

## **ADDITIONAL INFORMATION REGARDING EH CLINICAL QUALITY MEASURES FOR 2014 EHR INCENTIVE PROGRAMS**

The table below entitled “Clinical Quality Measures for 2014 CMS EHR Incentive Programs for Eligible Hospitals” contains additional up-to-date information for the EH clinical quality measures finalized in the Medicare and Medicaid Programs; Electronic Health Record Incentive Program; Final Rule. Because measure specifications may need to be updated more frequently than our expected rulemaking cycle will allow for, this table provides updates to the specifications. Subsequent updates will be provided in a new version of this table at least 6 months prior to the beginning of the calendar year for which the measures will be required, and CMS will maintain and publish an archive of each update.

Please note the titles and descriptions for the clinical quality measures included in this table were updated by the measure stewards and therefore 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.

In an effort to align the clinical quality measures used within the EHR Incentive Program with the goals of CMS and the Department of Health and Human Services, the National Quality Strategy (NQS), and recommendations from the Health Information Technology Policy Committee, each clinical quality measure has been assessed against six domains based on the NQS’s six priorities. These domains have been integrated into this table and are listed below.

- Patient and Family Engagement
- Patient Safety
- Care Coordination
- Population/Public Health
- Efficient Use of Healthcare Resources
- Clinical Process/Effectiveness

**CLINICAL QUALITY MEASURES FOR 2014 CMS EHR INCENTIVE PROGRAMS FOR ELIGIBLE HOSPITALS**

CMS eMeasure ID	NQF #	Measure Title and NQS Domain	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Measure Set Identifier
CMS9v4	0480	Exclusive Breast Milk Feeding Domain: Clinical Process/ Effectiveness	Exclusive breast milk feeding during the newborn's entire hospitalization.	Newborns who were fed breast milk only since birth.	Single term newborns discharged from the hospital.	The Joint Commission	PC-05
CMS26v3	Not applicable	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver Domain: Patient and Family Engagement	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.	Pediatric asthma inpatients with documentation that they or their caregivers were given a written Home Management Plan of Care (HMPC) document that addresses all of the following: <ul style="list-style-type: none"> <li>• Arrangements for follow-up care</li> <li>• Environmental control and control of other triggers</li> <li>• Method and timing of rescue actions</li> <li>• Use of controllers</li> <li>• Use of relievers</li> </ul>	Pediatric asthma inpatients 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	CAC-3
CMS30v5	0639	Statin Prescribed at Discharge Domain: Clinical Process/ Effectiveness	Acute myocardial infarction (AMI) patients who are prescribed a statin medication at hospital discharge.	AMI patients who are prescribed a statin medication at hospital discharge.	Patients age 18 and older at the time of hospital admission with a principal diagnosis of Acute Myocardial Infarction (AMI) with hospital stays <= 120 days during the measurement year.	Centers for Medicare & Medicaid Services (CMS)	AMI-10
CMS31v4	1354	Hearing Screening Prior To Hospital Discharge Domain: Clinical Process/ Effectiveness	This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge.	Live birth encounters during the measurement period where a patient born at the facility is screened for hearing loss prior to discharge or not screened due to medical reasons.	Live birth encounters at a hospital or birthing facility where the newborn was discharged during the measurement period.	Centers for Disease Control and Prevention	EHDI-1a

CMS eMeasure ID	NQF #	Measure Title and NQS Domain	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Measure Set Identifier
CMS32v5	0496	Median Time from ED Arrival to ED Departure for Discharged ED Patients  Domain: Care Coordination	Median elapsed time from emergency department 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.	Initial Population Statement: Emergency department encounters discharged during the measurement period.  Measure Population Statement: Emergency department encounters discharged during the measurement period where the patient did not expire during the encounter.	Centers for Medicare & Medicaid Services (CMS)	ED-3
CMS53v4	0163	Primary PCI Received Within 90 Minutes of Hospital Arrival  Domain: Clinical Process/ Effectiveness	Acute myocardial infarction (AMI) patients with ST-segment elevation 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.	Patients age 18 and older at the time of hospital admission or ED visit with a principal diagnosis of Acute Myocardial Infarction (AMI) with hospital stays <= 120 days during the measurement year and an ECG (result: Acute or Evolving MI) closest to inpatient admission and a primary PCI procedure.	Centers for Medicare & Medicaid Services (CMS)	AMI-8a
CMS55v4	0495	Median Time from ED Arrival to ED Departure for Admitted ED Patients  Domain: Patient and Family Engagement	Median time from emergency department admission to time of discharge from the emergency room for patients admitted to the facility from the emergency department.	Measure Observations Statement: Time (in minutes) from ED admission to ED discharge for patients admitted to the facility from the emergency department.	Initial Population Statement: Inpatient Encounters ending during the measurement period with Length of Stay (Discharge Date minus Admission Date) less than or equal to 120 days.  Measure Population Statement: Inpatient Encounters preceded by an emergency department visit.	Centers for Medicare & Medicaid Services (CMS)	ED-1

CMS eMeasure ID	NQF #	Measure Title and NQS Domain	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Measure Set Identifier
CMS60v4	0164	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival  Domain: Clinical Process/ Effectiveness	Acute myocardial infarction (AMI) patients with ST-segment elevation 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.	Patients age 18 and older at the time of ED visit or hospital admission with a principal diagnosis of Acute Myocardial Infarction (AMI) with hospital stays <= 120 days during the measurement year and with an ECG result of acute or evolving MI, who received fibrinolytic therapy 360 minutes starting after the hospital arrival.	Centers for Medicare & Medicaid Services (CMS)	AMI-7a
CMS71v5	0436	Anticoagulation Therapy for Atrial Fibrillation/Flutter  Domain: Clinical Process/ Effectiveness	Ischemic stroke patients with atrial fibrillation/ flutter who are prescribed anticoagulation therapy at hospital discharge.	Patients prescribed anticoagulation therapy at hospital discharge.	Patients with a principal diagnosis of ischemic stroke, history of atrial ablation, and current or history of atrial fibrillation/flutter and a length of stay less than or equal to 120 days that ends during the measurement period.	The Joint Commission	STK-3
CMS72v4	0438	Antithrombotic Therapy By End of Hospital Day 2  Domain: Clinical Process/ Effectiveness	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 age 18 and older discharged from inpatient (non-elective admissions) with a principal diagnosis of ischemic stroke or hemorrhagic stroke and a length of stay less or equal to 120 days.	The Joint Commission	STK-5

CMS eMeasure ID	NQF #	Measure Title and NQS Domain	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Measure Set Identifier
CMS73v4	0373	Venous Thromboembolism Patients with Anticoagulation Overlap Therapy  Domain: Clinical Process/ Effectiveness	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 should be discharged on both medications or have a reason for discontinuation of overlap therapy. Overlap therapy should 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.	Patients who received overlap therapy (warfarin and parenteral anticoagulation): <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 parenteral therapy OR</li> <li>• With documentation of a reason for no overlap therapy</li> </ul>	Patients with a diagnosis code for venous thromboembolism (VTE), a patient age greater than or equal to 18 years, and a length of stay less than or equal to 120 days, and with confirmed VTE who received warfarin.	The Joint Commission	VTE-3

CMS eMeasure ID	NQF #	Measure Title and NQS Domain	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Measure Set Identifier
CMS91v5	0437	Thrombolytic Therapy Domain: Clinical Process/ Effectiveness	Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well and for whom t-PA was initiated at this hospital within 3 hours 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 when it was witnessed or reported that the patient was last known to be without the signs and symptoms of the current stroke or at his or her baseline state of health.	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 who were ischemic stroke patients admitted through the Emergency Department whose time of arrival is within 2 hours (less than or equal to 120 minutes) of the 1) time they were known to be at their baseline state of health; or 2) time of symptom onset if time last known at baseline state is not known.	The Joint Commission	STK-4
CMS100v4	0142	Aspirin Prescribed at Discharge Domain: Clinical Process/ Effectiveness	Acute myocardial infarction (AMI) patients who are prescribed aspirin at hospital discharge	Acute Myocardial Infarction patients prescribed aspirin at hospital discharge.	Patients age 18 and older at the time of hospital admission with a principal diagnosis of Acute Myocardial Infarction (AMI) and a length of stay less than or equal to 120 days, during the measurement period.	Centers for Medicare & Medicaid Services (CMS)	AMI-2
CMS102v4	0441	Assessed for Rehabilitation Domain: Care Coordination	Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services.	Ischemic or hemorrhagic stroke patients assessed for or who received rehabilitation services.	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 or equal to 120 days.	The Joint Commission	STK-10

CMS eMeasure ID	NQF #	Measure Title and NQS Domain	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Measure Set Identifier
CMS104v4	0435	Discharged on Antithrombotic Therapy Domain: Clinical Process/ Effectiveness	Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge	Patients prescribed antithrombotic therapy at hospital discharge.	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 or equal to 120 days, during the measurement period with a principal diagnosis of Ischemic stroke.	The Joint Commission	STK-2
CMS105v4	0439	Discharged on Statin Medication Domain: Clinical Process/ Effectiveness	Ischemic stroke patients who are prescribed statin medication at hospital discharge.	Patients prescribed statin medication at hospital discharge.	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 or equal to 120 days with a principal diagnosis of ischemic stroke.	The Joint Commission	STK-6
CMS107v4	Not applicable	Stroke Education Domain: Patient and Family Engagement	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: <ul style="list-style-type: none"> <li>• Activation of emergency medical system</li> <li>• Follow-up after discharge</li> <li>• Medications prescribed at discharge</li> <li>• Risk factors for stroke</li> <li>• Warning signs and symptoms of stroke.</li> </ul>	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 or equal to 120 days who are ischemic stroke or hemorrhagic stroke patients discharged to home, home care, or court/law enforcement.	The Joint Commission	STK-8

CMS eMeasure ID	NQF #	Measure Title and NQS Domain	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Measure Set Identifier
CMS108v4	0371	Venous Thromboembolism Prophylaxis Domain: Patient Safety	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>	Patients age 18 and older discharged during the measurement period from hospital inpatient acute care with a length of stay less than or equal to 120 days, without a diagnosis of venous thromboembolism (VTE) or obstetrics.	The Joint Commission	VTE-1
CMS109v4	Not applicable	Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram Domain: Clinical Process/ Effectiveness	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 age 18 and older discharged from hospital inpatient acute care during the measurement period with a length of stay less than or equal to 120 days and a diagnosis of venous thromboembolism (VTE) with VTE confirmed through a diagnostic test and receiving IV UFH therapy	The Joint Commission	VTE-4

CMS eMeasure ID	NQF #	Measure Title and NQS Domain	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Measure Set Identifier
CMS110v4	Not applicable	Venous Thromboembolism Discharge Instructions Domain: Patient and Family Engagement	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: <ul style="list-style-type: none"> <li>• compliance issues</li> <li>• dietary advice</li> <li>• follow-up monitoring</li> <li>• potential for adverse drug reactions and interactions</li> </ul> Patients who refuse written discharge instructions or other educational material about warfarin.	Patients age 18 and older discharged from hospital inpatient acute care during the measurement period with a length of stay less than or equal to 120 days and a diagnosis of venous thromboembolism (VTE) with VTE confirmed through a diagnostic test and discharged to home or court/law enforcement on warfarin therapy.	The Joint Commission	VTE-5
CMS111v4	0497	Median Admit Decision Time to ED Departure Time for Admitted Patients Domain: Patient and Family Engagement	Median time (in minutes) from admit decision time to time of discharge from the emergency department for emergency department patients admitted to inpatient status.	Measure Observations Statement: Time (in minutes) from Decision to Admit to ED discharge for patients admitted to the facility from the emergency department.	Initial Population Statement: Inpatient Encounters ending during the measurement period with Length of Stay (Discharge Date minus Admission Date) less than or equal to 120 days.  Measure Population Statement: Inpatient Encounters where the decision to admit was made during the preceding emergency department visit.	Centers for Medicare & Medicaid Services (CMS)	ED-2
CMS113v4	0469	Elective Delivery Domain: Clinical Process/ Effectiveness	Patients with elective vaginal deliveries or elective cesarean births at $\geq 37$ 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 age $\geq 8$ years and $< 65$ admitted to the hospital for inpatient acute care and had a length of stay $< 120$ days who undergo a delivery procedure delivering newborns with $\geq 37$ and $< 39$ weeks of gestation completed	The Joint Commission	PC-01

CMS eMeasure ID	NQF #	Measure Title and NQS Domain	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Measure Set Identifier
CMS114v4	Not applicable	Incidence of Potentially-Preventable Venous Thromboembolism Domain: Patient Safety	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 age 18 and older discharged from hospital inpatient acute care during the measurement period with a length of stay less than or equal to 120 days with a non-principal diagnosis of venous thromboembolism who developed VTE confirmed by a diagnostic test during hospitalization.	The Joint Commission	VTE-6

CMS eMeasure ID	NQF #	Measure Title and NQS Domain	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Measure Set Identifier
CMS171v5	0527	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision Domain: Patient Safety	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 two 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 two 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 or a fluoroquinolone)	Denominator(s): All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection. All selected surgical patients 18 years of age and older with no evidence of prior infection with a 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	Centers for Medicare & Medicaid Services (CMS)	SCIP-Inf-1

CMS eMeasure ID	NQF #	Measure Title and NQS Domain	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Measure Set Identifier
CMS172v5	0528	Prophylactic Antibiotic Selection for Surgical Patients  Domain: Efficient Use of Healthcare Resources	Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure).	Number of surgical patients who received prophylactic antibiotics recommended for their specific surgical procedure.	All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission. The measure is divided into 8 populations by type of surgery. Each denominator provides criteria for the types of surgery  Denominator for population 1 - Coronary artery bypass graft (CABG) procedures  Denominator for population 2 - Other cardiac surgery excluding CABG  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	Centers for Medicare & Medicaid Services (CMS)	SCIP-Inf-2

CMS eMeasure ID	NQF #	Measure Title and NQS Domain	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Measure Set Identifier
CMS178v5	0453	Urinary catheter removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being day zero  Domain: Patient Safety	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 postoperative day (POD) 1 or postoperative day (POD) 2 with day of surgery being day zero.	All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement period for patients age 18 and older at the time of hospital admission and who have a Principal Procedure Code of selected surgeries. All selected surgical patients 18 years of age and older with a catheter placed between hospital arrival and the end of the recovery period, defined as within 6 hours after the end of anesthesia for a SCIP selected surgery as defined in the Initial Population. The catheter must still be in place after the end of the recovery period.	Centers for Medicare & Medicaid Services (CMS)	SCIP-Inf-9
CMS185v4	0716	Healthy Term Newborn  Domain: Patient Safety	Percent of term singleton live births (excluding those with diagnoses originating in the fetal period) who DO NOT have significant complications during birth or the nursery care.	The absence of conditions or procedures reflecting morbidity that happened during birth and nursery care to an otherwise normal infant.	All patients who are single liveborn term newborns born in a hospital. The denominator is composed of singleton, term (>=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 (eg hypertension, prior cesarean, malpresentation) are not excluded unless evidence of fetal effect prior to labor (eg IUGR/SGA).	Centers for Medicare & Medicaid Services (CMS)	HTN

CMS eMeasure ID	NQF #	Measure Title and NQS Domain	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Measure Set Identifier
CMS188v5	0147	<p>Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients</p> <p>Domain: Efficient Use of Healthcare Resources</p>	<p>(PN-6) Immunocompetent patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines</p> <p>(Population 1) Immunocompetent ICU patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines</p> <p>(Population 2) Immunocompetent non-Intensive Care Unit (ICU) patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines</p>	<p>Pneumonia patients who received an initial antibiotic regimen consistent with current guidelines during the first 24 hours of their hospitalization.</p> <p>Numerator 1 (in population 1) defines appropriate antibiotics for ICU patients.</p> <p>Numerator 2 (in population 2) defines appropriate antibiotics for non-ICU patients.</p> <p>Non-ICU patients are evaluated for pseudomonal risk.</p> <p>Pseudomonal risk requires certain antibiotics per clinical guidelines.</p> <p>Pseudomonal risk includes:</p> <ul style="list-style-type: none"> <li>• Bronchiectasis</li> <li>• Structural lung disease which includes the following: <ul style="list-style-type: none"> <li>- "Diagnosis, Active: COPD"</li> <li>- "Diagnosis, Active: Chronic bronchitis"</li> <li>* "Diagnosis, Active: Emphysema"</li> <li>* "Diagnosis, Active: Interstitial lung disease"</li> <li>* "Diagnosis, Active: Restrictive lung disease"</li> <li>* "Diagnosis, Active: Structural lung disease"</li> </ul> </li> </ul>	<p>Pneumonia patients 18 years of age and older at the time of admission to acute inpatient care with a discharge principal diagnosis of pneumonia, OR Principal Diagnosis of septicemia or respiratory failure (acute or chronic) AND also a secondary other diagnosis code of pneumonia. Patient with a LOS &lt;=120 days and discharged during the measurement period.</p> <p>This measure is divided into patients admitted to the intensive care unit (ICU population 1), and those admitted to non-ICU hospital locations (population 2). For both populations, arrival at the hospital means either arrival at the ED or arrival as a direct admit to the inpatient setting.</p> <p>ICU population: Patients who meet the Initial Population and:</p> <ul style="list-style-type: none"> <li>• Arrival at hospital is either arrival in ED or arrival to floor as direct admit</li> <li>• Admitted to ICU within 24 hours after arrival at hospital with reasons for admission due to pneumonia</li> </ul>	Centers for Medicare & Medicaid Services (CMS)	PN-6

CMS eMeasure ID	NQF #	Measure Title and NQS Domain	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Measure Set Identifier
CMS188v5	0147				<ul style="list-style-type: none"> <li>• Pneumonia related reasons for admission to ICU include: <ul style="list-style-type: none"> <li>- Septic shock</li> <li>- Respiratory distress or failure</li> <li>- Hypotension</li> <li>- Tachypnea</li> <li>- Hypoxemia</li> <li>- Need for a ventilator</li> </ul> </li> <li>• Tachycardia</li> <li>• Diagnosis of pneumonia documented within 24 hours after arrival; if seen in ED diagnosis must be documented in ED</li> <li>• Antibiotics received within 24 hours of arrival or within 1 day prior to hospital arrival and during hospital stay.</li> </ul> <p>Non-ICU population: Patient who meet the Initial Population and:</p> <ul style="list-style-type: none"> <li>* Arrival at hospital is either arrival in ED or arrival to floor as direct admit</li> <li>* Diagnosis of pneumonia documented within 24 hours after arrival; if seen in ED diagnosis must be documented in ED</li> <li>* Antibiotics received within 24 hours after arrival</li> </ul>		

CMS eMeasure ID	NQF #	Measure Title and NQS Domain	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Measure Set Identifier
CMS190v4	0372	Intensive Care Unit Venous Thromboembolism Prophylaxis  Domain: Patient Safety	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 age 18 and older discharged during the measurement period from hospital inpatient acute care with a length of stay less than or equal to 120 days, without a diagnosis of venous thromboembolism (VTE) or obstetrics directly admitted or transferred to ICU during the hospitalization.	The Joint Commission	VTE-2