



Hospital Readmissions Report FAQ

- 1. If a patient is discharged from an acute stay into a swing bed facility for rehabilitation within 30 days, would that count as a readmission?**
 - a. Swing bed patients would not count as a readmission. The code that is used to analyze the claims data identifies a swing bed stay as a stay that is similar to one at a skilled nursing facility, and not as an inpatient stay. Readmissions, in regards to the methodology used in our readmission reports (and those from CMS as well), are inpatient admissions within 30 days of discharge from another inpatient hospital setting.

- 2. Scenario: a patient has an initial stay and then gets transferred to a tertiary facility and gets discharged. Within 30 days he gets readmitted to a hospital. Who takes this hit for this readmission? The initial hospital or the tertiary facility that discharged the patient?**
 - a. If the patient is admitted to another hospital for an inpatient stay within 30 days of discharge from the original admitting hospital, that would be deemed as a readmission for the initial hospital. The way that CMS determines readmissions, the hospital takes the hit for the readmission if the patient goes back to an inpatient setting at a hospital within that 30-day discharge window, no matter where they were discharged or transferred.

- 3. Are hospice patients included or excluded in the data?**
 - a. Hospice patients are included in this analysis. We originally had hospice as one of the settings for our acute care utilization analysis, along with inpatient stays, ED visits and observation stays. However, we removed hospice as one of the setting categories because the number of discharges and readmissions from the hospice setting were so small and we weren't able to share much of the readmission data. Hospice patients do appear in the analysis, but only if they were admitted to your hospital first and had that Medicare Part A claims. So, they would appear in the readmissions trends and demographic analysis, but again, only if they were admitted to your hospital first.

- 4. Could the benchmark be further delineated to hospital size? Are there other academic medical centers in the database that could be used as a benchmark group?**
 - a. It's not feasible to create a benchmark based on academic hospitals, simply due to the small number of such hospitals within the three-state region. What we could do, is create a benchmark for hospitals with similar size (in terms of discharges) as an academic hospital so that your hospital's performance is being rated with a more comparable benchmark.