

Sepsis clinical care standard indicators: 7a- Proportion of patients with sepsis who had an unplanned readmission to any hospital within 30 days of discharge

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Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	7a-Proportion of patients with sepsis who had an unplanned readmission to any hospital within 30 days of discharge
METEOR identifier:	755658
Registration status:	Australian Commission on Safety and Quality in Health Care, Standard 30/06/2022
Description:	The proportion of patients with sepsis who had an unplanned readmission to any hospital within 30 days of discharge.
Rationale:	<p>Hospitals should have processes in place to support patients who have survived sepsis after they leave hospital, including referral to their general practitioner for ongoing coordination of their care.</p> <p>It is important that patient receives follow-up care to optimise functional outcomes, minimise recurrence and reduce avoidable readmission to hospital.</p>
Indicator set:	Clinical care standard indicators: Sepsis Australian Commission on Safety and Quality in Health Care, Standard 30/06/2022

Collection and usage attributes

Computation description:	<p>The numerator and denominator include patients admitted to hospital.</p> <p>For the numerator and the denominator, patients with sepsis can be identified using the ICD codes provided on the ACSQHCs website or through other prospective or retrospective methods.</p> <p>Exclude patients with sepsis that died during their admitted patient episode of care.</p> <p>The Separation mode data element for admitted patient care can be used to identify patients who died during their admitted episode of care. The inclusion value for this data element is 80 – Died.</p> <p>Measurement of the numerator requires access to system-level data linkage capacity. For health services that do not have this capacity, the numerator can be restricted to readmission to the same hospital.</p> <p>For the numerator, 'unplanned admissions' are identified by the assignment of emergency status to an admission. The Admission urgency status data element for admitted patients can be used to help identify numerator cases. The inclusion value for this data element is 1 – Urgency status assigned – emergency.</p> <p>Presented as a percentage.</p>
Computation:	$(\text{Numerator} \div \text{Denominator}) \times 100$
Numerator:	The number of patients separated from hospital with a diagnosis of sepsis who had an unplanned readmission with any diagnosis to any hospital within 30 days of discharge.
Denominator:	The number of patients separated from hospital with a diagnosis of sepsis.

Comments: Readmission following sepsis are common, with 1 in 5 patients readmitted to hospital within 30 days of hospital discharge following an index sepsis admission (Shankar-Hari et al, 2020).

It is helpful to monitor variation in the rate of readmissions over time.

Representational attributes

Representation class: Percentage
Data type: Real
Unit of measure: Service event
Format: N[NN]

Accountability attributes

Reporting requirements: Not applicable.

Organisation responsible for providing data: Not applicable.

Accountability: These indicators are for local quality improvement. Monitoring the implementation of the Sepsis Clinical Care Standard (ACSQHC, 2022) will assist in meeting some of the requirements of the National Safety and Quality Health Service Standards (ACSQHC, 2021).

Other issues caveats: Applicable settings: Public and private hospitals.

Source and reference attributes

Submitting organisation: Australian Commission on Safety and Quality in Health Care

Reference documents: Australian Commission on Safety and Quality in Health Care. Antimicrobial Stewardship Clinical Care Standard. Sydney: ACSQHC; 2020.

Shankar-Hari M, Saha R, Wilson J, Prescott HC, Rowan K, Gordan RD, et al. Rate and risk factors for rehospitalisation in sepsis survivors: systematic review and meta-analysis. *Intensive Care Med* 2020; 46: 619–636.