

# 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 <a href="#">General Methodology Notes</a>.</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	<a href="#">Accessing Indicator Results on Your Health System: In Depth</a>
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 <a href="#">General Methodology Notes</a>.</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 <a href="#">Model Specification</a> 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><b>Description:</b> Obstetric, pediatric, surgical and medical episodes of care discharged between April 1 and March 1 of the fiscal year</p> <p><b>Inclusions:</b> For details, please refer to Inclusions for each of the four specific patient group readmission indicators (<a href="#">obstetric</a>, <a href="#">pediatric</a>, <a href="#">surgical</a> and <a href="#">medical</a>).</p> <p><b>Exclusions:</b> For details, please refer to Exclusions for each of the four specific patient group readmission indicators (<a href="#">obstetric</a>, <a href="#">pediatric</a>, <a href="#">surgical</a> and <a href="#">medical</a>).</p> <p><b>Description:</b> Cases within the denominator with an urgent readmission within 30 days of discharge after the index episode of care</p> <p><b>Inclusions:</b> For details, please refer to Inclusions for each of the four specific patient group readmission indicators (<a href="#">obstetric</a>, <a href="#">pediatric</a>, <a href="#">surgical</a> and <a href="#">medical</a>).</p> <p><b>Exclusions:</b> For details, please refer to Exclusions for each of the four specific patient group readmission indicators (<a href="#">obstetric</a>, <a href="#">pediatric</a>, <a href="#">surgical</a> and <a href="#">medical</a>).</p>
Numerator	<p><b>Description:</b> Cases within the denominator with an urgent readmission within 30 days of discharge after the index episode of care</p> <p><b>Inclusions:</b> For details, please refer to Inclusions for each of the four specific patient group readmission indicators (<a href="#">obstetric</a>, <a href="#">pediatric</a>, <a href="#">surgical</a> and <a href="#">medical</a>).</p> <p><b>Exclusions:</b> For details, please refer to Exclusions for each of the four specific patient group readmission indicators (<a href="#">obstetric</a>, <a href="#">pediatric</a>, <a href="#">surgical</a> and <a href="#">medical</a>).</p>

## 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](#)
- [Your Health System: Insight](#), updated monthly