

CBE ID

0229

Title

Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization

Endorsement Status

Endorsed by Extension

Is Under Review

No

Next Maintenance Cycle

Spring 2028

Previous Endorsement Cycle

Fall 2020

Initial Endorsement

Tue, 05/08/2007 - 20:00

Steward

Centers for Medicare & Medicaid Services

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

The measure estimates a hospital-level 30-day, all-cause, risk-standardized mortality rate for patients discharged from the hospital with a principal diagnosis of HF. Mortality is defined as death for any cause within 30 days after the date of admission for the index admission. CMS annually reports the measure for patients who are 65 years or older and enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are patients hospitalized in Veterans Health Administration (VA) facilities.

1.7 Measure Type

Outcome

1.8 Level of Analysis

Facility

1.14 Numerator

The outcome for this measure is 30-day all-cause mortality. We define mortality as death from any cause within 30 days from the date of admission for patients 65 and older hospitalized with a principal diagnosis of HF.

1.15 Denominator

This claims-based measure is used for a cohort of patients aged 65 years or older. The cohort includes admissions for patients aged 65 years and older discharged from the hospital with a principal discharge diagnosis of HF and with a complete claims history for the 12 months prior to admission. The measure is publicly reported by CMS for those patients 65 years and older who are Medicare FFS or VA beneficiaries admitted to non-federal or VA hospitals, respectively. Additional details are provided in S.7 Denominator Details.

1.20 Types of Data Sources

Claims Data, Other

6.1.2 Current or Planned Use(s)

Public Reporting, Payment Program

6.1.3 Current Use(s)

Public Reporting, Payment Program

Exclusions

The mortality measures exclude index admissions for patients:

1. Discharged alive on the day of admission or the following day who were not transferred to another acute care facility;
2. With inconsistent or unknown vital status or other unreliable demographic (age and gender) data;
3. Enrolled in the Medicare hospice program or used VA hospice services any time in the 12 months prior to the index admission, including the first day of the index admission;
4. Discharged against medical advice (AMA); or
5. Patients undergoing left ventricular assist device (LVAD) implantation or heart transplantation during an index admission or who have a history of LVAD or heart transplant in the preceding year.

For patients with more than one admission for a given condition in a given year, only one index admission for that condition is randomly selected for inclusion in the cohort for each year.

Measure Disclaimer

N/A

Risk Adjustment

Statistical risk model

Target Population

Elderly, Populations at Risk

Use In Federal Program

Hospital Compare, Hospital Inpatient Quality Reporting Program, Hospital Value-Based Purchasing

Steward Organization

Centers for Medicare & Medicaid Services

Steward POC email

Helen.Dollar-Maples@cms.hhs.gov