
CBE ID

0330

Title

Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following heart failure (HF) hospitalization

Endorsement Status

Endorsed by Extension

Is Under Review

No

Next Maintenance Cycle

Spring 2027

Previous Endorsement Cycle

Fall 2020

Initial Endorsement

Wed, 05/14/2008 - 20:00

Steward

Centers for Medicare & Medicaid Services

1.0 New or Maintenance

Maintenance

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

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). Readmission is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. Readmissions are classified as planned and unplanned by applying the planned readmission algorithm. The target population is patients age 65 and over. The Centers for Medicare & Medicaid Services (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 or are patients hospitalized in Veterans Health Administration (VA) facilities.

1.7 Measure Type

Outcome

1.8 Level of Analysis

Facility

1.13 Data Dictionary

Not attached. I attest that all information will be provided where codes and/or value sets are needed (1.14a - 1.15c).

1.14 Numerator

The outcome for this measure is 30-day readmissions. We define readmissions as any inpatient acute care admission, with the exception of certain planned readmissions, within 30 days from the date of discharge from an index admission with a principal discharge diagnosis of HF in patients 65 and older. If a patient has more than one unplanned admission (for any reason) within 30 days after discharge from the index admission, only one is counted as a readmission. The measure looks for a dichotomous yes or no outcome of whether each admitted patient has an unplanned readmission within 30 days. However, if the first readmission after discharge is considered planned, any subsequent unplanned readmission is not counted as an outcome for that index admission, because the unplanned readmission could be related to care provided during the intervening planned readmission rather than during the index admission. Additional details are provided in S.5 Numerator Details.

1.15 Denominator

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 30-day HF readmission measure excludes index admissions for patients:

1. Without at least 30 days of post-discharge enrollment in Medicare FFS (in the case of patients who are not VA beneficiaries);
2. Discharged against medical advice (AMA);
3. Admitted within 30 days of a prior index admission for HF; and
4. With a procedure code for LVAD implantation or heart transplantation either during the index admission or in the 12 months prior to the index admission.

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 Readmissions Reduction Program

The measure developer is different from the measure steward

No

Steward Organization

Centers for Medicare & Medicaid Services

Steward POC email

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