Chronic illness is typically associated with high rates of hospital utilisation. For example, a study in Western Australia\(^1\) reported that the top 5% of hospital users were mainly patients with chronic medical conditions, and that this group accounted for 26% of inpatient admissions and 38% of total inpatient costs.

Data from the Queensland Hospital Admitted Patient Data Collection (QHAPDC) was used to investigate hospital readmission rates amongst public hospital patients with chronic illnesses. The hospital admissions evaluated were formal admissions for an acute episode of care. Cases were identified on the basis of an acute emergency admission (defined as an admission that could not be delayed >24 hours) for one of several reference conditions\(^a\) (e.g. congestive heart disease, chronic obstructive pulmonary disease, metabolic disorders, degenerative nervous system disorders and chronic gastrointestinal hepatobiliary complaints) during 2005/2006. The main outcome measure was the number of readmissions to a public hospital following discharge from the index visit. Public hospital utilisation in the three years preceding the index visit was also evaluated.

Of the 35,095 patients included in this study, 14,176 (40.4%) were readmitted within twelve months of discharge from the index hospitalisation (Figure 1). These patients accumulated 27,244 hospital admissions during the follow-up period. This included 20,806 emergency admissions which were accumulated by 11,771 patients (33.5% of the sample). The readmitted patients accounted for 60% of all admissions and 60% of emergency admissions reported in this patient sample during the three years preceding the index visit (Figure 2).

Further work on this issue will focus on more homogenous patient groups to investigate the potential impact on readmissions for conditions where effective primary care interventions are available.

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\(^a\) For a full list of conditions included in the study, [click here](#)