




Minnesota Hospital Association

Potentially Preventable Readmissions

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- What are PPRs?
 - 3M software
 - Based on MHA administrative data
 - Measures readmissions to the same facility only
 - ~ 22% go to different facilities, per literature

 - How to interpret the reports

General Guidelines for PPRs

		Readmission	
		Medical	Surgical
Initial Admission	Medical	PPR except if clearly unrelated acute events	Not PPR unless initial medical diagnosis clearly should have resulted in surgery
	Surgical	PPR except conditions clearly unrelated	PPR if related to prior surgery

PPR Global Exclusions

- If any of the following conditions apply to the initial admission, a subsequent readmission is globally excluded from consideration as a PPR
 - Admissions for which follow-up care is intrinsically extensive and complex
 - Major or metastatic malignancies treated medically
 - Multiple trauma, burns
 - Discharge status indicates limited hospital & provider control
 - Left against medical advice
 - Transferred to another acute care hospital
 - Neonates
 - Other exclusions
 - Specific eye procedures and infections
 - Cystic fibrosis with pulmonary diagnoses
 - Died – not included as candidate initial admissions (denominator)

Clinical Factors make a readmission not potentially preventable

- No clinical relationship to prior discharge
 - Cholecystectomy two weeks after hip replacement
- Discharge status of prior discharge
 - AMA and transferred to another acute care hospital
- Type of prior discharge
 - Follow-up care is intrinsically complex and extensive
 - Metastatic malignancies, Multiple trauma, Burns
- Longer interval between discharge and readmission
 - Long time intervals (>30 days) reduce confidence that readmission is causally linked to the prior discharge

Non- PPR Reasons

NON PPR Reasons	
NC	Not Clinically related
T	Trauma
C	Catastrophic
NP	Clinically related, not preventable
P	Probably planned readmission
E	Error
OB	Obstetrics
TR	Transplants
M	Malignancy

How to interpret PPR results

PPRs	At Risk Cases	Actual Rate	Expected Rate	Expected PPRs	Target PPRs	Difference from Target
172	3,820	4.5	5.0**	192.3	153.9	18.1



PPRs is the actual number of PPRs detected in a 12 month period

How to interpret PPR results

PPRs	At Risk Cases	Actual Rate	Expected Rate	Expected PPRs	Target PPRs	Difference from Target
172	3,820	4.5	5.0**	192.3	153.9	18.1



“At Risk Cases” is the denominator – it’s all cases minus the exclusions mentioned before

How to interpret PPR results

PPRs	At Risk Cases	Actual Rate	Expected Rate	Expected PPRs	Target PPRs	Difference from Target
172	3,820	4.5	5.0**	192.3	153.9	18.1



Actual Rate is PPRs divided by At Risk Cases

How to interpret PPR results

PPRs	At Risk Cases	Actual Rate	Expected Rate	Expected PPRs	Target PPRs	Difference from Target
172	3,820	4.5	5.0**	192.3	153.9	18.1



Expected Rate – this is a unique number for every hospital based on their patient population. Generally, hospitals with more severely ill patients will have higher expected rates.

How to interpret PPR results


PPRs	At Risk Cases	Actual Rate	Expected Rate	Expected PPRs	Target PPRs	Difference from Target
172	3,820	4.5	5.0**	192.3	153.9	18.1



One star is statistically “worse than expected” (or higher); Two stars is “no different than expected”; Three stars is “better than expected” (or lower)

How to interpret PPR results

PPRs	At Risk Cases	Actual Rate	Expected Rate	Expected PPRs	Target PPRs	Difference from Target
172	3,820	4.5	5.0**	192.3	153.9	18.1



Expected PPRs is the Expected Rate times the At Risk Cases

How to interpret PPR results

PPRs	At Risk Cases	Actual Rate	Expected Rate	Expected PPRs	Target PPRs	Difference from Target
172	3,820	4.5	5.0**	192.3	153.9	18.1



Target PPRs is 20% less than Expected PPRs

How to interpret PPR results

PPRs	At Risk Cases	Actual Rate	Expected Rate	Expected PPRs	Target PPRs	Difference from Target
172	3,820	4.5	5.0**	192.3	153.9	18.1



Difference from Target is your actual PPRs (first column) minus the Target PPRs.

The goal for this hospital is to reduce by 18 PPRs per year.

A note hospital's targets

- The goal makes assumptions:
 - Same volume of at-risk cases
 - Same distribution of patient severity of illness
 - Relatively equal “leakage” to other facilities
- And, a few hospitals are already 20% + under their expected PPRs

The individual hospital target reductions are just a theoretical number to shoot for – not a rigid goal. Go for more!