# End-Stage Renal Disease Quality Incentive Program (ESRD QIP)

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| --- | --- | --- | --- | --- |
| Type  | NQF #  | Measure Title  | NQF Status  | National Rates |
| Outcome | 1460 | National Healthcare Safety Network (NHSN) Bloodstream Infection in Hemodialysis Patients  | Endorsed |   |
| 2979 | Anemia of chronic kidney disease: Dialysis facility standardized transfusion ratio (STrR)  | Currently under review |   |
| 0257 | Vascular Access Type: AV Fistula  | Endorsed | 66% |
| 0256 | Vascular Access Type – Catheter >= 90 Days  | Endorsed | 11% |
| 1454 | Proportion of Patients with Hypercalcemia  | Endorsed | 1% |
| 2496 | Standardized Readmission Ratio (SRR) for dialysis facilities  | Endorsed |   |
| N/A  | Standardized Hospitalization Ratio for Dialysis Facilities | Not Endorsed |   |
| N/A  | Standardized Mortality Ratio for Dialysis Facilities | Not Endorsed |   |
| Kt/V Dialysis Adequacy Comprehensive Clinical Measure |   |
| 0249 | Adult Hemodialysis Adequacy | Endorsed | 93% |
| 0318 | Adult Peritoneal Dialysis Adequacy | Endorsed | 84% |
| 1423 | Pediatric Hemodialysis Adequacy | Endorsed | 89% |
| N/A  | Pediatric Peritoneal Dialysis Adequacy | Not Endorsed | 56% |
| 0258 | CAHPS In-Center Hemodialysis Survey  | Endorsed |   |
| Process | N/A  | Mineral Metabolism Reporting Measure  | Not Endorsed |   |
| N/A  | Anemia Management Reporting Measure | Not Endorsed |   |
| 0431 | NHSN Healthcare Personnel Influenza Vaccination Reporting Measure | Endorsed |   |
| 0418 | Clinical Depression Screening and Follow-Up Reporting Measure | Endorsed |   |
| 0420 | Pain Assessment and Follow-up Reporting Measure | Endorsed |   |

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| Source: https://data.medicare.gov/Dialysis-Facility-Compare/Dialysis-Facility-Compare-National-Averages/2rkq-ygaihttps://www.medicare.gov/dialysisfacilitycompare/#qip/quality-incentive-program |
|
| https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/Downloads/PY-2019-Technical-Measure-Specifications.pdf |

# PPS-Exempt Cancer Hospital Quality Reporting Program (PCHQR)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type | NQF # | Measure Title | NQF Status | National Rates |
| Outcome | 0166 | HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems Survey | Endorsed |   |
| 0138 | National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection(CAUTI) Outcome Measure | Endorsed |   |
| 0139 | National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure | Endorsed |   |
| 0753 | American College of Surgeons – Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure | Endorsed |   |
| 1717 | National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure | Endorsed |   |
| 1716 | National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure | Endorsed |   |
| 2936 | Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy1 | Failed Initial Endorsement |   |
| Process | 0384 | Oncology: Medical and Radiation - Pain Intensity Quantified | Endorsed |   |
| 0383 | Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology | Endorsed |   |
| 0382 | Oncology: Radiation Dose Limits to Normal Tissues2 | Endorsed |   |
| 0559 | Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or Stage IB - III hormone receptor negative breast cancer | Endorsed | 94% |
| 0220 | Adjuvant Hormonal Therapy | Endorsed | 97% |
| 0390 | Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients | Endorsed |   |
| 0389 | Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients | Endorsed |   |
| 0223 | Adjuvant Chemotherapy is Considered or Administered Within 4 Months (120 days) of Diagnosis to Patients Under the Age of 80 with AJCC III (lymph node positive) Colon Cancer  | Endorsed | 94% |
| 1822 | External Beam Radiotherapy for Bone Metastases | Endorsed |   |
| 0431 | Influenza Vaccination Coverage among Healthcare Personnel | Endorsed |   |

1New measure beginning FY 2017 2CMS is expanding the patient cohort of the previously finalized Radiation Dose Limits to Normal Tissues for Patients Receiving 3D Conformal Radiation Therapy measure beginning FY 2017. The new cohort will include breast and rectal cancer patients in addition to the previous cohort of lung and pancreatic cancer patients.
Source: https://data.medicare.gov/Hospital-Compare/PCH-Quarterly-Quality-Measure-Data/42wc-33ci

# Ambulatory Surgical Center Quality Reporting Program (ASCQ)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type | NQF # | Measure Title | NQF Status | National Rate 2014 | National Rate 2013 |
| Outcome | 0263 | Patient Burn | Endorsement Removed | 0.364 | 0.247 |
| 0267 | Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant | Endorsement Removed | 0.028 | 0.039 |
| 0266 | Patient Fall | Endorsed | 0.095 | 0.156 |
| Process | 0264 | Prophylactic Intravenous (IV) Antibiotic Timing | Failed Maintenance Endorsement | 960.04 | 962.43 |
| Process | N/A | Normothermia Outcome: Percentage of patients having surgical procedures under general or neuraxial anesthesia of 60 minutes or more in duration who are normothermic within 15 minutes of arrival in the post-anesthesia care unit (PACU)1 | Never Submitted |   |   |
| Structural | 9999 | Safe Surgery Checklist Use | Not Endorsed | 99.75 |   |
| 9999 | ASC Facility Volume Data on Selected ASC Surgical Procedures | Not Endorsed | 3978 |   |
| Outcome | 0265 | All-Cause Hospital Transfer/ Admission | Endorsed | 0.475 | 0.537 |
| 1536 | Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery | Endorsed |   |   |
| Process | 0431 | Influenza Vaccination Coverage Among Healthcare Personnel | Endorsed | 74.62 |   |
| 0658 | Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients | Endorsed | 78.38 |   |
| 0659 | Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use | Endorsed | 80.38 |   |
| Outcome | 2539 | Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy | Endorsed |   |   |
| N/A | Unplanned Anterior Vitrectomy1 | Never Submitted |   |   |
| N/A | OAS CAHPS (five measures)1 | Never Submitted |   |   |

1Finalized for CY 2020 Payment Determination and Subsequent Years
Source: https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-11-01-3.html
Source: https://www.medicare.gov/hospitalcompare/asc-ambulatory-surgical-measures.html

# Inpatient Psychiatric Facility Quality Reporting Program (IPFQR)

|  |  |  |  |
| --- | --- | --- | --- |
| NQF # | Measure Title | NQF Status | National Rate |
| 1661 | SUB-1 Alcohol Use Screening | Endorsed | 71.01 |
| 1651 | TOB-1 Tobacco Use Screening | Endorsed |   |
| N/A | Screening for Metabolic Disorders | Endorsed |   |
| 0640 | Hours of Physical Restraint | Endorsed | 0.41 |
| 0641 | Hours of Seclusion Use | Endorsed | 0.21 |
| 1654 | TOB-2 Tobacco Use Treatment Provided or Offered and the subset measure TOB-2a Tobacco Use Treatment | Endorsed |   |
| 1663 | SUB-2 Alcohol Use Brief Intervention Provided or Offered and SUB-2a Alcohol Use Brief Intervention | Endorsed |   |
| 1659 | Influenza Immunization | Endorsed |   |
| 1656 | TOB-3 Tobacco Use Treatment Provided or Offered at Discharge and the subset measure TOB-3a Tobacco Use Treatment at Discharge | Endorsed |   |
| 1664 | SUB-3 Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol & Other Drug Use Disorder Treatment at Discharge | Endorsed |   |
| 0560 | Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification | Endorsed | 36.62 |
| 0647 | Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) | Endorsed |   |
| 0648 | Timely Transmission of Transition Record  | Endorsed |   |
| 0576 | Follow-Up After Hospitalization for Mental Illness (FUH) | Endorsed | Not Available |
| 0431 | Influenza Vaccination Coverage Among Healthcare Personnel | Endorsed |   |
| N/A | Use of Electronic Health Record | Never Submitted |   |
| N/A | Assessment of Patient Experience of Care | Never Submitted |   |
| 2860 | 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF | Currently under review |   |
|   |   |   |   |
| Removed from IPFQR Program for FY 2018 Payment Determination & Subsequent Years |
| 0557 | Post Discharge Continuing Care Plan Created | Endorsement Removed |   |
| 0558 | Post Discharge Continuing Care Plan Transmitted to Next Level of Care at Discharge | Endorsement Removed |   |

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| Source: https://www.medicare.gov/hospitalcompare/psych-measures.html |
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# Hospital Outpatient Quality Reporting Program (HOQR)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type | NQF # | Measure Title | NQF Status | National Rate  |
| Process | 0498 | Door to Diagnostic Evaluation by a Qualified Medical Professional | Failed Maintenance Endorsement | 25 Minutes |
| 0662 | Median Time to Pain Management for Long Bone Fracture | Failed Maintenance Endorsement | 52 Minutes |
| 0496 | Median time from ED Arrival t o ED Departure for Discharged ED Patients | Endorsed | 148 Minutes |
| Structural | 0499 | Left Without Being Seen | Failed Maintenance Endorsement | 2% |
| Efficiency | 0289 | Median Time to ECG | Failed Maintenance Endorsement | 7 Minutes |
| Process | 0287 | Median Time to Fibrinolysis | Failed Maintenance Endorsement | 56% |
| 0288 | Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival | Failed Maintenance Endorsement | 58% |
| 0290 | Median Time to Transfer to Another Facility for Acute Coronary Intervention | Endorsed | 57 Minutes |
| 0286 | Aspirin at Arrival | Failed Maintenance Endorsement | 0.96 |
| 0661 | ED- Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke who Received Head CT or MRI Scan Interpretation Within 45 Minutes of Arrival | Endorsed | 0.68 |
| Efficiency | 9999 | Mammography Follow-Up Rates | Failed Initial Endorsement | 8.9% |
| 0513 | Thorax CT- Use of Contrast Material | Endorsed | 2.1% |
| 9999 | Abdomen CT - Use of Contrast Material | Failed Initial Endorsement | 8.4% |
| 9999 | Simultaneous Use of Brain Computed Tomography (CT) and Sinus Computed Tomography (CT) | Failed Initial Endorsement | 2.9% |
| 0669 | Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery | Endorsed | 4.8% |
| Outcome | 0514 | MRI Lumbar Spine for Low Back Pain | Endorsed | 39.5% |
| Process | 1822 | External Beam Radiotherapy for Bone Metastases | Endorsed |   |
| Process | 0658 | Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients | Endorsed | 74% |
| 0659 | Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use | Endorsed | 80% |
| Outcome | 2539 | Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy | Endorsed |   |
| Structural | 9999 | Safe Surgery Checklist Use | Not Endorsed |   |
| 9999 | Hospital Outpatient Department Volume on Selected Outpatient Surgical Procedures | Not Endorsed |   |
| Outcome | 1536 | Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery | Endorsed |   |
| Structural | 0489 | The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Discrete Searchable Data Elements | Failed Maintenance Endorsement |   |
| 9999 | Tracking Clinical Results between Visits | Not Endorsed |   |
| Process | 0431 | Influenza Vaccination Coverage among Healthcare Personnel | Endorsed |   |
| Outcome | 2936 | Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy | Failed Initial Endorsement |   |
| 2687 | Hospital Visits after Hospital Outpatient Surgery | Endorsed |   |
| N/A | OAS CAHPS (five measures) | Never Submitted |   |

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| Source: https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-11-01-3.html |

# Hospital Inpatient Quality Reporting Program (IQR) and Medicare and Medicaid EHR Incentive Program for Eligible Hospitals and Critical Access Hospitals (CAHs)

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| --- | --- | --- | --- | --- |
| Type | NQF # | Measure Title | NQF Status | National Rate  |
| NHSN |  |
| Outcome | 0138 | NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure | Endorsed | N/A |
| 1717 | NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure | Endorsed | N/A |
| 0139 | NHSN Central line-associated Bloodstream Infection (CLABSI) Outcome Measure | Endorsed | N/A |
| 0753 | ACS-CDC Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure | Endorsed | N/A |
| 1716 | NHSN Facility-Wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure | Endorsed | N/A |
| Process | 0431 | Influenza Vaccination Coverage Among Healthcare Personnnel | Endorsed | 86% |
| Claims-based Payment |  |
| Cost/Resource Use | 2431 | Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction (AMI) | Endorsed |  $ 22,760  |
| 2436 | Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure (HF) | Endorsed |  $ 15,959  |
| 2579 | Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode -of Care for Pneumonia | Endorsed |  $ 14,817  |
| 2158 | Payment-Standardized Medicare Spending Per Beneficiary (MSPB) | Endorsed |   |
| N/A | Hospital-Level, Risk-Standardized Payment Associated with a 90-Day Episode -of Care for Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA) | Never Submitted |   |
| N/A | Cellulitis Clinical Episode-Based Payment Measure | Never Submitted |   |
| N/A | Gastrointestinal (GI) Hemorrhage Clinical Episode-Based Payment Measure | Never Submitted |   |
| N/A | Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure | Never Submitted |   |
| N/A | Aortic Aneurysm Procedure clinical episode-based payment (AA Payment) Measure\* | Never Submitted |   |
| N/A | Cholecystectomy and Common Duct Exploration Clinical Episode-Based Payment Measure\* | Never Submitted |   |
| N/A | Spinal Fusion Clinical Episode-Based Payment Measure\* | Never Submitted |   |
|  Claims-based Outcome |  |
| Outcome | 0230 | Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization | Endorsed | 14.1% |
| 2558 | Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) surgery | Endorsed | 3.2% |
| 1839 | Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization | Endorsed | 8.0% |
| 0229 | Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) hospitalization. | Endorsed | 12.1% |
| 0468 | Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Pneumonia Hospitalization  | Endorsed | 16.3% |
| 0505 | Hospital 30-Day All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization | Endorsed | 16.8% |
| 2515 | Hospital 30-Day, All-Cause, Unplanned, Risk-Standardized Readmission Rate (RSRR) Following Coronary Artery Bypass Graft (CABG) Surgery | Endorsed | 14.4% |
| 1891 | Hospital-Level, 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization  | Endorsed | 20.0% |
| 0330 | Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Heart Failure (HF) Hospitalization. | Endorsed | 21.9% |
| 1789 | Hospital-Wide All-Cause, Unplanned Readmission Measure (HWR) | Endorsed | 15.6% |
| 0506 | Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization. | Endorsed | 17.1% |
| N/A | 30-Day Risk-Standardized Readmission Rate Following Stroke Hospitalization | Withdrawn | 12.5% |
| 1551 | Hospital-level 30 day, all-cause, risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) | Endorsed | 4.6% |
| 2881 | Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction | Currently under review |   |
| 2880 | Excess Days in Acute Care after Hospitalization for Heart Failure | Currently under review |   |
| 2882 | Excess Days in Acute Care after Hospitalization for Pneumonia\* | Currently under review |   |
| 1550 | Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA). | Endorsed | 3.0% |
| 0351 | Death among Surgical Inpatients with Serious, Treatable Complications  | Endorsed | 136.48 per 1,000 patient discharges |
| 0531 | Patient Safety for Selected Indicators, PSI 90 (Iatrogenic pneumothorax, perioperative PE or DVT, post-op wound dehiscence, accidental puncture or laceration, pressure ulcers, central venous catheter-related blood stream infection, post-op hip fracture, post-op sepsis) | See updated specifications below | 0.901 |
| 0531 | Patient Safety for Selected Indicators Composite Measure (pressure ulcers, iatrogenic pneumothorax rate, post-op hip fracture rate, post-op hemorrhage or hematoma, physiologic and metabolic derangement, post-op respiratory failure, post-op PE or DVT, post-op sepsis, post-op wound dehiscence, and accidental puncture or laceration rate), Modified PSI 90 (Updated Title: Patient Safety and Adverse Events Composite) - *Finalized for FY 2019 Payment Determination and Subsequent Years* | Endorsed | N/A |
|  Chart-abstracted  |  |
| Outcome | 0495 | Median Time from ED Arrival to ED Departure for Admitted ED Patients\* | Endorsed |   |
| Process | 0497 | Admit Decision Time to ED Departure Time for Admitted Patients\* | Endorsed | 280 Minutes |
| 1659 | Influenza immunization | Currently under review | 94% |
| 0469 | Elective Delivery\* | Endorsed | 3% |
| Composite | 0500 | Severe Sepsis and Septic Shock: Management Bundle (Composite Measure) | Endorsed |   |
| Outcome | 0376 | Incidence of Potentially Preventable Venous Thromboembolism | Failed Maintenance Endorsement |   |
| *Finalized for removal FY 2019* | Thrombolytic Therapy  |   |   |
| VTE Discharge Instructions |
| Electronic Clinical Quality Measures (eCQMs) |  |
| Outcome | N/A | Median Time from ED Arrival to ED Departure for Admitted ED Patients\* | Never Submitted |   |
| Process | N/A | Admit Decision Time to ED Departure Time for Admitted Patients\* | Never Submitted |   |
| N/A | Primary PCI Received within 90 minutes of hospital arrival | Never Submitted |   |
| N/A | Home Management Plan of Care Document Given to Patient/Caregiver | Never Submitted |   |
| 3058 | Hearing screening before hospital discharge | Endorsed |   |
| 2829 | Elective Delivery\* | Endorsed |   |
| 2830 | Exclusive Breast Milk Feeding and the subset measure PC-05a Exclusive Breast Milk Feeding Considering Mother's Choice | Endorsed |   |
| 3042 | Discharged on Antithrombotic Therapy | Failed Initial Endorsement |   |
| 3043 | Anticoagulation Therapy for Atrial Fibrillation/Flutter | Failed Initial Endorsement |   |
| 3045 | Antithrombotic Therapy by the End of Hospital Day Two | Failed Initial Endorsement |   |
| 3046 | Discharged on Statin Medication | Failed Initial Endorsement |   |
| N/A | Stroke Education | Never Submitted |   |
| 3047 | Assessed for Rehabilitation | Failed Initial Endorsement |   |
| N/A | Venous Thromboembolism Prophylaxis | Never Submitted |   |
| N/A | Intensive Care Unit Venous Thromboembolism Prophylaxis | Never Submitted |   |
|  *Finalized for removal FY 2019* | Aspirin Prescribed at Discharge for AMI |   |   |
| Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival |
| Statin Prescribed at Discharge |
| Healthy Term newborn |
| Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients |
| Prophylactic Antibiotic Received within 1 Hour Prior to Surgical Incision |
| Prophylactic Antibiotic Selection for Surgical Patients  |
| Urinary Catheter Removed on Postoperative Day 1 (POD1) or Postoperative Day 2 (POD2) with Day of Surgery Being Day Zero. |
|  Thrombolytic Therapy |
| Venous Thromboembolism Patients with Anticoagulation Overlap Therapy |
| Venous Thromboembolism Patients Receiving Unfractionated Heparin (UFH) with Dosages/Platelet Count Monitoring by Protocol(or Nomogram).  |
|  Venous Thromboembolism Discharge Instructions.  |
|  Incidence of Potentially Preventable VTE |
|   | **Patient Survey** |  |
|   | **NQF #** | **Measure Title** |   |   |
| Survey | 0166 | HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems Survey | Endorsed |   |
| 0228 | 3-Item Care Transitions Measure (CTM-3) | Endorsed |   |
|   | **Structural Measures** |  |
| Structural | N/A | Hospital Survey on Patient Safety Culture | Never Submitted |   |
| N/A | Safe Surgery Checklist Use | Never Submitted |   |
| Finalized for removal FY 2019 | Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care |   |   |
| Participation in a Systematic Clinical Database Registry for General Surgery |

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| 1Data collection period from 7/1/2013 to 6/30/2015 |

# Hospital Value-Based Purchasing Program (VBP)

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| --- | --- | --- | --- |
| NQF # | Measure Title | NQF Status | National Rate |
| Safety Measures |  |
| 0138 | NHSN Catheter-Associated Urinary Tract Infection(CAUTI) Outcome Measure | Endorsed |   |
| 1717 | NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure | Endorsed |   |
| 0139 | NHSN Central line-associated Bloodstream Infection (CLABSI) Outcome Measure | Endorsed |   |
| 0753 | ACS-CDC Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure | Endorsed |   |
| 1716 | NHSN Facility-Wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure | Endorsed |   |
| 0531 | Patient Safety for Selected Indicators, PSI 90 (Iatrogenic pneumothorax, perioperative PE or DVT, post-op wound dehiscence, accidental puncture or laceration, pressure ulcers, central venous catheter-related blood stream infection, post-op hip fracture, post-op sepsis) - finalized for FY 2019, FY 2020 | Endorsed | 0.901 |
| 0469 | Elective Delivery | Endorsed |   |
| Clinical Care Measures |  |
| 0505 | Hospital 30-Day All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization | Endorsed | 16.8% |
| 0330 | Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Heart Failure (HF) Hospitalization | Endorsed | 21.9% |
| 0506 | Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization | Endorsed | 17.1% |
| 1551 | Hospital-level 30 day, all-cause, risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) | Endorsed | 4.6% |
| Efficiency and Cost Reduction Measure |  |
| 2158 | Payment-Standardized Medicare Spending Per Beneficiary (MSPB) | Endorsed |   |
| Person and Community Engagement Domain  |  |
| 0166 | HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems Survey | Endorsed |   |
| Clinical Care Domain |  |
| 0230 | Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization | Endorsed | 14.1% |
| 0229 | Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) hospitalization. | Endorsed | 12.1% |
| 0468 | Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Pneumonia Hospitalization  | Endorsed | 16.3% |
| 1839 | Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization | Endorsed | 8.0% |
| 1550 | Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA). | Endorsed | 8.0% |
| Efficiency and Cost Reduction Measures |  |
| 2431 | Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction (AMI) | Endorsed |  $ 22,760  |
| 2436 | Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure (HF) | Endorsed |  $ 15,959  |
| Clinical Care Domain |  |
| 2558 | Hospital 30-Day All-Cause Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft Surgery (CABG) | Endorsed | 3.2% |

# Hospital Readmissions Reduction Program (HRRP)

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| --- | --- | --- | --- | --- |
| Type | NQF # | Measure Title | NQF Status | National Rate |
| Outcome | 0330 | Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Heart Failure (HF) Hospitalization | Endorsed | 21.9% |
| 0505 | Hospital 30-Day All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization | Endorsed | 16.8% |
| 0506 | Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization | Endorsed | 17.1% |
| 1551 | Hospital-level 30 day, all-cause, risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) | Endorsed | 4.6% |
| 1891 | Hospital-Level, 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization | Endorsed | 20.0% |
| 2515 | Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate (RSRR) following Coronary Artery Bypass Graft (CABG) Surgery | Endorsed | 14.4% |

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| Source: https://www.medicare.gov/hospitalcompare/compare.html#cmprTab=4&cmprID=490018%2C491300&cmprDist=0.0%2C0.0&stsltd=VA&dist=25&state=VA&lat=0&lng=0 |

# Hospital-Acquired Condition Reduction Program (HACRP)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type | NQF # | Measure Title | NQF Status | National Rate |
| Composite | 0531 | Patient Safety for Selected Indicators (PSI90 - Composite) (Iatrogenic pneumothorax, perioperative PE or DVT, post-op wound dehiscence, accidental puncture or laceration, pressure ulcers, central venous catheter-related blood stream infection, post-op hip fracture, post-op sepsis) | See updated specifications below | 0.901 |
| Composite | 0531 | Patient Safety for Selected Indicators Composite Measure (pressure ulcers, iatrogenic pneumothorax rate, post-op hip fracture rate, post-op hemorrhage or hematoma, physiologic and metabolic derangement, post-op respiratory failure, post-op PE or DVT, post-op sepsis, post-op wound dehiscence, and accidental puncture or laceration rate), Modified PSI 90 (Updated Title: Patient Safety and Adverse Events Composite) - *Finalized for FY 2017*  | Endorsed |   |
| Outcome | 0138 | National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure | Endorsed |   |
| Outcome | 0139 | National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure | Endorsed |   |
| Outcome | 0753 | American College of Surgeons – Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure | Endorsed |   |
| Outcome | 1717 | National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure | Endorsed |   |
| Outcome | 1716 | National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure | Endorsed |   |

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| 1Data collection period from 7/1/2013 to 6/30/2015 |