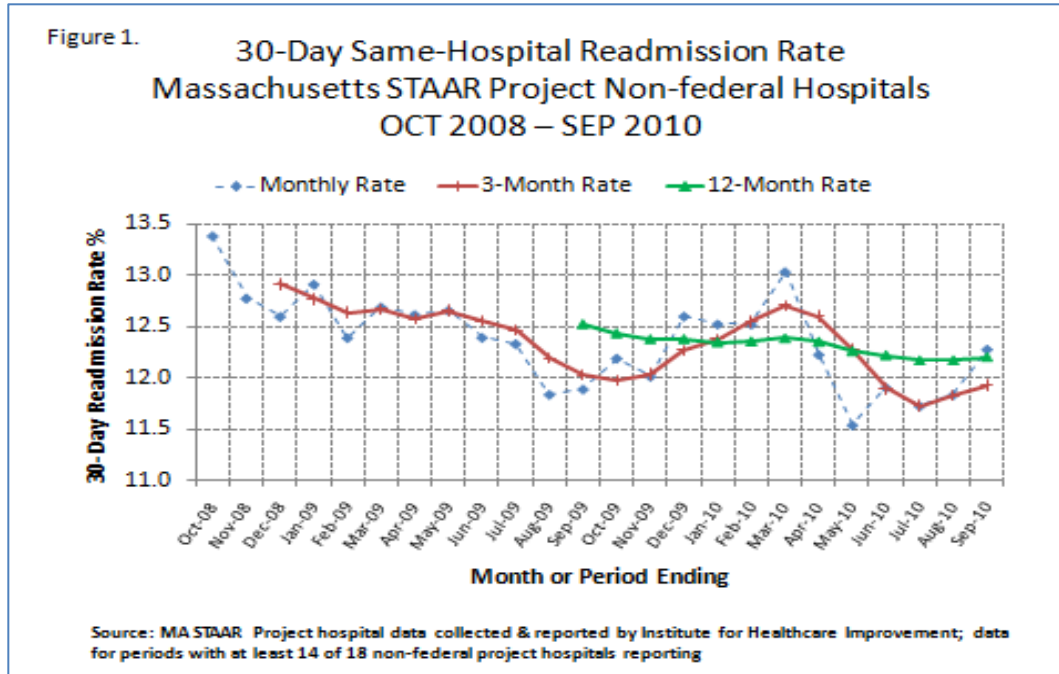


Massachusetts Hospitals Strategic Performance Improvement Agenda Report

Efficiency Commitment: Reduce Preventable Readmissions



The **rate of 30-day readmissions*** to the cohort of Massachusetts acute care hospitals enrolled in the State Action on Avoidable Rehospitalizations Initiative (STAAR) project in September 2010 was 12.3 percent (Fig.1). The 3-month ending and 12-month ending rates were 11.9 and 12.2 percent respectively. The September rate is based data from 14 of 18 project hospitals reporting for that month as of February 2011. Because the reporting hospitals are self-selected and are too small a sample to generalize to the 70 acute care hospital campuses in Massachusetts, we cannot know if the values or trends displayed here are representative of all Massachusetts hospitals. The hospital reporting cohort averaged nearly 22,000 denominator qualifying discharges per month over the period displayed here.

In February 2011, another 27 Massachusetts acute care hospitals joined the STAAR project. As these newly enrolled hospitals begin contributing data, we plan to add their data to this report. STARR was launched by the Institute for Healthcare Improvement in 2009 with grant funding from The Commonwealth Fund.

Figure 3 (following page) displays the Massachusetts and United States aggregate data over two three-year periods for estimates of hospital-specific, risk-standardized, all-cause 30-day readmission rates for Medicare 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

* 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.

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 22.2 percent in the most recent period (2006 – 2009) as heart attack and heart failure admission rates increased, while pneumonia readmissions were unchanged.

