
CBE ID

0505

Title

Hospital 30-day all-cause risk-standardized readmission rate (RSRR) following acute myocardial infarction (AMI) hospitalization.

Endorsement Status

Endorsed by Extension

Is Under Review

No

Next Maintenance Cycle

Spring 2027

Previous Endorsement Cycle

Fall 2020

Initial Endorsement

Mon, 10/27/2008 - 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 readmission rate (RSRR) for patients age 65 and older discharged from the hospital with a principal diagnosis of acute myocardial infarction (AMI). 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. 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

1.13 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 all-cause readmissions. We define readmission as an inpatient acute care admission for any cause, with the exception of certain planned readmissions, within 30 days from the date of discharge from the index for patients 65 and older discharged from the hospital with a principal discharge diagnosis of AMI. If a patient has more than one unplanned admission (for any reason) within 30 days after discharge from the index admission, only the first 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 diagnosis of AMI; and with a complete claims history for the 12 months prior to admission. 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 AMI 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) Same-day discharges; or
- 4) Admitted within 30 days of a prior index admission for AMI.

Measure Disclaimer

N/A

Risk Adjustment

Statistical risk model

Target Population

Elderly, Populations at Risk

The measure developer is different from the measure steward

No

Steward Organization

Centers for Medicare & Medicaid Services

Steward POC email

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