Centers for Medicare & Medicaid Services

2025 Electronic Clinical Quality Measures for Eligible Hospitals/Critical Access Hospitals

May 2024

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 titled "Electronic Clinical Quality Measures for Eligible Hospitals and Critical Access Hospitals" includes up-to-date information for Electronic Clinical Quality Measures (eCQMs) that will be used to electronically report 2025 clinical quality measure data for the Centers for Medicare & Medicaid Services (CMS) quality reporting programs. Measures are not eligible for 2025 reporting unless and until they are proposed and finalized through CMS notice-and-comment rulemaking for each applicable program. Subsequent updates will be provided in a new version of this table with a summary of the updates located in a version history table at the end of the document.

Please note, because the measure stewards updated the titles and descriptions for the eCQMs in this table, they may not match the information provided on the consensus-based entity (CBE)'s Submission Tool and Repository (STAR) Measure Database. Measures that do not have a CBE number are not currently endorsed.

This table does not include the measures listed under the program candidate eCQM filter of the eCQI Resource Center.

CMS eCQM ID	CBE #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Measure Set Identifier
CMS71v14	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	Inpatient hospitalizations for patients prescribed or continuing to take anticoagulation therapy at hospital discharge	Inpatient hospitalizations for patients with a principal diagnosis of ischemic stroke, and a history of atrial ablation, or current or history of atrial fibrillation/flutter	Process	STK-3
CMS72v13	Not Applicable	Antithrombotic Therapy by End of Hospital Day 2	Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2	Inpatient hospitalization for patients who had antithrombotic therapy administered the day of or day after hospital arrival	Equals Initial Population: Inpatient hospitalizations (non-elective admissions) for patients age 18 and older, discharged from inpatient care with a principal diagnosis of ischemic stroke, ending during the measurement period	Process	STK-5
CMS104v13	Not Applicable	Discharged on Antithrombotic Therapy	Ischemic stroke patients prescribed or continuing to take antithrombotic therapy at hospital discharge	Inpatient hospitalizations for patients prescribed or continuing to take antithrombotic therapy at hospital discharge	Equals Initial Population: Inpatient hospitalizations (non-elective admissions) for patients age 18 and older, discharged from inpatient care with a principal diagnosis of ischemic stroke, ending during the measurement period	Process	STK-2
CMS108v13	Not Applicable	Venous Thromboembolism Prophylaxis	This measure assesses the number of patients who received Venous Thromboembolism (VTE) prophylaxis or have documentation why no VTE prophylaxis was given between the day of arrival to the day after hospital admission or surgery	Inpatient hospitalizations for patients who received VTE prophylaxis: - between the day of arrival and 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) Inpatient hospitalizations for patients who have	Equals Initial population: Inpatient hospitalizations for patients age 18 and older, discharged from hospital inpatient acute care without a diagnosis of venous thromboembolism (VTE) or obstetrics that ends during the measurement period	Process	VTE-1

CMS eCQM ID	CBE #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Measure Set Identifier
			end date for surgeries that start the day of or the day after hospital admission	documentation of a reason why no VTE prophylaxis was given: - between the day of arrival and 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)			
CMS190v13	Not Applicable	Intensive Care Unit Venous Thromboembolism Prophylaxis	This measure assesses the number of patients who received Venous Thromboembolism (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)	Inpatient hospitalizations for patients who received VTE prophylaxis: - 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) Inpatient hospitalizations for patients who have documentation of a reason why no VTE prophylaxis was given: - between the day of arrival and the day after ICU admission (for patients directly admitted as inpatients to the ICU) - 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)	Inpatient hospitalizations for patients directly admitted or transferred to ICU during the hospitalization	Process	VTE-2
CMS334v6	0471e	Cesarean Birth	Nulliparous women with a term, singleton baby in a vertex position	Inpatient hospitalizations for patients who deliver by cesarean section	Inpatient hospitalizations for nulliparous patients who delivered a live term singleton newborn >= 37 weeks' gestation	Outcome	PC-02

CMS eCQM ID	CBE #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Measure Set Identifier
			delivered by cesarean birth				
CMS506v7	3316e	Safe Use of Opioids - Concurrent Prescribing	Proportion of inpatient hospitalizations for patients 18 years of age and older prescribed, or continued on, two or more opioids or an opioid and benzodiazepine concurrently at discharge	Inpatient hospitalizations where the patient is prescribed or continuing to take two or more opioids or an opioid and benzodiazepine at discharge	Equals Initial Population: Inpatient hospitalizations that end during the measurement period, where the patient is 18 years of age and older at the start of the encounter and prescribed one or more new or continuing opioid or benzodiazepine at discharge	Process	N/A
CMS816v4	3503e	Hospital Harm - Severe Hypoglycemia	The measure assesses the number of inpatient hospitalizations for patients age 18 and older who were administered at least one hypoglycemic medication during the encounter and who suffer the harm of a severe hypoglycemic event during the encounter	Inpatient hospitalizations where a severe hypoglycemic event occurred during the encounter. A severe hypoglycemic event is: - A glucose test with a result less than 40 mg/dL AND - A hypoglycemic medication was administered within 24 hours before the start of the severe hypoglycemic event (i.e., the glucose test with a result less than 40 mg/dL) AND - There was no subsequent repeat test for glucose with a result greater than 80 mg/dL within five minutes or less from the start of the initial glucose test with a result less than 40 mg/dL Only one qualifying severe hypoglycemic event is counted in the numerator, and only one severe hypoglycemic	Equals Initial Population: Inpatient hospitalizations that end during the measurement period for patients age 18 and older and at least one hypoglycemic medication administration starts during the encounter	Outcome	HH-Hypo

CMS eCQM ID	CBE #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Measure Set Identifier
				event is counted per encounter. The 24-hour and 5-minute timeframes are based on the time the glucose was drawn, as this reflects the time the patient was experiencing that specific glucose level.			
CMS819v3	3501e	Hospital Harm - Opioid-Related Adverse Events	This measure assesses the number of inpatient hospitalizations for patients age 18 and older who have been administered an opioid medication outside of the operating room and are subsequently administered a non-enteral opioid antagonist outside of the operating room within 12 hours, an indication of an opioid-related adverse event	Inpatient hospitalizations where a non-enteral opioid antagonist administration starts during the hospitalization outside of the operating room and 12 hours or less following an opioid medication administered outside of the operating room. The route of administration of the opioid antagonist must be by intranasal spray, inhalation, intramuscular, subcutaneous, or intravenous injection. Only one numerator event is counted per encounter.	Equals Initial Population: Inpatient hospitalizations that end during the measurement period for patients age 18 and older and at least one opioid medication administration starts during the hospitalization outside of the operating room	Outcome	HH-ORAE
CMS826v2	Not Applicable	Hospital Harm - Pressure Injury	The measure assesses the number of inpatient hospitalizations for patients aged 18 and older who suffer the harm of developing a new stage 2, stage 3, stage 4, deep tissue, or unstageable pressure injury	Inpatient hospitalizations for patients with a new deep tissue pressure injury (DTPI) or stage 2, 3, 4, or unstageable pressure injury, as evidenced by any of the following: A diagnosis of DTPI with the DTPI not present on admission, i.e., the diagnosis of DTPI has a Present on Admission indicator = N (Diagnosis was not present at time of inpatient admission) or U (documentation insufficient to determine if the	Equals Initial Population: Inpatient hospitalizations for patients aged 18 and older	Outcome	HH-PI

CMS eCQM ID	CBE #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Measure Set Identifier
				condition was present at the time of inpatient admission). A diagnosis of stage 2, 3, 4 or unstageable pressure injury with the pressure injury diagnosis not present on admission, i.e., the diagnosis of pressure injury has a Present on Admission indicator = N (Diagnosis was not present at time of inpatient admission) or U (documentation insufficient to determine if the condition was present at the time of inpatient admission). A DTPI found on exam greater than 72 hours after the start of the encounter. A stage 2, 3, 4 or unstageable pressure injury found on exam greater than 24 hours after the start of the encounter.			
CMS832v2	Not Applicable	Hospital Harm - Acute Kidney Injury	The measure assesses the number of inpatient hospitalizations for patients age 18 and older who have an acute kidney injury (stage 2 or greater) that occurred during the encounter. Acute kidney injury (AKI) stage 2 or greater is defined as a substantial increase in serum creatinine value, or by the initiation of kidney dialysis (continuous renal replacement	Inpatient hospitalizations for patients who develop AKI (stage 2 or greater) during the encounter, as evidenced by: A subsequent increase in serum creatinine value at least 2 times higher than the lowest serum creatinine value, and the increased value is greater than the highest sex-specific normal value for serum creatinine. Or: Kidney dialysis (CRRT, hemodialysis or peritoneal dialysis) initiated more than 48 hours after the start of the	Equals Initial Population: Inpatient hospitalizations that end during the measurement period for patients 18 years of age or older without an obstetrical or pregnancy related condition, with a length of stay of 48 hours or longer, and who had at least one serum creatinine value after 48 hours from the start of the hospitalization	Outcome	HH-AKI

CMS eCQM ID	CBE #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Measure Set Identifier
			therapy (CRRT), hemodialysis or peritoneal dialysis).	encounter. Evidence of a 2 times increase in serum creatinine is not required. Only one harm is counted per encounter.			
CMS871v4	3533e	Hospital Harm - Severe Hyperglycemia	This measure assesses the number of inpatient hospital days for patients age 18 and older with a hyperglycemic event (harm) per the total qualifying inpatient hospital days for that encounter	Inpatient hospitalizations with a hyperglycemic event within the first 10 days of the encounter minus the first 24 hours, and minus the last period before discharge from the hospital if less than 24 hours. A hyperglycemic event is defined as: - A day with at least one glucose value >300 mg/dL. OR - A day where a glucose test and result was not found, and it was immediately preceded by two contiguous, consecutive days where at least one glucose value during each of the two days was >=200 mg/dL.	Equals Initial Population: Inpatient hospitalizations for patients age 18 and older that end during the measurement period, as well as either: - A diagnosis of diabetes that starts before the end of the encounter; or - Administration of at least one dose of insulin or any hypoglycemic medication that starts during the encounter; or - Presence of at least one glucose value >=200 mg/dL at any time during the encounter.	Outcome	HH-Hyper
CMS986v4	3592e	Global Malnutrition Composite Score	This measure assesses the percentage of hospitalizations of adults aged 65 years and older at the start of the inpatient encounter during the measurement period, with a length of stay equal to or greater than 24 hours, who received optimal malnutrition care where care	Measure Observation: There are six measure observations for this measure. This measure is constructed of four clinically eligible components aggregated as an arithmetic average of eligible hospitalizations. A single measure population is used to calculate the "Total Malnutrition Components Score" and "Total Malnutrition Composite Score as Percentage".	Measure/Initial Population: Inpatient hospitalizations during the measurement period with length of stay of 24 hours or more among individuals 65 years of age and older at the start of the inpatient encounter.	Intermediate Clinical Outcome	GMCS

CMS eCQM ID	CBE #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Measure Set Identifier
			performed was appropriate to the patient's level of malnutrition risk and severity. Malnutrition care best practices recommend that for each hospitalization, adult inpatients are (1) screened for malnutrition risk or for a hospital dietitian referral order to be placed, (2) assessed by a registered dietitian (RD) or registered dietitian nutritionist (RDN) to confirm findings of malnutrition risk, and if identified with a "moderate" or "severe" malnutrition status in the current performed malnutrition assessment, (3) receive a "moderate" or "severe" malnutrition diagnosis by a physician or eligible provider as defined by the Centers for Medicare & Medicaid Services (CMS), and (4) have a current nutrition care plan performed by an RD/RDN.				

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CMS1028v3	Not Applicable	Severe Obstetric Complications	Patients with severe obstetric complications that occur during the inpatient delivery hospitalization	Two numerator populations are defined for this measure: 1. All Severe Obstetric Complications (SOC). 2. SOC excluding encounters where transfusion was the only SOC. Inpatient hospitalizations for patients with severe obstetric complications (not present on admission that occur during the current delivery encounter) including the following: - Severe maternal morbidity diagnoses (see list below) - Severe maternal morbidity procedures (see list below) - Discharge disposition of expired Please note that present on admission codes may be extracted from billing/claims data that was entered by coding staff. Severe Maternal Morbidity Diagnoses: - Cardiac • Acute heart failure • Acute myocardial infarction • Aortic aneurysm • Cardiac arrest/ventricular fibrillation • Heart failure/arrest during procedure or surgery	Inpatient hospitalizations for patients delivering stillborn or live birth with >= 20 weeks, 0 days gestation completed	Outcome	PC-07

CMS eCQM ID	CBE #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Measure Set Identifier
				- Hemorrhage • Disseminated intravascular coagulation • Shock - Renal • Acute renal failure - Respiratory • Adult respiratory distress syndrome • Pulmonary edema - Sepsis - Other OB • Air and thrombotic embolism • Amniotic fluid embolism • Eclampsia • Severe anesthesia complications - Other Medical • Puerperal cerebrovascular disorder • Sickle cell disease with crisis Severe Maternal Morbidity Procedures: - Blood transfusion - Conversion of cardiac rhythm - Hysterectomy - Temporary tracheostomy - Ventilation			
CMS1074v2	3663e	Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT)	This measure provides a standardized method for monitoring the performance of diagnostic CT to discourage	Calculated CT Size-Adjusted Dose greater than or equal to a threshold specific to the CT Dose and Image Quality Category, or Calculated CT Global Noise value greater than or equal to a threshold	Equals Initial population with a CT Dose and Image Quality Category, a Calculated Global Noise value, and a	Intermediate Clinical Outcome	IP-ExRad

CMS eCQM ID	CBE #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Measure Set Identifier
		in Adults (Facility IQR)	unnecessarily high radiation doses, a risk factor for cancer, while preserving image quality. This measure is expressed as a percentage of CT exams that are out-of-range based on having either excessive radiation dose or inadequate image quality relative to evidence-based thresholds based on the clinical indication for the exam. All diagnostic CT exams of specified anatomic sites performed in hospital inpatient care settings are eligible. This eCQM requires the use of additional software to access primary data elements stored within radiology electronic health records and translate them into data elements that can be ingested by this eCQM.	specific to the CT Dose and Image Quality Category	Calculated CT Size-Adjusted Dose value		

VERSION HISTORY

Date	Comments
May 2024	Original publication