

**ADDITIONAL INFORMATION REGARDING ELECTRONIC CLINICAL QUALITY MEASURES (eCQMs) FOR CMS QUALITY REPORTING PROGRAMS FOR ELIGIBLE HOSPITALS (EH) AND CRITICAL ACCESS HOSPITALS (CAH)**

The table below entitled “Electronic Clinical Quality Measures for Eligible Hospitals and Critical Access Hospitals” contains additional up-to-date information for Electronic Clinical Quality Measures (eCQMs) that are fully specified and are to be used to electronically report 2019 clinical quality measure data for the Centers for Medicare & Medicaid Services (CMS) quality reporting programs. Measures will not be eligible for 2019 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for each applicable program. Subsequent updates will be provided in a new version of this table. CMS will maintain and publish an archive of each update.

Please note measure stewards updated the titles and descriptions for the eCQMs included in this table and therefore they may not match the information provided on NQF’s website. Measures that do not have an NQF number are measures that are not currently endorsed.

## ELECTRONIC CLINICAL QUALITY MEASURES FOR ELIGIBLE HOSPITALS AND CRITICAL ACCESS HOSPITALS

CMS eCQM ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Meaningful Measure Area	Measure Set Identifier
CMS9v7	0480	Exclusive Breast Milk Feeding	Exclusive breast milk feeding during the newborn's entire hospitalization. The measure is reported as an overall rate which includes all newborns that were exclusively fed breast milk during the entire hospitalization.	Newborns who were fed breast milk only since birth	Denominator is equal to the Initial Population: Single newborns with an estimated gestational age at birth of >=37 weeks who are born in the hospital and 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 that ends during the measurement period	Preventive Care	PC-05
CMS26v6	Not Applicable	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 (HMPC) document was given to the pediatric asthma patient/caregiver	<p>Pediatric asthma inpatients with:</p> <p>A. Documentation that they or their caregivers were given a written Home Management Plan of Care (HMPC) document that addresses all of the following:</p> <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> <p style="text-align: center;">-OR-</p> <p>B. Pediatric asthma inpatients with documentation that they or their caregivers refused a written Home Management Plan of Care (HMPC) document. Patient refusal includes refusal by a caregiver. The caregiver is defined as the patient's family or any other person (e.g., home health, VNA provider, prison official or other law enforcement personnel) who will be responsible for care of the patient after discharge.</p>	Patients discharged to home or police custody	Preventive Care	CAC-3

CMS eCQM ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Meaningful Measure Area	Measure Set Identifier
CMS31v7	1354	Hearing Screening Prior To Hospital Discharge	This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge	A live birth encounter where a complete newborn hearing screening is performed prior to discharge or the newborn is not screened due to medical reasons	Denominator is equal to the Initial Population: Live birth encounters at a hospital or birthing facility where the newborn was discharged with hospital stays <= 120 days that ends during the measurement period	Preventive Care	EHDI-1a
CMS32v8	0496	Median Time from ED Arrival to ED Departure for Discharged ED Patients	Median elapsed time from emergency department (ED) arrival to emergency room departure for patients discharged from the emergency department	Measure Observations Statement: Median elapsed time (in minutes) from emergency department arrival to emergency room departure for patients discharged from the emergency department	Measure Population is equal to the Initial Population: Emergency department encounters during the measurement period and prevents null values from being included in the median calculation	Patient's Experience of Care	ED-3
CMS53v7	Not Applicable	Primary PCI Received Within 90 Minutes of Hospital Arrival	Acute myocardial infarction (AMI) patients with a diagnostic ECG and ST-segment elevation, who receive a primary percutaneous coronary intervention (PCI) during their hospital stay, and the time from hospital arrival to PCI is 90 minutes or less	Patients age 18 and older at the time of hospital admission with a principal diagnosis of an Acute or Evolving Myocardial Infarction (ST-segment elevation MI) with hospital stays <= 120 days during the measurement period whose time from hospital arrival to primary PCI is 90 minutes or less	Patients age 18 and older at the time of hospital admission with a principal diagnosis of an Acute or Evolving Myocardial Infarction (ST-segment elevation MI) with hospital stays <= 120 days during the measurement period with an ECG performed and a primary PCI procedure closest to the inpatient admission that does not start after fibrinolytic therapy	Preventive Care	AMI-8a
CMS55v7	0495	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	Measure Observations Statement: Time (in minutes) from ED facility location arrival to ED facility location departure for patients admitted to the facility from the emergency department	Measure Population is equal to the Initial Population: Inpatient Encounters ending during the measurement period with Length of Stay (Discharge Date minus Admission Date) less than or equal to 120 days, and preceded within an hour by an emergency department visit at the same physical facility	Patient's Experience of Care	ED-1

CMS eCQM ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Meaningful Measure Area	Measure Set Identifier
CMS71v8	Not Applicable	Anticoagulation Therapy for Atrial Fibrillation/Flutter	Ischemic stroke patients with atrial fibrillation/flutter who are prescribed or continuing to take anticoagulation therapy at hospital discharge	Patients prescribed or continuing to take anticoagulation therapy at hospital discharge	Patients with a principal diagnosis of ischemic stroke, and a history of atrial ablation, or current or history of atrial fibrillation/flutter	Preventive Care	STK-03
CMS72v7	Not Applicable	Antithrombotic Therapy By End of Hospital Day 2	Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2	Patients who had antithrombotic therapy administered the day of or day after hospital arrival	Patients with a principal diagnosis of Ischemic stroke	Preventive Care	STK-05
CMS102v7	Not Applicable	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	Denominator is equal to the Initial Population: 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	Preventive Care	STK-10
CMS104v7	Not Applicable	Discharged on Antithrombotic Therapy	Ischemic stroke patients prescribed or continuing to take antithrombotic therapy at hospital discharge	Patients prescribed or continuing to take antithrombotic therapy at hospital discharge	Patients with a principal diagnosis of Ischemic stroke	Preventive Care	STK-02
CMS105v7	Not Applicable	Discharged on Statin Medication	Ischemic stroke patients who are prescribed or continuing to take statin medication at hospital discharge	Patients prescribed or continuing to take statin medication at hospital discharge	Patients with a principal diagnosis of ischemic stroke	Preventive Care	STK-06

CMS eCQM ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Meaningful Measure Area	Measure Set Identifier
CMS107v7	Not Applicable	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 written 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. 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, home care, or court/law enforcement	Preventive Care	STK-08
CMS108v7	0371	Venous Thromboembolism 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:</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 end the day of or the day after hospital admission</li> </ul> <p>Patients who have documentation of a reason why no VTE prophylaxis was given:</p> <ul style="list-style-type: none"> <li>- between arrival and hospital admission</li> <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 end the day of or the day after hospital admission)</li> </ul>	Denominator is equal to the Initial Population: Patients age 18 and older discharged from hospital inpatient acute care without a diagnosis of venous thromboembolism (VTE) or obstetrics with a length of stay less than or equal to 120 days that ends during the measurement period	Preventive Care	VTE-1

CMS eCQM ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Meaningful Measure Area	Measure Set Identifier
CMS111v7	0497	Median 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.	Measure Observations Statement: Time (in minutes) from Decision to Admit to ED facility location departure for patients admitted to the facility from the emergency department	Measure Population is equal to the Initial Population: Inpatient Encounters ending during the measurement period with Length of Stay (Discharge Date minus Admission Date) less than or equal to 120 days, and where the decision to admit was made during the preceding emergency department visit at the same physical facility	Patient's Experience of Care	ED-2
CMS113v7	0469	Elective Delivery	Patients with elective vaginal deliveries or elective cesarean births at >= 37 and < 39 weeks of gestation completed	Patients with elective deliveries by either: <ul style="list-style-type: none"> <li>- Medical induction of labor while not in labor prior to the procedure</li> <li>- Cesarean birth while not in labor and with no history of a prior uterine surgery</li> </ul>	Patients delivering newborns with >= 37 and < 39 weeks of gestation completed	Preventive Care	PC-01
CMS190v7	0372	Intensive Care Unit Venous Thromboembolism 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 Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer)	Patients who received VTE prophylaxis: <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 end the day of or the day after ICU admission (or transfer)</li> </ul> Patients who have documentation of a reason why no VTE prophylaxis was given: <ul style="list-style-type: none"> <li>- between arrival and ICU admission (for patients directly admitted as inpatients to the ICU)</li> <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 end the day of or the day after ICU admission (or transfer)</li> </ul>	Patients directly admitted or transferred to ICU during the hospitalization	Preventive Care	VTE-2