
CBE ID

2877e

Title

Hybrid hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute ischemic stroke hospitalization with risk adjustment for stroke severity

Project

Neurology

Endorsement Status

Endorsement Removed

Is Under Review

No

Previous Endorsement Cycle

Full Year 2015

Initial Endorsement

Fri, 09/23/2016 - 06:20

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)

Yes

1.6 Measure Description

This hybrid measure estimates a hospital-level, 30-day risk-standardized mortality rate (RSMR) for patients discharged from the hospital with a principal discharge diagnosis of acute ischemic stroke. Mortality is defined as death from any cause within 30 days of the index admission date for stroke patients. This measure is a newly developed measure with a cohort and outcome that is harmonized with the Centers for Medicare & Medicaid Services' (CMS's) current publicly reported claims-based stroke mortality measure, and includes the National Institutes of Health (NIH) Stroke Scale as an assessment of stroke severity in the risk-adjustment model. The measure is referred to as a hybrid because it is CMS's intention to calculate the measure using two data sources: Medicare fee-for-service (FFS) administrative claims and clinical electronic health record (EHR) data.

1.7 Measure Type

Outcome

1.8 Level of Analysis

Facility

1.9 Care Setting

Inpatient/Hospital

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 of the index admission for patients with a principal discharge diagnosis of acute ischemic stroke. Additional details are provided in S.5 Numerator Details.

1.15 Denominator

The cohort includes inpatient admissions for Medicare FFS patients, age 65 years and older, who were discharged from non-federal, short-term, acute care hospitals with a principal discharge diagnosis of acute ischemic stroke. Additional details are provided in S.7 Denominator Details.

1.20 Types of Data Sources

Claims Data, Electronic Health Data, Registry data

6.1.2 Current or Planned Use(s)

Public Reporting

Exclusions

The measure excludes 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 at 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. Similarly, for the three-year combined data, when index admissions occur during the transition between measure reporting periods (June and July of each year) and both are randomly selected for inclusion in the measure, the measure includes only the June admission. The July admissions are excluded to avoid assigning a single death to two admissions.

Measure Disclaimer

N/A

Planned Use

Public Reporting

Risk Adjustment

Statistical risk model

Target Population

Elderly, Populations at Risk

Steward Organization

Centers for Medicare & Medicaid Services

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