

Care coordination

Plan All-Cause Readmissions (PCR)

Plan All-Cause Readmissions (PCR) Measure year 26 | Weight = 3

Measurement period

Jan. 1–Dec. 1

Eligible population

18 years of age and older who have had an acute inpatient or observation stay.

Service required

The needed action is to avoid readmission within 30 days. The goal is that practices should follow the identified protocols of the TRC measures. Practices can identify patients who have been discharged from acute facilities using daily discharge reporting. Reach out to these patients to schedule follow-up care, and medication reconciliation, which could reduce the risk of readmission. PCR is a risk-adjusted measure.

Exclusions

During the measurement period:

- Stays with discharge dates of Dec. 2–31
- Patients who are pregnant
- Patients in hospice or using hospice services
- Patients who died
- Patients with four or more hospital stays (acute inpatient and observation) between Jan. 1 and Dec. 1
- For stays that included a direct transfer, excluding original admission's discharge date. Only the last discharge should be considered.

Note: Planned admissions for chemotherapy, rehabilitation, transplant, etc., are not included as readmissions. Rehabilitation exclusions are limited to fitting and adjustment of prosthesis and other medical devices, such as infusion pumps, neuropacemakers, etc.

Measure best practices

- Have processes to review daily discharge census.
- Have processes to accommodate scheduling appointments as close to the point of discharge as possible, ideally within seven days. If a patient cannot be seen within seven days, checking in with patient by telephone is highly encouraged.
- Have processes to conduct medication reconciliation during first post-discharge visit with the patient.
- Recommend appropriate health plan or community resources to patients to assist with any barriers to accessing resources necessary to prevent a readmission (i.e., ability to get the medications prescribed at discharge, transportation for follow-up appointments, family or community support, food services or in-home services).

The following situations are factored into risk adjustment:

- Co-morbidities, such as diabetes, congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD)
- Surgeries – procedures performed prior to and during the current event
- Discharge condition – diagnoses made prior to and during the current event
- Age and gender – men have a higher risk, and risk increases with age

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