12) Stroke readmissions

12.1 Numerator: The number of finished and unfinished continuous inpatient spells (CIPS) that are emergency admissions within 0-27 days inclusive of the last, previous discharge from hospital (selected by the denominator criteria), excluding those with a main specialty of admission episode of spell coded under mental health specialties. The numerator (readmissions) consists of CIPS that include <u>both</u> finished and unfinished episodes. Where there is more than one readmission within 28 days, each readmission is counted once, in relation to the previous discharge. Readmissions that end in death are included in the numerator. There is variation in the completeness of hospital records and quality of coding (see HES data quality Table 1 in the main paper).

12.2 Denominator: The number of emergency admission CIPS, excluding day cases, up to the 4th of March in each financial year, excluding those where the discharge is coded as death. The denominator spells are selected on the basis of primary diagnosis of stroke (ICD 10 codes I61-I64) and emergency method of admission. The denominator consists of CIPS that cover all continuous, finished consultant episodes for the same patient, including those following a transfer to another hospital. Denominator CIPS must start with an admission episode (even if in a previous year) and finish with a (live) discharge episode in the year of analysis. Data are linked across years but only including the "spanning" episode. Only discharges up to the 4th of March in each financial year are counted, so that all readmissions within 28 days may be included. CIPS with a discharge of death are excluded from the denominator because readmission is not possible. The fields that are needed for the calculation of this indicator are shown in Table 1.1. There is variation in the completeness of hospital records and quality of coding (see HES data quality Table 1 in the main paper).