NATIONAL QUALITY FORUM
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Measure List

Measure Applications Partnership (MAP) Measure Set Review (MSR) Selected Measures 2021

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Measures

CMIT 2584: Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)
CMIT 1645: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification
CMIT 2725: Screening for Metabolic Disorders

Tobacco and Alcohol Measures (IPFQR)

CMIT 1677: Tobacco Use Treatment Provided or Offered
CMIT 2588: Tobacco Use Treatment
CMIT 2589: Tobacco use treatment at Discharge
CMIT 2590: Tobacco Use Treatment Provided or Offered at Discharge
CMIT 2591: Alcohol Use Brief Intervention
CMIT 2592: Alcohol Use Brief Intervention Provided or Offered
CMIT 5555: (SUB)-3 Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol & Other Drug Use Disorder Treatment at Discharge

Ambulatory Surgical Center Quality Reporting (ASCQR) Measures

CMIT 1049: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery
CMIT 1061: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
CMIT 2936: Normothermia Outcome

Hospital Readmissions Reduction Program (HRRP) Measures

CMIT 78: Heart failure (HF) 30-day Readmission Rate
CMIT 80: Acute Myocardial Infarction (AMI) 30-day Readmission Rate
CMIT 899: Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) 30-day Readmission Rate

Mortality Measures – Hospital Value-Based Purchasing Program (VBP) and Hospital Inpatient Quality Reporting Program (Hospital IQR Program)

CMIT 89: Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate Following Heart Failure (HF) Hospitalization
CMIT 86: Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate Following Acute Myocardial Infarction (AMI) Hospitalization
CMIT 1357: CMS Death Rate among Surgical Inpatients with Serious Treatable Complications
CMIT 902: Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke

Hospital IQR Program Measures

CMIT 1017: Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)
CMIT 5756: Exclusive Breast Milk Feeding (eCQM)

Inpatient Psychiatric Facility Quality Reporting (IFQR) Measures

CMIT ID 2584: Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)

Programs

Inpatient Psychiatric Facility Quality Reporting

Other Programs

NA

Description

Percentage of patients, regardless of age, discharged from an inpatient facility (e.g., hospital inpatient or observation, skilled nursing facility, or rehabilitation facility) to home or any other site of care, or their caregiver(s), who received a transition record (and with whom a review of all included information was documented) at the time of discharge including, at a minimum, all of the specified elements

Numerator

Patients or their caregiver(s) who received a transition record (and with whom a review of all included information was documented) at the time of discharge including, at a minimum, all of the following elements:

Inpatient Care

Reason for inpatient admission, AND

Major procedures and tests performed during inpatient stay and summary of results, AND

Principal diagnosis at discharge

Post-Discharge/ Patient Self-Management

Current medication list, AND

Studies pending at discharge (e.g., laboratory, radiological), AND

Patient instructions

Advance Care Plan

Advance directives or surrogate decision maker documented OR

Documented reason for not providing advance care plan

Contact Information/Plan for Follow-up Care

24-hour/7-day contact information including physician for emergencies related to inpatient stay, AND

Contact information for obtaining results of studies pending at discharge, AND

Plan for follow-up care, AND

Primary physician, other health care professional, or site designated for follow-up care

Denominator

All patients, regardless of age, discharged from an inpatient facility (e.g., hospital inpatient or observation, skilled nursing facility, or rehabilitation facility) to home/self care or any other site of care.

NQF ID

9999

NQF Endorsement Status

Endorsement Removed

Measure Type

Process

Steward

Physician Consortium for Performance Improvement Foundation (PCPI)

Data Sources

Electronic Health Record,

Paper Medical Records

Data Reporting Begin Date

2016-01-01

Reporting Status

Active

Selection Rationale Summary

NQF endorsement removed, measure is a process measure that does not ensure care coordination with PCP or post-discharge behavioral health provider.

Top of Document

CMIT ID 1645: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification

Programs
Inpatient Psychiatric Facility Quality Reporting

Other Programs
NA

Description
The proportion of patients discharged from a hospital-based inpatient psychiatric setting on two or more antipsychotic medications with appropriate justification. This measure is a part of a set of seven nationally implemented measures that address hospital-based inpatient psychiatric services (HBIPS-1: Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths completed, HBIPS-2: Physical Restraint, HBIPS-3: Seclusion, HBIPS-4: Multiple Antipsychotic Medications at Discharge, HBIPS-6: Post Discharge Continuing Care Plan and HBIPS-7: Post Discharge Continuing Care Plan Transmitted) that are used in The Joint Commission's accreditation process. Note that this is a paired measure with HBIPS-4 (Patients discharged on multiple antipsychotic medications).

Numerator
Psychiatric inpatients discharged on two or more routinely scheduled antipsychotic medications with appropriate justification

Denominator
Psychiatric inpatients discharged on two or more routinely scheduled antipsychotic medications

NQF ID
0560

NQF Endorsement Status
Endorsement Removed

Measure Type
Process

Steward
The Joint Commission

Data Sources
Electronic Health Record,

Paper Medical Records

Data Reporting Begin Date
2013-01-01

Reporting Status
Active

Selection Rationale Summary
NQF endorsement removed/measure did not pass evidence criteria, data may be burdensome to collect,

and there has been a change in standard of care.

Top of Document

CMIT ID 2725: Screening for Metabolic Disorders

Programs

Inpatient Psychiatric Facility Quality Reporting

Other Programs

NA

Description

Percentage of patients discharged from an Inpatient Psychiatric Facility (IPF) with a prescription for one or more routinely scheduled antipsychotic medications for which a structured metabolic screening for four elements was completed in the 12 months prior to discharge either prior to or during the index IPF stay.

Numerator

The total number of patients who received a metabolic screening in the 12 months prior to discharge - either prior to or during the index IPF stay. The screening must contain: (1) BMI; (2) blood pressure; (3) blood glucose; (4) discharge disposition; (5) lipid panel; and (6) reason for incomplete metabolic screening.

Denominator

Discharges from an IPF during the measurement period with a prescription for one or more routinely scheduled antipsychotic medications.

NQF ID

9999

NQF Endorsement Status

Not Endorsed

Measure Type

Process

Steward

Centers for Medicare & Medicaid Services (CMS)

Data Sources

Not Specified

Data Reporting Begin Date

2016-01-01

Reporting Status

Active

Selection Rationale Summary

Not NQF-endorsed, measure evidence base is absent, measure does not assure that routine metabolic screening is occurring.

Top of Document

Tobacco and Alcohol Measures (IPFQR)

CMIT ID 1677: Tobacco Use Treatment Provided or Offered

Programs

Inpatient Psychiatric Facility Quality Reporting

Other Programs

NA

Description

The measure is reported as an overall rate which includes all hospitalized patients 18 years of age and older to whom tobacco use treatment was provided during the hospital stay within the first three days after admission, or offered and refused, and a second rate, a subset of the first, which includes only those patients who received tobacco use treatment during the hospital stay within the first three days after admission. These measures are intended to be used as part of a set of 4 linked measures addressing Tobacco Use (TOB-1 Tobacco Use Screening; TOB-3 Tobacco Use Treatment Provided or Offered at Discharge; TOB-4 Tobacco Use: Assessing Status After Discharge.)

Numerator

TOB-2: The number of patients who received or refused practical counseling to quit AND received or refused FDA-approved cessation medications during the hospital stay.

TOB-2a: The number of patients who received practical counseling to quit AND received FDA-approved cessation medications during the hospital stay.

Denominator

The number of hospitalized inpatients 18 years of age and older identified as current tobacco users.

NQF ID

1654

NQF Endorsement Status

Endorsement Removed

Measure Type

Composite

Steward

The Joint Commission

Data Sources

Electronic Health Record,

Paper Medical Records

Data Reporting Begin Date

2015-01-01

Reporting Status

Active

Selection Rationale Summary

NQF endorsement removed, specifications flawed, further clarification needed for definition of "inpatient."

This is a measure of compliance with a standard of care, not a measure that scales quality level.

Top of Document

CMIT ID 2588: Tobacco Use Treatment

Programs

Inpatient Psychiatric Facility Quality Reporting

Other Programs

NA

Description

Subset of measure TOB-2. The measure is reported as an overall rate which includes all hospitalized patients 18 years of age and older to whom tobacco use treatment was provided during the hospital stay, or offered and refused, and a second rate, a subset of the first, which includes only those patients who received tobacco use treatment during the hospital stay. Refer to section 2a1.10 Stratification Details/Variables for the rationale for the addition of the subset measure. These measures are intended to be used as part of a set of 4 linked measures addressing Tobacco Use (TOB-1 Tobacco Use Screening; TOB-3 Tobacco Use Treatment Provided or Offered at Discharge; TOB-4 Tobacco Use: Assessing Status After Discharge.)

Numerator

TOB-2: The number of patients who received or refused practical counseling to quit AND received or refused FDA-approved cessation medications during the hospital stay.

TOB-2a: The number of patients who received practical counseling to quit AND received FDA-approved cessation medications during the hospital stay.

Denominator

The number of hospitalized inpatients 18 years of age and older identified as current tobacco users.

NQF ID

1654

NQF Endorsement Status

Endorsement Removed

Measure Type

Composite

Steward

The Joint Commission

Data Sources

Electronic Health Record,

Paper Medical Records

Data Reporting Begin Date

2015-01-01

Reporting Status

Active

Selection Rationale Summary

NQF endorsement removed, measure is challenging for hospitals to collect as one of a set of 4. Tobacco use treatment may be better addressed in an outpatient behavioral health/primary care setting or through outcomes-focused measures in an inpatient setting.

Top of Document

CMIT ID 2589: Tobacco use treatment at discharge

Programs

Inpatient Psychiatric Facility Quality Reporting

Other Programs

NA

Description

Subset of TOB-3a The measure is reported as an overall rate which includes all hospitalized patients 18 years of age an older to whom tobacco use treatment was provided, or offered and refused, at the time of hospital discharge, and a second rate, a subset of the first, which includes only those patients who received tobacco use treatment at discharge. Treatment at discharge includes a referral to outpatient counseling and a prescription for one of the FDA-approved tobacco cessation medications. Refer to section 2a1.10 Stratification Details/Variables for the rationale for the addition of the subset measure. These measures are intended to be used as part of a set of 4 linked measures addressing Tobacco Use (TOB-1 Tobacco Use Screening; TOB 2 Tobacco Use Treatment Provided or Offered During the Hospital Stay; TOB-4 Tobacco Use: Assessing Status After Discharge).

Numerator

TOB-3: The number of patients who received or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication at discharge

TOB-3a: The number of patients who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication at discharge.

Denominator

The number of hospitalized inpatients 18 years of age and older identified as current tobacco users.

NQF ID

1656

NQF Endorsement Status

Endorsement Removed

Measure Type

Composite

Steward

The Joint Commission

Data Sources

Electronic Health Record,

Paper Medical Records

Data Reporting Begin Date

2016-01-01

Reporting Status

Active

Selection Rationale Summary

NQF endorsement removed, measure is challenging for hospitals to collect as one of a set of 4. Tobacco use treatment may be better addressed in an outpatient behavioral health/primary care setting or through outcomes-focused measures in an inpatient setting.

Top of Document

CMIT ID 2590: Tobacco Use Treatment Provided or Offered at Discharge

Programs
Inpatient Psychiatric Facility Quality Reporting

Other Programs
NA

Description
The measure is reported as an overall rate which includes all hospitalized patients 18 years of age an older to whom tobacco use treatment was provided, or offered and refused, at the time of hospital discharge, and a second rate, a subset of the first, which includes only those patients who received tobacco use treatment at discharge. Treatment at discharge includes a referral to outpatient counseling and a prescription for one of the FDA-approved tobacco cessation medications. These measures are intended to be used as part of a set of 4 linked measures addressing Tobacco Use (TOB-1 Tobacco Use Screening; TOB 2 Tobacco Use Treatment Provided or Offered During the Hospital Stay; TOB-4 Tobacco Use: Assessing Status After Discharge).

Numerator
TOB-3: The number of patients who received or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication at discharge

TOB-3a: The number of patients who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication at discharge.

Denominator
The number of hospitalized inpatients 18 years of age and older identified as current tobacco users.

NQF ID
1656

NQF Endorsement Status
Endorsement Removed

Measure Type
Composite

Steward
The Joint Commission

Data Sources
Electronic Health Record,

Paper Medical Records

Data Reporting Begin Date
2016-01-01

Reporting Status
Active

Selection Rationale Summary
NQF endorsement removed, measure is challenging for hospitals to collect as one of a set of 4. Tobacco

use treatment may be better addressed in an outpatient behavioral health/primary care setting or through outcomes-focused measures in an inpatient setting.

Top of Document

CMIT ID 2591: Alcohol Use Brief Intervention

Programs
Inpatient Psychiatric Facility Quality Reporting

Other Programs
NA

Description
The measure is reported as an overall rate which includes all hospitalized patients 18 years of age and older to whom a brief intervention was provided, or offered and refused, and a second rate, a subset of the first, which includes only those patients who received a brief intervention. The Provided or Offered rate (SUB-2), describes patients who screened positive for unhealthy alcohol use who received or refused a brief intervention during the hospital stay. The Alcohol Use Brief Intervention (SUB-2a) rate describes only those who received the brief intervention during the hospital stay. Those who refused are not included.

Numerator
SUB-2 The number of patients who received or refused a brief intervention.

SUB-2a The number of patients who received a brief intervention.

Denominator
The number of hospitalized inpatients 18 years of age and older who screen positive for unhealthy alcohol use or an alcohol use disorder (alcohol abuse or alcohol dependence).

NQF ID
1663

NQF Endorsement Status
Endorsement Removed

Measure Type
Composite

Steward
The Joint Commission

Data Sources
Electronic Health Record,

Paper Medical Records

Data Reporting Begin Date
2016-01-01

Reporting Status
Active

Selection Rationale Summary
NQF endorsement removed, while it does not meet the criteria for being topped out, this measure offers little room for improvement. This measure has a high cost of reporting because data is chart-abstracted. Implementation could unfairly penalize clinicians who practice in rural areas where patients

have limited access to counseling services.

Top of Document

CMIT ID 2592: Alcohol Use Brief Intervention Provided or Offered

Programs
Inpatient Psychiatric Facility Quality Reporting

Other Programs
NA

Description
The measure is reported as an overall rate which includes all hospitalized patients 18 years of age and older to whom a brief intervention was provided, or offered and refused, and a second rate, a subset of the first, which includes only those patients who received a brief intervention. The Provided or Offered rate (SUB-2), describes patients who screened positive for unhealthy alcohol use who received or refused a brief intervention during the hospital stay. The Alcohol Use Brief Intervention (SUB-2a) rate describes only those who received the brief intervention during the hospital stay. Those who refused are not included.

Numerator
SUB-2 The number of patients who received or refused a brief intervention.

SUB-2a The number of patients who received a brief intervention.

Denominator
The number of hospitalized inpatients 18 years of age and older who screen positive for unhealthy alcohol use or an alcohol use disorder (alcohol abuse or alcohol dependence).

NQF ID
1663

NQF Endorsement Status
Endorsement Removed

Measure Type
Composite

Steward
The Joint Commission

Data Sources
Electronic Health Record,

Paper Medical Records

Data Reporting Begin Date
2016-01-01

Reporting Status
Active

Selection Rationale Summary
NQF endorsement removed, performance is uniformly high and lacks variation. This measure has a high cost of reporting because data is chart-abstracted. Alcohol use treatment may be better addressed in an outpatient behavioral health/primary care setting or through outcomes-focused measures in an

inpatient setting.

Top of Document

CMIT ID 5555: (SUB)-3 Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol & Other Drug Use Disorder Treatment at Discharge

Programs

Inpatient Psychiatric Facility Quality Reporting

Other Programs

NA

Description

The measure is reported as an overall rate which includes all hospitalized patients 18 years of age and older to whom alcohol or drug use disorder treatment was provided, or offered and refused, at the time of hospital discharge, and a second rate, a subset of the first, which includes only those patients who received alcohol or drug use disorder treatment at discharge. The Provided or Offered rate (SUB-3) describes patients who are identified with alcohol or drug use disorder who receive or refuse at discharge a prescription for FDA-approved medications for alcohol or drug use disorder, OR who receive or refuse a referral for addictions treatment. The Alcohol and Other Drug Disorder Treatment at Discharge (SUB-3a) rate describes only those who receive a prescription for FDA-approved medications for alcohol or drug use disorder OR a referral for addictions treatment. Those who refused are not included.

Numerator

SUB-3: The number of patients who received or refused at discharge a prescription for medication for treatment of alcohol or drug use disorder OR received or refused a referral for addictions treatment.

SUB-3a: The number of patients who received a prescription at discharge for medication for treatment of alcohol or drug use disorder OR a referral for addictions treatment.

Denominator

The number of hospitalized inpatients 18 years of age and older identified with an alcohol or drug use disorder

NQF ID

1664

NQF Endorsement Status

Endorsement Removed

Measure Type

Composite

Steward

The Joint Commission

Data Sources

Electronic Health Record,

Paper Medical Records

Data Reporting Begin Date

2017-01-01

Reporting Status

Active

Selection Rationale Summary

NQF endorsement removed, difficult for hospitals to collect data, evidence base supports alternative treatments, rural health providers may be unfairly penalized due to lack of patient access to services. Measure may have accountability issues.

Top of Document

Ambulatory Surgical Center Quality Reporting (ASCQR) Measures

CMIT ID 1049: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery

Programs

Ambulatory Surgical Center Quality Reporting

Other Programs

Hospital Outpatient Quality Reporting Program (Hospital OQR Program); Merit-based Incentive Payment System (MIPS)

Description

Percentage of patients aged 18 years and older who had cataract surgery and had improvement in visual function achieved within 90 days following the cataract surgery,[based on completing a preoperative and post-operative visual function survey]

Numerator

Patients 18 years and older who had improvement in visual function achieved within 90 days following cataract surgery, based on completing both a pre-operative and post-operative visual function survey.

Denominator

All patients aged 18 years and older who had cataract surgery

NQF ID

1536

NQF Endorsement Status

Endorsement Removed

Measure Type

Patient-Reported Outcome-Based Performance Measure (PRO-PM)

Steward

American Academy of Ophthalmology

Data Sources

Patient Reported Data and Surveys

Data Reporting Begin Date

2015-01-01

Reporting Status

Active

Selection Rationale Summary

NQF endorsement removed, measure was designed for physician use and has not been tested for current level of measurement and setting, measure performance is uniformly high and there is a similar measure.

Top of Document

CMIT ID 1061: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

Programs

Ambulatory Surgical Center Quality Reporting

Other Programs

HOQR; MIPS

Description

Percentage of patients aged 50 to 75 years of age receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report

Numerator

Patients who had recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report

Denominator

All patients aged 50 to 75 years of age receiving a screening colonoscopy without biopsy or polypectomy

NQF ID

0658

NQF Endorsement Status

Endorsed

Measure Type

Process

Steward

American Gastroenterological Association

Data Sources

Claims Data,

Electronic Clinical Data (non-EHR),

Electronic Health Record,

Registries

Data Reporting Begin Date

2018-01-01

Reporting Status

Active

Selection Rationale Summary

Measure was designed for physician use and has not been tested for this level of measurement and setting, there is a need for more robust measures for ASCs, measure has had unintended consequences of increased frequency of screening with provider outreach reminders issued at 5 years.

Top of Document

CMIT ID 2936: Normothermia Outcome

Programs
Ambulatory Surgical Center Quality Reporting

Other Programs
NA

Description
The 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).

Numerator
The numerator is the number of surgery patients with a body temperature equal to or greater than 96.8 degrees Fahrenheit/36 degrees Celsius recorded within 15 minutes of arrival in the PACU.

Denominator
The denominator is all patients, regardless of age, undergoing surgical procedures under general or neuraxial anesthesia of greater than or equal to 60 minutes in duration.

NQF ID
9999

NQF Endorsement Status
Not Endorsed

Measure Type
Outcome

Steward
ASC Quality Collaborative

Data Sources
Paper Medical Records

Data Reporting Begin Date
2018-01-01

Reporting Status
Active

Selection Rationale Summary
Not NQF-endorsed, chart abstraction creates burden, regulating body temperature during and after a procedure is a standard of care, part of Surgical Care Improvement Program (SCIP) measures that were retired in 2015 due to high performance, MIPS average performance rate for this measure is 98.0%.

Top of Document

Hospital Readmissions Reduction Program (HRRP) Measures

CMIT ID 78: Heart failure (HF) 30-day readmission rate

Programs

Hospital Readmission Reduction Program

Other Programs

NA

Description

This measure estimates a hospital-level, 30-day RSRR for patients discharged from the hospital with a principal diagnosis of HF. Readmission is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. A specified set of planned readmissions do not count as readmissions. The Centers for Medicare & Medicaid Services (CMS) annually reports the measure for patients who are 65 years and older and are Medicare fee-for-service (FFS) beneficiaries hospitalized in non-federal hospitals or Veterans Health Administration (VA) hospitals.

Numerator

The outcome for this measure is 30-day readmission. We define readmission as an inpatient admission for any cause, with the exception of certain planned readmissions, within 30 days from the date of discharge from the index HF admission. If a patient has more than one unplanned admissions (for any reason) within 30 days after discharge from the index admission, only one is counted as a readmission. The measure looks for a dichotomous yes or no outcome of whether each admitted patient has an unplanned readmission within 30 days. However, if the first readmission after discharge is considered planned, any subsequent unplanned readmission is not counted as an outcome for that index admission, because the unplanned readmission could be related to care provided during the intervening planned readmission rather than during the index admission.

Additional details are provided in S.5 Numerator Details.

Denominator

This claims-based measure can be used in either of two patient cohorts: (1) patients aged 65 years or older or (2) patients aged 18 years or older.

The cohort includes admissions for patients discharged from the hospital with a principal discharge diagn

NQF ID

0330

NQF Endorsement Status

Endorsed

Measure Type

Outcome

Steward

Centers for Medicare & Medicaid Services (CMS)

Data Sources

Not Specified

Data Reporting Begin Date

2013-01-01

Reporting Status

Active

Selection Rationale Summary

Specified set of planned readmissions do not count as readmissions. Measure should be combined in a properly risk adjusted overall readmission measure that is not disease specific.

Top of Document

CMIT ID 80: Acute myocardial infarction (AMI) 30-day readmission rate

Programs

Hospital Readmission Reduction Program

Other Programs

NA

Description

This measure estimates a hospital-level, 30-day risk-standardized readmission rate (RSRR) for patients discharged from the hospital with a principal diagnosis of acute myocardial infarction (AMI). The outcome is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. A specified set of planned readmissions do not count as readmissions. The Centers for Medicare & Medicaid Services (CMS) annually reports the measure for patients who are 65 years and older and are Medicare fee-for-service (FFS) beneficiaries hospitalized in non-federal hospitals.

Numerator

The outcome for this measure is 30-day all-cause readmission. We define readmission as an inpatient admission for any cause, except for certain planned readmissions, within 30 days from the date of discharge from the index AMI admission. If a patient has more than one unplanned admission within 30 days of discharge from the index admission, only the first one is counted as a readmission. The measure looks for a dichotomous yes or no outcome of whether each admitted patient has an unplanned readmission within 30 days. However, if the first readmission after discharge is considered planned, then no readmission is counted, regardless of whether a subsequent unplanned readmission takes place. This is because it is not clear whether such readmissions are appropriately attributed to the original index admission or the intervening planned readmission.

Additional details are provided in S.5 Numerator Details.

Denominator

This claims-based measure can be used in either of two patient cohorts: (1) patients aged 65 years or older or (2) patients aged 18 years or older. We have tested the measure in both age groups.

The cohort includes admissions for patients discharged fro

NQF ID

0505

NQF Endorsement Status

Endorsed

Measure Type

Outcome

Steward

Centers for Medicare & Medicaid Services (CMS)

Data Sources

Claims Data

Data Reporting Begin Date

2013-01-01

Reporting Status

Active

Selection Rationale Summary

Measure not appropriately risk-adjusted and should be combined in a properly risk adjusted overall mortality measure that is not disease specific. Measurement period more likely to be influenced by outside factors than a shorter interval, and measure could have immediate financial impact on hospitals without accurate risk-adjustment.

Top of Document

CMIT ID 899: Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) 30-day readmission rate

Programs

Hospital Readmission Reduction Program

Other Programs

NA

Description

This measure estimates a hospital-level, 30-day RSRR following elective primary THA and/or TKA. The outcome is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. A specified set of planned readmissions do not count as readmissions. The Centers for Medicare & Medicaid Services (CMS) annually reports the measure for patients who are 65 years and older and are Medicare fee-for-service (FFS) beneficiaries hospitalized in non-federal hospitals.

Numerator

The outcome for this measure is 30-day readmission. We define readmission as an inpatient admission for any cause, with the exception of certain planned readmissions, within 30 days from the date of discharge of the index hospitalization. If a patient has more than one unplanned admissions (for any reason) within 30 days after discharge from the index admission, only one is counted as a readmission. The measure looks for a dichotomous yes or no outcome of whether each admitted patient has an unplanned readmission within 30 days. However, if the first readmission after discharge is considered planned, any subsequent unplanned readmission is not counted as an outcome for that index admission, because the unplanned readmission could be related to care provided during the intervening planned readmission rather than during the index admission.

Denominator

The target population for the publicly reported measure includes admissions for Medicare FFS beneficiaries who are at least 65 years of age undergoing elective primary THA and/or TKA procedures.

Additional details are provided in S.7 Denominator Details.

NQF ID

1551

NQF Endorsement Status

Endorsed

Measure Type

Outcome

Steward

Centers for Medicare & Medicaid Services (CMS)

Data Sources

Claims Data

Data Reporting Begin Date

2015-01-01

Reporting Status

Active

Selection Rationale Summary

Evaluate measure definition, patient population for elective procedures is shifting to the outpatient setting, and should be combined in a properly risk adjusted overall readmission measure that is not disease specific.

Top of Document

Mortality Measures – Hospital Value-Based Purchasing Program (VBP) and Hospital Inpatient Quality Reporting Program (Hospital IQR Program)

CMIT ID 89: Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate Following Heart Failure (HF) Hospitalization

Programs

Hospital Value-Based Purchasing

Other Programs

NA

Description

The measure estimates a hospital 30-day risk-standardized mortality rate (RSMR). Mortality is defined as death for any cause within 30 days after the date of admission of the index admission, for patients 18 and older discharged from the hospital with a principal diagnosis of heart failure (HF). CMS annually reports the measure for patients who are 65 years or older and are either enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are hospitalized in Veterans Health Administration (VA) facilities.

Numerator

The outcome for this measure is 30-day all-cause mortality. We define mortality as death from any cause within 30 days of the index admission date for patients 65 and older discharged from the hospital with a principal diagnosis of HF.

Additional details are provided in S.5 Numerator Details.

Denominator

This claims-based measure can be used in either of two patient cohorts: (1) patients aged 65 years or older or (2) patients aged 18 years or older. We have explicitly tested the measure in both age groups.

The cohort for the publicly reported measure in

NQF ID

0229

NQF Endorsement Status

Endorsed

Measure Type

Outcome

Steward

Centers for Medicare & Medicaid Services (CMS)

Data Sources

Not Specified

Data Reporting Begin Date

2013-01-01

Reporting Status

Active

Selection Rationale Summary

Measure should be combined in a properly risk-adjusted overall mortality measure that is not disease specific, measure requires significant financial resources and risk of penalizing under-resourced hospitals.

Top of Document

CMIT ID 86: Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate Following Acute Myocardial Infarction (AMI) Hospitalization

Programs
Hospital Value-Based Purchasing

Other Programs
NA

Description
This measure estimates a hospital-level, 30-day risk-standardized mortality rate (RSMR) for patients discharged from the hospital with a principal diagnosis of acute myocardial infarction (AMI). Mortality is defined as death from any cause within 30 days after the index admission date. The Centers for Medicare & Medicaid Services (CMS) annually reports the measure for patients who are 65 years and older and are Medicare fee-for-service (FFS) beneficiaries hospitalized in non-federal hospitals.

Numerator
The outcome for this measure is 30-day all-cause mortality. We define mortality as death from any cause within 30 days from the date of admission for patients discharged from the hospital with a principal diagnosis of AMI.

Additional details are provided in S.5 Numerator Details.

Denominator
This claims-based measure can be used in either of two patient cohorts: (1) patients aged 65 years or older or (2) patients aged 18 years or older. We have tested the measure in both age groups.

The cohort includes admissions for patients discharged fro

NQF ID
0230

NQF Endorsement Status
Endorsed

Measure Type
Outcome

Steward
Centers for Medicare & Medicaid Services (CMS)

Data Sources
Not Specified

Data Reporting Begin Date
2014-01-01

Reporting Status
Active

Selection Rationale Summary
Measure not appropriately risk-adjusted and should be combined in a properly risk adjusted overall

mortality measure that is not disease specific. Patient populations that need more care could be penalized and targeting mortality rates would require significant resources to make minimal impact.

Top of Document

CMIT ID 1357: CMS Death Rate among Surgical Inpatients with Serious Treatable Complications

Programs

Hospital Inpatient Quality Reporting

Other Programs

NA

Description

In-hospital deaths per 1,000 surgical discharges, among patients ages 18 through 89 years or obstetric patients, with serious treatable complications (shock/cardiac arrest, sepsis, pneumonia, deep vein thrombosis/ pulmonary embolism or gastrointestinal hemorrhage/acute ulcer). Includes metrics for the number of discharges for each type of complication. Excludes cases transferred to an acute care facility. A risk-adjusted rate is available. The risk-adjusted rate of PSI 04 relies on stratum-specific risk models. The stratum-specific models are combined to calculate an overall risk-adjusted rate

Numerator

Number of deaths (DISP=20) among cases meeting the inclusion and exclusion rules for the denominator.

Denominator

Surgical discharges, for patients ages 18 through 89 years or MDC 14 (pregnancy, childbirth, and puerperium), with all of the following:

any-listed ICD-9-CM or ICD-10-PCS procedure codes for an operating room procedure; and

the principal procedure occur

NQF ID

0351

NQF Endorsement Status

Endorsement Removed

Measure Type

Outcome

Steward

Agency for Healthcare Research & Quality (AHRQ)

Data Sources

Not Specified

Data Reporting Begin Date

2014-01-01

Reporting Status

Active

Selection Rationale Summary

NQF endorsement removed, measure is duplicative of other measures in the program.

Top of Document

CMIT ID 902: Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke

Programs

Hospital Inpatient Quality Reporting

Other Programs

NA

Description

The measure estimates a hospital-level, risk-standardized mortality rate (RSMR) for patients discharged from the hospital with a principal diagnosis of acute ischemic stroke. Mortality is defined as death from any cause within 30 days of the index admission date for patients discharged from the hospital with a principal diagnosis of acute ischemic stroke.

Numerator

The outcome for this measure is 30-day all-cause mortality. We define mortality as death from any cause within 30 days from the index admission date for patients discharged from the index hospital with a principal diagnosis of acute ischemic stroke.

Denominator

The cohort includes admissions for patients age 65 years or older discharged from the hospital with a principal diagnosis of acute ischemic stroke (ICD-9-CM codes 433.x1, 434.x1, 436) and with a complete claims history for the 12 months prior to admission

NQF ID

9999

NQF Endorsement Status

Not Endorsed

Measure Type

Outcome

Steward

Centers for Medicare & Medicaid Services (CMS)

Data Sources

Not Specified

Data Reporting Begin Date

2016-01-01

Reporting Status

Active

Selection Rationale Summary

Not NQF-endorsed and should be combined in a properly risk adjusted overall mortality measure that is not disease specific.

Top of Document

Hospital IQR Program Measures

CMIT ID 1017: Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)

Programs

Hospital Inpatient Quality Reporting

Other Programs

NA

Description

This measure focuses on adults 18 years and older with a diagnosis of severe sepsis or septic shock. Consistent with Surviving Sepsis Campaign guidelines, the measure contains several elements, including measurement of lactate, obtaining blood cultures, administering broad spectrum antibiotics, fluid resuscitation, vasopressor administration, reassessment of volume status and tissue perfusion, and repeat lactate measurement. As reflected in the data elements and their definitions, these elements should be performed in the early management of severe sepsis and septic shock.

Numerator

The number of patients in the denominator who received ALL of the following components (if applicable) for the early management of severe sepsis and septic shock: initial lactate levels, blood cultures, antibiotics, fluid resuscitation, repeat lactate level, vasopressors, and volume status and tissue perfusion reassessment.

Denominator

Inpatients age 18 and over with an ICD-10-CM Principal or Other Diagnosis Code of Sepsis, Severe Sepsis, or Septic Shock.

NQF ID

0500

NQF Endorsement Status

Endorsed

Measure Type

Composite

Steward

Centers for Medicare & Medicaid Services (CMS)

Data Sources

Not Specified

Data Reporting Begin Date

2016-01-01

Reporting Status

Active

Selection Rationale Summary

Measure is not evidence-based and is extremely difficult to collect, measure excludes clinical judgement and could lead to unintended consequences or harm by treating patients who appear to be infected but

are not.

Top of Document

CMIT ID 5756: Exclusive Breast Milk Feeding (eCQM)

Programs

Hospital Inpatient Quality Reporting

Other Programs

PI

Description

PC-05 Exclusive breast milk feeding during the newborn's entire hospitalization. The measure is reported as an overall rate which includes all newborns that were exclusively fed breast milk during the entire hospitalization.

Numerator

Inpatient hospitalizations for newborns who were fed breast milk only since birth

Denominator

Inpatient hospitalizations for single newborns who were born in the hospital that ends during the measurement period, and with either of the following conditions: - An estimated gestational age at birth of >= 37 weeks - Birth weight >= 3000 grams without

NQF ID

0480e

NQF Endorsement Status

Endorsed

Measure Type

Process

Steward

The Joint Commission

Data Sources

Electronic Health Record

Data Reporting Begin Date

2017-01-01

Reporting Status

Active

Selection Rationale Summary

Possibly duplicative of an eQCM measure, though there may be some differences. Intent of measure.

Top of Document