

MEDIA RELEASE

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New measure sheds light on why patients return to hospital

The Bureau of Health Information (BHI) has developed an innovative new measure of hospital readmissions that focuses on returns to acute care in NSW public hospitals for seven common clinical conditions and procedures.

The report, *Return to acute care following hospitalisation: Insights into readmissions*, is a timely development given the NSW Auditor General's recent report recommending that limitations in the existing specifications for measuring unplanned readmissions be addressed.

Bureau of Health Information Chief Executive, Dr Jean-Frederic Levesque said BHI's 'return to acute care' risk-standardised readmission ratio (RSRR) is a variation of an internationally-recognised method of measuring readmissions, tailored specifically to the NSW context.

"While previous measures used in NSW have been limited to readmissions to the same hospital from which a patient was initially discharged, the return to acute care model uses linked data to capture readmissions to any hospital – providing more relevant information about patient journeys," Dr Levesque said.

"Not all returns to acute care can or should be avoided, however some represent a poor outcome for patients. Returning to hospital can be disruptive and stressful, and high rates can point to underlying issues such as complications or inappropriate post-discharge care."

The report examines the rate of return to acute care within 30 days for five clinical conditions (acute myocardial infarction, ischaemic stroke, congestive heart failure, pneumonia and hip fracture surgery) and within 60 days for two elective surgeries (total hip or total knee replacement) across 78 NSW public hospitals between July 2009 and June 2012. It found that:

- The majority of hospitals (73%) had no conditions or procedures for which their returns to acute care were higher than expected
- 21 hospitals had higher than expected returns to acute care for one or more condition or procedure
- 13 hospitals had lower than expected returns to acute care for one or more condition or procedure
- Around 80% of returns to acute care were for either the same principal diagnosis as for the initial hospital admission, a related condition, or for a condition potentially related to the hospital stay.

Dr Levesque explained that this is an important development for BHI.

"While the data are from 2009-2012, the developmental work has shown this is a relevant and valuable measure that will help assess and monitor performance, and inform improvement efforts, in an ongoing way.

"Having established this measure, we expect more timely reporting in the future."

The full report and individual hospital profiles are available at www.bhi.nsw.gov.au

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