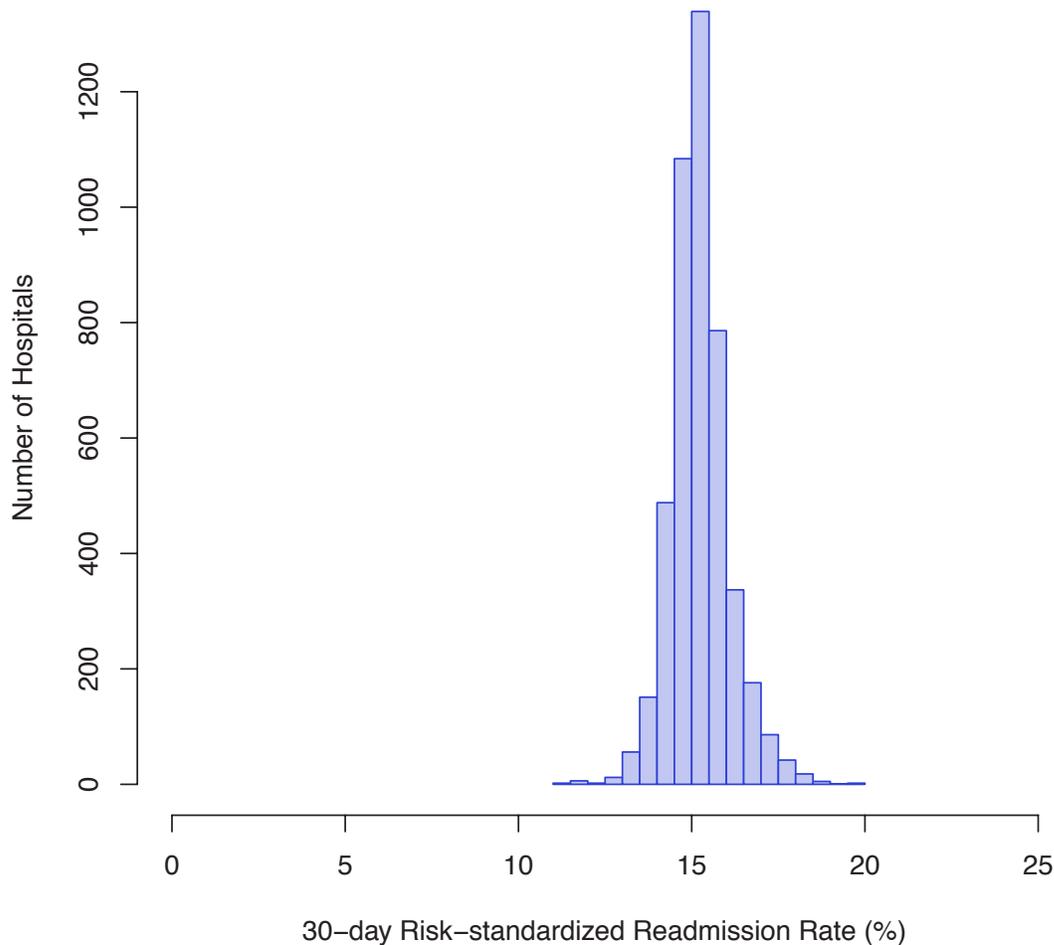


HOSPITAL CHARACTERISTICS

► Variation in hospital-wide 30-day readmission rates across hospitals.

The Centers for Medicare & Medicaid Services (CMS) periodically provides a comprehensive overview of national performance on the hospital-wide all-cause unplanned readmission measure for Medicare fee-for-service (FFS) beneficiaries aged 65 or older [1, 2]. The hospital-wide readmission measure assesses unplanned readmissions for any reason within 30 days of discharge from a hospital stay for patients admitted for any condition or procedure [2]. Patients can be readmitted to the same hospital or to a different hospital [2]. The hospital-wide readmission measure has been publicly reported on [Hospital Compare](#) since 2013 [3].

FIGURE I Distributions of hospital RSRRs (%) for hospital-wide readmission, July 2013-June 2014.



Prepared for CMS by Yale New Haven Health Services Corporation (YNHHSC) Center for Outcomes Research and Evaluation (CORE) September 2015



Variation in hospital-wide RSRRs reflects differences in performance among hospitals; wider distributions suggest more variation in quality, and narrower distributions suggest less variation in quality. To determine the extent of variation present in the hospital-wide readmission measure, we examined hospital RSRRs for the July 2013 – June 2014 reporting period. To ensure accurate assessment of each hospital, the measure uses a statistical model to adjust for key differences in patient risk factors that are clinically relevant and that have strong relationships with the readmission outcome [2].

TABLE I *Distribution of hospital RSRRs (%) for hospital-wide readmission, July 2013-June 2014.*

Distribution of Hospital-Wide RSRRs (%)	
Maximum	19.8
90%	16.3
75%	15.7
Median (50%)	15.2
25%	14.7
10%	14.3
Minimum	11.3

Hospital RSRRs for hospital-wide readmission were normally distributed and centered at 15.2%. The hospitals that were at the 25th and 75th percentiles had a 1.0 percentage point difference in performance. The absolute difference between the 10th and 90th percentiles was 2.0 percentage points. Figure 1 and Table 1 display the distribution for hospitals with 25 or more qualifying discharges.

While half of hospitals had RSRRs within a 1.0 percentage point range around the median hospital's RSRR, the absolute difference in RSRRs was 8.5 percentage points. This supports continued opportunities for improvement.

1. Medicare Hospital Quality Chartbook 2014: Performance Report on Outcome Measures. Prepared by Yale New Haven Health Services Corporation Center for Outcomes Research and Evaluation for the Centers for Medicare and Medicaid Services 2014; <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Downloads/Medicare-Hospital-Quality-Chartbook-2014.pdf>. Accessed 16 June 2015.

2. Horwitz L, Grady J, Zhang W, et al. 2015 Measure Updates and Specifications Report: Hospital-Wide All-Cause Unplanned Readmission Measure – Version 4.0; <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1219069855841>. Accessed 26 June 2015.

3. “Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals, Final Rule.” Federal Register / 22 August 2014; <http://federalregister.gov/a/2014-18545>. Accessed 16 June 2015.