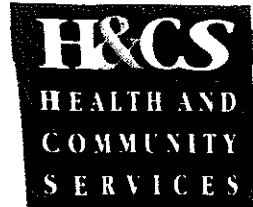


Circular



Circular No: 21/1993
Date: 28 May 1993
Purpose: Patient readmissions to Public Hospitals

Contact: Regional Office
Distribution: Public Hospitals

An important issue raised in the Department's consultations about the introduction of casemix funding has been the need to monitor quality of patient care in hospitals. A number of monitoring strategies have been considered by the Victorian Casemix Clinical Sub-Committee and, as an interim measure, hospital readmission rates will be monitored in 1993/94.

The Sub-Committee has endorsed the collection of information on unplanned hospital readmissions as a useful indicator of *possible* adverse quality of care. Of course, there may be several reasons for unplanned return to hospital which are unrelated to poor quality of care in the initial episode. Nevertheless, its usefulness is that significant changes above a threshold level can be readily monitored.

Requirements for information collection

This Circular is to advise you about the standard data definition on "Intention to Readmit" which will be included in the Victorian Inpatient Minimum Database from 1 July 1993. This standardised data item will enable hospitals and the Department to distinguish planned and unplanned readmissions within 28 days of hospital discharge. A copy is attached of the data item definition and coding categories for the PRS/2 System.

It is intended that this information be recorded by the patient's treating medical practitioner at the time of separation to indicate whether there is any intention that the patient should be admitted within 28 days either to the hospital at which the patient is currently admitted or to another acute hospital.

Where a patient is transferred from one hospital to another, hospitals are not required to record this as a readmission. An appointment for a non-admitted (outpatient) occasion of service does not count as an intention to re-admit.

Intention to re-admit may be for treatment of a condition related to the one for which the patient was originally hospitalised or for another reason.

This information is to be recorded, and the data transmitted to the PRS or PRS/2 Systems, for all patient separations on or after 1 July 1993.

A handwritten signature in black ink, appearing to read 'S J DUCKETT', is written over a horizontal line.

S J DUCKETT
DIRECTOR
ACUTE HEALTH SERVICES

INTENTION TO RE-ADMIT WITHIN 28 DAYS

NEW FIELD IN DIAGNOSIS RECORD

This information should be recorded by the patient's treating medical practitioner at the time of separation to indicate whether there is any intention that the patient should be admitted within 28 days either to this hospital or to another acute hospital. The immediate transfer of a patient from this hospital to another acute hospital **does not count** as an intention to re-admit. An appointment for a **non-admitted (outpatient)** occasion of service **does not count** as an intention to re-admit.

Intention to re-admit may be for treatment of a condition related to the one for which the patient was originally hospitalised **or for another reason.**

Select the first appropriate category (ie, if the patient was transferred direct to another acute hospital, select code **0** even though arrangements have been made to re-admit the patient to this hospital):

- 0 = *Not applicable (patient separated by direct transfer to another acute hospital or death)*
- 1 = *Re-admission planned to this hospital within 28 days **and** booking arranged*
- 2 = *Re-admission planned to this hospital within 28 days **but no** booking yet arranged*
- 3 = *Re-admission planned to another acute hospital within 28 days **and** booking arranged*
- 4 = *Re-admission planned to another acute hospital within 28 days **but no** booking yet arranged*
- 9 = *No plan to re-admit within 28 days*