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**ADDITIONAL INFORMATION REGARDING ELECTRONIC CLINICAL QUALITY MEASURES (eCQMs) FOR CMS 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 eCQMs that may be used to electronically report 2018 clinical quality measure data for the Centers for Medicare & Medicaid Services (CMS) quality reporting programs. Measures will not be eligible for 2018 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 eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Measure Set Identifier
CMS9v6	0480	Exclusive Breast Milk Feeding	Exclusive breast milk feeding during the newborn's entire hospitalization	Newborns who were fed breast milk only since birth	Single newborns with an estimated gestational age at birth of $\geq 37$ 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	The Joint Commission	PC-05
CMS26v5	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	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, and a length of stay less than or equal to 120 days that ends during the measurement period and discharged to home or police custody	The Joint Commission	CAC-3
CMS31v6	1354	Hearing Screening Prior To Hospital Discharge	This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge	Live birth encounters 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 with hospital stays $\leq 120$ days that ends during the measurement period	CDC National Center on Birth Defects and Developmental Disabilities	EHDI-1a

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Measure Set Identifier
CMS32v7	0496	Median Time from ED Arrival to ED Departure for Discharged ED Patients	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 during the measurement period Measure Population Statement: Equals initial population	Centers for Medicare & Medicaid Services (CMS)	ED-3
CMS53v6	Not applicable	Primary PCI Received Within 90 Minutes of Hospital Arrival	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 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	Centers for Medicare & Medicaid Services (CMS)	AMI-8a
CMS55v6	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	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, and preceded within an hour by an emergency department visit at the same physical facility Measure Population Statement: Equals initial population	Centers for Medicare & Medicaid Services (CMS)	ED-1

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Measure Set Identifier
CMS71v7	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 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 with a principal diagnosis of ischemic stroke, and a history of atrial ablation, or current or history of atrial fibrillation/flutter	The Joint Commission	STK-3
CMS72v6	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 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 with a principal diagnosis of Ischemic stroke	The Joint Commission	STK-5
CMS102v6	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	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	The Joint Commission	STK-10

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Measure Set Identifier
CMS104v6	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 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 with a principal diagnosis of Ischemic stroke	The Joint Commission	STK-2
CMS105v6	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 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 with a principal diagnosis of ischemic stroke	The Joint Commission	STK-6
CMS107v6	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: <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 than or equal to 120 days that ends during the measurement period and 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	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Measure Set Identifier
CMS108v6	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>	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	The Joint Commission	VTE-1
CMS111v6	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	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, and where the decision to admit was made during the preceding emergency department visit at the same physical facility  Measure Population Statement: Equals initial population	Centers for Medicare & Medicaid Services (CMS)	ED-2

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Measure Set Identifier
CMS113v6	0469	Elective Delivery	Patients with elective vaginal deliveries or elective cesarean births at >= 37 and < 39 weeks of gestation completed	<p>Patients with elective deliveries by either:</p> <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 >= 8 years and < 65 admitted to the hospital for inpatient acute care to undergo a delivery procedure and had a length of stay less than or equal to 120 days that ends during the measurement period and delivering newborns with >= 37 and < 39 weeks of gestation	The Joint Commission	PC-01
CMS190v6	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)	<p>Patients who received VTE prophylaxis:</p> <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> <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 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 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, and directly admitted or transferred to ICU during the hospitalization	The Joint Commission	VTE-2