
CBE ID

0468

Title

Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following pneumonia hospitalization

Endorsement Status

Endorsed by Extension

Is Under Review

No

Next Maintenance Cycle

Spring 2028

Previous Endorsement Cycle

Fall 2020

Initial Endorsement

Thu, 03/08/2007 - 19:00

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 risk-standardized mortality rate (RSMR). Mortality is defined as death for any cause within 30 days after the date of admission for the index admission, discharged from the hospital with a principal discharge diagnosis of pneumonia, including aspiration pneumonia or a principal discharge diagnosis of sepsis (not severe sepsis) with a secondary diagnosis of pneumonia (including aspiration pneumonia) coded as present on admission (POA). CMS annually reports the measure for patients who are 65 years or older and are either Medicare fee-for-service (FFS) beneficiaries and hospitalized in non-federal hospitals or 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 (including in-hospital deaths). We define mortality as death from any cause within 30 days of the index admission date from the date of admission for patients hospitalized with a principal discharge diagnosis of pneumonia, including aspiration pneumonia or a principal discharge diagnosis of sepsis (not severe sepsis) with a secondary discharge diagnosis of pneumonia (including aspiration pneumonia) coded as POA and no secondary discharge diagnosis of severe sepsis.

1.15 Denominator

This claims-based measure is used for a cohort of patients aged 65 years or over older. The cohort includes admissions for patients aged 65 years and older discharged from the hospital with principal discharge diagnosis of pneumonia, including aspiration pneumonia or a principal discharge diagnosis of sepsis (not severe sepsis) with a secondary discharge diagnosis of pneumonia (including aspiration pneumonia) coded as POA but no secondary discharge diagnosis of severe sepsis; and with a complete claims history for the 12 months prior to admission. The measure will be publicly reported by CMS for those patients 65 years or older who are Medicare FFS beneficiaries admitted to non-federal hospitals or patients admitted to VA hospitals. Additional details are provided in S.9 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 measure excludes 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; or
4. Discharged against medical advice (AMA).

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.

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

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