All Patients Readmitted to Hospital

Name: All Patients Readmitted to Hospital
Short/Other Names: 30-Day Overall Readmission

Description:
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.

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:
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.

For further details, please see the General Methodology Notes.

Risk-adjusted rate for each facility = Observed number of readmissions for each facility ÷ Expected number of readmissions for the facility × Canadian average readmission rate

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

For episodes of care that involved transfers, readmissions were attributed to the last hospital from which the patient was discharged before readmission.

Calculation:

Place of service

Type of Measurement: Rate - per 100

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 for the covariates used in risk adjustment for each of the four specific patient group readmission indicators for details (obstetric, pediatric, surgical, and medical).

Method of Adjustment: Logistic regression

Description:
Obstetric, pediatric, surgical and medical episodes of care discharged between April 1 and March 1 of the fiscal year

Inclusions:
For details, please refer to Inclusions for each of the four specific patient group readmission indicators (obstetric, pediatric, surgical and medical).

Exclusions:
For details, please refer to Exclusions for each of the four specific patient group readmission indicators (obstetric, pediatric, surgical and medical).

Denominator

Description:
Cases within the denominator with an urgent readmission within 30 days of discharge after the index episode of care

Inclusions:
For details, please refer to Inclusions for each of the four specific patient group readmission indicators (obstetric, pediatric, surgical and medical).

Exclusions:
For details, please refer to Exclusions for each of the four specific patient group readmission indicators (obstetric, pediatric, surgical and medical).

Numerator

Description:
Obstetric, pediatric, surgical and medical episodes of care discharged between April 1 and March 1 of the fiscal year

Inclusions:
For details, please refer to Inclusions for each of the four specific patient group readmission indicators (obstetric, pediatric, surgical and medical).

Exclusions:
For details, please refer to Exclusions for each of the four specific patient group readmission indicators (obstetric, pediatric, surgical and medical).
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

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:

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

Not applicable

Caveats and Limitations

Not applicable

Trending Issues

Not applicable

Indicator results are also available in

- Your Health System: In Brief
- Your Health System: Insight, updated monthly

Comments