



Standing Committee on Health and Community Wellbeing

Inquiry into Annual and Financial Reports 2020-2021 ANSWER TO QUESTION ON NOTICE

Asked by Leanne Castley MLA:

Ref: ACT Health Annual Report 2020-21, Avoidable readmissions, p74 table 11

In relation to:

Table 11 (p74) shows the 2020-21 target for “avoidable readmissions to hospital” was <50 yet the actual figure was MUCH higher at 128.

Questions:

1. What is the reason for this figure getting higher?
 - a) If the reason is because the measure has been “redefined” why does 2021-22 period also have a target of <50?
2. This indicator refers to people re-admitted to hospital ‘with selected diagnoses that are thought to be avoidable through improved clinical management and/or discharge planning.’ What types of diagnoses and what treatment is then required? Give examples.
 - a) Provide a breakdown of each diagnosis and how many people have been avoidably readmitted for that diagnosis.
3. If these diagnoses are avoidable, why are there so many readmissions?
4. What is the estimated cost on our health system of these avoidable hospital readmissions?

Minister Stephen-Smith: The answer to the Member’s question is as follows:–

1. Table 11 of the ACT Health Directorate (ACTHD) Annual Report for 2020-21 reports the ‘Number of avoidable readmissions for selected conditions per 10,000 hospital admissions’ as 128 readmissions against a target of <50. The significant difference between the number of readmissions and the target set in the 2020-21 Budget does not stem from an increase in the number of readmissions in the ACT in 2021-21, but rather is a consequence of a change to the methodology for calculating this metric.

The ACT's methodology was updated in 2020-21 and is in line with the Australian Commission on Safety and Quality in Health Care's (ACSQHC's) specifications with some local adaptations that have been developed in collaboration with health services across ACTHD, Canberra Health Services and Calvary Public Hospital Bruce. Using the revised methodology, which is consistent with the ACSQHC calculation, the proposed target would be 128 per 10,000 admissions.

While the avoidable readmissions to hospital measure was redefined, a decision was made to keep the target at less than 50 for 2021-22, because changes to metrics and targets included in Budget papers must go through a rigorous review and approval process and be approved by the Chief Minister under a legislative instrument in the budget year prior to the indicator being reported. A proposal has been submitted to change the target for this indicator for 2022-23.

2. The Australian Commission on Safety and Quality in Health Care developed a list of avoidable hospital readmissions, which was agreed by the Australian Health Ministers' Advisory Council.

The list includes 12 readmission conditions including: pressure injuries, infections, surgical complications, respiratory complications, venous thromboembolism, renal failure, gastrointestinal bleeding, medication complications, delirium, cardiac complications, constipation, nausea and vomiting. These complications can be divided into 33 Readmission categories. See Attachment A for a full list.

Attachment B provides a breakdown of the diagnosis for which an avoidable readmission occurred in 2020-21. Note that due to data maturation, the complete list of avoidable readmissions from 2020-21 will have changed from the original output provided for the Annual Report 2020-21.

Data on the treatment provided for each avoidable readmission was unable to be provided. While the procedures a patient received are captured in the ACTHD Data Repository, medical treatment is documented in the patient's medical record and is unable to be accessed by the ACTHD.

3. The issue with this indicator is not that there are an unacceptable number of avoidable readmissions recorded in the ACT, but rather that the original target used for the measure no longer reflects the correct methodology for this indicator.

In general, various factors contribute to the risk of readmission, including at a patient, clinician and system level. These include, for example:

- a) Patient level – age, clinical instability and comorbidities, health literacy, capacity for self-care, social support, financial capacity
- b) Clinician level – lack of compliance with treatment guidelines, lack of adequate discharge planning
- c) System level – lack of structured discharge processes including medication reconciliation, lack of integration in the broader health system.¹

¹ Avoidable Hospital Readmission Literature Review on Australian and International Indicators | Australian Commission on Safety and Quality in Health Care, [INVITATION TO REGISTER INTEREST \(safetvandquality.gov.au\)](https://www.safetvandquality.gov.au)

4. The ACSQHC estimated the cost of avoidable hospital readmissions for the Australian health system for 2016-17 at around \$260 million.

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature:



Date: 22 / 3 / 22

By the Minister for Health, Rachel Stephen-Smith

Table 1: List of avoidable hospital readmissions and readmission intervals

Readmission condition	Readmission diagnosis	Readmission interval
1. Pressure injury	Stage III ulcer	14 days
	Stage IV ulcer	7 days
	Unspecified decubitus and pressure area	14 days
2. Infections	Urinary tract infection	7 days
	Surgical site infection	30 days
	Pneumonia	7 days
	Blood stream infection	2 days
	Central line and peripheral line associated bloodstream infection	2 days
	Multi-resistant organism	2 days
	Infection associated with devices, implants and grafts	90 days
	Infection associated with prosthetic devices, implants and grafts in genital tract or urinary system	30 days
	Infection associated with peritoneal dialysis catheter	2 days
	Gastrointestinal infections	28 days
3. Surgical complications	Postoperative haemorrhage/haematoma	28 days
	Surgical wound dehiscence	28 days
	Anastomotic leak	28 days
	Cardiac vascular graft failure	28 days
	Pain following surgery	14 days
	Other surgical complications	28 days
4. Respiratory complications	Respiratory failure including acute respiratory distress syndromes	21 days
	Aspiration pneumonia	14 days
5. Venous thromboembolism	Venous thromboembolism	90 days
6. Renal failure	Renal failure	21 days
7. Gastrointestinal bleeding	Gastrointestinal bleeding	2 days
8. Medication complications	Drug related respiratory complications/depression	2 days
	Hypoglycaemia	4 days
9. Delirium	Delirium	10 days
10. Cardiac complications	Heart failure and pulmonary oedema	30 days
	Ventricular arrhythmias and cardiac arrest	30 days
	Atrial tachycardia	14 days
	Acute coronary syndrome including unstable angina, STEMI and NSTEMI	30 days
Other	11. Constipation	14 days
	12. Nausea and vomiting	7 days

Source: Independent Hospital Pricing Authority 2021. Pricing and funding for safety and quality: Risk adjusted model for avoidable hospital readmissions. National Efficient Price Determination 2021-22