

Dr Adrian ESTERMAN

Dr. Adrian Esterman¹ and Professor David Ben-Tovim² ¹ Department of General Practice, Flinders University, ² Clinical Governance Department, Flinders Medical Centre

Standardized Readmission Rates (SRR) As A Measure Of Hospital Quality

Abstract

Early readmission has been found to be significantly associated with the process of inpatient care. Although there is no universally agreed definition of a readmission, usually it is taken to mean an unplanned readmission to an acute care facility for the same medical problem within a short period (often 28-31 days) of the original index admission.

Any fair comparison of readmission rates between hospitals needs to take account of differences in patient profiles at each hospital, particularly any patient-level factors that might influence the probability of readmission. We have developed the Standardized Readmission Ratio (SRR), which is the ratio of the number of observed readmissions to expected readmissions. This is a well-established method in epidemiology, used mainly for fair comparison of mortality rates. In our case, the expected readmissions are based on adjustment for patient-level risk factors for readmission.

There is controversy over the most appropriate method for risk-adjustment. Potential methods include direct and indirect standardisation, and Poisson regression. Here we present recent South Australian data to demonstrate that adjustment is required for marital status, whether or not the admission was associated with a surgical procedure, and case complexity as measured by the Charlson Index of Comorbidity.

Calculations required for the three methods of risk-adjustment are presented and the results compared. The advantages and disadvantages of each method are discussed.

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