

Surgical Phase of Care (SPC) Measure 9 – ACS23: Unplanned Hospital Readmission within 30 Days of Principal Procedure

National Quality Strategy (NQS) Domain: Effective Clinical Care

Meaningful Measure Area: Admissions and Readmissions to Hospitals

Measure Type: Outcome

Inverse Measure: Yes

High-Priority Measure: Yes – Outcome

Risk-Adjusted: Yes

Number of Performance Rates: 1

Proportional Measure: Yes

Continuous Variable Measure: No

Ratio Measure: No

**2019 QPP MIPS QUALITY OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY**

DESCRIPTION:

Percentage of patients aged 18 years and older who had an unplanned hospital readmission within 30 days of principal procedure.

INSTRUCTIONS:

This measure is to be reported **each time** a procedure for an unplanned hospital readmission within 30 days of principal procedure is performed during the performance period ending November 30th. There is no diagnosis associated with this measure. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting via Registry:

The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure.

DENOMINATOR:

Patients aged 18 years and older undergoing a surgical procedure.

Denominator Criteria (Eligible Cases):

All patients aged 18 years and older

AND

Patients undergoing a surgical procedure

AND

One of the following CPT codes for the patient encounter during the reporting period: (see appendix 1)

NUMERATOR:

Inpatient readmission to the same hospital for any reason or an outside hospital (if known to the surgeon), within 30 days of the principal surgical procedure.

Numerator Instructions:

INVERSE MEASURE - A lower calculated performance rate for this measure indicates better clinical care or control. The "Performance Not Met" numerator option for this measure is the representation of the better clinical quality or control. Reporting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:

Unplanned hospital readmission within 30 days of principal procedure.

Performance Met:

Unplanned hospital readmission within 30 days of principal procedure.

OR

No unplanned hospital readmission within 30 days of principal procedure.

Performance Not Met

No unplanned hospital readmission within 30 days of principal procedure.

RISK ADJUSTMENT:

Risk adjusted in-hospital unplanned readmission rates will be calculated by adjusting for the variables listed in the following table. Thus, these patient characteristics must be reported.

Age
ASA Class
Emergent/Urgent Operation
Functional Status
Wound Class
Preoperative Sepsis
Dyspnea
Ascites
Surgical Approach

RATIONALE:

This is an adverse surgical outcome, which is often a preventable cause of harm, thus it is important to measure and report. It is feasible to collect the data and produces reliable and valid results about the quality of care. It is useful and understandable to stakeholders. As highlighted earlier, this measure was developed in a collaborative effort by the American College of Surgeons and the American Board of Surgery. This measure addresses the National Quality Strategy Priorities, and was identified by an expert panel of physician providers to be a critical outcome for this procedure. This measure addresses a high-impact condition as it is one of the most common procedures performed in the U.S. The measure aligns well with the intended use. The care settings include Acute Care Facilities/Hospitals. Data are being collected in a clinical registry that has been in existence for over 5 years, with over 4000 current users. Thus, we are requesting consideration of this measure in the "Registry Reporting" option. The level of analysis is the clinician/individual. All populations are included, except children. The measure allows measurement across the person-centered episode of care out to 30 days after the procedure whether an inpatient, outpatient, or readmitted. The measure addresses disparities in care. The risk adjustment is performed with a parsimonious dataset and aims to allow efficient data collection resources and data reporting. Measures have been harmonized when possible.

SUPPORTING EVIDENCE:

A modified-Delphi methodology using an expert panel of surgeons who are Directors of the American Board of Surgery identified this to be a critical outcome for this surgical procedure (Surgeon Specific Registry Report on Project for ABS MOC Part IV. Unpublished study by the American College of Surgeons in conjunction with the American Board of Surgery, 2011).