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சுகாதார, போசணை மற்றும் சுதேசவையத்திய அமைச்சு
Ministry of Health, Nutrition & Indigenous Medicine

Guidelines for Reporting of Readmission

Introduction

There are many challenges in precisely defining a readmission. Some of the readmissions may be unavoidable and in fact necessary and pre-decided between the physician and the patient. Others may be avoidable and arise due to possible lapses on the part of the patient or the physician. Finally there might also be cases wherein both the doctor and the patient performed all the required duties but it still resulted in a readmission. Time is another important factor. Usually readmission rates are calculated for 7, 15 and 30 days after the previous discharge. In many cases the patient may opt to get readmitted to a different hospital. Such cases would be technically readmissions but they would be difficult to track. Also it might be possible that the patient is affected by an illness totally unrelated to the initial ailment and had to get readmitted. All such factors need to be taken into account making calculation of readmission rates a complex and cumbersome process.

Tracking the number of patients who experience unplanned readmissions to a hospital after a previous hospital stay is one category of data used to evaluate the quality of hospital care. One example of an unplanned readmission would be someone who is readmitted to the hospital for a surgical wound infection that occurred after his or her initial hospital stay.

It's important to note that unplanned hospital readmissions may or may not be related to the previous visit, and some unplanned readmissions aren't preventable. However, unplanned hospital readmissions are a burden to the health sector.

Directorate of Healthcare Quality & Safety, Ministry of Health, Nutrition & Indigenous Medicine



A significant proportion of patients (3% - 11% in UK) return to hospital within 28 days because complications have arisen related to the condition at the time of admission, their operation, they have acquired an infection during their hospital stay, or rehabilitation has not progressed as planned. An April 2009 *New England Journal of Medicine* article by Stephen F. Jencks reports that 19.6% of Medicare fee for-service beneficiaries who had been discharged from a hospital were readmitted to the hospital within 30 days, 34.0% within 90 days, and more than half (56.1%) within one year of discharge. There is evidence that patients that are readmitted have a longer length of stay than for first admissions and that providers with lower than average lengths of stay for first admission have higher readmission rates. Reducing readmission rates can reduce average length of stay, whereas reducing average length of stay without tackling readmission rates may result in increase in readmission rates.

A **readmission** is defined as a unplanned subsequent hospital admission in the same or a different hospital within 30 days after discharge from hospital due to the same illness.

The **readmission rate for a year** is defined as:

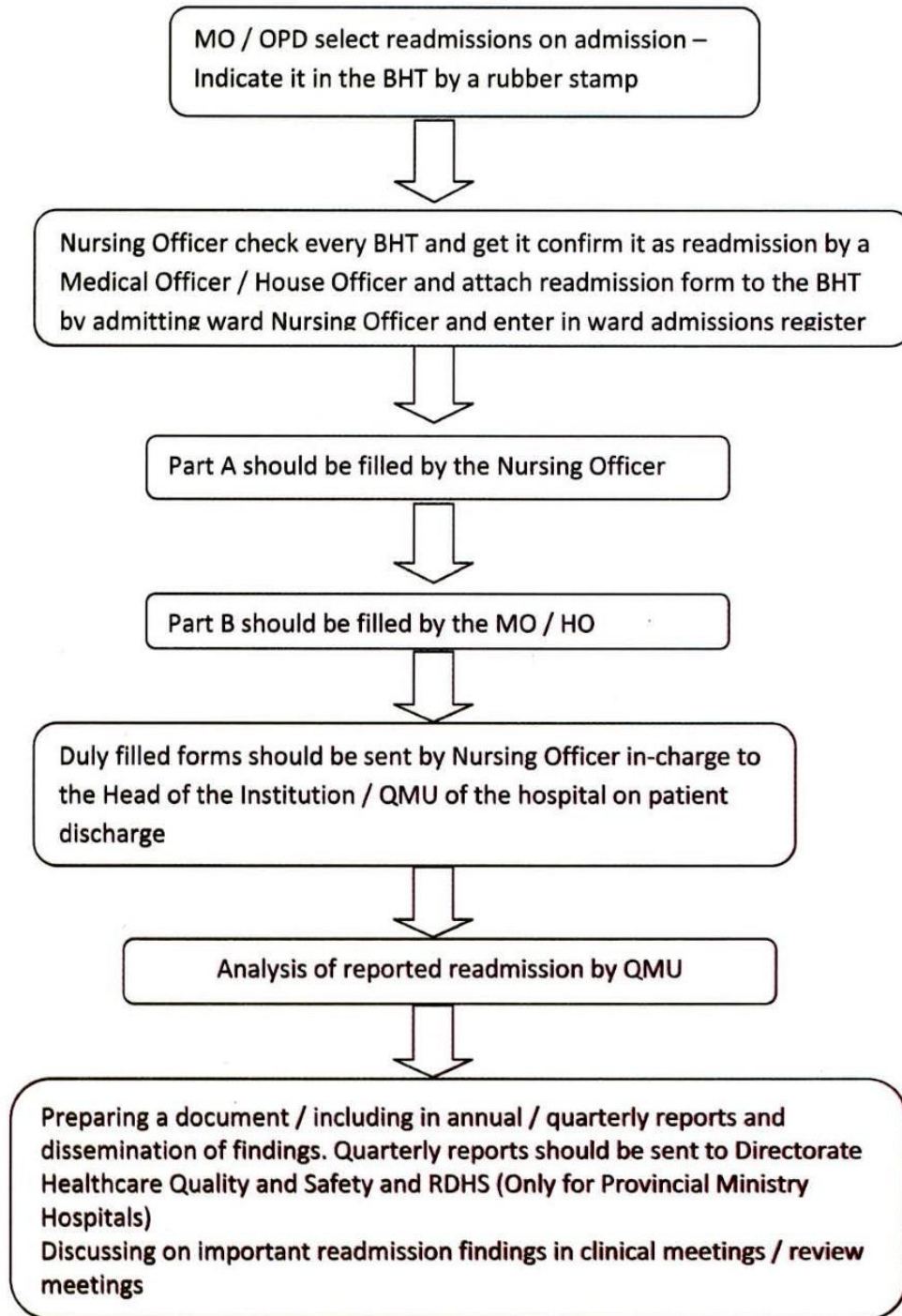
$$\frac{\text{The number of readmissions in a given year}}{\text{The total number of hospital admission in a given year}} \times 100$$

Objectives of collecting readmission data

- To identify the causes for readmissions.
- To reduce readmissions.



Process of Collecting Readmissions



The Rubber seal format to be adopted

RE-ADMISSION



