Ontario
Health Quality Ontario

Percentage of new home care patients with unplanned hospital readmissions within 30 days after acute hospital discharge

Alternate Name*

Percentage of home care patients with unplanned hospital readmissions within 30 days of referral from hospital to a Community Care Access Centre after acute hospital discharge

INDICATOR DESCRIPTION

Description*

This indicator measures the percentage of patients who were newly referred for home care services from the hospital that had unplanned hospital readmissions within 30 days of the initial hospital discharge. Generally, a lower percentage is better.

Indicator Status*

Active

HQO Reporting tool/product

Public reporting

Dimension*

Effective

Type*

Outcome

DEFINITION AND SOURCE INFORMATION

Unit of Measurement*

Percentage

Calculation Methods*

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

Numerator including inclusion/exclusion*

Number of unplanned hospitalizations by home care patients newly referred to home care services within 30 days of initial hospital discharge.

Denominator including inclusion/exclusion*

Number of patients newly referred to home care from hospital who were discharged from hospital and received their first home care service visit within the time period of interest.
The first home care service visit corresponds to the service associated with the home care referral and does not include case management, placement services, respite or other.

Exclusions:

- Invalid age (age < 0 or age > 120 years
- Not an Ontario resident
- If age >= 65 years and date of last contact > 5 years prior to hospitalization
- Missing home care service date
- First home care service date precedes home care admission date
- Not defined as a long-stay or acute/short-stay home care patient

Adjustment (risk, age/sex standardization)- detailed

None

Data Source

Home Care Database (HCD)

Registered Persons Database (RPDB)

Discharge Abstract Database (DAD)

Data provided to HQO by

Institute for Clinical Evaluative Sciences (ICES)

Reported Levels of comparability /stratifications (defined)

Province

Region

RESULT UPDATES

Indicator Results

Click here to view Health Quality Ontario results for this indicator

OTHER RELEVANT INFORMATION

Caveats and Limitations

Readmission may occur before or after the first home care service visit.

Comments Detailed

1) 30 days are subtracted from the end of each fiscal year (i.e., March) to allow for 30 day follow up during the last reported quarter. This is done for results by fiscal year and by fiscal quarter, resulting in the fourth fiscal quarter having smaller counts than the other three quarters. 2) Indicator is reported for new home care clients only (i.e. numerator counts referrals and referrals only occur for patients not already receiving home care). 3) Indicator assumes that referrals with a referral date between hospital admission date and seven days after hospital discharge are referrals from hospital. It does not capture the location of the referral.

TAGS

TAGS*

Home Care

Outcome

Readmission

Integration

Effective

Home Care Database (HCD)

Registered Persons Database (RPDB)

Discharge Abstract Database (DAD)

PUBLISH

PUBLISH DATETIME*

28/02/2017 14:02:00