

Collecting Readmission Data

The denominator: All patients discharged during any given month meeting the discharge inclusion/exclusion criteria

1. **Include:** Patients equal to or greater than 18 years old
2. **Exclude:** Patients with discharge status codes or primary admitting diagnoses as follows
 - a. Expired (UB04 Code: 20)
 - b. Transferred to another acute care facility (UB04 Codes: 02, 05, 43, 66)
 - c. Against medical advice (UB04 Code: 07)
 - d. Transferred to a rehab facility (UB04 Code: 62)
 - e. Admitted for primary psychiatric diagnoses;
 - f. Admitted for rehabilitation; or
 - g. Admitted for medical treatment of cancer

The numerator: All patients who are readmitted within 30 days of discharge.

You count the number of patients who are readmitted within 30 days, not the number of readmissions. It is a patient-centric measure.

An example:

At Hospital A, 320 patients meeting the inclusion/exclusion criteria were discharged during the month of May 2013. Each patient is followed for 30 days to see if readmitted (so the May rate can't be finalized until the end of June). Of the 320 patients discharged during May, a total of 33 return within 30 days of their discharge date (note: 5 of these patients had two rehospitalizations within the 30 days but only the first readmission counts for the numerator). The May 2013 all-cause 30 day readmission rate would be 33 of 320 patients or 10.3%.

NOTE: Index admission is the term used to differentiate the first admission from the "readmission admission", e.g., if a patient is discharged in December and then readmitted in January within 30 days, the December admission is the index admission.