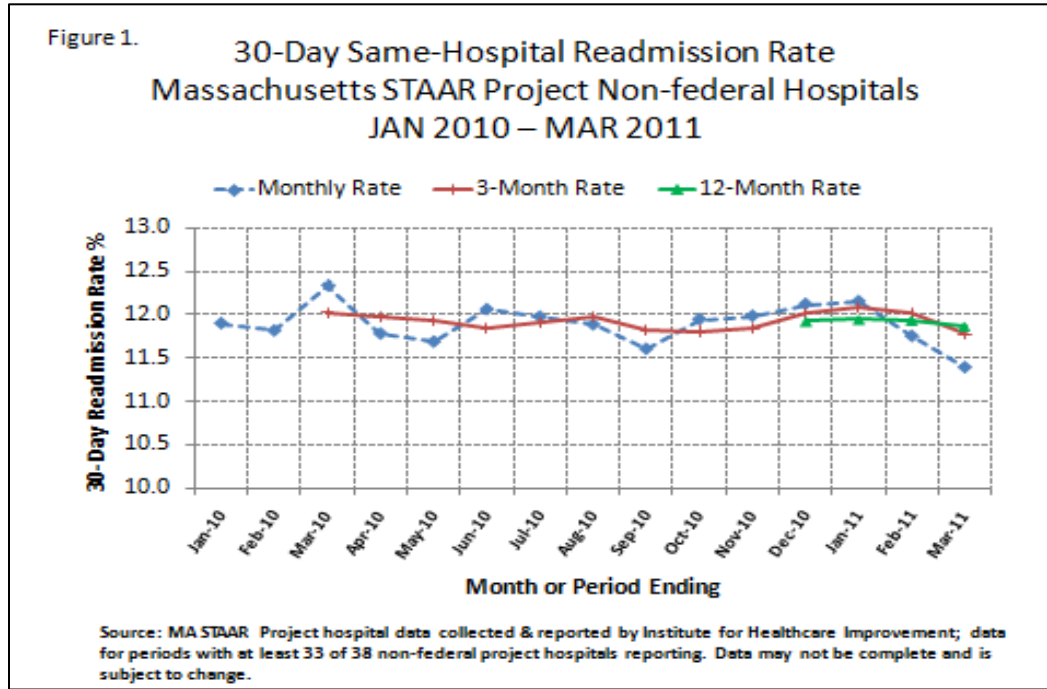


Massachusetts Hospitals Strategic Performance Improvement Agenda Report

Efficiency Commitment: Reduce Preventable Readmissions



The **rate of 30-day readmissions*** to Massachusetts acute care hospitals enrolled in the State Action on Avoidable Rehospitalizations Initiative (STAAR) project in March 2011 was 11.4 percent (Fig.1). The 3-month ending and 12-month ending rates were 11.8 and 11.9 percent respectively. The March rate is based data from 34 of 38 project hospitals reporting for that month as of August 2, 2011.

Because the reporting hospitals are self-selected and represent about 50 percent of acute care hospital campuses in Massachusetts, we cannot say if the values or trends displayed here are representative of all Massachusetts hospitals. This hospital group reported over 40,000 denominator qualifying discharges in March 2011. The STAAR reporting group expanded from 18 to 38 effective roughly with the January 2010 reporting period (STAAR program services became available to the new cohort in February 2011). This trend report, therefore, includes more than twice the number of hospitals than in the March 2011 report, but begins with January 2010 data rather than the October 2008 start date in the March 2011 report. STAAR was launched by the Institute for Healthcare Improvement in 2009 with grant funding from The Commonwealth Fund.

Figure 2 (following page) displays the Massachusetts and United States aggregate data over three three-year periods for estimates of hospital-specific, risk-standardized, all-cause 30-day readmission rates for Medicare

* Numerator: number of cases in the denominator with a related or unrelated readmission to the same hospital within 30 days of discharge. Denominator: number of discharges, all payer, excluding obstetrics & newborn (MDC 14 & 15), psych (MDC 19 & 20), rehabilitation, discharge status of death, discharged/transferred to another short term general hospital for inpatient care, left against medical advice or discontinued care.

patients hospitalized with a principal diagnosis of heart attack (acute myocardial infarction), heart failure, and pneumonia. The readmission rates are for patients discharged alive to a non-acute care setting. The estimates are produced from Medicare claims and enrollment data using sophisticated statistical modeling techniques that adjust for patient-level risk factors and account for the clustering of patients within hospitals. The rates account for readmissions to any other hospital, not just the same hospital. The data are updated annually and published at the Hospital Compare website.

For each condition and for all conditions combined, Massachusetts hospitals in aggregate had higher readmission rates than United States hospitals as a group. The Massachusetts combined rate increased slightly to 22.4 percent in the most recent period (July 2007 – June 2010) as heart failure and pneumonia readmission rates increased by 0.1 percentage points while the heart attack readmission rate was unchanged. A similar pattern was observed for U.S. readmission rates as a whole, with the heart attack rate dropping by 0.1 percentage points while the heart failure and pneumonia rates increased by 0.1 percentage points.

The Medicare readmission data will be updated again in the summer of 2012.

