

Measure at a Glance

CBE #5570: Excess Days in Acute Care (EDAC) After Hospitalization for Chronic Obstructive Pulmonary Disease (COPD)

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

The Excess Days in Acute Care (EDAC) measure looks at how many days patients spend in acute care within 30 days after leaving the hospital for chronic obstructive pulmonary disease (COPD, a lung disease that makes breathing hard). Acute care includes emergency department visits, observation stays, and unplanned readmissions. The measure counts each event in days to show the total time a patient returns to hospital-based care after discharge.

The measure includes patients who are 65 years or older and enrolled in Medicare fee-for-service (FFS) or Medicare Advantage (MA). It adjusts results for age and other health conditions. The score compares predicted days and expected days per 100 discharges. A lower score means better performance. This measure looks at hospital-level results and may help show differences in care needed after patients go home.

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

Returning to the hospital after discharge can be stressful for patients and caregivers. Acute care use, such as emergency department visits, observation stays, and readmissions, may increase the risk of infection and complications. Patients and caregivers report feeling confusion and frustration when they must return to the hospital. Some also describe problems with communication and care coordination after discharge, which led them to return to the hospital.

This measure focuses on tracking all types of acute care use within 30 days after discharge. It may help show how often patients need to return for care and how their recovery is managed. Patient and caregiver experts agreed that such information is meaningful and useful. The information may support better understanding of care quality and help patients make more informed decisions about their care.

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

This measure is at the hospital level and reports results for facilities based on patient outcomes after discharge. It provides information about how many days patients spend in acute care within 30 days. The measure reports results as a score per 100 discharges, so hospitals can compare their performance to expected results. This information may help hospitals understand patterns in patient returns and identify where to improve care processes.

The measure may also support decision-making of patients, caregivers and hospitals by providing a broader view of post-discharge care. It includes multiple types of acute care use, not just readmissions, which may give a more complete picture of patient experience. Patients and caregivers may use this information to better understand differences in hospital performance.

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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 already collected during patient care. These data are stored in electronic systems and include all required information for the measure. Because the data already exist, new data collection is not necessary. The Centers for Medicare & Medicaid Services (CMS) automatically calculates the measure, which may reduce effort for hospitals and clinicians.

There are no reported concerns about burden or feasibility. The measure does not require changes to clinician workflow, decision-making, or patient-provider interactions. There are also no identified barriers to collecting, calculating, or reporting the data. Because the process is automated and uses existing information, the measure may be easier for hospitals to use.

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

This measure tracks days patients spend in acute care within 30 days after discharge. It may help hospitals identify patterns in emergency department visits, observation stays, and readmissions. By looking at these patterns, hospitals may find areas where they can improve care transitions or follow-up processes.

The measure also reflects differences between predicted and expected outcomes. This comparison may help hospitals understand whether their results are better or worse than expected based on patient characteristics. The information may support quality improvement efforts, such as better discharge planning, clearer patient instructions, and improved follow-up care. These actions may help reduce time spent in acute care and support safer recovery after discharge.

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

The measure shows large differences in performance across 4,397 hospitals from January 2022 to December 2023. Scores range from -161.9 excess days per 100 discharges (indicating patients spent fewer days in the hospital than expected) to 1,889.8 excess days per 100 discharges, with a median of 4.5.

Percentiles compare hospitals to each other. Hospitals at the 10th percentile are among the better-performing hospitals, while hospitals at the 90th percentile are among the worse-performing hospitals. Hospitals at the 10th percentile have -48.5 excess days, while hospitals at the 90th percentile have 70.2 excess days. This means better-performing hospitals had about 119 fewer excess days per 100 discharges than worse-performing hospitals.

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