p>For episodes of care that involved transfers, readmissions were attributed to the last hospital from which the patient was discharged before readmission.</p> |
| Calculation: Description | |
| Calculation: Geographic Assignment | Place of service |
| Calculation: Type of Measurement | Rate - per 100 |
| Calculation: Adjustment Applied | <p>The following covariates are used in risk adjustment:</p> <p>For a detailed list of covariates used in the model, please refer to the Model Specification document for the covariates used in risk adjustment for each of the four specific patient group readmission indicators for details (obstetric, pediatric, surgical and medical).</p> |
| Calculation: Method of Adjustment | Logistic regression |
| Denominator | <p>Description: Obstetric, pediatric, surgical and medical episodes of care discharged between April 1 and March 1 of the fiscal year</p> <p>Inclusions: For details, please refer to Inclusions for each of the four specific patient group readmission indicators (obstetric, pediatric, surgical and medical).</p> <p>Exclusions: For details, please refer to Exclusions for each of the four specific patient group readmission indicators (obstetric, pediatric, surgical and medical).</p> <p>Description: Cases within the denominator with an urgent readmission within 30 days of discharge after the index episode of care</p> <p>Inclusions: For details, please refer to Inclusions for each of the four specific patient group readmission indicators (obstetric, pediatric, surgical and medical).</p> <p>Exclusions: For details, please refer to Exclusions for each of the four specific patient group readmission indicators (obstetric, pediatric, surgical and medical).</p> |
| Numerator | |

Background, Interpretation and Benchmarks

Urgent readmissions to acute care facilities are increasingly being used to measure institutional or regional quality of care and care coordination.

Rationale Readmission rates can be influenced by a variety of factors, including the quality of inpatient and outpatient care, the effectiveness of the care transition and coordination, and the availability and use of effective disease management community-based programs. While not all unplanned readmissions are avoidable, interventions during and after a hospitalization can be effective in reducing readmission rates.

Interpretation Lower rates are desirable.

HSP

Framework Health System Outputs: Appropriate and effective

Dimension

Areas of Need Getting Better

Targets

/Benchmarks Not applicable

Friedman B, Basu J. The rate and cost of hospital readmissions for preventable conditions. *Med Care Res Rev* June, 2004;61(2):225-240.

Halfon P, Eggli Y, Pretre-Rohrbach I, Meylan D, Marazzi A, Burnand B. Validation of the potentially avoidable hospital readmission rate as a routine indicator of the quality of hospital care. *Med Care* November, 2006;44(11):972-981.

References Misky GJ, Wald HL, Coleman EA. Post-hospitalization transitions: Examining the effects of timing of primary care provider follow-up. *J Hosp Med (Online)* September, 2010;5(7):392-397.

Rumball-Smith J, Hider P. The validity of readmission rate as a marker of the quality of hospital care, and a recommendation for its definition. Review 39 refs. *NZ Med J* February 13, 2009;122(1289):63-70.

Shepperd S, McClaran J, Phillips CO, et al. Discharge planning from hospital to home. Review 83 refs. Update of Cochrane Database Syst Rev. 2004;(1):CD000313; PMID: 14973952. Cochrane Database of Systematic Reviews (1):CD000313, 2010. 2010;(1):CD000313.

Availability of Data Sources and Results

Data Sources DAD, HMDB, NACRS

Type of Year:

Fiscal

Available Data Years

First Available Year:

2014

Last Available Year:

2018

Geographic Coverage All provinces/territories

Reporting Level/Disaggregation National, Province/Territory, Region, Facility

Result Updates

Update Frequency Every year

Web Tool:

Your Health System: In Depth

Indicator Results

URL:

[Accessing Indicator Results on Your Health System: In Depth](#)

Updates Not applicable

Quality Statement

Caveats and

Limitations Not applicable

Trending Issues

Not applicable
Indicator results are also available in

Comments

- Your Health System: In Brief (<http://yourhealthsystem.cihi.ca/inbrief/?lang=en#!/indicators/006/all-patients-readmitted-to-hospital>);
- [Your Health System: Insight](#), updated monthly starting from 2014–2015