

Measure at a Glance

CBE #3566: Standardized Ratio of Emergency Department Encounters Occurring Within 30 Days of Hospital Discharge (ED30) for Dialysis Facilities

Measure Summary (Where does this measure seek to improve care?)

This measure looks at how often adult Medicare dialysis patients visit the emergency department (ED) after being discharged from the hospital. An ED encounter is a visit for care that does not lead to hospital admission but may include observation stays. The measure compares the number of ED visits within 30 days after discharge to the number expected based on patient and facility factors. It uses data over a 2-year period and focuses on dialysis facilities. This measure includes adult Medicare dialysis patients, enrolled in traditional Fee-for-Service (FFS) Medicare and Medicare Advantage plans.

The measure counts ED visits that happen between 4 and 30 days after a patient is discharged from the hospital. The measure includes only the first ED visit during this time period and does not count visits that occur within the first 3 days.

The result is shown as a ratio. For this measure, the ratio divides the number of ED visits that really occurred by the expected number of ED visits (the measure developers predict this using a model based on patient and facility characteristics). A lower ratio means better performance because fewer ED visits occurred than expected.

This approach helps show how often patients return to the ED after leaving the hospital and may reflect how well care is managed during recovery.

Meaningfulness (Why does this matter to patients, and how could it improve their care?)

This measure shows how often dialysis patients visit the ED after leaving the hospital. These visits are an indicator of care coordination and care transitions after discharge. Higher numbers of ED visits during this time period may suggest gaps in care coordination or follow-up after discharge.

Patients with end-stage renal disease (ESRD, kidney failure that needs dialysis) have high rates of ED use. Among patients with ESRD who receive dialysis, about 27% visit the ED within 30 days after being discharged from the hospital, and about 55% visit the ED during their first year of dialysis. Patients with ESRD average 2.7 ED visits per year, which is about six times higher than the general adult population.

Experts, including patients, have identified care fragmentation and poor communication between care providers as factors that can lead to avoidable ED visits. Many dialysis patients rely on kidney doctors for most of their care, which makes coordination important. This measure may help show gaps in communication and care transitions. This measure helps track ED visits that do not lead to hospital admission, which are not always monitored. It provides information

E&M Spring 2026

about care after hospital discharge and may help identify gaps in care coordination and care transitions.

Usability (How will providers use this measure to improve care delivery?)

The Centers for Medicare & Medicaid Services (CMS) programs (including public reporting programs like Dialysis Facility Compare and Dialysis Facility Reports) use this measure to track ED visits after hospital discharge in dialysis facilities. These programs report on how dialysis facilities perform on quality measures and allow patients to compare dialysis facilities and learn about the care they provide.

Dialysis facilities can review their results to see patterns in ED visits after hospital discharge. They may use the results to guide actions such as improving follow-up care, reviewing medications, and helping patients manage their treatment plans after leaving the hospital.

The measure developer collects feedback on the measure from dialysis facilities during measure set review periods or at any time through a helpdesk. Most feedback focuses on how the measure is calculated and how patients are counted.

Feasibility (How can this measure be implemented without adding burden for providers and patients while still improving care?)

This measure uses data already collected during routine care. Data come from sources such as Medicare claims and the End Stage Renal Disease Quality Reporting System (EQRS), a CMS data system that collects patient and facility information. All data are in a structured format, which means they are stored in organized electronic systems. Data from the measure are collected from existing data sources, so facilities do not need new processes to collect data for this measure, and it does not add new data collection burden for facilities.

The measure only reports results for facilities with at least 11 eligible hospital discharges to help protect patient privacy. When there are very small numbers of patients, it may be easier to identify individual people, even if names are not included. As the measure requires a facility to have at least 11 discharges, this makes it harder to link facility results to any one person at a facility and helps keep patient information private while still allowing facilities to review their results.

Impact (How will using this measure improve patient experiences and outcomes?)

This measure looks at ED visits after hospital discharge for dialysis patients. Better care coordination and support may help reduce avoidable ED visits. Frequent ED visits may be associated with missed dialysis treatments, poor follow-up care, or gaps in communications. For example, missed dialysis treatments are linked to more than two times higher risk for a patient ED visit.

Dialysis facilities may take steps to improve patient care after discharge by reviewing medications, checking treatment plans such as target weight, and helping patients schedule follow-up visits. Facilities can also track missed treatments and help remove barriers such as transportation problems. Providing guidance about when to seek care from different providers, such as a primary care provider, a specialist, or the dialysis facility, may help patients decide where to get care instead of going to the ED.

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E&M Spring 2026

Performance Gap (Based on current performance, where and how much care can improve?)

Data from 2022–2023 include 7,927 dialysis facilities and 801,844 hospital discharges used to calculate measure performance. The measure compares the number of ED visits that occurred after discharge to the number of ED visits that were expected. The expected number is based on patient, facility, and hospital characteristics.

Results are grouped into deciles, which divide facilities into 10 equal-sized groups based on performance. This shows how performance varies across facilities. Performance scores range from about 0.42 to 1.80 across groups. A score below 1 means fewer ED visits occurred than expected. A score above 1 means more ED visits occurred than expected.

Facilities in the lowest group have an average score of 0.42, which means fewer ED visits occurred than expected. Facilities in the highest group have an average score of 1.80, which means more ED visits occurred than expected. Most facilities fall in the middle groups, with scores between 0.67 and 1.41.

Disclaimer: Battelle used generative artificial intelligence in the initial drafting of this document. Actual humans with relevant expertise subsequently validated and revised the content.