

# 30-day all cause hospital readmission rate for medical and surgical patients

## Alternate Name\*

Hospital readmission rate within 30 days of leaving hospital for medical or surgical treatment

## INDICATOR DESCRIPTION

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### Description\*

This indicator measures the rate, per 100 patient discharges, of unplanned returns to a hospital within 30 days of discharge. It includes medical patients who were hospitalized for non-surgical treatment, and patients who had surgery while in hospital. A lower rate is better.

### HQO Reporting tool/product

Public reporting

### Dimension\*

Effective

### Type\*

Outcome

## DEFINITION AND SOURCE INFORMATION

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### Unit of Measurement\*

Rate per 100 discharges

### Calculation Methods\*

The numerator divided by the denominator per 100 patient discharges

### Numerator (short description i.e. not inclusions/exclusions)\*

The number of episodes of care for medical and surgical patients with an urgent readmission within 30 days of previous discharge

### Denominator (short description i.e. not inclusions/exclusions)\*

The number of episodes of care discharged between April 1 and March 1 of the fiscal year for surgical and medical patients

### Adjustment (risk, age/sex standardization)- generalized

Risk adjusted

### Data Source

National Ambulatory Care Reporting System (NACRS)

Discharge Abstract Database (DAD)

#### Data provided to HQO by

Canadian Institute for Health Information (CIHI)

#### Reported Levels of comparability /stratifications (defined)

Time

Institution

Region

## OTHER RELEVANT INFORMATION

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### Caveats and Limitations

Urgent readmissions to acute care facilities have been widely used to measure institutional or regional quality of care and care coordination. 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. Sometimes patients have to be hospitalized again shortly after being discharged from a previous hospitalization. Such an event is still referred to as a readmission and is not always avoidable.

### Comments Summary

The readmission can occur in any acute care facility, it does not necessarily have to be the same location as the index hospitalization.

## TAGS

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Acute Care/Hospital

Primary Care

Outcome

Readmission

Effective

National Ambulatory Care Reporting System (NACRS)

Discharge Abstract Database (DAD)

## PUBLISH

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<http://indicatorlibrary.hqontario.ca/Indicator/Summary/30-day-all-cause-readmission-medical-surgical-patients/EN>

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