



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

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

Measure Number	Title	Description	Measure Steward
0171	Acute Care Hospitalization During the First 60 Days of Home Health	Percentage of home health stays in which patients were admitted to an acute care hospital during the 60 days following the start of the home health stay.	Centers for Medicare & Medicaid Services
0173	Emergency Department Use without Hospitalization During the First 60 Days of Home Health	Percentage of home health stays in which patients used the emergency department but were not admitted to the hospital during the 60 days following the start of the home health stay.	Centers for Medicare & Medicaid Services
0265	All-Cause Hospital Transfer/Admission	Rate of ASC admissions requiring a hospital transfer or hospital admission upon discharge from the ASC	Ambulatory Surgical Centers Quality Collaborative
0330	Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following heart failure (HF) hospitalization	The measure estimates a hospital-level risk-standardized readmission rate (RSRR) for patients discharged from the hospital with a principal diagnosis of heart failure (HF). 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 18 and over. CMS annually reports the measure for patients who are 65 years or older and are either enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are hospitalized in Veterans Health Administration (VA) facilities.	Centers for Medicare & Medicaid Services
0506	Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following pneumonia	The measure estimates a hospital-level risk-standardized readmission rate (RSRR) for patients discharged from the hospital with a principal diagnosis of pneumonia. 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	Centers for Medicare & Medicaid Services

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	hospitalization	count as readmissions. The target population is patients 18 and over. CMS annually reports the measure for patients who are 65 years or older and are either enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are hospitalized in Veterans Health Administration (VA) facilities.	
1551	Hospital-level 30-day, all-cause risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)	This measure estimates hospital-level 30-day RSRRs following elective primary THA and/or TKA in patients 65 years and older.	Centers for Medicare & Medicaid Services
1768	Plan All-Cause Readmissions (PCR)	<p>For patients 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories:</p> <ol style="list-style-type: none"> 1. Count of Index Hospital Stays* (denominator) 2. Count of 30-Day Readmissions (numerator) 3. Average Adjusted Probability of Readmission <p>*An acute inpatient stay with a discharge during the first 11 months of the measurement year (e.g., on or between January 1 and December 1).</p>	National Committee for Quality Assurance
1789	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)	The measure estimates a hospital-level risk-standardized readmission rate (RSRR) of unplanned, all-cause readmission after admission for any eligible condition within 30 days of hospital discharge. The measure reports a single summary risk-standardized readmission rate (RSRR), derived from the volume-weighted results of five different models, one for each of the following specialty cohorts based on groups of discharge condition categories or procedure categories: surgery/gynecology, general medicine, cardiorespiratory, cardiovascular, and neurology, each of which will be described in greater detail below. The measure also indicates the hospital-level standardized risk ratios (SRR) for each of these five specialty cohorts. The outcome is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. Admissions for planned procedures that are not accompanied by an acute diagnosis do not count as readmissions in the measure outcome. The target population is patients 18 and over. CMS annually reports the measure for patients who are 65 years or older and are enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals.	Centers for Medicare & Medicaid Services

Measure Number	Title	Description	Measure Steward
1891	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSSR) following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	The measure estimates a hospital-level risk-standardized readmission rate (RSRR) for patients discharged from the hospital with either a principal diagnosis of COPD or a principal diagnosis of respiratory failure with a secondary diagnosis of acute exacerbation of COPD. 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 40 and over. CMS will annually report the measure for patients who are 65 years or older, are enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals.	Centers for Medicare & Medicaid Services