Hospital readmission rate for primary care patient population QIP (Retired)

Alternate Name*

Hospital readmission rate for primary care patient population within 30 days QIP

INDICATOR DESCRIPTION

Description*

Percentage of patients who were discharged in a given period for a condition within selected HBAM Inpatient Grouper HIGs and had a non-elective hospital readmission within 30 days of discharge, by primary care practice model.

Readmission for patients with an acute inpatient hospital stay for:

- Acute Myocardial Infarction
- Cardiac conditions (excluding heart attack)
- Congestive heart failure
- Chronic obstructive pulmonary disease
- Pneumonia
- Diabetes
- Stroke
- Gastrointestinal disease

who after discharge have a subsequent non-elective readmission within 30 days

Indicator Status*

Retired

HQO Reporting tool/product

Quality Improvement Plans (QIPs)

Dimension*

Effective

Type*

Outcome

DEFINITION AND SOURCE INFORMATION

Unit of Measurement*

Percentage

Calculation Methods*

The percentage is calculated as: numerator divided by denominator times 100.

Numerator including inclusion/exclusion*

Total number of enrolled patients with a hospital readmission in a given period within 30 days after a discharge for selected HIGs.

Inclusions:

- Selected conditions (select HIGS) are: stroke, COPD, pneumonia, congestive heart failure, diabetes, cardiac conditions and gastrointestinal disorders.
- The hospitalization readmission is counted if:

a. the re-admission date is within 30 days of the index case discharge;

b. the DAD field "admission category" is urgent;

c. the admission is not coded as an acute transfer by receiving hospital (unless the readmission was coded as a transfer from the same hospital).

Exclusions:

- Records with missing or invalid discharge/admission date, health number, age or gender.

The numerator is the sum of all readmissions for all index cases in the reporting period.

Steps:

To obtain observed readmissions:

- Index cases (denominator) must be identified first.
- For each index case, identify whether there is a non-elective readmission to any facility within 30 days of discharge.

The hospitalization readmission is counted if:

- The readmission date is within 30 days of the index case discharge;
- DAD field "admission category" is urgent (non-elective readmission).

The hospitalization readmission is excluded if:

- The readmission case is coded as an acute transfer by the receiving hospital (unless the readmission was coded as a transfer from the same hospital).
- There is missing or invalid data for discharge date, admission date, health number, age or gender.

Denominator including inclusion/exclusion*

Total number of enrolled patients who were discharged for a selected condition (based on HIG) in a given period
Inclusions:
1. Patient with:
  - Acute Myocardial Infarction AMI (age 45+)
  - Cardiac conditions (excluding AMI and CHF) (age 40+)
  - Congestive heart failure CHF (age 45+)
  - Chronic obstructive pulmonary disease COPD (age 45+)
  - Pneumonia
  - Diabetes
  - Stroke (age 45+)
  - Gastrointestinal disease

2. Cases where the Inpatient HIG atypical code is either '00' (typical cases), '01' (transfer in cases), '09' (short stay outlier cases), '10' (long stay outlier cases), or '11' (transfer in long stay cases).

HIG HIG description

Acute Myocardial Infarction (Age ≥ 45) 193a Myocardial Infarction/Shock/Arrest with Coronary Angiogram 193b Myocardial Infarction/Shock/Arrest with Coronary Angiogram with Comorbid Cardiac Conditions 194a Myocardial Infarction/Shock/Arrest without Coronary Angiogram 194b Myocardial Infarction/Shock/Arrest without Coronary Angiogram with Comorbid Cardiac Conditions

Stroke

Stroke (Age ≥ 45) 25 Hemorrhagic Event of Central Nervous System 26 Ischemic Event of Central Nervous System 28 Unspecified Stroke

COPD (Age ≥ 45) 139c Chronic Obstructive Pulmonary Disease with Lower Respiratory Infection 139d Chronic Obstructive Pulmonary Disease without Lower Respiratory Infection

Pneumonia (All ages) 136 Bacterial Pneumonia 138 Viral/Unspecified Pneumonia 143 Disease of Pleura

Congestive Heart Failure (Age ≥ 45) 196 Heart Failure without Coronary Angiogram

Diabetes (All ages) 437a Diabetes, Other 437b Diabetes with renal complications 437c Diabetes with ophthalmic, neurological, or circulatory complications 437d Diabetes with multiple complications

Cardiac (Age ≥ 40) 202 Arrhythmia without Coronary Angiogram 204a Unstable Angina/Atherosclerotic Heart Disease without Coronary Angiogram 204b Unstable Angina/Atherosclerotic Heart Disease without Coronary Angiogram with Comorbid Cardiac Conditions 208a Angina (except Unstable)/Chest Pain without Coronary Angiogram 208b Angina (except Unstable)/Chest Pain without Coronary Angiogram with Comorbid Cardiac Conditions

Gastrointestinal HIGs (All ages) 231 Minor Upper Gastrointestinal Intervention 248 Severe Enteritis 251 Complicated Ulcer 253 Inflammatory Bowel Disease 254 Gastrointestinal Hemorrhage 255 Gastrointestinal Obstruction 256 Esophagitis/Gastritis/Miscellaneous Digestive Disease 257 Symptom/Sign of Digestive System 258 Other Gastrointestinal Disorder 285 Cirrhosis/Alcoholic Hepatitis 286 Liver Disease except Cirrhosis/Malignancy 287 Disorder of Pancreas except Malignancy 288 Disorder of Biliary Tract *Exclusions*:

  - Records with missing valid data on discharge/admission date, health number, age or gender;
  - Index cases coded as transfers to another acute inpatient hospital, deaths, and sign-outs; 3. Exclude cases with Discharge disposition = '07' (death)

The denominator is the sum of all index cases (discharges in the reporting period for selected HIGs).
Steps:
Identify index cases:
  1. The index hospitalization is counted if:
       a. The discharge date falls in the reporting period;
       b. The HIG Group and patient age restrictions match those listed in the appendix;
  2. The Inpatient HIG atypical code is '00' (typical cases), '01' (transfer in cases), '09' (short stay outlier cases), '10' (long stay outlier cases), or '11' (transfer in long stay cases). The index hospitalization is excluded if the case is coded as a transfer to another acute inpatient hospital (unless the readmission was

Hospital readmission rate
for primary care patient
population QIP (Retired)

http://indicatorlibrary.hqontario.ca/Indicator/Detailed/Hospital-readmission-rate-primary-care-patient-QIP/EN

3

coded as a transfer from the same hospital).
3. The denominator is the sum of all index cases in the reporting period

Data Source

Client Agency Program Data (CAPE)

Corporate Provider Database (CPDB)

Discharge Abstract Database (DAD)

Data provided to HQO by

Local data collection

Reported Levels of comparability /stratifications (defined)

Time

Institution

Region

OTHER RELEVANT INFORMATION

Caveats and Limitations

All numbers used for calculations are as reported by hospitals. The information is from each hospital and the assignment to a LHIN is based on the postal code of the primary care group practice primary address. Cells based on counts between 1 and 5 have to be suppressed.

Comments Detailed

This is a QIP additional indicator for 2018/19. QIP Current performance reporting period: April 2016 - March 2017 Organizations with rostered patients will be able to access data on the Ministry's Health Data Branch Web Portal https://hsimi.on.ca/hdbportal/. Click on 'Primary Care' then 'Quality Improvement Plan'. Contact DDMSupport@ontario.ca to obtain a username and password if you do not already have one. For CHCs, AHACs and nurse practitioner-led clinics that have signed up for AOHC ICES practice profiles, please contact Jennifer Rayner at jrayner@lihc.on.ca. Methodological Notes: Data are not real-time, and are provided for FY 2016/17. Information based on administrative data lag in time owing to the data submission process. Although there are time lags with the reporting of these data, the information remains valuable for informing quality improvement initiatives. Data and metrics have been suppressed where numerator (events) are fewer than five and denominator (population admitted with selected conditions) is less than 30. This is standard practice regarding confidentiality of data and residual disclosure of individual information. Data should be interpreted with caution if numerator contains 6 – 19 events OR denominator contains 30 – 99 persons. This indicator was retired in the 2019/20 QIP.

TAGS

TAGS*

Primary Care

Outcome

Readmission

Hospital readmission rate
for primary care patient
population QIP (Retired)

http://indicatorlibrary.hqontario.ca/Indicator/Detailed/Hospital-readmission-rate-primary-care-patient-QIP/EN

4

Effective

Client Agency Program Data (CAPE)

Corporate Provider Database (CPDB)

Discharge Abstract Database (DAD)

PUBLISH

PUBLISH DATETIME*

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Hospital readmission rate
for primary care patient
population QIP (Retired)

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5