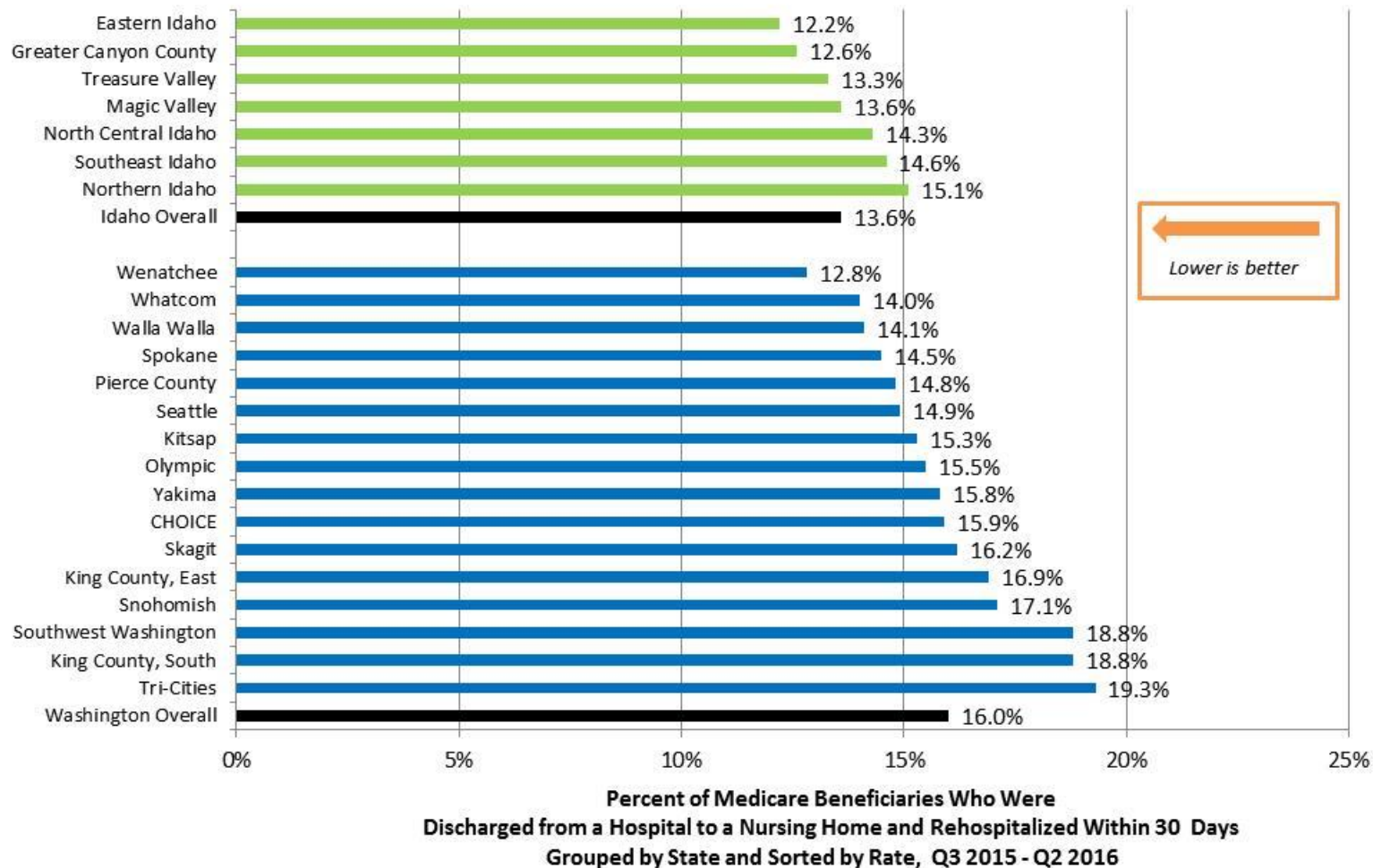


Nursing Homes & 30-Day Rehospitalizations

Many Medicare beneficiaries discharged to a skilled nursing facility return to a hospital within 30 days



These rates include all Medicare patients who were:

1. Discharged from a hospital
2. To a skilled nursing facility
3. Then rehospitalized within 30 days regardless of whether they also received care in other settings (e.g., home health agency).

Qualis Health divided the states into communities based on healthcare utilization patterns and Medicare beneficiaries' home ZIP codes.

The variance in Medicare beneficiary readmission rates reflects both the amount of time a local coalition has been working to address rehospitalizations and the mix of patients, providers, and other issues unique to a specific community.

Source:

Medicare Fee-for-Service claims. Includes patients under age 65 who qualify for Medicare Part A due to chronic disability; they account for more than 20% of Medicare hospital admissions in both states and are at high risk for readmissions. Patients whose hospitalizations were covered by the Veterans' Administration or other payors are not included.

www.QualisHealthMedicare.org/Readmissions

This material was prepared by Qualis Health, the Medicare Quality Innovation Network - Quality Improvement Organization for Idaho and Washington, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. ID/WA-C3-QH-1834R-12-16

* The CHOICE community includes Grays Harbor, Lewis, Mason, Pacific, and Thurston Counties.