

Measure at a Glance

CBE #5565: Excess Days in Acute Care (EDAC) After Isolated Coronary Artery Bypass Graft (CABG) Surgery

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

This measure looks at how many days patients spend in acute care within 30 days after leaving the hospital for a coronary artery bypass graft (CABG, a type of heart surgery). Acute care includes emergency department visits, observation stays, and unplanned readmissions. The measure counts the total number of days for these events. This measure estimates how many events are expected based on patient risk factors such as age and health status. It then compares that expected number to the actual number of events to show performance. The Centers for Medicare & Medicaid Services (CMS) reports results per 100 discharges and adjusts them for age, sex, and other health conditions.

A lower score means patients spend fewer days in acute care, which may be linked to differences in care during and after the hospital stay.

The measure includes patients age 65 and older enrolled in Medicare fee-for-service (FFS) or Medicare Advantage (MA) who had CABG surgery and were discharged alive. It focuses on care provided at the hospital level and may help identify differences in patient outcomes after surgery.

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

After CABG surgery, patients may face problems such as infection, abnormal heart rhythm, or heart failure. These problems can lead to emergency visits, observation stays, or readmissions. These events can disrupt recovery and are associated with complications. Patients and caregivers reported feeling confusion and frustration when unexpected hospital visits happen after discharge. They also described problems with medication changes, infections, and poor communication. This measure focuses on tracking these events and may help show how often patients need extra care after leaving the hospital.

This measure may be meaningful because it includes all types of acute care, not just readmissions. It captures how often patients return for care and how long they stay. Patient and caregiver reviewers agreed that the measure provides useful information for care decisions. By showing differences in patient experiences after discharge, the measure may help patients better understand hospital quality.

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

This measure looks at results at the hospital level, not at the individual patient level. Hospitals can review their scores to understand how often their patients return for acute care after CABG surgery. The measure shows total days spent in emergency visits, observation stays, and

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readmissions within 30 days. Hospitals can use this information to compare their performance with expected results based on similar patient groups.

Hospitals may use these results to find areas for improvement. For example, they may review discharge planning, follow-up care, and communication with patients. The measure may also support public reporting and quality improvement efforts. By showing differences in performance across hospitals, the measure may help patients and caregivers make more informed decisions about where to receive care.

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

This measure uses claims data, which are billing data hospitals already collect during routine care. The data come from structured electronic systems, so new data collection is not needed. CMS calculates the measure automatically using this existing information. Because of this, hospitals do not need to enter extra data or change how they document care.

CMS has not received concerns about burden or feasibility from stakeholders. The measure does not affect clinician workflow, decision-making, or interactions with patients. There are also no added costs for hospitals to report the measure. Because facilities already submit the data for payment, the measure may be easier to use compared to measures that require manual data entry or chart review.

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

This measure may help hospitals improve how they care for patients after CABG surgery. It focuses on events that happen within 30 days after discharge, including emergency visits, observation stays, and readmissions. By tracking these events in days, the measure may show how often patients need additional care and how long they stay. Hospitals may use this information to review their care processes and identify areas where patients may need more support after leaving the hospital.

Hospitals may improve performance by making changes to discharge planning, follow-up care, and communication. Strategies include early follow-up visits, cardiac rehabilitation, remote monitoring, and medication checks. These actions may reduce the need for additional acute care. One study showed that when a nurse practitioner checked on patients after they left the hospital and helped manage their care, fewer patients had to go back to the hospital within 30 days. This post-discharge program reduced readmissions from 14.4% to 6.8%. These types of improvements may support better recovery and reduce time spent in acute care.

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

Data from January 2022 to December 2023 across 1,114 hospitals and 148,701 patients show scores ranging from -132.8 excess days per 100 discharges (indicating patients spent fewer days in the hospital than expected) to 921.0 excess days per 100 discharges. A lower score means fewer days in acute care. A higher score means more days in acute care.

The difference between stronger and weaker performance is notable. Percentile values show how scores compare across all hospitals. The lower percentiles represent fewer days spent in

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acute care than expected and, therefore, better performance. As the percentiles get higher, there are more days spent in acute care than expected and weaker performance. For example, hospitals in the 10th percentile have about -34.3 excess days. The median (50th percentile) is -1.3 excess days, while hospitals at the 90th percentile have about 47.8 excess days per 100 discharges. These values show a shift from fewer days in acute care than expected to more days than expected across the distribution of hospitals.

The difference from the 10th percentile to the 90th percentile is about 82 days per 100 discharges. This variation may show that some hospitals could improve care during and after discharge. It may also suggest opportunities to reduce unnecessary hospital visits and support better recovery.

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