IDENTIFYING INFORMATION	
Name:	**Unplanned Readmission to hospital within 7 days**
Calculation:	Hospital Readmission Percentage = $\left(\frac{\text{Number of discharged patients readmitted to the hospital within 7 days}}{\text{Number of patients discharged}}\right)$ x 100 Note: based on the discharging site; a readmission can occur anywhere but if the readmission occurs, it is attached to the initial discharging site, not the site to which the patients return to.
Description:	Readmission percentage is calculated as the number of subsequent unplanned readmissions less than or equal to 7 days from the initial discharges between acute care hospitals out of the number of initial discharges. **Inclusion criteria** **Numerator:** 1. Residents in Alberta. 2. Admission day of a subsequent admission is less than or equal to 7 days of discharge from an acute hospital. 3. Unplanned readmission (Admit Category = 'U' - Urgent/Emergent) **Denominator:** 1. Residents in Alberta. 2. Discharges from acute care hospitals.
Data source:	AHS Provincial Discharge Abstract Database (DAD)
Rationale:	The risk of readmission following an in-patient stay may be related to the type of drugs prescribed at discharge, patient compliance with post-discharge therapy, the quality of follow-up care in the community, or the availability of appropriate diagnostic or therapeutic technologies during the initial hospital stay. Although readmission for medical conditions may involve factors outside the direct control of the hospital, high rates of readmission act as a signal to hospitals to look more carefully at their practices, including the risk of discharging patients too early and the relationship with community physicians and community-based care.
Exclusions:	**Numerator** 1. Records with an invalid or missing ULI number (e.g. a null or zero ULI, or a newborn with the same ULI as his/her mother.) 2. Records with invalid admission or discharge date/time (e.g. the initial admit and discharge dates overlap with another discharge's admit and discharge dates). 3. Transfer from another inpatient care, emergency department, ambulatory care, residential care, group/supportive living, or correctional facility (Discharge Disposition = '10', '20'. '30'. '40' or '90') 4. The previous admission is being discharged as sign-out.

	Denominator 1. Records with an invalid or missing ULI number. 2. Records with invalid admission or discharge date/time. 3. Transfer to another inpatient care, emergency department, ambulatory care, residential care, group/supportive living, or correctional facility (Discharge Disposition = ‘10’, ‘20’. ‘30’. ‘40’ or ‘90’) 4. Leave (Discharge Disposition = ‘61’, ‘62’, ‘65’, ‘66’, or ‘67’) 5. Deaths (Discharge Disposition = ‘72’, ‘73’, or ‘74’) 6. Cadavers (Discharge Disposition = ’08’) 7. Stillbirths (Discharge Disposition = ‘09’)
Limitations:	**Data Reliability:** 1. Since transfer is excluded from readmission and there are several non-standardized ways to determine whether a transfer has occurred, the readmission rates published elsewhere could have different values. 2. Since the unplanned admission is not well defined, readmission rates published elsewhere might vary because of different ways to determine unplanned admissions. **Validity:** 1. Since the abstract health records are available only after the patients discharged, potentially some patients readmitted could be still in acute hospitals and are not being counted as part of the numerator. 2. There is no definite way to determine patient transfers between acute sites. Possible options are: a. Use “transfer to” and “transfer from” fields to determine transfer. Since these fields are optional, potentially the fields might not be filled out correctly. b. Use admission time of current admission comparing to discharge time of previous admission between two different acute sites. The cut-off time between readmission and transfer is based on educated estimation. 3. Unplanned admission is defined as admit category = 'U' which is urgent/emergent admission. The data accuracy is highly dependent on the accuracy of this field.

IDENTIFYING INFORMATION	
Name:	**Unplanned Readmission to hospital within 30 days**
Calculation:	Hospital Readmission Percentage = $\left(\frac{\text{Number of discharged patients readmitted to the hospital within 30 days}}{\text{Number of patients discharged}}\right)$ x 100 Note: based on the discharging site; a readmission can occur anywhere but if the readmission occurs, it is attached to the initial discharging site, not the site to which the patients return to.
Description:	Readmission percentage is calculated as the number of subsequent unplanned readmissions less than or equal to 30 days from the initial discharges between acute care hospitals out of the number of initial discharges. **Inclusion criteria** **Numerator:** 1. Residents in Alberta. 2. Admission day of a subsequent admission is less than or equal to 30 days of discharge from an acute hospital. 3. Unplanned readmission (Admit Category = 'U' - Urgent/Emergent) **Denominator:** 1. Residents in Alberta. 2. Discharges from acute care hospitals.
Data source:	AHS Provincial Discharge Abstract Database (DAD)
Rationale:	The risk of readmission following an in-patient stay may be related to the type of drugs prescribed at discharge, patient compliance with post-discharge therapy, the quality of follow-up care in the community, or the availability of appropriate diagnostic or therapeutic technologies during the initial hospital stay. Although readmission for medical conditions may involve factors outside the direct control of the hospital, high rates of readmission act as a signal to hospitals to look more carefully at their practices, including the risk of discharging patients too early and the relationship with community physicians and community-based care.
Exclusions:	**Numerator** 1. Records with an invalid or missing ULI number (e.g. a null or zero ULI, or a newborn with the same ULI as his/her mother.) 2. Records with invalid admission or discharge date/time (e.g. the initial admit and discharge dates overlap with another discharge's admit and discharge dates). 3. Transfer from another inpatient care, emergency department, ambulatory care, residential care, group/supportive living, or correctional facility (Discharge Disposition = '10', '20'. '30'. '40' or '90') 4. The previous admission is being discharged as sign-out.

	Denominator 1. Records with an invalid or missing ULI number. 2. Records with invalid admission or discharge date/time. 3. Transfer to another inpatient care, emergency department, ambulatory care, residential care, group/supportive living, or correctional facility (Discharge Disposition = ‘10’, ‘20’. ‘30’. ‘40’ or ‘90’) 4. Leave (Discharge Disposition = ‘61’, ‘62’, ‘65’, ‘66’, or ‘67’) 5. Deaths (Discharge Disposition = ‘72’, ‘73’, or ‘74’) 6. Cadavers (Discharge Disposition = ’08’) 7. Stillbirths (Discharge Disposition = ‘09’)
Limitations:	**Data Reliability:** 1. Since transfer is excluded from readmission and there are several non-standardized ways to determine whether a transfer has occurred, the readmission rates published elsewhere could have different values. 2. Since the unplanned admission is not well defined, readmission rates published elsewhere might vary because of different ways to determine unplanned admissions. **Validity:** 1. Since the abstract health records are available only after the patients discharged, potentially some patients readmitted could be still in acute hospitals and are not being counted as part of the numerator. 2. There is no definite way to determine patient transfers between acute sites. Possible options are: a. Use “transfer to” and “transfer from” fields to determine transfer. Since these fields are optional, potentially the fields might not be filled out correctly. b. Use admission time of current admission comparing to discharge time of previous admission between two different acute sites. The cut-off time between readmission and transfer is based on educated estimation. 3. Unplanned admission is defined as admit category = 'U' which is urgent/emergent admission. The data accuracy is highly dependent on the accuracy of this field.