CBE ID

2858

Title

Discharge to Community

Project

All-Cause Admissions and Readmissions

Endorsement Status

Endorsement Removed

Is Under Review

No

Previous Endorsement Cycle

Full Year 2015

Removal Date

Mon, 07/18/2022 - 12:43

Initial Endorsement

Fri, 12/09/2016 - 10:26

Steward

American Health Care Association

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 Discharge to Community measure determines the percentage of all new admissions from a hospital who are discharged back to the community alive and remain out of any skilled nursing center for the next 30 days. The measure, referring to a rolling year of MDS entries, is calculated each quarter. The measure includes all new admissions to a SNF regardless of payor source.

1.7 Measure Type

Outcome

1.8 Level of Analysis

Facility

1.9 Care Setting

Post-Acute Care

1.14 Numerator

The outcome measured is the number of new admissions from an acute care hospital discharge to community from a skilled nursing center. More specifically, the numerator is the number of stays discharged back to the community (i.e. private home, apartment, board/care, assisted living, or group home as indicated on the MDS discharge assessment form) from a skilled nursing center within 100 days of admission and remain out of any skilled nursing center for at least 30 days.

1.15 Denominator

The denominator is the total number of all admissions from an acute hospital (MDS item A1800 “entered from”=03 (indicating an “acute care hospital”) to a center over the previous 12 months, who did not have a prior stay in a nursing center for the prior 100 days (calculated by subtracting 100 from the admission date (MDS item A1900 “admission date”). Please note, the denominator only includes admissions from acute hospitals (MDS item A1800 “entered from”=03 (indicating an “acute care hospital”) regardless of payor status.

1.20 Types of Data Sources

Electronic Health Records: Electronic Health Records

Exclusions

The denominator has three exclusions (see below).

First, stays for patients less than 55 years of age are excluded from the measure.

Second, stays for which we do not where the patient entered from, or for which we do not observe the patient’s discharge, are excluded from being counted in the denominator.

Third, stays with no available risk adjustment data (clinical and demographic characteristics listed in Section S.14) on any MDS assessment within 18 days of SNF admission are excluded from the measure.

Note, while not denominator exclusions, we also suppress the data for facilities that have fewer than 30 stays in the denominator, or for whom the percent of stays with a known outcome is less than 90%. The suppression of risk adjusted to community rates for facilities with fewer than 30 stays in the denominator is to improve the reliability of the measure, as detailed in the testing section (2b3). The suppression of rates for facilities for whom fewer than 90% of stays had a known outcome is done to improve the reliability of the measure and avoid perverse incentives about submitting MDS assessments for patients not discharged to the community.

Measure Disclaimer

None

Risk Adjustment

Statistical risk model

Target Population

Dual eligible beneficiaries, Elderly, Individuals with multiple chronic conditions

Steward Organization

American Health Care Association

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