

## All-Cause Admissions and Readmissions Measures, February 2014

### NOTES

- This chart represents all measures in the NQF portfolio; the “status” column indicates which measures are currently under review.
- Related and competing measures are determined using NQF’s decision logic; further analysis of the measures will take place as the project proceeds.

Measure Title and Steward	Description Level of Analysis Target Population	Measure Type	Status	Related and Competing Measures
<b>All-Cause Admissions</b>				
2503: Hospitalizations per 1000 Medicare fee-for-service (FFS) Beneficiaries  Centers for Medicare & Medicaid Services	Number of hospital discharges from an acute care hospital (PPS or CAH) per 1000 FFS Medicare beneficiaries at the state and community level by quarter and year.  <b>Level of Analysis:</b> Population: State, Community <b>Care Setting:</b> Other <b>Data Source:</b> Administrative claims, Other	Outcome	New measure, up for review	0272: Diabetes Short-Term Complications Admission Rate (PQI 1) [AHRQ] 0274: Diabetes Long-Term Complications Admission Rate (PQI 3) [AHRQ] 0280: Dehydration Admission Rate (PQI 10) [AHRQ] 0281: Urinary Tract Infection Admission Rate (PQI 12) [AHRQ] 0638: Uncontrolled Diabetes Admission Rate (PQI 14) [AHRQ]
<b>All-Cause Readmissions (Hospital and Post-Acute Care)</b>				
2504: 30-day Rehospitalizations per	Number of rehospitalizations occurring within 30 days of discharge from an acute care hospital (prospective payment system (PPS) or critical access	Outcome	New measure, up	

<p>1000 Medicare fee-for-service (FFS) Beneficiaries</p> <p>Centers for Medicare &amp; Medicaid Services</p>	<p>hospital (CAH)) per 1000 FFS Medicare beneficiaries at the state and community level by quarter and year.</p> <p><b>Level of Analysis:</b> Population: State, Community  <b>Care Setting:</b> Other  <b>Data Source:</b> Administrative claims, Other</p>		<p>for review</p>	
<p>0505: Hospital 30-day all-cause risk-standardized readmission rate (RSRR) following acute myocardial infarction (AMI) hospitalization.</p> <p>Centers for Medicare &amp; Medicaid Services</p>	<p>The measure estimates a hospital-level 30-day risk-standardized readmission rate (RSRR) for patients discharged from the hospital with a principal diagnosis of acute myocardial infarction (AMI). The outcome is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. A specified set of planned readmissions do not count as readmissions. The target population is patients aged 18 years and older. CMS annually reports the measure for individuals who are 65 years and older and are either Medicare fee-for-service (FFS) beneficiaries hospitalized in non-federal hospitals or patients hospitalized in Department of Veterans Affairs (VA) facilities.</p> <p><b>Level of Analysis:</b> Facility  <b>Care Setting:</b> Hospital/Acute Care Facility, Other  <b>Data Source:</b> Administrative claims</p>	<p>Outcome</p>	<p>Endorsed, up for maintenance review</p>	
<p>0695: Hospital 30-Day Risk-Standardized Readmission Rates following Percutaneous Coronary Intervention (PCI)</p> <p>American College of Cardiology</p>	<p>This measure estimates a hospital-level risk-standardized readmission rate (RSRR) following PCI for Medicare Fee-for-Service (FFS) patients who are 65 years of age or older. The outcome is defined as unplanned readmission for any cause within 30 days following hospital stays. The measure includes both patients who are admitted to the hospital (inpatients) for their PCI and patients who undergo PCI without being admitted (outpatient or observation stay). A specified set of planned readmissions do not count as readmissions. The measure uses clinical data available in the National Cardiovascular Disease Registry (NCDR) CathPCI Registry for risk adjustment and Medicare claims to identify readmissions. Additionally, the measure uses direct patient identifiers including Social Security Number (SSN) and date of birth to link the datasets.</p> <p><b>Level of Analysis:</b> Facility, Population: National  <b>Care Setting:</b> Ambulatory Care: Urgent Care, Hospital/Acute Care Facility  <b>Data Source:</b> Administrative claims, Electronic Clinical Data: Registry</p>	<p>Outcome</p>	<p>Endorsed, up for maintenance review</p>	
<p>2513: Hospital 30-Day All-Cause Risk-</p>	<p>This measure estimates hospital risk-standardized 30-day unplanned readmission rates following hospital stays with one or more qualifying</p>	<p>Outcome</p>	<p>New measure, up</p>	

<p>Standardized Readmission Rate (RSRR) following Vascular Procedures</p> <p>Centers for Medicare &amp; Medicaid Services</p>	<p>vascular procedure in patients who are 65 years of age or older and either admitted to the hospital (inpatients) for their vascular procedure(s) or receive their procedure(s) at a hospital but are not admitted as an inpatient (outpatients). Both scenarios are hereafter referred to as "hospital stays."</p> <p><b>Level of Analysis:</b> Facility  <b>Care Setting:</b> Hospital/Acute Care Facility  <b>Data Source:</b> Administrative claims</p>		<p>for review</p>	
<p>2496: Standardized Readmission Ratio (SRR) for dialysis facilities</p> <p>Centers for Medicare &amp; Medicaid Services</p>	<p>The Standardized Readmission Ratio (SRR) is defined to be the ratio of the number of index discharges from acute care hospitals that resulted in an unplanned readmission to an acute care hospital within 30 days of discharge for Medicare-covered dialysis patients treated at a particular dialysis facility to the number of readmissions that would be expected given the discharging hospitals and the characteristics of the patients as well as the national norm for dialysis facilities. Note that in this document, "hospital" always refers to acute care hospital.</p> <p><b>Level of Analysis:</b> Facility  <b>Care Setting:</b> Dialysis facility  <b>Data Source:</b> Administrative claims</p>	<p>Outcome</p>	<p>New measure, up for review</p>	
<p>2375: PointRight OnPoint-30 SNF Rehospitalizations</p> <p>AHCA  American Health Care Association</p>	<p>PointRight OnPoint-30 is an all-cause, risk adjusted rehospitalization measure. It provides the rate at which all patients (regardless of payer status or diagnosis) who enter skilled nursing facilities (SNFs) from acute hospitals and are subsequently rehospitalized during their SNF stay, within 30 days from their admission to the SNF.</p> <p><b>Level of Analysis:</b> Facility  <b>Care Setting:</b> Post-Acute/Long Term Care Facility: Nursing  <b>Data Source:</b> Electronic Clinical Data: Electronic Clinical Data</p>	<p>Outcome</p>	<p>New measure, up for review</p>	<p>2510: Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM) [CMS]</p>
<p>2510: Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)</p> <p>Centers for Medicare &amp; Medicaid Services</p>	<p>This measure estimates the risk-standardized rate of all-cause, unplanned, hospital readmissions for patients who have been admitted to a Skilled Nursing Facility (SNF) (Medicare fee-for-service [FFS] beneficiaries) within 30 days of discharge from their prior proximal hospitalization. The prior proximal hospitalization is defined as an admission to an IPPS, CAH, or a psychiatric hospital. The measure is based on data for 12 months of SNF admissions.</p> <p><b>Level of Analysis:</b> Facility</p>	<p>Outcome</p>	<p>New measure, up for review</p>	<p>2375: PointRight OnPoint-30 SNF Rehospitalizations [AHCA]</p>

	<p><b>Care Setting:</b> Post-Acute/Long Term Care Facility: Nursing  <b>Data Source:</b> Administrative claims, Other</p>			
<p>2380: Rehospitalization During the First 30 Days of Home Health</p> <p>Centers for Medicare &amp; Medicaid Services</p>	<p>Percentage of home health stays in which patients who had an acute inpatient hospitalization in the 5 days before the start of their home health stay were admitted to an acute care hospital during the 30 days following the start of the home health stay.</p> <p><b>Level of Analysis:</b> Facility  <b>Care Setting:</b> Home Health  <b>Data Source:</b> Administrative claims</p>	Outcome	New measure, up for review	
<p>2505: Emergency Department Use without Hospital Readmission During the First 30 Days of Home Health</p> <p>Centers for Medicare &amp; Medicaid Services</p>	<p>Percentage of home health stays in which patients who had an acute inpatient hospitalization in the 5 days before the start of their home health stay used an emergency department but were not admitted to an acute care hospital during the 30 days following the start of the home health stay.</p> <p><b>Level of Analysis:</b> Facility  <b>Care Setting:</b> Home Health  <b>Data Source:</b> Administrative claims</p>	Outcome	New measure, up for review	0173: Emergency Department Use without Hospitalization [AHRQ]
<p>2502: All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities (IRFs)</p> <p>Centers for Medicare &amp; Medicaid Services</p>	<p>This measure estimates the risk-standardized rate of unplanned, all-cause readmissions for patients (Medicare fee-for-service [FFS] beneficiaries) discharged from an Inpatient Rehabilitation Facility (IRF) who were readmitted to a short-stay acute-care hospital or a Long-Term Care Hospital (LTCH), within 30 days of an IRF discharge. The measure is based on data for 24 months of IRF discharges to non-hospital post-acute levels of care or to the community.</p> <p><b>Level of Analysis:</b> Facility  <b>Care Setting:</b> Post-Acute/Long Term Care Facility: Inpatient Rehabilitation Facility  <b>Data Source:</b> Administrative claims</p>	Outcome	New measure, up for review	
<p>2515: Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate (RSRR) following coronary artery bypass</p>	<p>The measure estimates a hospital-level risk-standardized readmission rate (RSRR), defined as unplanned readmission for any cause within 30 days from the date of discharge of the index CABG procedure, for patients 18 years and older discharged from the hospital after undergoing a qualifying isolated CABG procedure. The measure was developed using Medicare Fee-for-Service (FFS) patients 65 years and older and was tested in all-payer patients 18 years</p>	Outcome	New measure, up for review	2514: Risk-Adjusted Coronary Artery Bypass Graft (CABG) Readmission Rate [STS]

<p>graft (CABG) surgery</p> <p>Centers for Medicare &amp; Medicaid Services</p>	<p>and older.</p> <p>An index admission is the hospitalization for a qualifying isolated CABG procedure considered for the readmission outcome.</p> <p><b>Level of Analysis:</b> Facility  <b>Care Setting:</b> Hospital/Acute Care Facility  <b>Data Source:</b> Administrative claims</p>			
<p>2514: Risk-Adjusted Coronary Artery Bypass Graft (CABG) Readmission Rate</p> <p>Society of Thoracic Surgeons</p>	<p>Risk-adjusted percentage of Medicare fee-for-service beneficiaries aged 65 and older who undergo isolated coronary artery bypass grafting (CABG) and are discharged alive but have a subsequent acute care hospital inpatient admission within 30 days of the date of discharge from the CABG hospitalization.</p> <p><b>Level of Analysis:</b> Facility  <b>Care Setting:</b> Hospital/Acute Care Facility  <b>Data Source:</b> Administrative claims, Electronic Clinical Data: Registry</p>	<p>Outcome</p>	<p>New measure, up for review</p>	<p>2515: Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate (RSRR) following coronary artery bypass graft (CABG) surgery [CMS]</p>
<p>2512: All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals (LTCHs)</p> <p>Centers for Medicare &amp; Medicaid Services</p>	<p>This measure estimates the risk-standardized rate of unplanned, all-cause readmissions for patients (Medicare fee-for-service [FFS] beneficiaries) discharged from a Long-Term Care Hospital (LTCH) who were readmitted to a short-stay acute-care hospital or a Long-Term Care Hospital (LTCH), within 30 days of an LTCH discharge. The measure is based on data for 24 months of LTCH discharges to non-hospital post-acute levels of care or to the community.</p> <p><b>Level of Analysis:</b> Facility  <b>Care Setting:</b> Post-Acute/Long Term Care Facility: Long Term Acute Care Hospital  <b>Data Source:</b> Administrative claims</p>	<p>Outcome</p>	<p>New measure, up for review</p>	
<b>Pediatric Readmissions</b>				
<p>2393: Pediatric All-Condition Readmission Measure</p> <p>Boston Children's Hospital</p>	<p>This measure calculates case-mix-adjusted readmission rates, defined as the percentage of admissions followed by 1 or more readmissions within 30 days, for patients less than 18 years old. The measure covers patients discharged from general acute care hospitals, including children's hospitals.</p> <p><b>Level of Analysis:</b> Facility  <b>Care Setting:</b> Hospital/Acute Care Facility</p>	<p>Outcome</p>	<p>New measure, up for review</p>	

	<b>Data Source:</b> Administrative claims			
2414: Pediatric Lower Respiratory Infection Readmission Measure  Boston Children's Hospital	<p>This measure calculates case-mix-adjusted readmission rates, defined as the percentage of admissions followed by 1 or more readmissions within 30 days, following hospitalization for lower respiratory infection (LRI) in patients less than 18 years old. The measure covers patients discharged from general acute care hospitals, including children's hospitals.</p> <p><b>Level of Analysis:</b> Facility  <b>Care Setting:</b> Hospital/Acute Care Facility  <b>Data Source:</b> Administrative claims</p>	Outcome	New measure, up for review	