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**CBE ID**

1893

**Title**

Hospital 30-Day, all-cause, risk-standardized mortality rate (RSMR) following chronic obstructive pulmonary disease (COPD) hospitalization

**Endorsement Status**

Endorsed by Extension

**Is Under Review**

No

**Next Maintenance Cycle**

Spring 2028

**Previous Endorsement Cycle**

Fall 2020

**Initial Endorsement**

Tue, 01/08/2013 - 07:59

**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), defined as death from any cause within 30 days after the index admission date, for patients discharged from the hospital with either a principal discharge diagnosis of COPD or a principal discharge diagnosis of respiratory failure with a secondary discharge diagnosis of acute exacerbation of COPD. 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

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## 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 hospitalized with either a principal diagnosis of COPD or a principal diagnosis of respiratory failure with a secondary diagnosis of acute exacerbation of COPD.

### 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 COPD 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. With inconsistent or unknown vital status or other unreliable demographic (age and gender) data;
2. 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
3. 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 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**

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