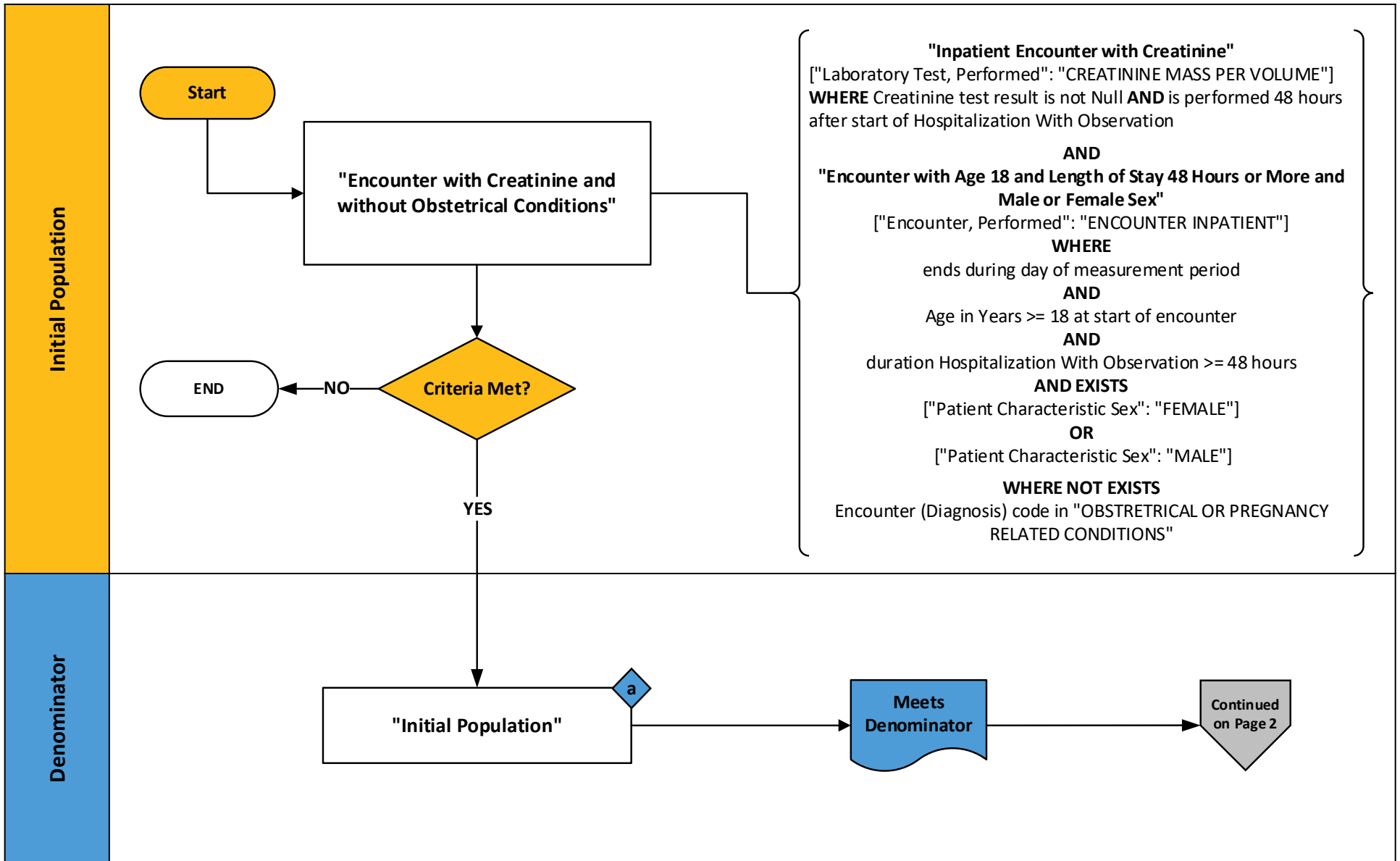


2025 eCQM Flow – CMS832v2: Hospital Harm – Acute Kidney Injury (HH-AKI)* CBE# 3713e

*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.

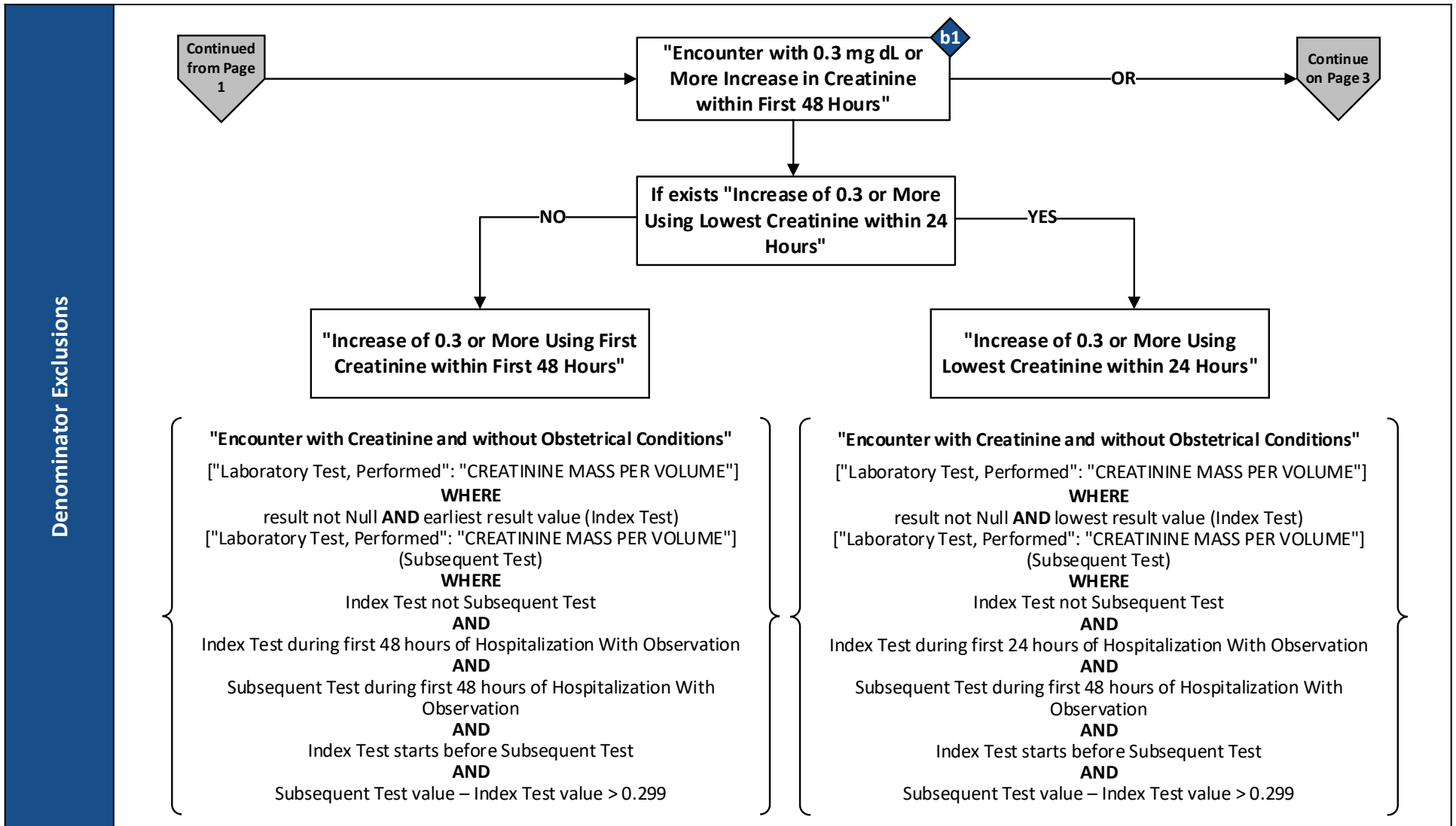
Measure Flow Diagram



2025 eCQM Flow – CMS832v2: Hospital Harm – Acute Kidney Injury (HH-AKI)* CBE# 3713e

*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.

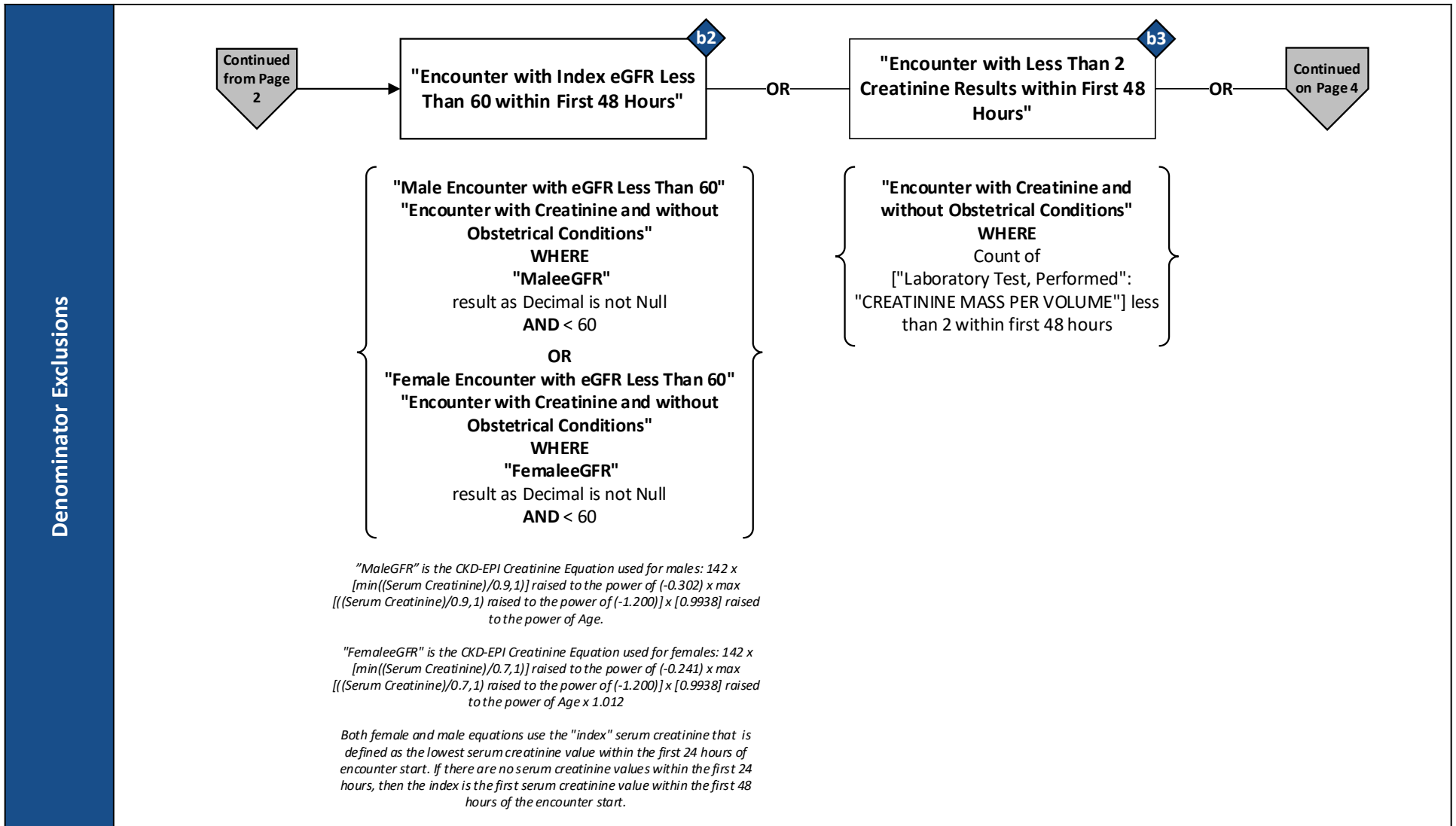
Measure Flow Diagram (Continued)



2025 eCQM Flow – CMS832v2: Hospital Harm – Acute Kidney Injury (HH-AKI)* CBE# 3713e

*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.

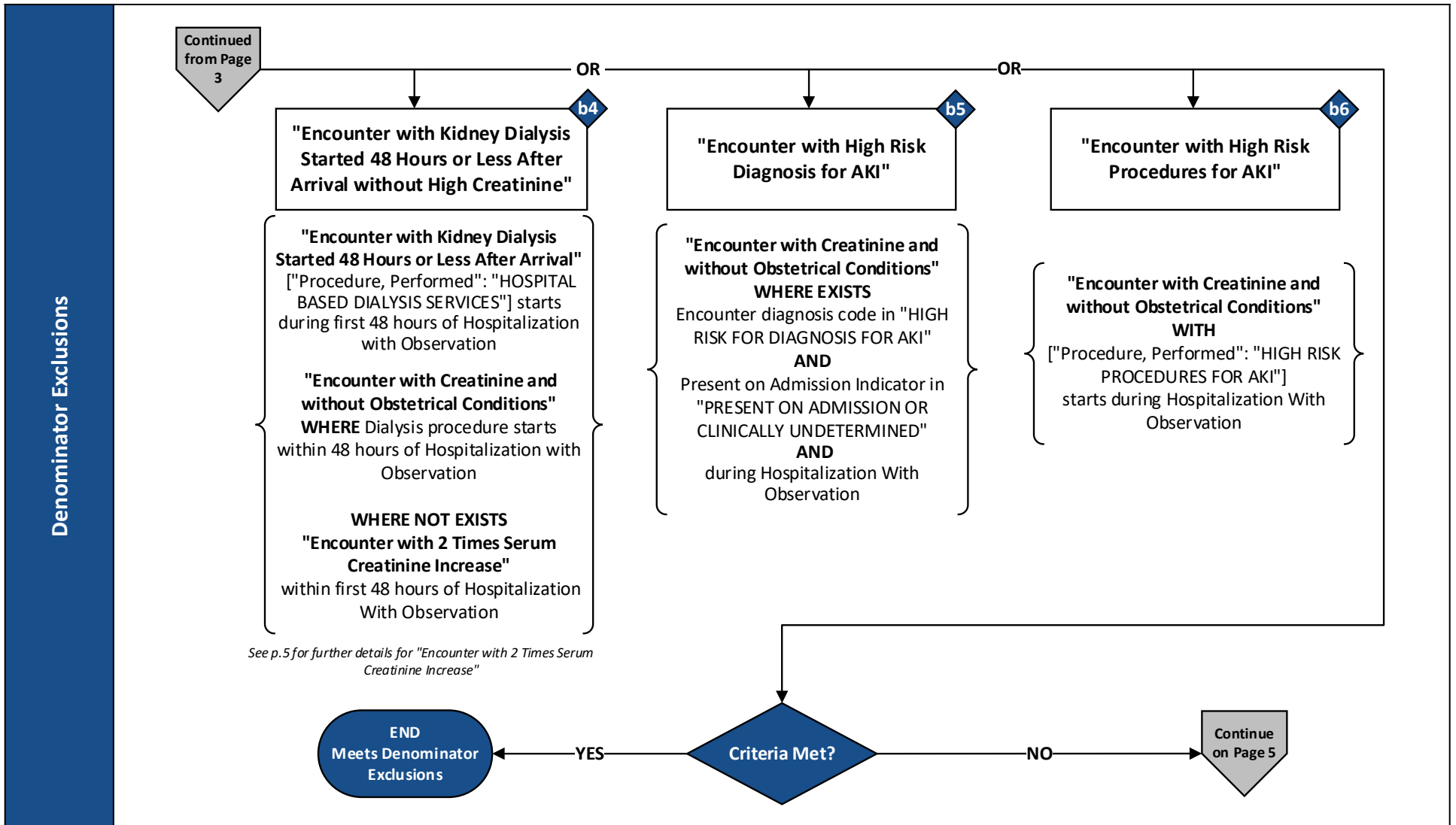
Measure Flow Diagram (Continued)



2025 eCQM Flow – CMS832v2: Hospital Harm – Acute Kidney Injury (HH-AKI)* CBE# 3713e

*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.

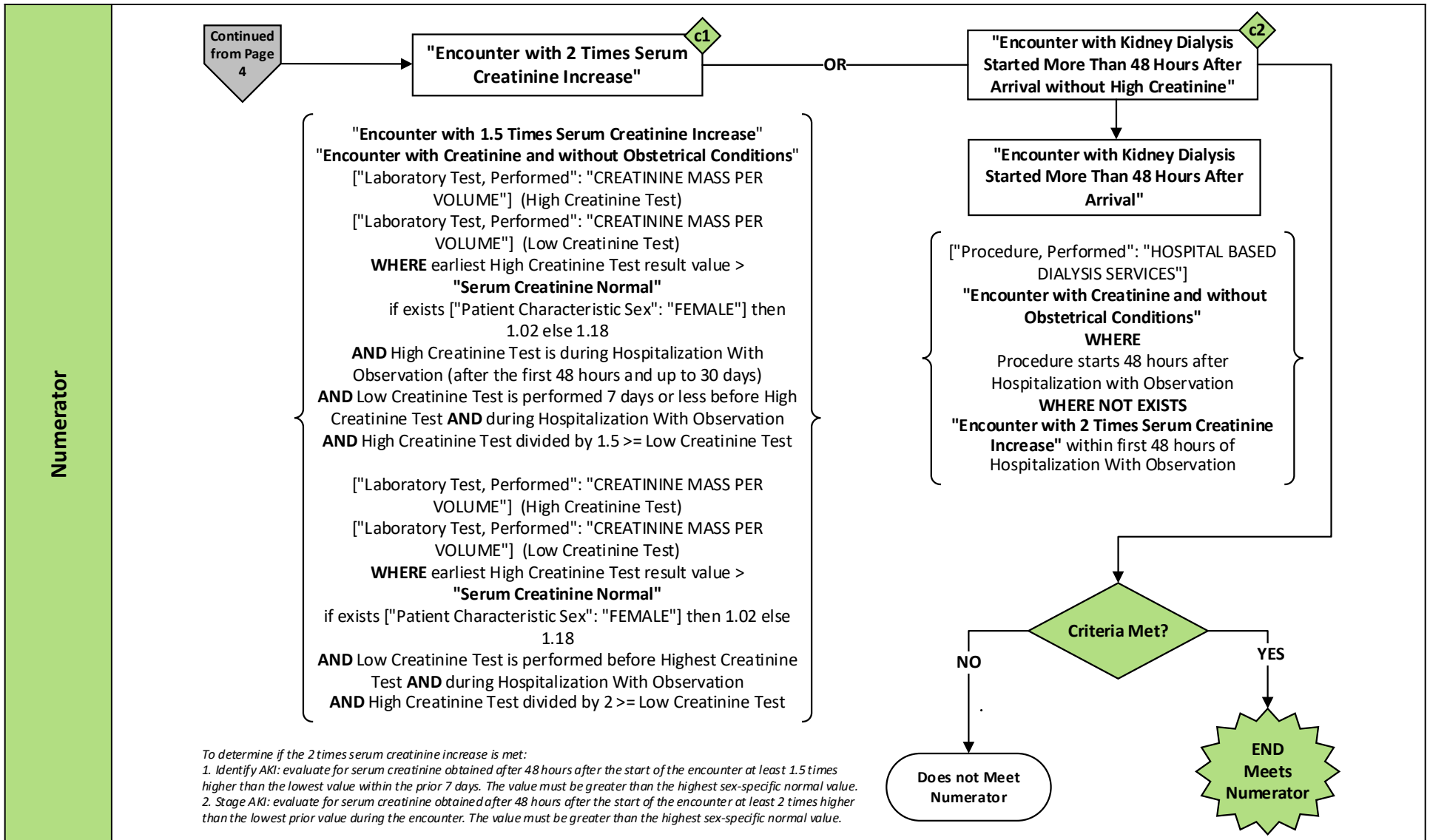
Measure Flow Diagram (Continued)



2025 eCQM Flow – CMS832v2: Hospital Harm – Acute Kidney Injury (HH-AKI)* CBE# 3713e

*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 – CMS832v2: Hospital Harm – Acute Kidney Injury (HH-AKI)* CBE# 3713e

**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)

Sample Calculation

$$\text{Performance Rate} = \frac{\text{Numerator (c1 + c2 = 20)}}{\text{Denominator (a = 100) – Denominator Exclusions (b1 + b2+ b3+ b4+ b5+ b6= 20)}} = 25\%$$

2025 eCQM Flow – CMS832v2: Hospital Harm – Acute Kidney Injury (HH-AKI)* CBE# 3713e

**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	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 therapy (CRRT), hemodialysis or peritoneal dialysis).
Initial Population	The initial population is 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
Denominator	The denominator criteria is equal to the initial population

2025 eCQM Flow – CMS832v2: Hospital Harm – Acute Kidney Injury (HH-AKI)* CBE# 3713e

**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 (Continued)

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

Denominator Exclusions

The denominator exclusions criteria identify a subset of the denominator population by excluding the following:

Inpatient hospitalizations for patients with an increase in serum creatinine value of at least 0.3 mg/dL between the index serum creatinine and a subsequent serum creatinine taken within 48 hours of the encounter start

Inpatient hospitalizations for patients with the index eGFR value of <60 mL/min within 48 hours of the encounter start

Inpatient hospitalizations for patients who have less than two serum creatinine results within the first 48 hours of the encounter start

Inpatient hospitalizations for patients who have kidney dialysis (CRRT, hemodialysis or peritoneal dialysis) initiated 48 hours or less after the encounter start, and who do not have evidence of a 2 times increase in serum creatinine

Inpatient hospitalizations for patients with at least one specified diagnosis present on admission during the encounter that puts them at extremely high risk for AKI:

- Hemolytic Uremic Syndrome (HUS)
- Large Body Surface Area (BSA) Burns
- Traumatic Avulsion of Kidney
- Rapidly Progressive Nephritic Syndrome
- Thrombotic Thrombocytopenic Purpura
- Out of Hospital Cardiac Arrest (OHCA)

Inpatient hospitalizations for patients who have at least one specified procedure that starts during the encounter that puts them at extremely high risk for AKI:

- Extracorporeal membrane oxygenation (ECMO)
- Intra-Aortic Balloon Pump
- Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA)
- Nephrectomy

2025 eCQM Flow – CMS832v2: Hospital Harm – Acute Kidney Injury (HH-AKI)* CBE# 3713e

**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 (Continued)

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

Numerator	<p>The numerator criteria identify a subset of the denominator population by including inpatient hospitalizations for patients who develop AKI (stage 2 or greater) during the encounter, as evidenced by:</p> <p>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</p> <p>OR:</p> <p>Kidney dialysis (CRRT, hemodialysis or peritoneal dialysis) initiated more than 48 hours after the start of the encounter. Evidence of a 2 times increase in serum creatinine is not required.</p> <p>Only one harm is counted per encounter</p>
------------------	---

2025 eCQM Flow – CMS832v2: Hospital Harm – Acute Kidney Injury (HH-AKI)* CBE# 3713e

**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 (Continued)

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

Risk Adjustment	<p>Sex and Age</p> <p>First vital signs since the encounter start:</p> <ul style="list-style-type: none">- Heart Rate- Respiratory Rate- Systolic Blood Pressure- Temperature <p>The estimated glomerular filtration rate (eGFR) which is calculated using the index serum creatinine, patient sex, and age-based formula</p> <p>Patient sex collected for risk adjustment and to calculate the eGFR is determined by the Administrative Gender codes 'F' (female) and 'M' (male). These codes make up the "ONC Administrative Sex" value set and are also used to derive the supplemental data element of patient sex for the measure.</p> <p>All encounter diagnoses along with their present on admission (POA) indicators are being collected for the development of baseline risk adjustment model with initial focus on any encounter diagnoses captured for:</p> <ul style="list-style-type: none">- Cancer (leukemia, lymphoma, or metastatic cancer)- Diabetes- Heart failure- Hypertension- Obesity <p>Encounter length of stay</p> <p>Please see the Hospital Harm - Acute Kidney Injury Risk Adjustment Methodology Report on the eCQM-specific page on the eCQI Resource Center website: https://ecqi.healthit.gov/</p>
------------------------	--