2018 Mortality Measures Facts

CMS's 30-Day Risk-Standardized Mortality Measures

What are the results?

2018 National Mortality Rates

Condition	National Mortality Rate (%)
Pneumonia	15.7%
Stroke	14.3%
AMI	13.2%
HF	11.7%
COPD	8.3%
CABG	3.1%

National Mortality Rates (%)
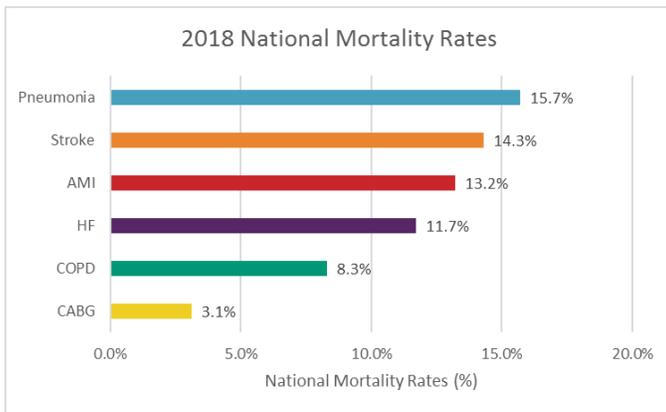
Where can I find my hospital's results?

➢ Publicly reported measure results can be found on Hospital Compare. Publicly reported data for national, state, and hospital-level results can be found on Data.Medicare.gov.

➢ Inpatient Hospital Compare preview reports contain high-level information about your results on all measures in the IQR program.

➢ Hospital-Specific Reports (HSRs) contain detailed discharge-level data on your Mortality results.

Please note that HSRs are shared with hospitals through the QualityNet Secure Portal. To access your results, please contact your hospital's designated administrator.

How are the measures calculated?

Who is included?

Patients:

✓ Enrolled in Medicare fee-for-service for 12 months prior to index admission

✓ 65 or older

✓ Discharged with a qualifying condition/procedure

✓ Not discharged against medical advice (AMA)
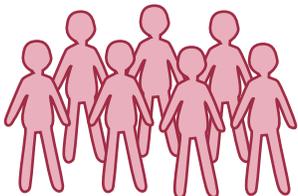
What data are used?

The 2018 mortality measures include index admissions that occurred between July 1, 2014 and June 30, 2017
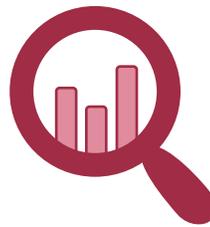
Is there risk adjustment?

The measures are adjusted for differences in risk variables such as age, sex, and comorbidities

What is the outcome?

The Mortality measures count death as a mortality outcome if it:

✓ Occurs within 30 days from the start of (or 30 days from the procedure date of) a qualifying index admission

✓ Is for any cause, not just those that appear related to the initial admission
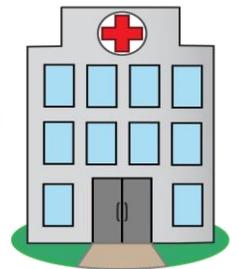
For **additional methodology information**, please see **the Annual Updates and Specifications Reports** on *QualityNet*.

Did you know?

The AMI, COPD, HF, pneumonia and stroke mortality measures **exclude Medicare hospice patients.**

The AMI, HF and pneumonia mortality measures include **Veterans' Health Administration (VHA) data.**

The mortality measures should not be compared with the readmission measures because they have **different cohorts.**

More information?

For background information about the measures see the **Background Fact Sheet**

For additional questions, please see the **FAQs** or email us at **cmsmortalitymeasures@yale.edu**

CMS
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AMI: Acute Myocardial Infarction HF: Heart Failure COPD: Chronic Obstructive Pulmonary Disease CABG: Coronary Artery Bypass Graft IQR: Inpatient Quality Reporting