

**CLINICAL QUALITY MEASURES FINALIZED FOR ELIGIBLE HOSPITALS  
AND CRITICAL ACCESS HOSPITALS BEGINNING WITH FY 2014**

<b>CMS eMeasure ID</b>	<b>NQF #</b>	<b>Version #</b>	<b>Measure Title</b>	<b>Measure Description</b>	<b>Numerator Statement</b>	<b>Denominator Statement</b>	<b>Measure Steward</b>	<b>National Quality Strategy Domain</b>
55	0495	3	Emergency Department (ED)-1 Emergency Department Throughput – Median time from ED arrival to ED departure for admitted ED patients	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.	Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the emergency department.	All ED patients admitted to the facility from the ED and stratified according to Inpatient Admission or Diagnosis of Psychiatric/Mental Health condition	CMS OFMQ is the developer	Patient and Family Engagement
111	0497	3	ED-2 Emergency Department Throughput – admitted patients – Admit decision time to ED departure time for admitted patients	Median time (in minutes) from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status.	Median time (in minutes) from Decision to Admit to ED departure for patients admitted to the facility from the emergency department.	All ED patients admitted to the facility from the ED and stratified according to Inpatient Admission or Diagnosis of Psychiatric/Mental Health condition.	CMS OFMQ is the developer	Patients and Family Engagement
104	0435	3	Stroke-2 Ischemic stroke – Discharged on anti-thrombotic therapy.	Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.	Ischemic stroke patients prescribed antithrombotic therapy at hospital	Ischemic stroke patients.	The Joint Commission	Clinical Process/ Effectiveness
71	0436	4	Stroke-3 Ischemic stroke – Anticoagulation Therapy for Atrial Fibrillation/Flutter	Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.	Ischemic stroke patients prescribed anticoagulation therapy at hospital discharge.	Ischemic stroke patients with documented atrial fibrillation/flutter.	The Joint Commission	Clinical Process/ Effectiveness

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91	0437	4	Stroke-4 Ischemic stroke – Thrombolytic Therapy	Acute ischemic stroke patients who arrive at this hospital within 2 hours (120 minutes) of time last known well and for whom IV t-PA was initiated at this hospital within 3 hours (180 minutes) of time last known well.	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 time last known well.	Acute ischemic stroke patients whose time of arrival is within 2 hours (less than or equal to 120 minutes) of time last known well.	The Joint Commission	Clinical Process/ Effectiveness
72	0438	3	Stroke-5 Ischemic stroke – Antithrombotic therapy by end of hospital day two	Ischemic stroke patients administered antithrombotic therapy by the end of hospital day two.	Ischemic stroke patients who had antithrombotic therapy administered by end of hospital day two.	Ischemic stroke patients.	The Joint Commission	Clinical Process/ Effectiveness
105	0439	3	Stroke-6 Ischemic stroke – Discharged on Statin Medication	Ischemic stroke patients with LDL greater than or equal to 100 mg/dL, or LDL not measured, or, who were on a lipid-lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge.	Ischemic stroke patients prescribed statin medication at hospital discharge.	Ischemic stroke patients with an LDL greater than or equal to 100 mg/dL, OR LDL not measured, OR who were on a lipid-lowering medication prior to hospital arrival.	The Joint Commission	Clinical Process/ Effectiveness

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107	Not applicable	3	Stroke-8 Ischemic or hemorrhagic stroke – Stroke education	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.	Ischemic or hemorrhagic stroke patients with documentation that they or their caregivers were given educational material addressing all of the following: <ol style="list-style-type: none"> <li>1. Activation of emergency medical system</li> <li>2. Need for follow-up after discharge</li> <li>3. Medications prescribed at discharge</li> <li>4. Risk factors for stroke</li> <li>5. Warning signs and symptoms of stroke.</li> </ol>	Ischemic stroke or hemorrhagic stroke patients discharged to home.	The Joint Commission	Patient and Family Engagement
102	0441	3	Stroke-10 Ischemic or hemorrhagic stroke – Assessed for Rehabilitation	Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services.	Ischemic or hemorrhagic stroke patients assessed for or who received rehabilitation services.	Patients admitted to the hospital for inpatient acute care with a principal diagnosis code for ischemic or hemorrhagic stroke with hospital stays <= 120 days during the measurement period for patients age 18 and older at the time of hospital admission.	The Joint Commission	Care Coordination

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108	0371	3	Venous Thromboembolism (VTE)-1 VTE prophylaxis	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>Patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given:</p> <ul style="list-style-type: none"> <li>• the day of or the day after hospital admission</li> <li>• the day of or the day after surgery end date for surgeries that start the day of or the day after hospital admission</li> </ul>	All patients in the initial patient population.	The Joint Commission	Patient Safety
190	0372	3	VTE-2 Intensive Care Unit (ICU) VTE prophylaxis	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 ICU or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer).	<p>Patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given:</p> <ul style="list-style-type: none"> <li>• the day of or the day after ICU admission (or transfer)</li> <li>• the day of or the day after surgery end date for surgeries that start the day of or the day after ICU admission (or transfer)</li> </ul>	Patients directly admitted or transferred to ICU.	The Joint Commission	Patient Safety

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73	0373	3	VTE-3 VTE Patients with Anticoagulation Overlap Therapy	<p>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. For patients who received less than five days of overlap therapy, they must be discharged on both medications or have a reason for discontinuation of overlap therapy. Overlap therapy must 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>Patients who received overlap therapy (warfarin and parenteral anticoagulation):</p> <ul style="list-style-type: none"> <li>• Five or more days, with an INR greater than or equal to 2 prior to discontinuation of parenteral therapy, OR</li> <li>• Five or more days, with an INR less than 2 and discharged on overlap therapy, OR</li> <li>• Less than five days and discharged on overlap therapy, OR</li> <li>• With documentation of reason for discontinuation of overlap therapy, OR</li> <li>• With documentation of a reason for no overlap therapy</li> </ul>	Patients with confirmed VTE who received warfarin.	The Joint Commission	Clinical Process/ Effectiveness

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109	Not applicable	3	VTE-4 VTE Patients Receiving Unfractionated Heparin (UFH) with Dosages/Platelet Count Monitoring by Protocol (or Nomogram)	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.	Patients who have their IV UFH therapy dosages AND platelet counts monitored according to defined parameters such as a nomogram or protocol.	Patients with confirmed VTE receiving IV UFH therapy.	The Joint Commission	Clinical Process/ Effectiveness
110	Not applicable	3	VTE-5 VTE discharge instructions	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.	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: <ol style="list-style-type: none"> <li>1. compliance issues</li> <li>2. dietary advice</li> <li>3. follow-up monitoring</li> <li>4. potential for adverse drug reactions and interactions</li> </ol>	Patients with confirmed VTE discharged to home or court/law enforcement on warfarin therapy.	The Joint Commission	Patient and Family Engagement

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114	Not applicable	3	VTE-6 Incidence of potentially preventable VTE	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.	Patients who received no VTE prophylaxis prior to the VTE diagnostic test order date.	Patients who developed confirmed VTE during hospitalization.	The Joint Commission	Patient Safety
100	0142	3	AMI-2-Aspirin Prescribed at Discharge for AMI	AMI patients who are prescribed aspirin at hospital discharge.	Acute Myocardial Infarction patients who are prescribed aspirin at hospital discharge.	All AMI patients age 18 and older with an ICD-9- CM Principal Diagnosis Code for Acute Myocardial Infarction.	CMS OFMQ is the developer	Clinical Process/ Effectiveness
113	0469	3	PC-01 Elective Delivery Prior to 39 Completed Weeks Gestation	Patients with elective vaginal deliveries or elective cesarean sections at $\geq 37$ and $< 39$ weeks of gestation completed.	Patients with elective deliveries.	Patients delivering newborns with $\geq 37$ and $< 39$ weeks of gestation completed.	The Joint Commission	Clinical Process/ Effectiveness

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60	0164	3	AMI-7a Fibrinolytic Therapy Received Within 30 minutes of Hospital Arrival	Acute myocardial infarction (AMI) patients with ST-segment elevation or LBBB 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.	AMI patients whose time from hospital arrival to fibrinolysis is 30 minutes or less.	AMI patients age 18 and older with ST-elevation or LBBB on ECG who received fibrinolytic therapy with an ICD-9- CM Principal Diagnosis Code for AMI AND ST-segment elevation or LBBB on the ECG performed closest to hospital arrival AND Fibrinolytic therapy within 6 hours after hospital arrival AND Fibrinolytic therapy is primary reperfusion therapy.	CMS OFMQ is the developer	Clinical Process/ Effectiveness

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53	0163	3	AMI-8a Primary PCI Received Within 90 Minutes of Hospital Arrival	Acute myocardial infarction (AMI) Patients with ST- segment elevation or LBBB 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.	AMI patients whose Time from hospital arrival to primary PCI is 90 minutes or less.	Principal diagnosis of AMI (International Classification of Diseases, 9th revision, Clinical Modification [ICD-9-CM] principal diagnosis code: 410.00, 410.01, 410.10, 410.11, 410.20, 410.21, 410.30, 410.31, 410.40, 410.41, 410.50, 410.51, 410.60, 410.61, 410.70, 410.71, 410.80, 410.81, 410.90, 410.91); and PCI procedure ICD-9-CM principal or other procedure code for PCI: 00.66); and AMI patients age 18 and older with ST-elevation or LBBB on ECG who received primary PCI with an ICD- 9-CM Principal Diagnosis Code for AMI AND PCI (ICD-9- CM Principal and Other Procedure Codes for PCI) AND ST-segment elevation or LBBB on the ECG performed closest to hospital arrival; and PCI performed within 24 hours after hospital arrival.	CMS OFMQ is the developer	Clinical Process/ Effectiveness

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30	0639	4	AMI-10 Statin Prescribed at Discharge	Acute Myocardial Infarction (AMI) patients who are prescribed a statin at hospital discharge.	AMI patients who are prescribed a statin medication at hospital discharge.	AMI patients.	CMS OFMQ is the developer	Clinical Process/ Effectiveness
188	0147	4	PN-6 Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients	Immunocompetent patients with CAP who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines.	Pneumonia patients who received an initial antibiotic regimen consistent with current guidelines during the first 24 hours of hospitalization. Numerator 1 (in population 1) defines appropriate antibiotics for ICU patients. Numerator 2 (in population 2) defines appropriate antibiotics for non-ICU patients.	Pneumonia patients 18 years of age and older with an ICD-9-CM Hospital Measures- Principal Diagnosis Code of pneumonia, OR ICD-9-CM Hospital Measures-Principal Diagnosis Code of septicemia or respiratory failure (acute or chronic) and also a secondary ICD-9-CM Other Diagnosis Code of pneumonia, and abnormal findings on chest x-ray or CT scan of the chest within 24 hours prior to hospital arrival or during the hospitalization.	CMS OFMQ is the developer	Efficient Use of Healthcare Resources

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171	0527	4	SCIP-INF-1 Prophylactic Antibiotic Received within 1 Hour Prior to Surgical Incision	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 2 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 2 hours prior to incision time.	Number of surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision (two hours if receiving vancomycin, in Appendix C, Table 3.8, or a fluoroquinolone, in Appendix C, Table 3.10).	All selected surgical patients 18 years of age and older with no evidence of prior infection with an ICD-9- CM Principal Procedure Code of selected surgeries. Denominator for population 1 – Coronary artery bypass graft (CABG) procedures Denominator for population 2 – Other cardiac surgery Denominator for population 3 – Hip arthroplasty Denominator for population 4 – Knee arthroplasty Denominator for population 5 – Colon surgery Denominator for population 6 – Abdominal hysterectomy Denominator for population 7 – Vaginal hysterectomy Denominator for population 8 – Vascular surgery	CMS OFMQ is the developer	Patient safety

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172	0528	4	SCIP-INF-2 Prophylactic Antibiotic Selection for Surgical Patients	Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure).	Number of surgical patients who received recommended prophylactic antibiotics for their specific surgical procedures.	All selected surgical patients 18 years of age and older with no evidence of prior infection with an ICD-9- CM Hospital Measures-Principal Procedure Code of selected surgeries. Denominator for population 1 – Coronary artery bypass graft (CABG) procedures Denominator for population 2 – Other cardiac surgery Denominator for population 3 – Hip arthroplasty Denominator for population 4 – Knee arthroplasty Denominator for population 5 – Colon surgery Denominator for population 6 – Abdominal hysterectomy Denominator for population 7 – Vaginal hysterectomy Denominator for population 8 – Vascular surgery	CMS OFMQ is the developer	Efficient Use of Healthcare Resources

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178	0453	4	SCIP-INF-9 Urinary catheter removed on Postoperative Day 1 (POD1) or Postoperative Day 2 (POD2) with day of surgery being day zero	Surgical patients with urinary catheter removed on Postoperative Day 1 or Postoperative Day 2 with day of surgery being day zero.	Number of surgical patients whose urinary catheter is removed on POD 1 or POD 2 with day of surgery being day zero.	All selected surgical patients 18 years of age and older with a catheter in place postoperatively with an ICD-9-CM Principal Procedure Code of selected surgeries.	CMS OFMQ is the developer	Patient Safety
32	0496	4	ED-3 Median time from ED arrival to ED departure for discharged ED patients	Median time from emergency department arrival to time of departure from the emergency room for patients discharged from the emergency department.	Median time (in minutes) from ED arrival to ED departure for patients discharged from the emergency department.	All ED patients discharged from the ED and stratified according to Discharge Home, Diagnosis of Psychiatric/Mental Health condition, Observation status, Transferred to Another Acute Care Hospital, or other patients not discharged from the ED. Do Not Include in any of the Strata: Patients who are not an ED Patient; Patients who expire in the ED; Patients admitted to the hospital from the ED.	CMS OFMQ is the developer	Care Coordination

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26	Not applicable	2	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	An assessment that there is documentation in the medical record that a Home Management Plan of Care document was given to the pediatric asthma patient/caregiver.	Pediatric asthma inpatients with documentation that they or their caregivers were given a written HMPC document that addresses all of the following: <ol style="list-style-type: none"> <li>1. Arrangements for follow-up care</li> <li>2. Environmental control and control of other triggers</li> <li>3. Method and timing of rescue actions</li> <li>4. Use of controllers</li> <li>5. Use of relievers</li> </ol>	Pediatric asthma in patients 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.	The Joint Commission	Patient and Family Engagement
9	0480	3	Exclusive Breast Milk Feeding	Exclusive breast milk feeding during the newborn's entire hospitalization.	Newborns that were fed breast milk only since birth.	Single term newborns discharged from the hospital who have no diagnosis of galactosemia, no procedure of parenteral infusion, no diagnosis of premature newborn, and length of stay less than or equal to 120 days.	The Joint Commission	Clinical Process/ Effectiveness

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185	0716	3	Healthy Term Newborn	Percent of term singleton live births (excluding those with diagnoses originating in the fetal period) who DO NOT have significant complications during birth or in nursery care.	The absence of conditions or procedures reflecting morbidity that happened during birth and nursery care to an otherwise normal infant.	The denominator is composed of singleton, term ( $\geq 37$ 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).	California Maternal Quality Care Collaborative	Patient Safety
31	1354	3	Hearing screening before hospital discharge	This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge.	All live births during the measurement time period born at a facility and screened for hearing loss prior to discharge, or screened but still not discharged; or not screened due to medical reasons or medical exclusions.	All live births during the measurement time period born at a facility and, discharged without being screened, or screened prior to discharge, or screened but still not discharged.	Centers for Disease Control and Prevention	Clinical Process/ Effectiveness