

Performance Measure:	Title – Readmission Following Discharge from an Inpatient Setting Operational Definition – The % of individuals readmitted to an inpatient facility (ESH, community hospital, E&T) within 30 days of being discharged from an inpatient episode of care.	
	Critical Encounter Codes – N/A	
Performance Domain(s):	<input type="checkbox"/> Access and Availability <input type="checkbox"/> Care Coordination and Continuity <input checked="" type="checkbox"/> Effectiveness of Care <input checked="" type="checkbox"/> Quality of Care <input type="checkbox"/> Hope, Recovery, and Resiliency <input type="checkbox"/> Empowerment and Shared Decision Making <input type="checkbox"/> Self Direction <input type="checkbox"/> Cultural Competency	<input type="checkbox"/> Health and Safety Measures <input type="checkbox"/> Consumer Health Status and Functioning <input type="checkbox"/> Community Integration and Peer Support <input checked="" type="checkbox"/> Quality of Life and Outcomes <input type="checkbox"/> Promising and Evidence-Based Practices <input type="checkbox"/> Provider Effectiveness and Satisfaction <input type="checkbox"/> Integrated Programs and Systems Integration
Rationale for Selection:	Most of the RSN’s current measures focus on processes of care delivery. This is one of the few clinical outcome indicators for which data are readily available to the RSN. Although 30 days is common in the literature, various time intervals between discharge and readmission have been reported, with the caveat that, as a quality of care measure, the interval chosen should reflect the setting for which quality is being evaluated. While The 30-day interval is typically cited as an indicator of the quality of <u>inpatient</u> care, the RSN has selected that interval for the Regional Performance Measure because of its common occurrence in the literature, with the understanding that, internally, performance against 60 and 90 day intervals will also be evaluated as a means of gaining an understanding of factors associated with readmission, and exploring strategies for lowering the readmission rate.	
Approval:	Quality Management Oversight Committee: <u>12/8/09</u> Board of Directors: <u>1/7/10</u>	
Numerator:	# of discharges in the denominator after which the individual is readmitted for inpatient care within 30 days (see Exclusions)	
Denominator:	# of discharges from inpatient care (see Exclusions)	
Stratifiers:	<input type="checkbox"/> None <input type="checkbox"/> Provider <input checked="" type="checkbox"/> Medicaid Status <input checked="" type="checkbox"/> Age Group <input type="checkbox"/> Gender <input type="checkbox"/> Ethnicity <input checked="" type="checkbox"/> Other: Facility Type NOTE: <u>Only one Improvement Target, for the population as a whole, is established, and only the performance score for the entire population is reported to the State.</u> However, to facilitate understanding and performance improvement processes, this measure is calculated and reported <u>internally</u> for the population as a whole, and for the population stratified by age group ($\leq 17, \geq 18$), by Medicaid Status (Medicaid, Non-Medicaid), and by Facility Type (Community Hospital/E&T, State Hospital).	
Inclusions:	<ul style="list-style-type: none"> All admissions and discharges included in the ESH Admission and GCBH/BHO Authorization datasets, except as noted under Exclusions. Readmissions occurring on the day of/after discharge from the same inpatient facility. 	
Exclusions:	<ul style="list-style-type: none"> Discharges from an inpatient setting followed, on the same or next day, by admission to a different inpatient facility. These are considered transfers within a single episode of care. Inpatient admissions occurring on the day of/after discharge from a different inpatient facility. These are considered transfers within a single episode of care. 	
Data Elements & Sources:	<ol style="list-style-type: none"> Member ID: GCBH/BHO authorization data RSNID: GCBH dbo_d020 RUID: GCBH dbo_d020; GCBH dbo_d120 CID: GCBH dbo_d020; GCBH dbo_d120 Social Security Number: ESH admissions dataset, GCBH dbo_d020, GCBH/BHO authorization data 	

	<ol style="list-style-type: none"> 6. Last Name: ESH admissions dataset, GCBH dbo_d020, GCBH/BHO authorization data 7. First Name: ESH admissions dataset, GCBH dbo_d020, GCBH/BHO authorization data 8. Date of Birth: ESH admissions dataset, GCBH dbo_d020, GCBH/BHO authorization data 9. Gender: ESH admissions dataset, GCBH dbo_d020, GCBH/BHO authorization data 10. Name of Inpatient Facility: GCBH/BHO authorization data 11. Inpatient Admission Date: ESH admissions dataset, GCBH/BHO authorization data 12. Inpatient Discharge Date: ESH admissions dataset, GCBH/BHO authorization data 13. To be defined after activation of ProviderOne: Data element pertaining to Medicaid eligibility from a GCBH Eligibility table which will provide current data regarding discreet eligibility periods for every individual assigned to the RSN. 				
Data Notes:	<ol style="list-style-type: none"> 1. Calculation of this measure for the population as a whole requires matching individuals across two datasets—ESH Admissions, and GCBH/BHO Authorizations. Additionally, interpretation of the data requires the ability to assess the degree to which outpatient services occurred between inpatient admissions, necessitating a match between these two datasets and two tables in the GCBH encounter data—dbo_d020 and dbo_d120. Data elements 1 through 9 are employed for these processes. Where the RSN has established a relationship between the Member ID used in the GCBH/BHO authorization dataset and the RSNID in the RSN’s encounter database, the RSNID is used to assess for outpatient services in the second level of analysis. For individuals in the GCBH/BHO authorization dataset for whom no such relationship has been established, and for individuals in the ESH dataset, matching begins with the SSN; an attempt to validate a match between the inpatient and GCBH demographic data on that variable occurs only if the Date of Birth does not match. Where a match cannot be achieved via an SSN, a unique identifier composed of the first four letters of the last name and the Date of Birth is used to match consumers across the inpatient and outpatient datasets. Matches made by these means are manually checked by comparing the full names and gender across datasets. 2. Individuals for whom no match to an RSNID can be made remain in the denominator, but are designated as “Unknown” in the RSNID field to facilitate barrier analysis. The absence of an RSNID is evidence that an individual has never been enrolled with the RSN, and is therefore not someone for whom the RSN can impact the likelihood of readmission. Whether the RSN’s system designs and processes have resulted in missed opportunities to enroll such individuals following a discharge will be explored as data collection and analysis enables better understanding of their demographics. The impact of such individuals on the performance score is considered when setting the Improvement Target. 3. Although data are analyzed quarterly, the performance scores calculated each quarter are cumulative—i.e., the timeframe addressed by the Performance Score lengthens with each calculation. An admission within that timeframe qualifies an individual for inclusion in the denominator. Data for the quarterly measures are collected in the second month of the following quarter, to provide sufficient time for Providers to meet their “15th of the month after the month of service” data submission deadline. 4. For purposes of stratification analysis, Medicaid status is based on the status at the time of admission to inpatient care, as noted in the GCBH/BHO authorization dataset. Because authorization is not required for admissions to ESH and that facility’s dataset does not include this information, the status of individuals appearing only in the ESH dataset is checked manually, and based on the status reported by WAMED Web for the most recent date prior to the admission date. Once ProviderOne is active, status will be determined via an “Eligibility Table” in the RSN’s database, as described above. 5. For purposes of stratification analysis, age is established based on the date of admission, and is calculated as “the date of admission minus the date of birth, divided by 365” and rounded down to the nearest whole number. 				
Baseline Data Period:	1/1/09 through 12/31/09	Baseline Performance Score:	TBD	Improvement Target:	TBD
Monitoring Frequency:	<input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-Annual	Evaluation of Continued Relevance:	<input type="checkbox"/> Annual <input checked="" type="checkbox"/> Biennial		
Notes & Conclusions:	[Use this section to make “progress notes” concerning the implementation of this measure, and to record conclusions about its usefulness, if/when it is suspended or retired.]				