

NATIONAL QUALITY FORUM—Evidence (subcriterion 1a)

Measure Title: [Standardized Readmission Ratio \(SRR\) for dialysis facilities](#)

IF the measure is a component in a composite performance measure, provide the title of the Composite Measure here:

Date of Submission: [2/5/2014](#)

Instructions

- For composite performance measures:
 - A separate evidence form is required for each component measure unless several components were studied together.
 - If a component measure is submitted as an individual performance measure, attach the evidence form to the individual measure submission.
- Respond to all questions as instructed with answers immediately following the question. All information needed to demonstrate meeting the evidence subcriterion (1a) must be in this form. An appendix of supplemental materials may be submitted, but there is no guarantee it will be reviewed.
- If you are unable to check a box, please highlight or shade the box for your response.
- Maximum of 10 pages (*includes questions/instructions*; minimum font size 11 pt; do not change margins).
Contact NQF staff if more pages are needed.
- Contact NQF staff regarding questions. Check for resources at [Submitting Standards webpage](#).

1a.1. This is a measure of:

Outcome

☒ Health outcome: [hospital readmission](#)

Health outcome includes patient-reported outcomes (PRO, i.e., HRQoL/functional status, symptom/burden, experience with care, health-related behaviors)

☐ Intermediate clinical outcome: ____

☐ Process: ____

☐ Structure: ____

☐ Other: ____

HEALTH OUTCOME PERFORMANCE MEASURE *If not a health outcome, skip to [1a.3](#)*

1a.2. Briefly state or diagram the linkage between the health outcome (or PRO) and the healthcare structures, processes, interventions, or services that influence it.

The overall aim is to reduce dialysis patients' time in the hospital. Post-discharge care by dialysis facilities—and coordination of that care with other providers—has the potential to prevent hospital readmissions.

1a.2.1. State the rationale supporting the relationship between the health outcome (or PRO) and at least one healthcare structure, process, intervention, or service.

Studies have shown that pre- and post-discharge interventions may reduce admission and unplanned readmission rates. A variety of studies on non-ESRD populations that evaluated post-discharge interventions (Dunn 1994; Bostrom 1996; Dudas 2001; Azevedo 2002; Coleman 2004; Coleman 2006; Balaban 2008; Braun 2009) or a combination of pre- and post-discharge interventions (Naylor 1994; McDonald 2001; Creason 2001; Ahmed 2004; Anderson 2005; Jack

2009; Koehler 2009; Parry 2009) have indicated a reduction in the risk of unplanned readmissions to various degrees.

In addition, a recent study in the ESRD population found that certain post-discharge assessments and changes in treatment at the dialysis facility may be associated with a reduced risk of readmission (Chan 2009). The author found that three dialysis facility-level process-of-care interventions (Hb testing and modification of EPO dose; MBD testing and modification of vitamin D; and modification of dry weight after discharge) done within the first seven days post-hospital discharge were associated with reduced risk of hospital readmission, adjusted for patient age, sex, race, Charlson comorbidity index, index hospitalization length of stay, time on dialysis, vascular access, diabetes, pre-hospital lab values and the 20 most prevalent causes of hospitalization.

Altogether, these studies support the potential for modifying unplanned readmission rates with interventions performed prior to and immediately following patient discharge.

Note: For health outcome performance measures, no further information is required; however, you may provide evidence for any of the structures, processes, interventions, or service identified above.

INTERMEDIATE OUTCOME, PROCESS, OR STRUCTURE PERFORMANCE MEASURE

1a.3. Briefly state or diagram the linkages between structure, process, intermediate outcome, and health outcomes. Include all the steps between the measure focus and the health outcome.

N/A

1a.3.1. What is the source of the systematic review of the body of evidence that supports the performance measure?

- ☐ Clinical Practice Guideline recommendation – **complete sections [1a.4](#), and [1a.7](#)**
- ☐ US Preventive Services Task Force Recommendation – **complete sections [1a.5](#) and [1a.7](#)**
- ☐ Other systematic review and grading of the body of evidence (e.g., Cochrane Collaboration, AHRQ Evidence Practice Center) – **complete sections [1a.6](#) and [1a.7](#)**
- ☐ Other – **complete section [1a.8](#)**

Please complete the sections indicated above for the source of evidence. You may skip the sections that do not apply.

1a.4. CLINICAL PRACTICE GUIDELINE RECOMMENDATION

There are no known guidelines that specifically reference this measure.

1a.4.1. Guideline citation (including date) and URL for guideline (if available online):

N/A

1a.4.2. Identify guideline recommendation number and/or page number and quote verbatim, the specific guideline recommendation.

N/A

1a.4.3. Grade assigned to the quoted recommendation with definition of the grade:

N/A

1a.4.4. Provide all other grades and associated definitions for recommendations in the grading system. (Note: If separate grades for the strength of the evidence, report them in section 1a.7.)

N/A

1a.4.5. Citation and URL for methodology for grading recommendations (if different from 1a.4.1):

N/A

1a.4.6. If guideline is evidence-based (rather than expert opinion), are the details of the quantity, quality, and consistency of the body of evidence available (e.g., evidence tables)?

☐ Yes → **complete section 1a.7**

☐ No → **report on another systematic review of the evidence in sections 1a.6 and 1a.7; if another review does not exist, provide what is known from the guideline review of evidence in 1a.7**

1a.5. UNITED STATES PREVENTIVE SERVICES TASK FORCE RECOMMENDATION

1a.5.1. Recommendation citation (including date) and **URL** for recommendation (if available online):

N/A

1a.5.2. Identify recommendation number and/or page number and quote verbatim, the specific recommendation.

N/A

1a.5.3. Grade assigned to the quoted recommendation with definition of the grade:

N/A

1a.5.4. Provide all other grades and associated definitions for recommendations in the grading system. (Note: the grading system for the evidence should be reported in section 1a.7.)

N/A

1a.5.5. Citation and URL for methodology for grading recommendations (if different from 1a.5.1):

N/A

1a.6. OTHER SYSTEMATIC REVIEW OF THE BODY OF EVIDENCE

1a.6.1. Citation (including date) and **URL** (if available online):

N/A

1a.6.2. Citation and URL for methodology for evidence review and grading (if different from 1a.6.1):

N/A

1a.7. FINDINGS FROM SYSTEMATIC REVIEW OF BODY OF THE EVIDENCE SUPPORTING THE MEASURE

1a.7.1. What was the specific structure, treatment, intervention, service, or intermediate outcome addressed in the evidence review?

N/A

1a.7.2. Grade assigned for the quality of the quoted evidence with definition of the grade:

N/A

1a.7.3. Provide all other grades and associated definitions for strength of the evidence in the grading system.

N/A

1a.7.4. What is the time period covered by the body of evidence? (provide the date range, e.g., 1990-2010). Date range: [3T](#)

N/A

QUANTITY AND QUALITY OF BODY OF EVIDENCE

1a.7.5. How many and what type of study designs are included in the body of evidence? (e.g., 3 randomized controlled trials and 1 observational study)

N/A

1a.7.6. What is the overall quality of evidence across studies in the body of evidence? (discuss the certainty or confidence in the estimates of effect particularly in relation to study factors such as design flaws, imprecision due to small numbers, indirectness of studies to the measure focus or target population)

N/A

ESTIMATES OF BENEFIT AND CONSISTENCY ACROSS STUDIES IN BODY OF EVIDENCE

1a.7.7. What are the estimates of benefit—magnitude and direction of effect on outcome(s) across studies in the body of evidence? (e.g., ranges of percentages or odds ratios for improvement/decline across studies, results of meta-analysis, and statistical significance)

N/A

1a.7.8. What harms were studied and how do they affect the net benefit (benefits over harms)?

N/A.

UPDATE TO THE SYSTEMATIC REVIEW(S) OF THE BODY OF EVIDENCE

1a.7.9. If new studies have been conducted since the systematic review of the body of evidence, provide for each new study: 1) citation, 2) description, 3) results, 4) impact on conclusions of systematic review.

N/A

1a.8 OTHER SOURCE OF EVIDENCE

If source of evidence is NOT from a clinical practice guideline, USPSTF, or systematic review, please describe the evidence on which you are basing the performance measure.

1a.8.1 What process was used to identify the evidence?

N/A

1a.8.2. Provide the citation and summary for each piece of evidence.

N/A