



Patient Safety: NQF-Endorsed® Maintenance Standards Under Review

Click the measure numbers to read more about the measure on QPS!

Measure Number	Title	Description	Measure Steward
0138	Urinary catheter-associated urinary tract infection for intensive care unit (ICU) patients	<p>Standardized Infection Ratio (SIR) of healthcare-associated, catheter-associated urinary tract infections (CAUTI) will be calculated among patients in the following patient care locations:</p> <ul style="list-style-type: none"> • Intensive Care Units (ICUs) (excluding patients in neonatal ICUs [NICUs: Level II/III and Level III nurseries]) • Specialty Care Areas (SCAs) - adult and pediatric: long term acute care, bone marrow transplant, acute dialysis, hematology/oncology, and solid organ transplant locations • other inpatient locations (excluding Level I and Level II nurseries). <p>Data from these locations are reported from acute care general hospitals (including specialty hospitals), freestanding long term acute care hospitals, rehabilitation hospitals, and behavioral health hospitals. This scope of coverage includes but is not limited to all Inpatient Rehabilitation Facilities (IRFs), both freestanding and located as a separate unit within an acute care general hospital. Only locations where patients reside overnight are included, i.e., inpatient locations.</p>	Centers for Disease Control and Prevention (CDC)
0139	Central line catheter-associated blood stream infection rate for ICU and high-risk nursery	<p>Standardized Infection Ratio (SIR) of healthcare-associated, central line-associated bloodstream infections (CLABSI) will be calculated among patients in the following patient care locations:</p> <ul style="list-style-type: none"> • Intensive Care Units (ICUs) • Specialty Care Areas (SCAs) - adult and pediatric: long term acute care, bone marrow transplant, acute dialysis, hematology/oncology, and solid organ transplant locations • other inpatient locations. (Data from these locations are reported from acute care general hospitals (including specialty hospitals), freestanding long term acute care hospitals, rehabilitation hospitals, and behavioral health hospitals. This scope of coverage includes but is not limited to all Inpatient Rehabilitation Facilities (IRFs), both freestanding and located as a separate unit within an acute care general hospital. Only locations where patients reside overnight are included, i.e., inpatient locations. 	Centers for Disease Control and Prevention (CDC)

Measure Number	Title	Description	Measure Steward
0464	Anesthesiology and Critical Care: Prevention of Catheter-Related Bloodstream Infections (CRBSI) – Central Venous Catheter (CVC) Insertion Protocol	Percentage of patients who undergo CVC insertion for whom CVC was inserted with all elements of maximal sterile barrier technique (cap AND mask AND sterile gown AND sterile gloves AND a large sterile sheet AND hand hygiene AND 2% chlorhexidine for cutaneous antisepsis) followed.	American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)
0684	Percent of Residents with a Urinary Tract Infection (Long-Stay)	This measure updates CMS' MDS 2.0 QM on Urinary Tract Infections in the nursing facility population. It is based on MDS 3.0 data and measures the percentage of long-stay residents who have a urinary tract infection on the target MDS assessment (OBRA, PPS or discharge). In order to address seasonal variation, the proposed measure uses a 6-month average for the facility. Long-stay nursing facility residents are those with cumulative days in the facility over 100 days.	Centers for Medicare & Medicaid Services (CMS)
0541	Proportion of Days Covered (PDC): 5 Rates by Therapeutic Category	The percentage of patients 18 years and older who met the proportion of days covered (PDC) threshold of 80% during the measurement year. A performance rate is calculated separately for the following medication categories: Beta-Blockers (BB), Renin Angiotensin System (RAS) Antagonists, Calcium-Channel Blockers (CCB), Diabetes Medications, Statins.	Pharmacy Quality Alliance, Inc. (PQA)
0542	Adherence to Chronic Medications	<p>The measure addresses adherence to three types of chronic medications: statins, levothyroxine, and angiotensin converting enzyme inhibitors (ACEIs)/angiotensin receptor blockers (ARBs). The measure is divided into three submeasures:</p> <p>Measure A: The percentage of eligible individuals who had at least two prescriptions for statins and who have a Proportion of Days Covered (PDC) of at least 0.8 during the measurement period (12 consecutive months).</p> <p>Measure B: The percentage of eligible individuals who had at least two prescriptions for levothyroxine and who have a PDC of at least 0.8 during the measurement period (12 consecutive months).</p> <p>Measure C: The percentage of eligible individuals who had at least two prescriptions for ACEIs/ARBs and who have a PDC of at least 0.8 during the measurement period (12 consecutive months).</p>	Centers for Medicare & Medicaid Services (CMS)
0555	Monthly INR Monitoring for Beneficiaries on Warfarin	Average percentage of monthly intervals in which individuals with claims for warfarin do not receive an International Normalized Ratio (INR) test during the measurement period.	Centers for Medicare & Medicaid Services (CMS)

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0556	INR for Beneficiaries Taking Warfarin and Interacting Anti-Infective Medications	Percentage of episodes with an International Normalized Ratio (INR) test performed 3 to 7 days after a newly-started interacting anti-infective medication for Part D individuals receiving warfarin.	Centers for Medicare & Medicaid Services (CMS)
0586	Warfarin_PT/ INR Test	This measure identifies the percentage of patients taking warfarin during the measurement year who had at least one PT/INR test within 30 days after the first warfarin prescription in the measurement year.	Resolution Health, Inc.
0612	Warfarin - INR Monitoring	The percentage of patients taking warfarin who had PT/INR monitoring	ActiveHealth Management
0510	Exposure time reported for procedures using fluoroscopy	Percentage of final reports for procedures using fluoroscopy that include documentation of radiation exposure or exposure time	American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)
0739	Radiation Dose of Computed Tomography (CT)	<p>The measure has two components. Part A is an outcome measure; Part B is a process measure.</p> <p>Both would work together towards improving quality and allowing hospitals and imaging facilities to conduct ongoing quality improvement.</p> <p>Part A: radiation dose associated with computed tomography (CT) examinations of the head, neck, chest, abdomen/pelvis and lumbar spine, obtained in children and adults.</p> <p>Part B: The proportion of CT examinations where a measure of dose is included in the final medical report.</p>	University of California San Francisco (UCSF)
0740	Participation in a Systematic National Dose Index Registry	Participation in a multi-center, standardized data collection and feedback program that will establish national dose index benchmarks for designated examinations. The registry will eventually provide a comparison of practice or facility dose indices such as CTDIvol and DLP for specified examinations relative to national and regional benchmarks. Data is captured electronically from the images of CT examinations using Digital Imaging and Communications in Medicine (DICOM) standards and the Integrating the Healthcare Enterprise (IHE) Radiation Exposure Monitoring (REM) profile.	American College of Radiology (ACR)

Measure Number	Title	Description	Measure Steward
0667	Pulmonary CT Imaging for Patients at Low Risk for Pulmonary Embolism	Percent of patients undergoing CT pulmonary angiogram for the evaluation of possible PE who are at low-risk for PE consistent with guidelines prior to CT imaging.	Brigham and Women's Hospital
0687	Percent of Residents Who Were Physically Restrained (Long Stay)	The measure is based on data from the MDS 3.0 assessment of long-stay nursing facility residents and reports the percentage of all long-stay residents who were physically restrained. The measure reports the percentage of all long-stay residents in nursing facilities with a selected target assessment during the selected quarter (3-month period) who were physically restrained daily during the 7 days prior to the MDS assessment (OBRA, PPS or discharge).	Centers for Medicare & Medicaid Services (CMS)
0689	Percent of Residents Who Lose Too Much Weight (Long-Stay)	<p>This measure updates CMS' MDS 2.0 QM on patients who lose too much weight. This measure captures the percentage of long-stay residents who had a weight loss of 5% or more in the last month or 10% or more in the last 6 months who were not on a physician-prescribed weight-loss regimen noted on an MDS assessment (OBRA, PPS or discharge) during the selected quarter (3-month period).</p> <p>In order to address seasonal variation, the proposed measure uses a simple quarterly average for the facility dividing the sum of the measure value in each selected quarter by the number of quarters. Long-stay residents are those who have been in nursing care over 100 days. The measure is restricted to this population, which has long-term care needs, rather than the short-stay population who are discharged within 100 days of admission.</p>	Centers for Medicare & Medicaid Services (CMS)
0709	Proportion of patients with a chronic condition that have a potentially avoidable complication during a calendar year	Percent of adult population aged 18 – 65 years who were identified as having at least one of the following six chronic conditions: Diabetes Mellitus (DM), Congestive Heart Failure (CHF), Coronary Artery Disease (CAD), Hypertension (HTN), Chronic Obstructive Pulmonary Disease (COPD) or Asthma, were followed for one-year, and had one or more potentially avoidable complications (PACs). A Potentially Avoidable Complication is any event that negatively impacts the patient and is potentially controllable by the physicians and hospitals that manage and co-manage the patient. Generally, any hospitalization related to the patient's core chronic condition or any co-morbidity is considered a potentially avoidable complication, unless that hospitalization is considered to be a typical service for a patient with that condition. Additional PACs that can occur during the calendar year include those related to emergency room visits, as well as other professional or ancillary services tied to a potentially avoidable complication.	Bridges To Excellence

Measure Number	Title	Description	Measure Steward
0531	Patient Safety for Selected Indicators	A composite measure of potentially preventable adverse events for selected indicators	Agency for Healthcare Research and Quality (AHRQ)
0532	Pediatric Patient Safety for Selected Indicators	A composite measure of potentially preventable adverse events for selected pediatric indicators	Agency for Healthcare Research and Quality (AHRQ)