

CBE ID

2375

Title

PointRight ® Pro 30™

Project

All-Cause Admissions and Readmissions

Endorsement Status

Endorsed

Is Under Review

No

Next Maintenance Cycle

Fall 2027

Previous Endorsement Cycle

Spring 2022

Initial Endorsement

Tue, 12/23/2014 - 07:57

Steward

American Health Care Association

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

PointRight OnPoint-30 is an all-cause, risk adjusted rehospitalization measure. It provides the rate at which all patients (regardless of payer status or diagnosis) who enter skilled nursing facilities (SNFs) from acute hospitals and are subsequently rehospitalized during their SNF stay, within 30 days from their admission to the SNF.

1.7 Measure Type

Outcome

1.8 Level of Analysis

Facility

1.9 Care Setting

Post-Acute Care

1.14 Numerator

The numerator is the number of patients sent back to any acute care hospital (excluding emergency room only visits) during their SNF stay within 30 days from a SNF admission, as indicated on the MDS 3.0 discharge assessment during the 12 month measurement period.

1.15 Denominator

The denominator is the number of all admissions, regardless of payer status and diagnosis, with an MDS 3.0 admission assessment to a SNF from an acute hospital during the target rolling 12 month period.

1.20 Types of Data Sources

Assessment Data, Electronic Health Records: Electronic Health Records, Management Data

6.1.2 Current or Planned Use(s)

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

6.1.3 Current Use(s)

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

Exclusions

The denominator has 2 different exclusions: individual level and provider level. At the individual level the exclusion is related to incomplete assessments. At the provider level the exclusion is related to the amount of data necessary to calculate the measure that is missing. Payer status and clinical conditions are not used for any exclusions.

Measure Disclaimer

N/A

Planned Use

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

Risk Adjustment

Statistical risk model

Target Population

Dual eligible beneficiaries, Elderly (Age \geq 65), Individuals with multiple chronic conditions

Steward Organization

American Health Care Association

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