

**CBE ID**

2496

**Title**

Standardized Readmission Ratio (SRR) for dialysis facilities

**Project**

All-Cause Admissions and Readmissions

**Endorsement Status**

Endorsement Removed

**Is Under Review**

No

**Previous Endorsement Cycle**

Spring 2020

**Removal Date**

Mon, 11/16/2020 - 19:00

**Initial Endorsement**

Tue, 12/23/2014 - 08:03

**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 Standardized Readmission Ratio (SRR) for a dialysis facility is the ratio of the number of observed index discharges from acute care hospitals to that facility that resulted in an unplanned readmission to an acute care hospital within 4-30 days of discharge to the expected number of readmissions given the discharging hospitals and the characteristics of the patients and based on a national norm. Note that the measure is based on Medicare-covered dialysis patients.

**1.7 Measure Type**

Outcome

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## 1.8 Level of Analysis

Facility

## 1.9 Care Setting

Other

## 1.14 Numerator

Each facility's observed number of hospital discharges that are followed by an unplanned hospital readmission within 4-30 days of discharge.

## 1.15 Denominator

The denominator for a given facility is the expected number of the observed index hospital discharges that result in an unplanned readmission in days 4-30 and that are not preceded by an unplanned or competing event. The expectation accounts for patient-level characteristics, including measures of patient comorbidities, and the discharging hospital, and is based on estimated readmission rates for an overall population norm that corresponds to an "average" facility.

## 1.20 Types of Data Sources

Claims Data, Registry 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)

## 6.1.3 Current Use(s)

Payment Program, Public Reporting

## Exclusions

Index Discharge Exclusions:

A live inpatient hospital discharge is excluded if any of the following hold:

- Associated with a stay of 365 days or longer
- It is against medical advice
- It Includes a primary diagnosis of cancer, mental health or rehabilitation
- It Includes revenue center codes indicating rehabilitation
- It occurs after a patient's 12th hospital discharge in the calendar year
- It is from a PPS-exempt cancer hospital
- It is followed within 3 days by any hospitalization (at acute care, long-term care, rehabilitation, or psychiatric hospital or unit) or any other competing event (see S.5).

## 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**

Populations at Risk

**Steward Organization**

Centers for Medicare & Medicaid Services

**Steward POC email**

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