

To find the category this measure applies to (Medicare Stars, Federal Employee Program®, etc.), see our [chart of HEDIS® measures](#).

Plan All-Cause Readmissions (PCR)

By working together, we can improve health outcomes for your patients, our members. The Healthcare Effectiveness Data and Information Set (HEDIS®¹) helps us measure many aspects of performance. This tip sheet provides key details of the HEDIS measure for planning all-cause readmissions.

What is the measure?

The measure reports the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days after discharge and the predicted probability of an acute readmission.

Eligible Population

Members 18 years of age and older with acute inpatient or observation stays with a discharge on or between January 1 and December 1 of the measurement year

Note: For Commercial, Federal Employee Program® and Medicaid, report only members age 18-64.

Best Practices for Discharge Planning and Reducing Readmissions

- Monitor admission, discharge and emergency department visit reports
- Obtain hospital discharge summary and use to schedule post-discharge appointments within three to seven days depending on the severity of each patient
- Document in office notes and code on the claim any conditions found during hospital admission
- Perform a medication reconciliation soon after discharge to prevent medication-related readmissions
- Consider telehealth or home health visits for discharged patients, when appropriate
- Complete patient risk assessments to manage potential admissions (congestive heart failure, diabetes, COPD, among other conditions)
- Validate patient understood instructions on changes that need immediate attention: to call the office when the condition changes (weight gain, medication changes, high/low blood sugar readings)
- Develop a coordinated transition of care process and include a multi-faceted treatment team when able
- Provide extensive ongoing member outreach as deemed appropriate to avoid potential readmissions

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HEDIS Measure: Plan All-Cause Readmissions (PCR) *(continued)*

Exclusions

Use appropriate exclusion codes (including but not limited to):

- Female members with a primary diagnosis of pregnancy on the discharge claim
- Primary diagnosis of a condition originating in the perinatal period on the discharge claim
- Planned admission using any of the following:
 - Primary diagnosis of maintenance chemotherapy
 - Primary diagnosis of rehabilitation
 - An organ transplant
 - Potentially planned procedure without a primary acute diagnosis
- The member died during the stay
- Members in hospice or using hospice services anytime during the measurement year

Note: For hospital stays that include an acute-to-acute direct transfer, use both the original stay and the direct transfer stay to identify exclusions in this step.

Resources

Strategies to Overcome the Readmission Crisis in Health Systems; David A. South, Pharm D, and Lindsey B. Amerine, PharmD, MS, BCPS, 11/20/15

pharmacytimes.com/publications/health-system-edition/2015/november2015/strategies-to-overcome-the-readmission-crisis-in-health-systems

Preventing Avoidable Readmissions. Content last reviewed February 2017. Agency for Healthcare Research and Quality, Rockville, MD.

ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/impptdis/index.html

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