

Eligible Hospital (EH) Meaningful Use Measures applicable if previously scheduled to be in Stage 2 in Program Year 2016

Note that pdf upload will overwrite all saved meaningful use information.

Meaningful Use Objectives

- EHs must complete all 8 Meaningful Use Objectives.

1. Protect Patient Health Information	
Objective: Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.	
Measure: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital or CAH's risk management process.	
Compliance: Eligible hospitals and CAHs must attest YES to conducting or reviewing a security risk analysis and implementing security updates as necessary and correcting identified security deficiencies to meet this measure.	YES NO
2. Clinical Decision Support	
Objective: Use clinical decision support to improve performance on high-priority health conditions.	
Measure 1: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an eligible hospital or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.	
Compliance: Eligible hospitals and CAHs must attest YES to implementing five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period.	YES NO
Measure 2: The eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	
Compliance: Eligible hospitals or CAHs must attest YES to enabling and implementing functionality for drug-drug and drug-allergy interaction to meet this measure.	YES NO
3. Computerized Provider Order Entry (CPOE)	
Objective: Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional that can enter orders into the medical record per state, local, and professional guidelines.	
Measure 1: More than 60 percent of medication orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.	
Numerator: The number of orders in the denominator recorded using CPOE.	
Denominator: Number of medication orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.	
CEHRT Records Only: Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).	YES NO
Measure 2: More than 30 percent of laboratory orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.	
Numerator: The number of orders in the denominator recorded using CPOE.	
Denominator: Number of laboratory orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.	

CEHRT Records Only: Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).	YES	NO
Measure 3: More than 30 percent of radiology orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.		
Numerator: The number of orders in the denominator recorded using CPOE.		
Denominator: Number of radiology orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.		
CEHRT Records Only: Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).	YES	NO

4. Electronic Prescribing		
Objective: Generate and transmit permissible prescriptions electronically (eRx).		
Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.		
Exclusion 1: Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and is not located within 10 miles of any pharmacy that accepts electronic prescriptions at the start of their EHR reporting period. Exclusion applies to you?	YES	NO
Exclusion 2 (Alternate): Any eligible hospital or CAH scheduled to demonstrate Stage 2 but did not intend to select the Stage 2 eRx objective in 2016. Exclusion applies to you?	YES	NO
Numerator: The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically.		
Denominator: Number of new or changed permissible prescriptions written for drugs requiring a prescription in order to be dispensed for patients discharged during the EHR reporting period.		
CEHRT Records Only: Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).	YES	NO

5. Health Information Exchange		
Objective: The eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.		
Measure: The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must: (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.		
Numerator: The number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically.		
Denominator: Number of transitions of care and referrals during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.		
CEHRT Records Only: Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).	YES	NO

6. Patient-Specific Education		
Objective: Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.		
Measure: More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources identified by CEHRT.		
Numerator: Number of patients in the denominator who are subsequently provided patient-specific education resources identified by CEHRT.		

Denominator: Number of unique patients admitted to the eligible hospital or CAH inpatient or emergency departments (POS 21 or 23) during the EHR reporting period.	
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7. Medication Reconciliation

Objective: The eligible hospital or CAH that receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.	
Measure: The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).	
Numerator: The number of transitions of care in the denominator where medication reconciliation was performed.	
Denominator: Number of transitions of care during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the receiving party of the transition.	
CEHRT Records Only: Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).	YES NO

8. Patient Electronic Access

Objective: Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.	
Measure 1: More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download and transmit to a third party their health information.	
Numerator: The number of patients in the denominator who have access to view, download, and transmit their health information within 36 hours after the information is available to the eligible hospital or CAH.	
Denominator: Number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.	
Measure 2: At least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period.	
Exclusion: Any eligible hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period. Exclusion applies to you?	YES NO
Numerator: The number of patients (or patient-authorized representative) in the denominator who view, download, or transmit to a third party their health information.	
Denominator: Number of unique patients discharged from the inpatient or emergency department (POS 21 or 23) of the eligible hospital or CAH during the EHR reporting period.	

Meaningful Use Public Health Measures

- EHs must minimally complete 3 non-excluded measures through active engagement compliance and provide the corresponding registry details.
- An EH may provide up to 3 registries for measure 3, which will be counted toward the total number of non-excluded measures necessary to meet the minimum criteria.
- Supporting documentation must be provided for non-State registries via the 'Upload Document' card for the reported Public Health Measures.
- If 3 Public Health measures are not reported, all other measures must be set to excluded to be compliant.
- Active engagement means that the provider is in the process of moving towards sending "production data" to a public health agency or clinical data registry, or is sending production data to a public health agency or clinical data registry.

1. Immunization Registry Reporting					
Measure: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.					
Exclusion: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the eligible hospital or CAH: - Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period; - Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or - Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the eligible hospital or CAH at the start of the EHR reporting period. Exclusion applies to you?	YES NO				
Compliance: Eligible hospitals or CAHs must attest YES to being in active engagement with a public health agency to submit immunization data.	YES NO				
Registry Details <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 30%; text-align: center;">Select Registry</td> <td></td> </tr> <tr> <td style="text-align: center;">Other Registry Name</td> <td></td> </tr> </table>		Select Registry		Other Registry Name	
Select Registry					
Other Registry Name					

2. Syndromic Surveillance Reporting					
Measure: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.					
Exclusion: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the eligible hospital or CAH: - Does not have an emergency or urgent care department; - Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or - Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs at the start of the EHR reporting period. Exclusion applies to you?	YES NO				
Compliance: Eligible hospitals or CAHs must attest YES to being in active engagement with a public health agency to submit syndromic surveillance data.	YES NO				
Registry Details <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 30%; text-align: center;">Select Registry</td> <td></td> </tr> <tr> <td style="text-align: center;">Other Registry Name</td> <td></td> </tr> </table>		Select Registry		Other Registry Name	
Select Registry					
Other Registry Name					

3. Specialized Registry Reporting

The eligible hospital or CAH is in active engagement to submit data to a specialized registry. Selecting any exclusion below will exclude the whole measure.

Measure 3.1:

Exclusion: Any eligible hospital or CAH meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the eligible hospital or CAH:
 - Does not diagnose or treat any disease or condition associated with, or collect relevant data that is required by a specialized registry in their jurisdiction during the EHR reporting period;
 - Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
 - Operates in a jurisdiction where no specialized registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.
 Exclusion applies to you?

YES NO

Compliance: Eligible hospitals or CAHs must attest YES to being in active engagement to submit data to a specialized registry.

YES NO

Registry Details

Select Registry	
Other Registry Name	

Measure 3.2:

Exclusion: Any eligible hospital or CAH meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the eligible hospital or CAH:
 - Does not diagnose or treat any disease or condition associated with, or collect relevant data that is required by a specialized registry in their jurisdiction during the EHR reporting period;
 - Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
 - Operates in a jurisdiction where no specialized registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.
 Exclusion applies to you?

YES NO

Compliance: Eligible hospitals or CAHs must attest YES to being in active engagement to submit data to a specialized registry.

YES NO

Registry Details

Select Registry	
Other Registry Name	

Measure 3.3:

Exclusion: Any eligible hospital or CAH meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the eligible hospital or CAH:
 - Does not diagnose or treat any disease or condition associated with, or collect relevant data that is required by a specialized registry in their jurisdiction during the EHR reporting period;
 - Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
 - Operates in a jurisdiction where no specialized registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.
 Exclusion applies to you?

YES NO

Compliance: Eligible hospitals or CAHs must attest YES to being in active engagement to submit data to a specialized registry.

YES NO

Registry Details

Select Registry	
Other Registry Name	

4. Electronic Reportable Laboratory Result Reporting

Measure: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.

Exclusion: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the electronic reportable laboratory result reporting measure if the eligible hospital or CAH:

- Does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period;
- Operates in a jurisdiction for which no public health agency is capable of accepting the specific ELR standards required to meet the CEHRT definition at the start of the EHR reporting period; or
- Operates in a jurisdiction where no public health agency has declared readiness to receive electronic reportable laboratory results from eligible hospitals or CAHs at the start of the EHR reporting period.

Exclusion applies to you?

YES NO

Compliance: Eligible hospitals or CAHs must attest YES to being in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.

YES NO

Registry Details

Select Registry	
Other Registry Name	

Meaningful Use Clinical Quality Measures

- If possible, Eligible Hospitals (EHs) must report on 16 non-exempt (a measure with a denominator above 5) CQMs.
- If insufficient data is available to report on 16 non-exempt CQMs, all non-exempt data must be reported and the remaining CQMs must have an exempt value (5 or less) entered in the denominator.
- The 16 selected CQMs must cover at least 3 of 5 National Quality Strategy (NQS) domains.

CQM Domain 1 - Patient and Family Engagement: These are CQMs that reflect the potential to improve patient-centered care and the quality of care delivered to patients. They emphasize the importance of collecting patient reported data and the ability to impact care at the individual patient level as well as the population level through greater involvement of patients and families in decision making, self care, activation, and understanding of their health condition and its effective management.

CMS26 / NQF0338: Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	
Objective: An assessment that there is documentation in the medical record that a Home Management Plan of Care (HMPC) document was given to the pediatric asthma patient/caregiver	
Numerator: Pediatric asthma inpatients with documentation that they or their caregivers were given a written Home Management Plan of Care (HMPC) document that addresses all of the following: 1. Arrangements for follow-up care 2. Environmental control and control of other triggers 3. Method and timing of rescue actions 4. Use of controllers 5. Use of relievers	
Denominator: Pediatric asthma inpatients with an age of 2 through 17 years, length of stay less than or equal to 120 days, and discharged to home or police custody	

CMS55 / NQF0495: Median Time from ED Arrival to ED Departure for Admitted ED Patients	
Objective: Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department	
Numerator 1: Median time (in minutes) from ED arrival to ED departure for patients in the denominator	
Denominator 1: All patients discharged from acute inpatient care facility's emergency department (ED) with Length of Stay (Discharge Date minus Admission Date) less than or equal to 120 days	
Numerator 2: Median time (in minutes) from ED arrival to ED departure for patients in the denominator	
Denominator 2: All patients discharged from acute inpatient care facility's emergency department (ED) with Length of Stay (Discharge Date minus Admission Date) less than or equal to 120 days, who do not have a diagnosis consistent with psychiatric/mental health disorders	
Numerator 3: Median time (in minutes) from ED arrival to ED departure for patients in the denominator	
Denominator 3: All patients discharged from acute inpatient care facility's emergency department (ED) with Length of Stay (Discharge Date minus Admission Date) less than or equal to 120 days, who have a diagnosis consistent with psychiatric/mental health disorders	

CMS107 / NQF0440: Stroke Education	
Objective: Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke	
Numerator: Ischemic or hemorrhagic stroke patients with written documentation that they or their caregivers were given educational material addressing all of the following: 1. Activation of emergency medical system 2. Follow-up after discharge 3. Medications prescribed at discharge 4. Risk factors for stroke 5. Warning signs and symptoms of stroke	

Denominator: Patients age 18 and older discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less or equal to 120 days Ischemic stroke or hemorrhagic stroke patients discharged to home, home care, or court/law enforcement	
Exclusion: Patients with comfort measures documented	

CMS110 / NQF0375: Venous Thromboembolism Discharge Instructions

Objective: This measure assesses the number of patients diagnosed with confirmed VTE that are discharged to home, home care, court/law enforcement or home on hospice care on warfarin with written discharge instructions that address all four criteria: compliance issues, dietary advice, follow-up monitoring, and information about the potential for adverse drug reactions/interactions	
Numerator: Patients with documentation that they or their caregivers were given written discharge instructions or other educational material about warfarin that addressed all of the following: 1. Compliance issues 2. Dietary advice 3. Follow-up monitoring 4. Potential for adverse drug reactions and interactions Patients who refuse written discharge instructions or other educational material about warfarin	
Denominator: Patients age 18 and older discharged from hospital inpatient acute care during the measurement period with a length of stay less than or equal to 120 days and a diagnosis of venous thromboembolism (VTE) Patients with VTE confirmed through a diagnostic test and discharged to home or court/law enforcement on warfarin therapy	

CMS111 / NQF0497: Median Admit Decision Time to ED Departure Time for Admitted Patients

Objective: Median time (in minutes) from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status	
Numerator 1: Median time (in minutes) from Decision to Admit to ED departure for patients in the denominator	
Denominator 1: All patients discharged from acute inpatient care facility's emergency department (ED) with Length of Stay (Discharge Date minus Admission Date) less than or equal to 120 days	
Numerator 2: Median time (in minutes) from Decision to Admit to ED departure for patients in the denominator	
Denominator 2: All patients discharged from acute inpatient care facility's emergency department (ED) with Length of Stay (Discharge Date minus Admission Date) less than or equal to 120 days, who do not have a diagnosis consistent with psychiatric/mental health disorders	
Numerator 3: Median time (in minutes) from Decision to Admit to ED departure for patients in the denominator	
Denominator 3: All patients discharged from acute inpatient care facility's emergency department (ED) with Length of Stay (Discharge Date minus Admission Date) less than or equal to 120 days, who have a diagnosis consistent with psychiatric/mental health disorders	

CQM Domain 2 - Patient Safety: These are CQMs that reflect the safe delivery of clinical services in both hospital and ambulatory settings and include processes that would reduce harm to patients and reduce burden of illness. These measures should enable longitudinal assessment of condition specific, patient-focused episodes of care.

CMS108 / NQF0371: Venous Thromboembolism Prophylaxis

Objective: This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission

<p>Numerator: Patients who received VTE prophylaxis:</p> <ul style="list-style-type: none"> - The day of or the day after hospital admission - The day of or the day after surgery end date for surgeries that end the day of or the day after hospital admission <p>Patients who have documentation of a reason why no VTE prophylaxis was given:</p> <ul style="list-style-type: none"> - Between arrival and hospital admission - The day of or the day after hospital admission - The day of or the day after surgery end date (for surgeries that end the day of or the day after hospital admission) 	
<p>Denominator: Patients age 18 and older discharged during the measurement period from hospital inpatient acute care with a length of stay less than or equal to 120 days, without a diagnosis of venous thromboembolism (VTE) or obstetrics</p>	
<p>Exclusion:</p> <ul style="list-style-type: none"> - Patients who have a length of stay less than 2 days - Patients with comfort measures documented anytime between arrival and the day after hospital admission - Patients with comfort measures documented by the day after surgery end date for surgeries that start the day of or the day after hospital admission - Patients who are direct admits to intensive care unit (ICU), or transferred to ICU the day of or the day after hospital admission with ICU length of stay greater than or equal to one day - Patients with a principal diagnosis of mental disorders or stroke - Patients with a principal procedure of Surgical Care Improvement Project (SCIP) VTE selected surgeries 	

CMS114 / NQF0376: Incidence of Potentially-Preventable Venous Thromboembolism	
<p>Objective: This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present at admission) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date</p>	
<p>Numerator: Patients who received no VTE prophylaxis prior to the VTE diagnostic test order date</p>	
<p>Denominator: Patients age 18 and older discharged from hospital inpatient acute care during the measurement period with a length of stay less than or equal to 120 days with a non-principal diagnosis of venous thromboembolism (VTE) Patients who developed VTE confirmed by a diagnostic test during hospitalization</p>	
<p>Exclusion:</p> <ul style="list-style-type: none"> - Patients with comfort measures documented - Patients with VTE present at admission - Patients with reasons for not administering mechanical and pharmacologic prophylaxis 	

CMS171 / NQF0527: Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	
<p>Objective: Surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision Patients who received vancomycin or a fluoroquinolone for prophylactic antibiotics should have the antibiotics initiated within two hours prior to surgical incision Due to the longer infusion time required for vancomycin or a fluoroquinolone, it is acceptable to start these antibiotics within two hours prior to incision time</p>	
<p>Numerator 1: Number of surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision (two hours if receiving vancomycin or a fluoroquinolone)</p>	
<p>Denominator 1: All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Coronary artery bypass graft (CABG) procedures</p>	
<p>Exclusion 1:</p> <ul style="list-style-type: none"> - Patients who had a hysterectomy and a caesarean section performed during this hospitalization - Patients who had a principal diagnosis suggestive of preoperative infectious diseases - Patients with physician/advanced practice nurse/physician assistant (physician/APN/PA) documented infection prior to surgical procedure of interest - Patients who had other procedures requiring general or spinal anesthesia that occurred within 3 days (4 days for CABG or Other Cardiac Surgery) prior to or after the procedure of interest (during separate surgical episodes) during this hospital stay 	

Numerator 2: Number of surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision (two hours if receiving vancomycin or a fluoroquinolone)	
Denominator 2: All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Other cardiac surgery	
Exclusion 2: Same as Exclusion 1	
Numerator 3: Number of surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision (two hours if receiving vancomycin or a fluoroquinolone)	
Denominator 3: All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Hip arthroplasty	
Exclusion 3: Same as Exclusion 1	
Numerator 4: Number of surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision (two hours if receiving vancomycin or a fluoroquinolone)	
Denominator 4: All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Knee arthroplasty	
Exclusion 4: Same as Exclusion 1	
Numerator 5: Number of surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision (two hours if receiving vancomycin or a fluoroquinolone)	
Denominator 5: All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Colon surgery	
Exclusion 5: Same as Exclusion 1	
Numerator 6: Number of surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision (two hours if receiving vancomycin or a fluoroquinolone)	
Denominator 6: All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Abdominal hysterectomy	
Exclusion 6: Same as Exclusion 1	
Numerator 7: Number of surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision (two hours if receiving vancomycin or a fluoroquinolone)	
Denominator 7: All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Vaginal hysterectomy	
Exclusion 7: Same as Exclusion 1	
Numerator 8: Number of surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision (two hours if receiving vancomycin or a fluoroquinolone)	

<p>Denominator 8: All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Vascular surgery</p>	
<p>Exclusion 8: Same as Exclusion 1</p>	

<p>CMS178 / NQF0453: Urinary catheter removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being day zero</p>	
<p>Objective: Surgical patients with urinary catheter removed on Postoperative Day 1 or Postoperative Day 2 with day of surgery being day zero</p>	
<p>Numerator: Number of surgical patients whose urinary catheter is removed on postoperative day (POD) 1 or postoperative day (POD) 2 with day of surgery being day zero</p>	
<p>Denominator: All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement period for patients age 18 and older at the time of hospital admission and who have a Principal Procedure Code of selected surgeries All selected surgical patients 18 years of age and older with a catheter placed between hospital arrival and the end of the recovery period, defined as within 6 hours after the end of anesthesia for a SCIP selected surgery as defined in the Initial Population The catheter must still be in place after the end of the recovery period</p>	
<p>Exclusion: - Patients who had a urological, gynecological or perineal procedure performed - Patients who expired perioperatively - Patients whose length of stay was less than two days postoperatively - Patients who had a urinary diversion or a suprapubic catheter or were being intermittently catheterized prior to hospital arrival - Patients who did not have a catheter in place postoperatively - Patients who had physician/APN/PA documentation of a reason for not removing the urinary catheter postoperatively - In ICU on POD 1 or POD 2 AND receives at least one or more dose(s) of one or more of the following medications: - Diuretic - Vasopressor/inotropic - Paralytic</p>	

<p>CMS185 / NQF0716: Healthy Term Newborn</p>	
<p>Objective: Percent of term singleton live births (excluding those with diagnoses originating in the fetal period) who DO NOT have significant complications during birth or the nursery care</p>	
<p>Numerator: The absence of conditions or procedures reflecting morbidity that happened during birth and nursery care to an otherwise normal infant</p>	
<p>Denominator: All patients who are single liveborn term newborns born in a hospital The denominator is composed of singleton, term (>=37 weeks), inborn, livebirths in their birth admission The denominator further has eliminated fetal conditions likely to be present before labor Maternal and obstetrical conditions (e.g. hypertension, prior cesarean, malpresentation) are not excluded unless evidence of fetal effect prior to labor (e.g. IUGR/SGA)</p>	
<p>Exclusion: - Multiple gestations - Preterm - Congenital anomalies - Fetuses affected by selected maternal conditions</p>	

<p>CMS190 / NQF0372: Intensive Care Unit Venous Thromboembolism Prophylaxis</p>	
<p>Objective: This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer)</p>	

<p>Numerator: Patients who received VTE prophylaxis:</p> <ul style="list-style-type: none"> - The day of or the day after ICU admission (or transfer) - The day of or the day after surgery end date for surgeries that end the day of or the day after ICU admission (or transfer) <p>Patients who have documentation of a reason why no VTE prophylaxis was given:</p> <ul style="list-style-type: none"> - Between arrival and ICU admission (for patients directly admitted as inpatients to the ICU) - The day of or the day after ICU admission (or transfer) - The day of or the day after surgery end date (for surgeries that end the day of or the day after ICU admission (or transfer) 	
<p>Denominator: Patients age 18 and older discharged during the measurement period from hospital inpatient acute care with a length of stay less than or equal to 120 days, without a diagnosis of venous thromboembolism (VTE) or obstetrics Patients directly admitted or transferred to ICU during the hospitalization</p>	
<p>Exclusion:</p> <ul style="list-style-type: none"> - Patients who have a hospital length of stay (LOS) less than 2 days - Patients with comfort measures documented anytime between arrival and the day after ICU admission or transfer - Patients with comfort measures documented by the day after surgery end date for surgeries that end the day of or the day after hospital admission - Patients with a principal procedure of surgical care improvement Project (SCIP) VTE selected surgeries that end the day of or the day after ICU admission or transfer 	
<p>Exception: Patients with ICU LOS less than one day</p>	

CQM Domain 3 - Care Coordination: These are CQMs that demonstrate appropriate and timely sharing of information and coordination of clinical and preventive services among health professionals in the care team and with patients, caregivers, and families in order to improve appropriate and timely patient and care team communication.

CMS32 / NQF0496: Median Time from ED Arrival to ED Departure for Discharged ED Patients	
Objective: Median elapsed time from emergency department arrival to emergency room departure for patients discharged from the emergency department	
Numerator 1: Median elapsed time (in minutes) from ED arrival to ED departure for patients in the denominator	
Denominator 1: All patients seen in an emergency department (ED) and discharged during the measurement period	
Exclusion 1: Emergency department encounters where the patient expired during the encounter	
Numerator 2: Median elapsed time (in minutes) from ED arrival to ED departure for patients in the denominator	
Denominator 2: Patients seen in an emergency department (ED) with diagnosis consistent with mental disorders, and discharged during the measurement period	
Exclusion 2: Emergency department encounters where the patient expired during the encounter	
Numerator 3: Median elapsed time (in minutes) from ED arrival to ED departure for patients in the denominator	
Denominator 3: Patients seen in an emergency department (ED) transferred to another acute care hospital during the measurement period	
Exclusion 3: Emergency department encounters where the patient expired during the encounter	
Numerator 4: Median elapsed time (in minutes) from ED arrival to ED departure for patients in the denominator	
Denominator 4: Patients seen in an emergency department (ED), with diagnosis not consistent with mental disorders, not transferred to another acute care hospital, and discharged during the measurement period	
Exclusion 4: Emergency department encounters where the patient expired during the encounter	

CMS102 / NQF0441: Assessed for Rehabilitation
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Objective: Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services	
Numerator: Ischemic or hemorrhagic stroke patients assessed for or who received rehabilitation services	
Denominator: Patients age 18 and older discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less or equal to 120 days	
Exclusion: <ul style="list-style-type: none"> - Patients with comfort measures documented - Patients discharged to another hospital - Patients who left against medical advice - Patients who expired - Patients discharged to home for hospice care - Patients discharged to a health care facility for hospice care 	

CQM Domain 4 - Efficient Use of Healthcare Resources: These are CQMs that reflect efforts to significantly improve outcomes and reduce errors. These CQMs also impact and benefit a large number of patients and emphasize the use of evidence to best manage high priority conditions and determine appropriate use of healthcare resources.

CMS172 / NQF0528: Prophylactic Antibiotic Selection for Surgical Patients	
Objective: Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure)	
Numerator 1: Number of surgical patients who received prophylactic antibiotics recommended for their specific surgical procedure	
Denominator 1: All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries <ul style="list-style-type: none"> - Coronary artery bypass graft (CABG) procedures 	
Exclusion 1: <ul style="list-style-type: none"> - Patients who had a principal diagnosis suggestive of preoperative infectious diseases - Patients who had any infection prior to anesthesia - Patients who expired perioperatively - Patients who received ONLY oral or intramuscular (IM) antibiotics or the route was unable to be determined during this inpatient stay - Patients who received ALL antibiotics greater than 1440 minutes prior to anesthesia end date and time - Patients who did not receive any antibiotics within the timeframe 1440 minutes before Surgical Incision Date and Time (i.e., patient did not receive prophylactic antibiotics) through discharge - Patients who received antibiotics prior to arrival and did not receive any antibiotics during this hospitalization - Patients who had other procedures requiring general or spinal anesthesia that occurred within 3 days (4 days for CABG or Other Cardiac Surgery) prior to or after the procedure of interest (during separate surgical episodes) during this hospital stay This could also include implantation of pocketed devices 	
Numerator 2: Number of surgical patients who received prophylactic antibiotics recommended for their specific surgical procedure	
Denominator 2: All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries <ul style="list-style-type: none"> - Other cardiac surgery 	
Exclusion 2: Same as Exclusion 1	
Numerator 3: Number of surgical patients who received prophylactic antibiotics recommended for their specific surgical procedure	

<p>Denominator 3: All hospital discharges for selective surgery with hospital stays \leq 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Hip arthroplasty</p>	
<p>Exclusion 3: Same as Exclusion 1</p>	
<p>Numerator 4: Number of surgical patients who received prophylactic antibiotics recommended for their specific surgical procedure</p>	
<p>Denominator 4: All hospital discharges for selective surgery with hospital stays \leq 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Knee arthroplasty</p>	
<p>Exclusion 4: Same as Exclusion 1</p>	
<p>Numerator 5: Number of surgical patients who received prophylactic antibiotics recommended for their specific surgical procedure</p>	
<p>Denominator 5: All hospital discharges for selective surgery with hospital stays \leq 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Colon surgery</p>	
<p>Exclusion 5: Same as Exclusion 1</p>	
<p>Numerator 6: Number of surgical patients who received prophylactic antibiotics recommended for their specific surgical procedure</p>	
<p>Denominator 6: All hospital discharges for selective surgery with hospital stays \leq 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Abdominal hysterectomy</p>	
<p>Exclusion 6: Same as Exclusion 1</p>	
<p>Numerator 7: Number of surgical patients who received prophylactic antibiotics recommended for their specific surgical procedure</p>	
<p>Denominator 7: All hospital discharges for selective surgery with hospital stays \leq 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Vaginal hysterectomy</p>	
<p>Exclusion 7: Same as Exclusion 1</p>	
<p>Numerator 8: Number of surgical patients who received prophylactic antibiotics recommended for their specific surgical procedure</p>	
<p>Denominator 8: All hospital discharges for selective surgery with hospital stays \leq 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Vascular surgery</p>	
<p>Exclusion 8: Same as Exclusion 1</p>	

Objective: Immunocompetent patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines

(Population 1) Immunocompetent ICU patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines

(Population 2) Immunocompetent non-Intensive Care Unit (ICU) patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines

Numerator 1: Pneumonia patients who received an initial antibiotic regimen consistent with current guidelines during the first 24 hours of their hospitalization
This defines appropriate antibiotics for ICU patients

Denominator 1: Patients admitted to the intensive care unit (ICU)
Pneumonia patients 18 years of age and older at the time of admission to acute inpatient care with a discharge principal diagnosis of pneumonia, OR Principal Diagnosis of septicemia or respiratory failure (acute or chronic) AND also a secondary other diagnosis code of pneumonia
Patient with a LOS <=120 days and discharged during the measurement period
Arrival at the hospital means either arrival at the ED or arrival as a direct admit to the inpatient setting
Patients who meet the above criteria and:
- Arrival at hospital is either arrival in ED or arrival to floor as direct admit
- Admitted to ICU within 24 hours after arrival at hospital with reasons for admission due to pneumonia
- Pneumonia related reasons for admission to ICU include:
 - Septic shock
 - Respiratory distress or failure
 - Hypotension
 - Tachypnea
 - Hypoxemia
 - Need for a ventilator
 - Tachycardia
- Diagnosis of pneumonia documented within 24 hours after arrival; if seen in ED diagnosis must be documented in ED
- Antibiotics received within 24 hours of arrival or within 1 day prior to hospital arrival and during hospital stay

Exclusion 1:

- Patients transferred/admitted to the ICU within 24 hours after arrival to this hospital, with a beta-lactam allergy
- Patients with either a normal Chest X-ray or a normal CT scan which includes the chest within 1 day prior to arrival at the hospital or during the hospitalization
- Patients who have 'Comfort Measures' documented as performed or ordered on the day of or the day after arrival at the hospital or after arrival in the ED
- Patients who are transferred from one of the following within 24 hours before the start of the ED encounter or the hospital encounter:
 - An acute care hospital
 - An ambulatory surgical center
 - A transfer from an emergency department of an outside hospital
 - A transfer from an outpatient department of an outside hospital
- Patients who were an inpatient less than or equal to 1 day

The following exclusions are 'reasons for alternative empiric antibiotic therapy':

- Patients who have a diagnosis of a 'prolonged QT interval' documented within 24 hours after arrival at the ED or the hospital
- Patients who have an active diagnosis of an immunocompromised condition within the last 3 months before arrival at the ED or arrival at the hospital or during the hospitalization
- Patients who have significant neutropenia, which is defined as a Neutrophil count of < 500 per mm³ within the last 3 months before arrival at the ED or arrival at the hospital or during the hospitalization
- Patients who have any of the following within 30 days before arrival at the ED or arrival at the hospital:
 - Hemodialysis or peritoneal dialysis
 - Wound care
 - Tracheostomy care
 - Ventilator care
 - Diagnosis of healthcare associated pneumonia
- Patients who have any of the following which starts before the end of the inpatient hospitalization:
 - Immunodeficient conditions
 - Cystic Fibrosis
 - History of an organ transplant
- Patients who have any of the following within 90 days before the start of either the ED or the direct admit:
 - Immunocompromised Therapies (radiation treatments, for instance)
 - Systemic Immunosuppressive therapy (chemotherapy, for instance)
 - A patient in a nursing home or an extended care facility
 - A patient in another acute care hospital

Exception 1:

- Pneumonia patients with Another Source of Infection who did not receive an antibiotic regimen recommended for pneumonia, but did receive antibiotics within the first 24 hours of hospitalization
- Pneumonia patients who have been on systemic corticosteroid/prednisone therapy within the last 90 days prior to arrival to the hospital

Numerator 2: Pneumonia patients who received an initial antibiotic regimen consistent with current guidelines during the first 24 hours of their hospitalization
This defines appropriate antibiotics for non-ICU patients
Non-ICU patients are evaluated for pseudomonal risk

Pseudomonal risk requires certain antibiotics per clinical guidelines

Pseudomonal risk includes:

- Bronchiectasis
- Structural lung disease which includes the following:
 - 'Diagnosis, Active: COPD'
 - 'Diagnosis, Active: Chronic bronchitis'
 - 'Diagnosis, Active: Emphysema'
 - 'Diagnosis, Active: Interstitial lung disease'
 - 'Diagnosis, Active: Restrictive lung disease'
 - 'Diagnosis, Active: Structural lung disease'

<p>Denominator 2: Patients admitted to non-ICU hospital locations Pneumonia patients 18 years of age and older at the time of admission to acute inpatient care with a discharge principal diagnosis of pneumonia, OR Principal Diagnosis of septicemia or respiratory failure (acute or chronic) AND also a secondary other diagnosis code of pneumonia Patient with a LOS <=120 days and discharged during the measurement period Arrival at the hospital means either arrival at the ED or arrival as a direct admit to the inpatient setting Patients who meet the above criteria and: - Arrival at hospital is either arrival in ED or arrival to floor as direct admit - Diagnosis of pneumonia documented within 24 hours after arrival; if seen in ED diagnosis must be documented in ED - Antibiotics received within 24 hours after arrival</p>	
<p>Exclusion 2: - Patients with either a normal Chest X-ray or a normal CT scan which includes the chest within 1 day prior to arrival at the hospital or during the hospitalization - Patients who have 'Comfort Measures' documented as performed or ordered on the day of or the day after arrival at the hospital or after arrival in the ED - Patients who are transferred from one of the following within 24 hours before the start of the ED encounter or the hospital encounter: - An acute care hospital - An ambulatory surgical center - A transfer from an emergency department of an outside hospital - A transfer from an outpatient department of an outside hospital - Patients who were an inpatient less than or equal to 1 day</p> <p>The following exclusions are 'reasons for alternative empiric antibiotic therapy': - Patients who have a diagnosis of a 'prolonged QT interval' documented within 24 hours after arrival at the ED or the hospital - Patients who have an active diagnosis of an immunocompromised condition within the last 3 months before arrival at the ED or arrival at the hospital or during the hospitalization - Patients who have significant neutropenia, which is defined as a Neutrophil count of < 500 per mm³ within the last 3 months before arrival at the ED or arrival at the hospital or during the hospitalization - Patients who have any of the following within 30 days before arrival at the ED or arrival at the hospital: - Hemodialysis or peritoneal dialysis - Wound care - Tracheostomy care - Ventilator care - Diagnosis of healthcare associated pneumonia - Patients who have any of the following which starts before the end of the inpatient hospitalization: - Immunodeficient conditions - Cystic Fibrosis - History of an organ transplant - Patients who have any of the following within 90 days before the start of either the ED or the direct admit: - Immunocompromised Therapies (radiation treatments, for instance) - Systemic Immunosuppressive therapy (chemotherapy, for instance) - A patient in a nursing home or an extended care facility - A patient in another acute care hospital</p>	
<p>Exception 2: - Pneumonia patients with Another Source of Infection who did not receive an antibiotic regimen recommended for pneumonia, but did receive antibiotics within the first 24 hours of hospitalization - Pneumonia patients who have been on systemic corticosteroid/prednisone therapy within the last 90 days prior to arrival to the hospital</p>	

CQM Domain 5 - Clinical Processes/Effectiveness: These are CQMs that reflect clinical care processes closely linked to outcomes based on evidence and practice guidelines.

CMS9 / NQF0480: Exclusive Breast Milk Feeding	
Objective: Exclusive breast milk feeding during the newborn's entire hospitalization	
Numerator: Newborns who were fed breast milk only since birth	
Denominator: Single term newborns born in the hospital who did not have a diagnosis of galactosemia, were not subject to parenteral nutrition, and had a length of stay less than or equal to 120 days Single term newborns discharged from the hospital	

Exclusion: Newborns who were admitted to the Neonatal Intensive Care Unit (NICU), who were transferred to an acute care facility, who expired during the hospitalization, or whose mothers chose not to exclusively breast feed	
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CMS30 / NQF0639: Statin Prescribed at Discharge	
Objective: Acute myocardial infarction (AMI) patients who are prescribed a statin medication at hospital discharge	
Numerator: AMI patients who are prescribed a statin medication at hospital discharge	
Denominator: Patients age 18 and older at the time of hospital admission with a principal diagnosis of Acute Myocardial Infarction (AMI) with hospital stays <= 120 days during the measurement year	
Exclusion: <ul style="list-style-type: none"> - Patients with Comfort Measures documented - Patients discharged to another hospital - Patients who left against medical advice - Patients who expired - Patients discharged to home for hospice care - Patients discharged to a health care facility for hospice care 	
Exception: <ul style="list-style-type: none"> - Patients with LDL of less than 100 mg/dL within the first 24 hours after hospital arrival or 30 days prior to hospital arrival - Or patients with a documented Reason for Not Prescribing Statin Medication at Discharge This includes patients with a statin allergy, the administration of statin medications are on HOLD, or a medical or patient reason for not prescribing a statin	

CMS31 / NQF1354: Hearing Screening Prior To Hospital Discharge (EHDI-1a)	
Objective: This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge	
Numerator: Live birth encounters during the measurement period where a patient born at the facility is screened for hearing loss prior to discharge or not screened due to medical reasons	
Denominator: Live birth encounters at a hospital or birthing facility where the newborn was discharged during the measurement period	
Exclusion: Live birth encounters where the patient expires prior to discharge and has not received hearing screening for the left or right ear	

CMS53 / NQF0163: Primary PCI Received Within 90 Minutes of Hospital Arrival	
Objective: Acute myocardial infarction (AMI) patients with ST-segment elevation on the ECG closest to arrival time receiving primary PCI during the hospital stay with a time from hospital arrival to PCI of 90 minutes or less	
Numerator: AMI patients whose time from hospital arrival to primary PCI is 90 minutes or less	
Denominator: Patients age 18 and older at the time of hospital admission or ED visit with a principal diagnosis of Acute Myocardial Infarction (AMI) with hospital stays <= 120 days during the measurement year And an ECG (result: Acute or Evolving MI) closest to inpatient admission and a primary PCI procedure	
Exclusion: <ul style="list-style-type: none"> - Patients received as a transfer from an inpatient or outpatient department of another hospital - Patients received as a transfer from the emergency/observation department of another hospital - Patients received as a transfer from an ambulatory surgery center 	
Exception: Patients who have a specified medical diagnosis or procedure performed are the exception	

CMS60 / NQF0164: Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	
Objective: Acute myocardial infarction (AMI) patients with ST-segment elevation on the ECG closest to arrival time receiving fibrinolytic therapy during the hospital stay and having a time from hospital arrival to fibrinolysis of 30 minutes or less	
Numerator: AMI patients whose time from hospital arrival to fibrinolysis is 30 minutes or less	

<p>Denominator: Patients age 18 and older at the time of ED visit or hospital admission with a principal diagnosis of Acute Myocardial Infarction (AMI) with hospital stays <= 120 days during the measurement year And patients with an ECG result of acute or evolving MI, who received fibrinolytic therapy 360 minutes starting after the hospital arrival</p>	
<p>Exclusion: - Patients received as a transfer from an inpatient or outpatient department of another hospital - Patients received as a transfer from the emergency/observation department of another hospital - Patients received as a transfer from an ambulatory surgery center</p>	
<p>Exception: Patients who did not receive fibrinolytic therapy within 30 minutes and had a documented reason for delay in fibrinolytic therapy Or who had one of the following procedures performed: Aortic balloon pump insertion; Endotracheal Intubation; or Ventricular Assist Device placement</p>	

CMS71 / NQF0436: Anticoagulation Therapy for Atrial Fibrillation/Flutter

<p>Objective: Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge</p>	
<p>Numerator: Patients prescribed anticoagulation therapy at hospital discharge</p>	
<p>Denominator: Patients age 18 and older discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less than or equal to 120 days that ends during the measurement period Patients with a principal diagnosis of ischemic stroke, history of atrial ablation, and current or history of atrial fibrillation/flutter</p>	
<p>Exclusion: - Patients with comfort measures documented - Patients admitted for elective carotid intervention This exclusion is implicitly modeled by only including non-elective hospitalizations - Patients discharged to another hospital - Patients who left against medical advice - Patients who expired - Patients discharged to home for hospice care - Patients discharged to a health care facility for hospice care</p>	
<p>Exception: Patients with a documented reason for not prescribing anticoagulation therapy at discharge</p>	

CMS72 / NQF0438: Antithrombotic Therapy By End of Hospital Day 2

<p>Objective: Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2</p>	
<p>Numerator: Patients who had antithrombotic therapy administered the day of or day after hospital arrival</p>	
<p>Denominator: Patients age 18 and older discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less or equal to 120 days Patients with a principal diagnosis of Ischemic stroke</p>	
<p>Exclusion: - Patients who have a duration of stay less than 2 days - Patients with comfort measures documented on day or the day after arrival - Patients with intra-venous or intra-arterial Thrombolytic (t-PA) Therapy administered within 24 hours prior to arrival or anytime during hospitalization</p>	
<p>Exception: Patients with a documented reason for not administering antithrombotic therapy the day of or day after hospital arrival</p>	

CMS73 / NQF0373: Venous Thromboembolism Patients with Anticoagulation Overlap Therapy

<p>Objective: This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy</p> <p>For patients who received less than five days of overlap therapy, they should be discharged on both medications or have a reason for discontinuation of overlap therapy</p> <p>Overlap therapy should be administered for at least five days with an international normalized ratio (INR) greater than or equal to 2 prior to discontinuation of the parenteral anticoagulation therapy, discharged on both medications or have a reason for discontinuation of overlap therapy</p>	
<p>Numerator: Patients who received overlap therapy (warfarin and parenteral anticoagulation):</p> <ul style="list-style-type: none"> - Five or more days, with an INR greater than or equal to 2 prior to discontinuation of parenteral therapy OR - Five or more days, with an INR less than 2 and discharged on overlap therapy OR - Less than five days and discharged on overlap therapy OR - With documentation of reason for discontinuation of parenteral therapy OR - With documentation of a reason for no overlap therapy 	
<p>Denominator: Patients with a diagnosis code for venous thromboembolism (VTE), a patient age greater than or equal to 18 years, and a length of stay less than or equal to 120 days</p> <p>Patients with confirmed VTE who received warfarin</p>	
<p>Exclusion:</p> <ul style="list-style-type: none"> - Patients with Comfort Measures documented - Patients discharged to a health care facility for hospice care - Patients discharged to home for hospice care - Patients who expired - Patients who left against medical advice - Patients discharged to another hospital - Patients without warfarin therapy during hospitalization - Patients without VTE confirmed by diagnostic testing 	

CMS91 / NQF0437: Thrombolytic Therapy

<p>Objective: Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well and for whom t-PA was initiated at this hospital within 3 hours of time last known well</p>	
<p>Numerator: Acute ischemic stroke patients for whom IV thrombolytic therapy was initiated at this hospital within 3 hours (less than or equal to 180 minutes) of when it was witnessed or reported that the patient was last known to be without the signs and symptoms of the current stroke or at his or her baseline state of health</p>	
<p>Denominator: Patients age 18 and older discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less than or equal to 120 days</p> <p>Ischemic stroke patients admitted through the Emergency Department whose time of arrival is within 2 hours (less than or equal to 120 minutes) of the</p> <ol style="list-style-type: none"> 1) Time they were known to be at their baseline state of health; or 2) Time of symptom onset if time last known at baseline state is not known 	
<p>Exception:</p> <ul style="list-style-type: none"> - Patients with comfort measures documented on the day of or the day after arrival - Patients with intra-venous or intra-arterial Thrombolytic (t-PA) Therapy prior to arrival - Patients with documentation of a National Institutes for Health Stroke Scale (NIHSS) score of zero in the emergency department - Patients with Medical Reasons for not initiating IV thrombolytics documented by a physician/APN/PA or pharmacist on the day of or the day after arrival - Patients with any of the following results within 180 minutes of the 1) time they were known to be at their baseline state of health; or 2) time of symptom onset: <ul style="list-style-type: none"> - Prothrombin Time > 15 seconds - Platelet Count < 100,000 - INR < 1.7 - Partial Thromboplastin Time > 40 seconds - Systolic Blood Pressure > 185 mmHg - Diastolic Blood Pressure > 110 mmHg - Patient refusal 	

CMS100 / NQF0142: Aspirin Prescribed at Discharge

<p>Objective: Acute myocardial infarction (AMI) patients who are prescribed aspirin at hospital discharge</p>	
<p>Numerator: Acute Myocardial Infarction patients prescribed aspirin at hospital discharge</p>	

Denominator: Patients age 18 and older at the time of hospital admission with a principal diagnosis of Acute Myocardial Infarction (AMI) and a length of stay less than or equal to 120 days, during the measurement period	
Exclusion: - Patients with Comfort Measures documented - Patients discharged to another hospital - Patients who left against medical advice - Patients who expired - Patients discharged to home for hospice care - Patients discharged to a health care facility for hospice care	
Exception: Patients with a documented reason for not prescribing aspirin at discharge This includes patients with an aspirin allergy; discharged on warfarin or other specific anticoagulant medications; the administration of aspirin medications are on HOLD; or a medical or patient reason for not prescribing aspirin	

CMS104 / NQF0435: Discharged on Antithrombotic Therapy	
Objective: Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge	
Numerator: Patients prescribed antithrombotic therapy at hospital discharge	
Denominator: Patients age 18 and older discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less or equal to 120 days, during the measurement period Patients with a principal diagnosis of Ischemic stroke	
Exclusion: - Patients with comfort measures documented - Patients admitted for elective carotid intervention This exclusion is implicitly modeled by only including non-elective hospitalizations - Patients discharged to another hospital - Patients who left against medical advice - Patients who expired - Patients discharged to home for hospice care - Patients discharged to a health care facility for hospice care	
Exception: Patients with a documented reason for not prescribing antithrombotic therapy at discharge	

CMS105 / NQF0439: Discharged on Statin Medication	
Objective: Ischemic stroke patients who are prescribed statin medication at hospital discharge	
Numerator: Patients prescribed statin medication at hospital discharge	
Denominator: Patients age 18 and older discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less or equal to 120 days Patients with a principal diagnosis of ischemic stroke	
Exclusion: - Patients admitted for elective carotid intervention This exclusion is implicitly modeled by only including non-elective hospitalizations - Patients with comfort measures documented - Patients discharged to another hospital - Patients who left against medical advice - Patients who expired - Patients discharged to home for hospice care - Patients discharged to a health care facility for hospice care - Patients with an LDL-c of less than 70 mg/dL <30 days prior to arrival or any time during the hospital stay	
Exception: Patients with a reason for not prescribing statin medication at discharge	

CMS109 / NQF0374: Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram	
Objective: This measure assesses the number of patients diagnosed with confirmed VTE who received intravenous (IV) UFH therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol	

Numerator: Patients who have their IV UFH therapy dosages and platelet counts monitored according to defined parameters such as a nomogram or protocol	
Denominator: Patients age 18 and older discharged from hospital inpatient acute care during the measurement period with a length of stay less than or equal to 120 days and a diagnosis of venous thromboembolism (VTE) Patients with VTE confirmed through a diagnostic test and receiving IV UFH therapy	
Exclusion: <ul style="list-style-type: none"> - Patients with comfort measures documented - Patients discharged to an acute care facility - Patients who left against medical advice - Patients who expired - Patients discharged to home for hospice care - Patients discharged to a health care facility for hospice care 	

CMS113 / NQF0469: Elective Delivery	
Objective: Patients with elective vaginal deliveries or elective cesarean births at ≥ 37 and < 39 weeks of gestation completed	
Numerator: Patients with elective deliveries by either: <ul style="list-style-type: none"> - Medical induction of labor while not in labor prior to the procedure - Cesarean birth while not in labor and with no history of a prior uterine surgery 	
Denominator: Patients age ≥ 18 years and < 65 admitted to the hospital for inpatient acute care and had a length of stay < 120 days who undergo a delivery procedure Patients delivering newborns with ≥ 37 and < 39 weeks of gestation completed	
Exclusion: Patients with conditions possibly justifying elective delivery prior to 39 weeks gestation	