CBE ID

2882

Title

Excess days in acute care (EDAC) after hospitalization for pneumonia

Endorsement Status

Endorsed

Is Under Review

No

Next Maintenance Cycle

Fall 2027

Previous Endorsement Cycle

Spring 2021

Initial Endorsement

Fri, 12/09/2016 - 10:39

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

This measure assesses days spent in acute care within 30 days of discharge from an inpatient hospitalization for pneumonia, including aspiration pneumonia or for sepsis (not severe sepsis) with a secondary discharge diagnosis of pneumonia coded in the claim as present on admission (POA) and no secondary diagnosis of severe sepsis coded as POA. This measure is intended to capture the quality of care transitions provided to discharge patients hospitalized for an eligible pneumonia condition 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 of the measure is a count of the number of days the patient spends in acute care within 30 days of discharge from an eligible index hospitalization with a principal diagnosis of pneumonia, including aspiration pneumonia or a principal diagnosis of sepsis (not severe sepsis) with a secondary diagnosis of pneumonia (including aspiration pneumonia) coded as POA and no secondary diagnosis of severe sepsis coded as POA. 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 within 30 days from the date of discharge from the index pneumonia 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 PN. The cohort includes admissions for patients discharged from the hospital with a principal diagnosis of pneumonia, including aspiration pneumonia or a principal diagnosis of sepsis (not severe sepsis) with a secondary diagnosis of pneumonia (including aspiration pneumonia) coded as POA and no secondary diagnosis of severe sepsis coded as POA and with continuous 12 months Medicare enrollment prior to admission. CMS publicly reports the 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

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. Pneumonia admissions within 30 days of discharge from a prior pneumonia 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

Steward POC email

James.Poyer@cms.hhs.gov