



All-Cause Admissions and Readmissions Project: **NQF-Endorsed® Maintenance Standards Under Review**

Click the measure numbers to read more about the measure on QPS!

Measure Number	Title	Description	Measure Steward
0327	Risk-Adjusted Average Length of Inpatient Hospital Stay	Percentage of inpatient & outpatients with excessive in-hospital days	Premier
0328	Casemix-Adjusted Inpatient Hospital Average Length of Stay	This measure calculates a casemix-adjusted inpatient average length of stay (ALOS) for medical and surgical admissions for Commercial and Medicare populations. The measure can be reported at the hospital level or the service category level (medical vs. surgical).	UnitedHealth Care
0331	Severity-Standardized Average Length of Stay -- Routine Care (risk adjusted)	Standardized average length of hospital stay (ALOS) for routine inpatient care (i.e., care provided outside of intensive care units).	Leapfrog Group
0505	Hospital 30-day all-cause risk-standardized readmission rate (RSRR) following acute myocardial infarction (AMI) hospitalization.	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 readmission for any cause within 30 days of the discharge date for the index admission, excluding a specified set of planned 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. The primary update to this measure since it was last reviewed at NQF is a more comprehensive specification of planned readmission as described within this application and in the accompanying report, Re-specifying the Hospital 30-Day Acute Myocardial Infarction, Heart Failure, and Total Hip/Knee Arthroplasty Readmission Measures by adding a Planned Readmission Algorithm.	Centers for Medicare & Medicaid Services

Measure Number	Title	Description	Measure Steward
0699	30-Day Post-Hospital HF Discharge Care Transition Composite Measure	This measure scores a hospital on the incidence among its patients during the month following discharge from an inpatient stay having a primary diagnosis of heart failure for three types of events: readmissions, ED visits and evaluation and management (E&M) services. These events are relatively common, measurable using readily available administrative data, and associated with effective coordination of care after discharge. The input for this score is the result of measures for each of these three events that are being submitted concurrently under the Patient Outcomes Measures Phase I project's call for measures (ED and E&M) or is already approved by NQF (readmissions). Each of these individual measures is a risk-adjusted, standardized rate together with a percentile ranking. This composite measure is a weighted average of the deviations of the three risk-adjusted, standardized rates from the population mean for the measure across all patients in all hospitals. Again, the composite measure is accompanied by a percentile ranking to help with its interpretation.	Centers for Medicare & Medicaid Services
0707	30-day Post-Hospital PNA (Pneumonia) Discharge Care Transition Composite Measure	This measure scores a hospital on the incidence among its patients during the month following discharge from an inpatient stay having a primary diagnosis of PNA for three types of events: readmissions, ED visits and evaluation and management (E&M) services. These events are relatively common, measurable using readily available administrative data, and associated with effective coordination of care after discharge. The input for this score is the result of measures for each of these three events that are being submitted concurrently under the Patient Outcomes Measures Phase II project's call for measures. Each of these individual measures is a risk-adjusted, standardized rate together with a percentile ranking. This composite measure is a weighted average of the deviations of the three risk-adjusted, standardized rates from the population mean for the measure across all patients in all hospitals. Again, the composite measure is accompanied by a percentile ranking to help with its interpretation.	Centers for Medicare & Medicaid Services