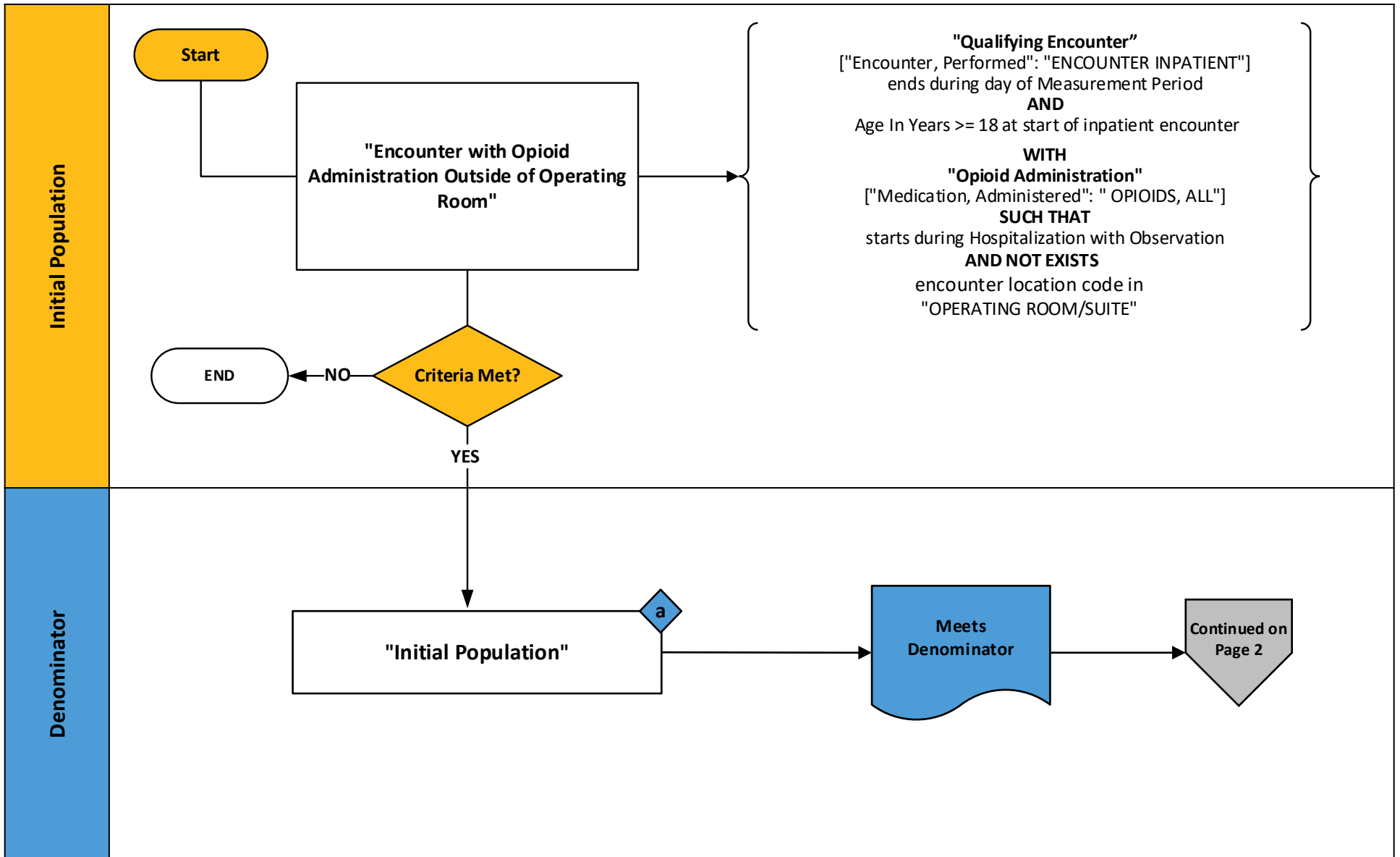


2025 eCQM Flow – CMS819v3: Hospital Harm – Opioid-Related Adverse Events (HH-ORAE)* CBE# 3501e

*This flow diagram represents an overview of population criteria requirements. Please refer to the eCQM measure specification for a complete list of definitions, direct reference codes, data or timing elements included in this measure and required for submission.

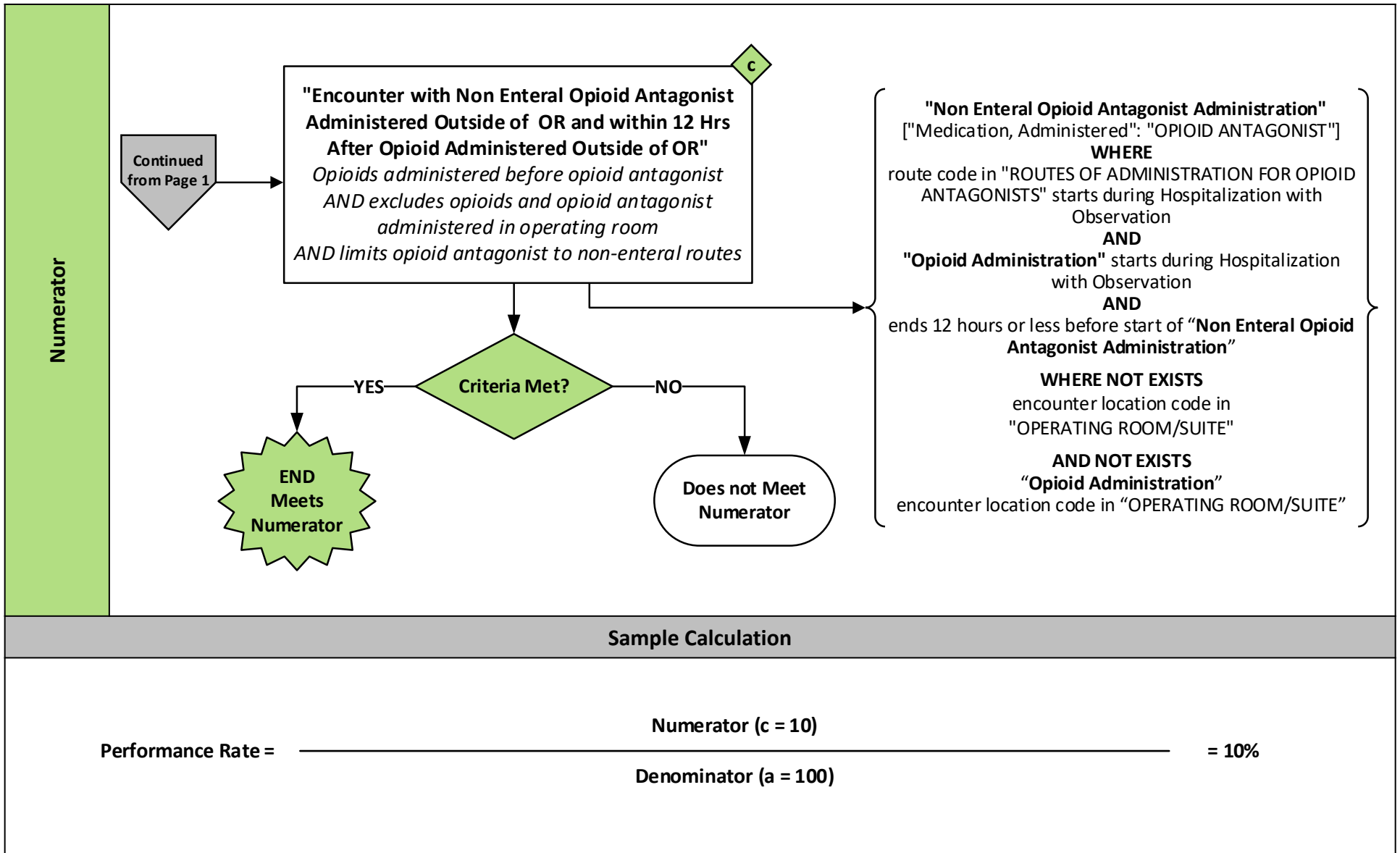
Measure Flow Diagram



2025 eCQM Flow – CMS819v3: Hospital Harm – Opioid-Related Adverse Events (HH-ORAE)* CBE# 3501e

*This flow diagram represents an overview of population criteria requirements. Please refer to the eCQM measure specification for a complete list of definitions, direct reference codes, data or timing elements included in this measure and required for submission.

Measure Flow Diagram (Continued)



2025 eCQM Flow – CMS819v3: Hospital Harm – Opioid-Related Adverse Events (HH-ORAE)* CBE# 3501e

**This flow diagram represents an overview of population criteria requirements. Please refer to the eCQM measure specification for a complete list of definitions, direct reference codes, data or timing elements included in this measure and required for submission.*

Measure Flow Narrative

The measure flow diagram on the preceding pages illustrates the steps to determine the population criteria for this measure.

Measure Description	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
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
Denominator	The denominator criteria is equal to the initial population
Numerator	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.