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**CBE ID**

2880

**Title**

Excess days in acute care (EDAC) after hospitalization for heart failure (HF)

**Endorsement Status**

Endorsed

**Is Under Review**

No

**Next Maintenance Cycle**

Fall 2027

**Previous Endorsement Cycle**

Spring 2021

**Initial Endorsement**

Fri, 12/09/2016 - 10:23

**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 assesses days spent in acute care within 30 days of discharge from an inpatient hospitalization for HF to provide a patient-centered assessment of the post-discharge period. This measure is intended to capture the quality of care transitions provided to discharged patients who had a HF hospitalization by collectively measuring a set of adverse acute care outcomes that can occur post-discharge: emergency department (ED) visits, observation stays, and unplanned readmissions at any time during the 30 days post-discharge. In order to aggregate all three events, we measure each in terms of days. The Centers for Medicare & Medicaid Services (CMS) annually reports the measure for patients who are 65 years or older, are enrolled in Medicare Fee-For-Service (FFS), and are hospitalized in non-federal short-term acute care hospitals.

**1.7 Measure Type**

Outcome

## 1.8 Level of Analysis

Facility

### 1.14 Numerator

The outcome for this measure is a count of the number of days the patient spends in acute care within 30 days of discharge from an eligible index admission for HF. We define days in acute care as days spent in an ED, admitted to an observation unit, or admitted as an unplanned readmission for any cause to a short-term acute care hospital, within 30 days from the date of discharge from the index HF hospitalization. Additional details are provided in S.5 Numerator Details.

### 1.15 Denominator

The target population for this measure is Medicare FFS beneficiaries aged 65 years and older hospitalized at non-Federal and VA acute care hospitals for HF. The cohort includes admissions for patients discharged from the hospital with a principal diagnosis of HF (codes in the attached Data Dictionary) and with continuous 12 months Medicare enrollment prior to admission. CMS publicly reports this measure 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 measure excludes index hospitalizations that meet any of the following exclusion criteria:

1. Without at least 30 days of post-discharge enrollment in Medicare FFS
2. Discharged against medical advice
3. HF admissions within 30 days of discharge from a prior HF index admission
4. With a procedure code for left ventricular assist device (LVAD) implantation or heart transplantation either during the index admission or in the 12 months prior to the index admission.

### 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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