# Readmission within 30 days for selected Health-Based Allocation Model (HBAM) inpatient grouper (HIG) - Retired

## Alternate Name*

Readmission within 30 days for selected Health-Based Allocation Model (HBAM) inpatient grouper (HIG)

## INDICATOR DESCRIPTION

### Description*

Percentage of acute hospital inpatients discharged with selected HBAM Inpatient Grouper (HIG) who are readmitted to any acute inpatient hospital for non-elective patient care within 30 days of the discharge for index admission.

### 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*

Sum of all readmissions for all index cases in the reporting period

Steps: To obtain observed readmissions:

1. Index cases (denominator) must be identified first.

2. For each index case, identify whether there is a non-elective readmission to any facility within 30 days of discharge.

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

*Exclusions:*
- Readmission is coded as an acute transfer by receiving hospital (unless the readmission was coded as a transfer from the same hospital).
- Records with missing or invalid discharge/admission date, health number, age and gender.

## Denominator including inclusion/exclusion*

Sum of all index cases (discharges in the reporting period for selected HIGs).

*Inclusions:*
- Discharge data falls in the reporting period.
- Patients with:

Acute Myocardial Infarction (age 45+)

Cardiac conditions other than heart attack (age 40+)

Congestive heart failure (age 45+)

Chronic obstructive pulmonary disease (age 45+)

Pneumonia

Diabetes

Stroke (age 45+)

Gastrointestinal disease
- 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).

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

## Data Source

Discharge Abstract Database (DAD)

## Data provided to HQO by

Ministry of Health and Long-Term Care (MOHLTC)

## OTHER RELEVANT INFORMATION

### Caveats and Limitations

Interim data is used in order to provide timely (quarterly) performance results. There are data quality and completeness issues with interim data. Indicator values may change substantially once complete data is analyzed (versus analysis based on interim potentially incomplete quarterly data).

### Comments Detailed

This is a QIP additional indicator for 2017/18. QIP current performance reporting period: July - June of following year. To access your organization's data for the reporting period, refer to Health Quality Ontario's QIP Navigator. Data will be available in February 2017. Alternatively, refer to the Ministry's Health Data Branch Web Portal for your organization's rates (click on 'Hospitals', then 'Quality Improvement Plans'). A variation of this indicator is calculated for enrolled patients and reported at the primary care practice level for the Primary Care Quality Improvement Plan. Patients are included in the numerator and denominator if CAPE (Client Agency Program Enrollment) records show they are enrolled at the time of discharge for the index case. The group billing number from CAPE identifies the group the patient is enrolled with for practice level results.

## TAGS

### TAGS*

Acute Care/Hospital

Outcome

Readmission

Effective

Discharge Abstract Database (DAD)

## PUBLISH

### PUBLISH DATETIME*

22/11/2017 11:39:00