

CBE ID

1768

Title

Plan All-Cause Readmissions (PCR)

Project

All-Cause Admissions and Readmissions

Endorsement Status

Endorsement Removed

Is Under Review

No

Previous Endorsement Cycle

Fall 2019

Removal Date

Wed, 06/10/2020 - 20:00

Initial Endorsement

Tue, 04/24/2012 - 06:45

Steward

National Committee for Quality Assurance

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

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:

1. Count of Index Hospital Stays* (denominator)
2. Count of 30-Day Readmissions (numerator)
3. Average Adjusted Probability of Readmission

*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).

1.7 Measure Type

Outcome

1.8 Level of Analysis

Health Plan, Integrated Delivery System

1.9 Care Setting

Other

1.14 Numerator

At least one acute unplanned readmission for any diagnosis within 30 days of the date of discharge from the Index Hospital Stay, that is on or between the second day of the measurement year and the end of the measurement year.

1.15 Denominator

Patients age 18 and older with a discharge from an acute inpatient stay (Index Hospital Stay) on or between January 1 and December 1 of the measurement year.

1.20 Types of Data Sources

Instrument-Based Data

6.1.2 Current or Planned Use(s)

Payment Program, Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

Exclusions

Exclusions are included in the definition of the denominator (see S.9). Exclusions include discharges for death, pregnancy, prerinatal condition, or a discharge that is followed by a planned admission within 30 days.

Planned Use

Payment Program, Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

Risk Adjustment

Stratification by risk category/subgroup

Target Population

Elderly

Use In Federal Program

Medicaid, Qualified Health Plan (QHP) Quality Rating System (QRS)

Steward Organization

National Committee for Quality Assurance

Steward POC email

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