

CBE ID

2515

Title

Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate (RSRR) following coronary artery bypass graft (CABG) surgery

Endorsement Status

Endorsed by Extension

Is Under Review

No

Next Maintenance Cycle

Spring 2027

Previous Endorsement Cycle

Fall 2020

Initial Endorsement

Tue, 12/23/2014 - 08:18

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 risk-standardized readmission rate (RSRR), defined as unplanned readmission for any cause within 30-days from the date of discharge for a qualifying index CABG procedure, in patients 65 years and older.

An index admission is the hospitalization for a qualifying isolated CABG procedure considered for the readmission outcome.

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 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 admission for an isolated CABG surgery in patients 65 and older. 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.

1.15 Denominator

The cohort includes admissions for patients who are age 65 and older with a qualifying isolated CABG procedure and complete claims history for the 12 months prior to the index admission.

1.20 Types of Data Sources

Claims Data

6.1.2 Current or Planned Use(s)

Public Reporting

Exclusions

For all cohorts, hospitalizations are excluded if they meet any of the following criteria, for admissions:

1. Without at least 30 days post-discharge enrollment in FFS Medicare
2. Discharged against medical advice (AMA)
3. Admissions for subsequent qualifying CABG procedures during the measurement period

Measure Disclaimer

N/A

Planned Use

Public Reporting

Risk Adjustment

Statistical risk model

Target Population

Elderly, Populations at Risk

Use In Federal Program

Hospital Compare, Hospital Inpatient Quality Reporting Program, Hospital Readmissions Reduction Program

The measure developer is different from the measure steward

No

Steward Organization

Centers for Medicare & Medicaid Services

Steward POC email

Helen.Dollar-Maples@cms.hhs.gov