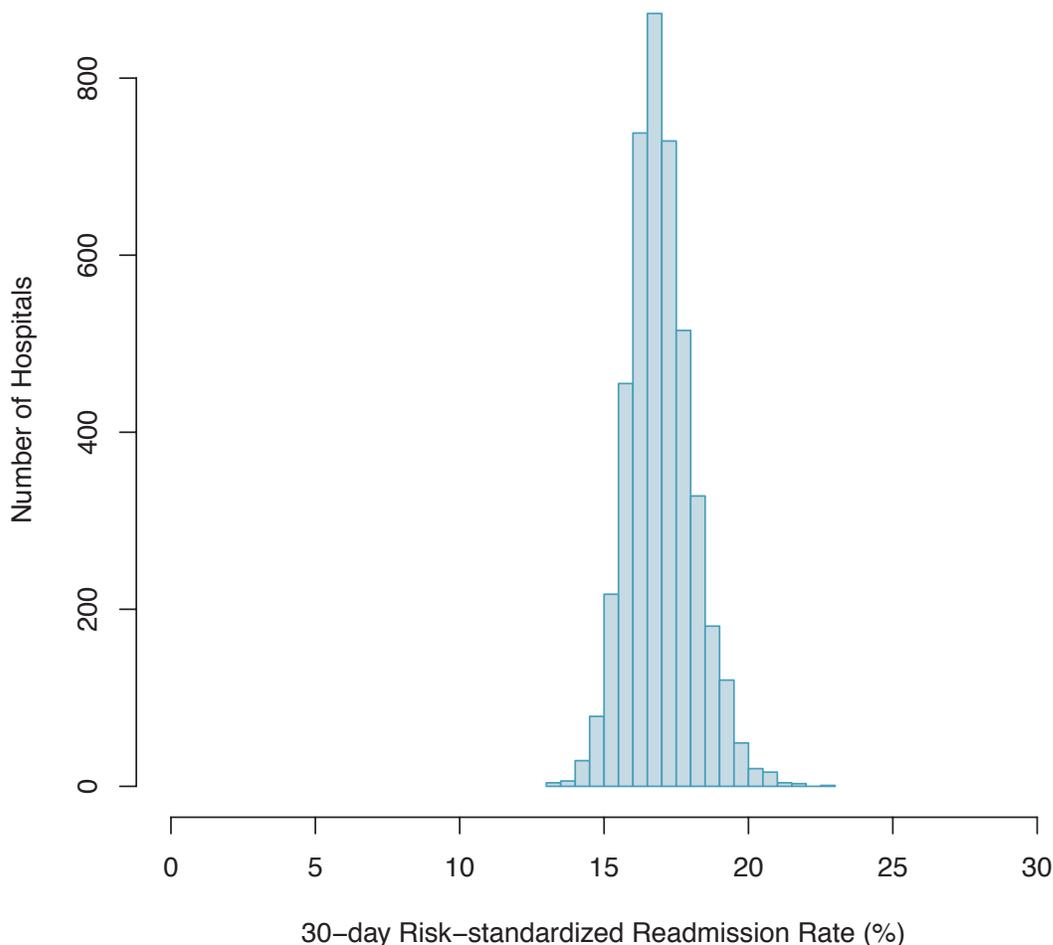


HOSPITAL CHARACTERISTICS

► Variation in 30-day readmission rates across hospitals following hospitalization for pneumonia.

The Centers for Medicare & Medicaid Services (CMS) periodically provides a comprehensive overview of national performance on the following readmission measure: hospital-level 30-day risk-standardized readmission rate (RSRR) following pneumonia [1]. The pneumonia readmission measure includes Medicare fee-for-service (FFS) and Veterans Health Administration (VA) beneficiaries aged 65 or older [2]. The pneumonia readmission measure assesses unplanned readmissions for any reason within 30 days of discharge from a hospital stay for pneumonia [2]. Patients can be readmitted to the same hospital or to a different hospital [2]. The pneumonia readmission measure has been publicly reported on [Hospital Compare](#) since 2009 and was implemented in the Hospital Readmissions Reduction Program (HRRP) in 2012 [3].

FIGURE I Distributions of hospital RSRRs (%) for pneumonia, July 2011-June 2014.



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Variation in pneumonia 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 pneumonia readmission measure, we examined hospital RSRRs for the July 2011 – 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 pneumonia, July 2011-June 2014.*

Distribution of pneumonia RSRRs (%)	
Maximum	22.9
90%	18.4
75%	17.6
Median (50%)	16.9
25%	16.2
10%	15.7
Minimum	13.2

Hospital RSRRs for pneumonia were normally distributed and centered at 16.9%. The hospitals that were at the 25th and 75th percentiles had a 1.4 percentage point difference in performance. The absolute difference between the 10th and 90th percentiles was 2.7 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 1.4 percentage point range around the median hospital's RSRR, the absolute difference in RSRRs across all hospitals was 9.7 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. Dorsey K, Grady J, Desai N, et al. 2015 Condition-Specific Measures Updates and Specifications Report Hospital-Level 30-Day Risk-Standardized Readmission Measures: Acute Myocardial Infarction – Version 8.0, Heart Failure – Version 8.0, Pneumonia – Version 8.0, Chronic Obstructive Pulmonary Disease – Version 4.0, Stroke – 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.

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