

HTPP Year 4: Hospital-Wide All-Cause Readmissions

Measure Basic Information

A significant proportion of hospital readmissions are among those who were only recently discharged. This can be costly, and is often avoidable. This metric therefore measures all inpatients (of all ages) who were readmitted within 30 days for any reason.

Name and date of specifications used: For the first few years of the HTPP, the Hospital Performance Metrics Advisory Committee chose to adopt the readmissions measure that was one of the standardized measures for Oregon’s inaugural Partnership for Patients initiative. Partnership for Patients is a national CMS initiative aimed to improve the quality, safety, and affordability of health care.

URL of Specifications: N/A

Measure Type:

HEDIS Joint Commission Survey Other Specify: Inaugural Partnership for Patients measure

Data Source¹: ~~Oregon hospitals are currently required to report inpatient discharges on a quarterly basis. OAHHS collects both numerator and denominator information and reports to OHA on behalf of hospitals. OHA will directly calculate this metric using data available from the Hospital Inpatient Discharge Database.~~

Measurement Period:

HTPP Year 4: Jan. 1, 2017 – Dec. 31, 2017

Benchmark: 90th percentile of HTPP Year 1 performance (~~8.0%~~ 8.9%)

Improvement Target: Minnesota method with a 3 percent floor²

Equation: Inpatients returning as an acute care inpatient within 30 days of date of discharge / total inpatient discharges * 100. This is reported as a percentage.

¹ OHA reserves the right to contact hospitals directly or through OAHHS with additional questions about data submitted as part of the program. Hospitals must be able to provide documentation of data submitted should it be requested.

² Information on improvement target calculations can be found in the ‘Hospital Improvement Target Brief’, here: <http://www.oregon.gov/oha/Pages/Hospital-Baseline-Data.aspx>.

Measure Details

Counting Convention

The HTPP measurement period shifted from the federal fiscal year to the calendar year in 2017. In an effort to align the HTPP readmissions metric with that used for the CCOs (which have always been measured on a calendar year), as well as the method for the Follow-up after hospitalization for mental illness measure, numerators and denominators are counted as below:

- *Discharges (denominator events) must occur on or between January 1, 2017 and December 1, 2017.*
- *Readmissions (numerator events) must occur within 30 days of the associated discharge. This means that numerator events will be counted through December 31, 2017.*

Also see 'Frequently Asked Questions' section, below, for additional information.

Data elements required denominator: Total inpatient discharges (for patients of all ages) defined as all hospital stays with a discharge date from January 1 through December 1 of the measurement period.

Required exclusions for denominator:

- Patients who have died (discharge status codes 20, 40, 41, 42)
- Patients who have been discharged or transferred to another short-term hospital (discharge status code 02)

Deviations from cited specifications for denominator: None.

Data elements required numerator: ~~Number of readmissions by patients of all ages, defined as an inpatient admission to any acute care facility which occurs within 30 days of the discharge date.~~ *Clarification: Total number of inpatient discharges that result in a new admission to an Oregon general acute care hospital within 30 days or less. Days are measured from the discharge date to the next admission date for the same person. Readmissions to any acute care facility in Oregon are counted against the discharging hospital.*

Required exclusions for numerator:

- Those not readmitted as an acute care inpatient within 30 days.
- Readmission of any patient more than 30 days since previous hospital admission.
- *Those excluded from denominator.*

Deviations from cited specifications for numerator: None.

Explanation of Exclusions and Deviations

List other required exclusions and or deviations from cited specifications not already indicated: None.

Frequently Asked Questions

What is the measurement period for the Hospital Readmissions measure?

The Hospital-wide all-cause readmissions measure will be based on 11 months of hospital discharges (measure denominator). The measurement period for discharges is Jan 1, 2017- Dec 1, 2017. Readmission data (measure numerator) will be collected for the dates Jan 1, 2017 – Dec 31, 2017. Please note that no new discharges will be counted in the denominator after Dec 1, 2017. OHA is using the “look forward” method of analyzing readmissions. This means that a 30-day period (following the discharge date) is necessary to look for any readmissions that should be counted in the numerator.

What gets counted in this measure?

- Discharge records where a hospital was, **at any time**, involved in the care of a patient during the measurement period.
- A denominator is counted for a hospital if it was the discharging facility in the measurement period.
- A numerator is counted for a hospital when it is the discharging hospital for a patient visit that occurs within 30 days of the discharge. This means that readmissions **at any Oregon hospital** are counted in the numerator. For example:
 - Patient A is discharged on January 1, 2017. The patient discharge is counted in the denominator for Hospital X. Patient A is readmitted to Hospital X on January 10, 2017. The patient is counted in the numerator for Hospital X.
 - Patient B is discharged from Hospital X on December 1, 2017. The patient discharge is counted in the denominator for Hospital X. Patient B is readmitted to Hospital Y on December 20, 2017. The patient is counted in the numerator for Hospital X.

Why does the data that I receive from OHA look different from my hospital readmission reports?

OHA uses data available to us through the Hospital Inpatient Discharge Dataset. These data will not match those from the Apprise reporting platform as hospitals generally do not have access to readmissions into other hospitals.

In planning for quality improvement activities, how often will my hospital get the data results from OHA?

OHA will send individual level data to each of the 28 DRG hospitals each quarter. Hospitals will have the opportunity to monitor progress and contact OHA with any concerns. Data will be sent to hospitals from OHA via secure, encrypted email. The Year 4 reporting timeline will be as follows.

- Q1, sent in August 2017: Discharges are Jan 1, 2017 – Feb 28, 2017, with follow-up into March.
- Q2, sent November 2017: Discharges are Jan 1, 2017 – May 31, 2017, with follow-up into June.
- Q3, sent Feb 14, 2018: Discharges Jan 1, 2017 – August 31, 2017 with follow-up into September.
- Q4 (final for payment), sent April 11, 2018: Discharges Jan 1, 2017 – December 1, 2017, with 30-day “looking forward” for any readmissions through the end of December.

Version Control

- These specifications were updated on 6 July 2017. A contractor error meant the metric was not being calculated per these specifications. Therefore, OHA will directly calculate the measure using data available from the Hospital Inpatient Discharge Database. This ensures that the measure is calculated per these specifications. The specifications were updated to reflect this change (including revising the benchmark using the updated, appropriate calculation of the metric per the measure specifications, and to provide additional clarity on how the measure is calculated).