



Patient Safety Phase II: NQF-Endorsed® Maintenance Standards and Newly Submitted Measures Under Review

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

Measure Number	Title	Description	Measure Steward	Status
PRESSURE ULCER				
0337	Pressure Ulcer Rate (PDI 2)	Percent of discharges among cases meeting the inclusion and exclusion rules for the denominator with ICD-9-CM code of pressure ulcer in any secondary diagnosis field and ICD-9-CM code of pressure ulcer stage III or IV (or unstagable) in any secondary diagnosis field	Agency for Healthcare Research and Quality	Endorsed-Currently Under Review
0201	Pressure ulcer prevalence (hospital acquired)	The total number of patients that have hospital-acquired (nosocomial) category/stage II or greater pressure ulcers on the day of the prevalence measurement episode.	The Joint Commission	Endorsed
0678	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay)	This measure reports the percent of short-stay residents, or patients with Stage 2-4 pressure ulcers that are new or worsened since the prior assessment. The measure is based on data from the Minimum Data Set (MDS) 3.0 assessments of nursing home residents, the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) Version 1.2 for Inpatient Rehabilitation Facility (IRF) patients and the Long-Term Care Hospital (LTCH) Continuity Assessment Record & Evaluation (CARE) Data Set Version 1.01 and Version 2.01 assessments of LTCH patients. Data are collected in each of the three settings using standardized items that have been harmonized across the MDS 3.0, IRF-PAI Version 1.2 and LTCH CARE Data Set Version 1.01 and Version 2.01. For residents in a nursing home, the measure is calculated by examining all assessments during an episode of care for reports of Stage 2 -4 pressure ulcers that were not present or were at a lesser stage on the prior assessment. For the LTCH and IRF setting, this measure is calculated by review of a patient's discharge assessment for reports of Stage 2 -4 pressure ulcers	Centers for Medicare & Medicaid Services	Endorsed

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		<p>that were not present or were at a lesser stage at the time of the admission assessment.</p> <p>For nursing home residents, this measure is restricted to the short-stay population defined as those who have accumulated 100 or fewer days in the nursing home as of the end of the target quarter. The quality measure does not include the long-stay residents who have been in the nursing home for longer than 100 days. There is a separate measure, (NQF #0679) Percent of High Risk Residents with Pressure Ulcers (Long Stay), which addresses pressure ulcers among residents for long-stay residents.</p> <p>In 2008, the National Quality Forum (NQF) steering committee met to identify voluntary consensus standards for developing a framework for</p>		

		<p>measuring quality and prevention and management of pressure ulcers that were applicable across multiple settings. The committee stated that “to understand the impact of pressure ulcers across settings, quality measures addressing prevention, incidence, and prevalence of pressure ulcers must be harmonized and aligned” and that “it is critical that we harmonize these methods across settings” (1). These NQF standard specifications were developed to achieve a uniform approach to measurement across post-acute care settings and populations by addressing who is included in and excluded from the target denominator population, who is included in and excluded from the numerator population, time window for measurement and risk adjustment.</p> <p>1. National Quality Forum. National voluntary consensus standards for developing a framework for measuring quality for prevention and management of pressure ulcers. April 2008. Available from http://www.qualityforum.org/Projects/Pressure_Ulcers.aspx.</p>		
0538	Pressure Ulcer Prevention and Care	<p>Pressure Ulcer Risk Assessment Conducted: Percentage of home health episodes of care in which the patient was assessed for risk of developing pressure ulcers at start/resumption of care.</p> <p>Pressure Ulcer Prevention Included in Plan of Care: Percentage of home health episodes of care in which the physician-ordered plan of care included interventions to prevent pressure ulcers.</p> <p>Pressure Ulcer Prevention Implemented: Percentage of home health episodes of care during which interventions to prevent pressure ulcers were included in the physician-ordered plan of care and implemented.</p>	Centers for Medicare & Medicaid Services	Endorsed-Currently Under Review

Measure Number	Title	Description	Measure Steward	Status
0679	Percent of High Risk Residents with Pressure Ulcers (Long Stay)	<p>CMS currently has this measure in their QMs but it is based on data from MDS 2.0 assessments and it includes Stage 1 ulcers. This proposed measure will be based on data from MDS 3.0 assessments of long-stay nursing facility residents and will exclude Stage 1 ulcers from the definition. The measure reports the percentage of all long-stay residents in a nursing facility with an annual, quarterly, significant change or significant correction MDS assessment during the selected quarter (3-month period) who were identified as high risk and who have one or more Stage 2-4 pressure ulcer(s). High risk populations are those who are comatose, or impaired in bed mobility or transfer, or suffering from malnutrition.</p> <p>Long-stay residents are those who have been in nursing facility care for more than 100 days. This measure is restricted to the population that has long-term needs; a separate pressure ulcer measure is being submitted for short-stay populations. These are defined as having a stay that ends with a discharge within the first 100 days.</p>	Centers for Medicare & Medicaid Services	Endorsed-Currently Under Review
MORTALITY				
0347	Death Rate in Low-Mortality Diagnosis Related Groups (PSI 2)	Percent of discharges with disposition of “deceased” (DISP=20) among cases meeting the inclusion and exclusion rules for the denominator	Agency for Healthcare Research and Quality	Endorsed-Currently Under Review
0352	Failure to Rescue In-Hospital Mortality (risk adjusted)	Percentage of patients who died with a complications in the hospital.	The Children's Hospital of Philadelphia	Endorsed-Currently Under Review
0353	Failure to Rescue 30-Day Mortality (risk adjusted)	Percentage of patients who died with a complication within 30 days from admission.	The Children's Hospital of Philadelphia	Endorsed-Currently Under Review
0530	Mortality for Selected Conditions	A composite measure of in-hospital mortality indicators for selected conditions.	Agency for Healthcare Research and Quality	Endorsed

Measure Number	Title	Description	Measure Steward	Status
MEDICATION SAFETY				
0419	Documentation of Current Medications in the Medical Record	Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration	Centers for Medicare & Medicaid Services	Endorsed-Currently Under Review
0022	Use of High-Risk Medications in the Elderly (DAE)	There are two rates for this measure: - The percentage of patients 65 years of age and older who received at least one high-risk medication. - The percentage of patients 65 years of age and older who received at least two different high-risk medications. For both rates, a lower rate represents better performance.	National Committee for Quality Assurance	Endorsed
0097	Medication Reconciliation	Percentage of patients aged 18 years and older discharged from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) and seen within 30 days of discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist who had reconciliation of the discharge medications with the current medication list in the outpatient medical record documented. This measure is reported as two rates stratified by age group: 18-64 and 65+.	National Committee for Quality Assurance	Endorsed-Currently Under Review
0555	Monthly INR Monitoring for Beneficiaries on Warfarin	Percentage of individuals 18 years of age and older with at least 56 days of warfarin therapy who receive an International Normalized Ratio (INR) test during each 56-day interval with warfarin.	Centers for Medicare & Medicaid Services	Endorsed
0556	INR for Beneficiaries Taking Warfarin and Interacting Anti-Infective Medications	Percentage of episodes with an International Normalized Ratio (INR) test performed three to seven days after a newly started interacting anti-infective medication for individuals receiving warfarin.	Centers for Medicare & Medicaid Services	Endorsed

Measure Number	Title	Description	Measure Steward	Status
2723	Wrong-Patient Retract-and-Reorder (WP-RAR) Measure	A Wrong-Patient Retract-and-Reorder (WP-RAR) event occurs when an order is placed on a patient within an EHR, is retracted within 10 minutes, and then the same clinician places the same order on a different patient within the next 10 minutes. A Wrong-Patient Retract-and-Reorder rate is calculated by dividing WP-RAR events by total orders examined.	Montefiore Health System	New Measure Submission-Currently Under Review
2371	Annual Monitoring for Patients on Persistent Medications	This measure assesses the percentage of patients 18 years of age and older who received a least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year.	National Committee for Quality Assurance	Endorsed
2732 _____	INR Monitoring for Individuals on Warfarin after Hospital Discharge	Percentage of adult inpatient hospital discharges to home for which the individual was on warfarin and discharged with a non-therapeutic International Normalized Ratio (INR) who had an INR test within 14 days of hospital discharge.	Centers for Medicare & Medicaid Services	New Measure Submission-Currently Under Review
FALLS				
0035	Fall Risk Management	Assesses different facets of fall risk management: Discussing Fall Risk. The percentage of adults 75 years of age and older, or 65–74 years of age with balance or walking problems or a fall in the past 12 months, who were seen by a practitioner in the past 12 months and who discussed falls or problems with balance or walking with their current practitioner. Managing Fall Risk. The percentage of adults 65 years of age and older who had a fall or had problems with balance or walking in the past 12 months, who were seen by a practitioner in the past 12 months and who received fall risk intervention from their current practitioner.	National Committee for Quality Assurance	Endorsed
0674	Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) WWW.QUALITYFORUM.ORG	This measure is based on data from all target MDS 3.0 assessments of long-stay nursing home residents (OBRA, PPS or discharge). It reports the percentage of residents who experience one or more falls with major injury (e.g., bone fractures, joint dislocations, closed head injuries with altered consciousness, or subdural hematoma) in the last quarter (3-month period). The measure is based on MDS 3.0 item J1900C, which indicates whether any falls that occurred were associated with major injury.	Centers for Medicare & Medicaid Services	Endorsed-Currently Under Review

Measure Number	Title	Description	Measure Steward	Status
0141	Patient Fall Rate	All documented falls, with or without injury, experienced by patients on eligible unit types in a calendar quarter. Reported as Total Falls per 1,000 Patient Days and Unassisted Falls per 1000 Patient Days. (Total number of falls / Patient days) X 1000 Measure focus is safety. Target population is adult acute care inpatient and adult rehabilitation patients.	American Nurses Association	Endorsed-Currently Under Review
0266	Patient Fall	Percentage of ASC admissions experiencing a fall in the ASC.	Ambulatory Surgical Centers Quality Collaborative	Endorsed
0537	Multifactor Fall Risk Assessment Conducted For All Patients Who Can Ambulate	Percentage of home health episodes of care in which patients who can ambulate had a multi-factor fall risk assessment at start/resumption of care.	Centers for Medicare & Medicaid Services	Endorsed-Currently Under Review
0101	Falls: Screening, Risk-Assessment, and Plan of Care to Prevent Future Falls	This is a clinical process measure that assesses falls prevention in older adults. The measure has three rates: A) Screening for Future Fall Risk: Percentage of patients aged 65 years of age and older who were screened for future fall risk at least once within 12 months B) Falls: Risk Assessment: Percentage of patients aged 65 years of age and older with a history of falls who had a risk assessment for falls completed within 12 months C) Plan of Care for Falls: Percentage of patients aged 65 years of age and older with a history of falls who had a plan of care for falls documented within 12 months.	National Committee for Quality Assurance	Endorsed-Currently Under Review
0202	Falls with injury	All documented patient falls with an injury level of minor or greater on eligible unit types in a calendar quarter. Reported as Injury falls per 1000 Patient Days. (Total number of injury falls / Patient days) X 1000 Measure focus is safety. Target population is adult acute care inpatient and adult rehabilitation patients.	American Nurses Association	Endorsed-Currently Under Review

Measure Number	Title	Description	Measure Steward	Status
Healthcare Associated Infections				
0138	Urinary catheter-associated urinary tract infection for intensive care unit (ICU) patients	Standardized Infection Ratio (SIR) of healthcare-associated, catheter-associated urinary tract infections (UTI) will be calculated among patients in bedded inpatient care locations, except level II or level III neonatal intensive care units (NICU). This includes acute care general hospitals, long-term acute care hospitals, rehabilitation hospitals, oncology hospitals, and behavior health hospitals.	Centers for Disease Control and Prevention	Endorsed
0139	Central line catheter-associated blood stream infection rate for ICU and high-risk nursery	Standardized Infection Ratio (SIR) of healthcare-associated, central line-associated bloodstream infections (CLABSI) will be calculated among patients in bedded inpatient care locations. This includes acute care general hospitals, long-term acute care hospitals, rehabilitation hospitals, oncology hospitals, and behavioral health hospitals.	Centers for Disease Control and Prevention	Endorsed
0301	Surgery patients with appropriate hair removal	Percentage of surgery patients with surgical hair site removal with clippers or depilatory or no surgical site hair removal.	Centers for Medicare & Medicaid Services	Endorsed
0515	Ambulatory surgery patients with appropriate method of hair removal	Percentage of ASC admissions with appropriate surgical site hair removal.	ASC Quality Collaboration	Endorsed
0684	Percent of Residents with a Urinary Tract Infection (Long-Stay)	This Minimum Data Set (MDS) 3.0 based measure estimates 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 more than 100 cumulative days in the facility.	Centers for Medicare & Medicaid Services	Endorsed

Measure Number	Title	Description	Measure Steward	Status
0751	Risk Adjusted Urinary Tract Infection Outcome Measure After Surgery	Risk adjusted, case mix adjusted urinary tract infection outcome measure of adults 18+ years after surgical procedure.	American College of Surgeons	Endorsed
0753	American College of Surgeons – Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure	Prototype measure for the facility adjusted Standardized Infection Ratio (SIR) of deep incisional and organ/space Surgical Site Infections (SSI) at the primary incision site among adult patients aged >= 18 years as reported through the ACS National Surgical Quality Improvement Program (ACS-NSQIP) or CDC National Health and Safety Network (NHSN). Prototype also includes a systematic, retrospective sampling of operative procedures in healthcare facilities. This prototype measure is intended for time-limited use and is proposed as a first step toward a more comprehensive SSI measure or set of SSI measures that include additional surgical procedure categories and expanded SSI risk-adjustment by procedure type. This single prototype measure is applied to two operative procedures, colon surgeries and abdominal hysterectomies, and the measure yields separate SIRs for each procedure.	Centers for Disease Control and Prevention	Endorsed
1716	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia	Standardized infection ratio (SIR) of hospital-onset unique blood source MRSA Laboratory-identified events (LabID events) among all inpatients in the facility.	Centers for Disease Control and Prevention	Endorsed
1717	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Standardized infection ratio (SIR) of hospital-onset CDI Laboratory-identified events (LabID events) among all inpatients in the facility, excluding well-baby nurseries and neonatal intensive care units (NICUs).	Centers for Disease Control and Prevention	Endorsed
0500	Severe Sepsis and Septic Shock: Management Bundle	This measure will focus on patients aged 18 years and older who present with symptoms of severe sepsis or septic shock. These patients will be eligible for the 3 hour (severe sepsis) and/or 6 hour (septic shock) early management bundle.	Henry Ford Hospital	Endorsed

2720	National Healthcare Safety Network (NHSN) Antimicrobial Use Measure	<p>This measure assesses antimicrobial use in hospitals based on medication administration data that hospitals collect electronically at the point of care and report via electronic file submissions to CDC's National Healthcare Safety Network (NHSN). The antimicrobial use data that are in scope for this measure are antibacterial agents administered to adult and pediatric patients in a specified set of ward and intensive care unit locations: medical, medical/surgical, and surgical wards and units. The measure compares antimicrobial use that the hospitals report with antimicrobial use that is predicted on the basis of nationally aggregated data. The measure is comprised of a discrete set of ratios, Standardized Antimicrobial Administration Ratios (SAARs), each of which summarizes observed-to-predicted antibacterial use for one of 16 antibacterial agent-patient care location combinations. The SAARs are designed to serve as high value targets or high level indicators for antimicrobial stewardship programs (ASPs). SAAR values that are outliers are intended to prompt analysis of possible overuse, underuse, or inappropriate use of antimicrobials, subsequent actions aimed at improving the quality of antimicrobial prescribing, and impact evaluations of ASP interventions.</p>	Centers for Disease Control and Prevention	New Measure Submission-Currently Under Review
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Measure Number	Title	Description	Measure Steward	Status
2726	Prevention of Central Venous Catheter (CVC)-Related Bloodstream Infections	Percentage of patients, regardless of age, who undergo central venous catheter (CVC) insertion for whom CVC was inserted with all elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed.	American Society of Anesthesiologists	New Measure Submission-Currently Under Review
STAFFING				
0204	Skill mix (Registered Nurse [RN], Licensed Vocational/Practical Nurse [LVN/LPN], unlicensed assistive personnel [UAP], and contract)	<p>NSC-12.1 - Percentage of total productive nursing hours worked by RN (employee and contract) with direct patient care responsibilities by hospital unit.</p> <p>NSC-12.2 - Percentage of total productive nursing hours worked by LPN/LVN (employee and contract) with direct patient care responsibilities by hospital unit.</p> <p>NSC-12.3 - Percentage of total productive nursing hours worked by UAP (employee and contract) with direct patient care responsibilities by hospital unit.</p> <p>NSC-12.4 - Percentage of total productive nursing hours worked by contract or agency staff (RN, LPN/LVN, and UAP) with direct patient care responsibilities by hospital unit.</p> <p>Note that the skill mix of the nursing staff (NSC-12.1, NSC-12.2, and NSC-12.3) represent the proportions of total productive nursing hours by each type of nursing staff (RN, LPN/LVN, and UAP); NSC-12.4 is a separate rate.</p> <p>Measure focus is structure of care quality in acute care hospital units.</p>	American Nurses Association	Endorsed-Currently Under Review

Measure Number	Title	Description	Measure Steward	Status
0205	Nursing care hours per patient day (RN, LPN, and UAP)	<p>NSC-13.1 (RN hours per patient day) – The number of productive hours worked by RNs with direct patient care responsibilities per patient day for each in-patient unit in a calendar month.</p> <p>NSC-13.2 (Total nursing care hours per patient day) – The number of productive hours worked by nursing staff (RN, LPN/LVN, and UAP) with direct patient care responsibilities per patient day for each in-patient unit in a calendar month.</p> <p>Measure focus is structure of care quality in acute care hospital units.</p>	American Nurses Association	Endorsed-Currently Under Review
0206	Practice Environment Scale - Nursing Work Index (composite and five subscales)	Practice Environment Scale-Nursing Work Index (PES-NWI) is a survey based measure of the nursing practice environment completed by staff registered nurses; includes mean scores on index subscales and a composite mean of all subscale scores.	The Joint Commission	Endorsed
IMAGING				
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	Endorsed
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	Endorsed

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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	Endorsed
VENOUS THROMBOEMBOLISM (VTE)				
0239	Venous Thromboembolism (VTE) Prophylaxis	Percentage of surgical patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time.	American Medical Association - Physician Consortium for Performance Improvement	Endorsed
0371	Venous Thromboembolism Prophylaxis	This measure assesses the number of patients who received venous thromboembolism (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. This measure is part of a set of six nationally implemented prevention and treatment measures that address VTE (VTE-2: ICU VTE Prophylaxis, VTE-3: VTE Patients with Anticoagulation Overlap Therapy, VTE-4: VTE Patients Receiving UFH with Dosages/Platelet Count Monitoring, VTE-5: VTE Warfarin Therapy Discharge Instructions and VTE-6: Hospital Acquired Potentially-Preventable VTE) that are used in The Joint Commission's accreditation process.	The Joint Commission	Endorsed

Measure Number	Title	Description	Measure Steward	Status
0372	Intensive Care Unit Venous Thromboembolism Prophylaxis	This measure assesses the number of patients who received venous thromboembolism (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). This measure is part of a set of six prevention and treatment measures that address VTE (VTE-1: VTE Prophylaxis, VTE-3: VTE Patients with Anticoagulation Overlap Therapy, VTE-4: VTE Patients Receiving UFH with Dosages/Platelet Count Monitoring by Protocol, VTE-5: VTE Warfarin Therapy Discharge Instructions and VTE-6: Hospital Acquired Potentially-Preventable VTE).	The Joint Commission	Endorsed
0373	Venous Thromboembolism Patients with Anticoagulant Overlap Therapy	This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of Parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy. For patients who received less than five days of overlap therapy, they should be discharged on both medications or have a Reason for Discontinuation of Parenteral Therapy. Overlap therapy should be administered for at least five days with an international normalized ratio (INR) greater than or equal to 2.0 prior to discontinuation of the parenteral anticoagulation therapy, or INR less than 2.0 but discharged on both medications or have a Reason for Discontinuation of Parenteral Therapy. This measure is part of a set of six prevention and treatment measures that address VTE (VTE-1: VTE Prophylaxis, VTE-2: ICU VTE Prophylaxis, VTE-4: VTE Patients Receiving UFH with Dosages/Platelet Count Monitoring, VTE-5: Warfarin Therapy Discharge Instructions and VTE-6: Hospital Acquired Potentially-Preventable VTE).	The Joint Commission	Endorsed

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0450	Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate (PSI 12)	<p>Perioperative pulmonary embolism or deep vein thrombosis (secondary diagnosis) per 1,000 surgical discharges for patients ages 18 years and older. Excludes cases with principal diagnosis for pulmonary embolism or deep vein thrombosis; cases with secondary diagnosis for pulmonary embolism or deep vein thrombosis present on admission; cases in which interruption of vena cava occurs before or on the same day as the first operating room procedure; and obstetric discharges.</p> <p>[NOTE: The software provides the rate per hospital discharge. However, common practice reports the measure as per 1,000 discharges. The user must multiply the rate obtained from the software by 1,000 to report events per 1,000 hospital discharges.]</p>	Agency for Healthcare Research and Quality	Endorsed
0593	Pulmonary Embolism Anticoagulation >= 3 Months	This measure identifies patients with pulmonary embolism (PE) on anticoagulation for at least 3 months after the diagnosis.	Resolution Health, Inc.	Endorsed
0581	Deep Vein Thrombosis Anticoagulation >= 3 Months	This measure identifies patients with deep vein thrombosis (DVT) on anticoagulation for at least 3 months after the diagnosis.	Resolution Health, Inc.	Endorsed
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(1,2) prior to CT imaging.	Brigham and Women's Hospital	Endorsed
GENERAL SAFETY MEASURES				
0203	Restraint prevalence (vest and limb)	Total number of patients that have vest and/or limb restraint (upper or lower body or both) on the day of the prevalence measurement episode.	The Joint Commission	Endorsed

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0263	Patient Burn	Percentage of ASC admissions experiencing a burn prior to discharge.	Ambulatory Surgical Center Quality Collaboration	Endorsed
0267	Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	Percentage of ASC admissions experiencing a wrong site, wrong side, wrong patient, wrong procedure, or wrong implant event.	Ambulatory Surgical Center Quality Collaboration	Endorsed
0344	Accidental Puncture or Laceration Rate (PDI 1)	<p>Accidental punctures or lacerations (secondary diagnosis) during procedure per 1,000 discharges for patients ages 17 years and younger. Includes metrics for discharges grouped by risk category. Excludes obstetric discharges, spinal surgery discharges, discharges with accidental puncture or laceration as a principal diagnosis, discharges with accidental puncture or laceration as a secondary diagnosis that is present on admission, normal newborns, and neonates with birth weight less than 500 grams.</p> <p>[NOTE: The software provides the rate per hospital discharge. However, common practice reports the measure as per 1,000 discharges. The user must multiply the rate obtained from the software by 1,000 to report events per 1,000 hospital discharges.]</p> <p>[NOTE: To obtain stratified results, the user must run the PDSASG2.SAS program in the SAS QI Software Version 4.5 or choose to stratify by risk category in the Windows QI Software Version 4.5].</p>	Agency for Healthcare Research and Quality	Endorsed

Measure Number	Title	Description	Measure Steward	Status
0345	Accidental Puncture or Laceration Rate (PSI 15)	<p>Accidental punctures or lacerations (secondary diagnosis) during procedure per 1,000 discharges for patients ages 18 years and older. Excludes cases with accidental puncture or laceration as a principal diagnosis, cases with accidental puncture or laceration as a secondary diagnosis that is present on admission, spinal surgery cases, and obstetric cases.</p> <p>[NOTE: The software provides the rate per hospital discharge. However, common practice reports the measure as per 1,000 discharges. The user must multiply the rate obtained from the software by 1,000 to report events per 1,000 hospital discharges.]</p>	Agency for Healthcare Research and Quality	Endorsed
0349	Transfusion Reaction (PSI 16)	The number of medical and surgical discharges with a secondary diagnosis of transfusion reaction for patients ages 18 years and older or obstetric patients. Excludes cases with a principal diagnosis of transfusion reaction or cases with a secondary diagnosis of transfusion reaction that is present on admission.	Agency for Healthcare Research and Quality	Endorsed
0350	Transfusion Reaction (PDI 13)	The number of medical and surgical discharges with a secondary diagnosis of transfusion reaction for patients ages 17 years and younger. Excludes cases with a principal diagnosis of transfusion reaction, cases with a secondary diagnosis of transfusion reaction that is present on admission, neonates, and obstetric cases.	Agency for Healthcare Research and Quality	Endorsed
0362	Foreign Body left after procedure (PDI 3)	The number of hospital discharges with a retained surgical item or unretrieved device fragment (secondary diagnosis) among surgical and medical patients ages 17 years and younger. Excludes normal newborns, newborns with birth weight less than 500 grams, cases with principal diagnosis of retained surgical item or unretrieved device fragment, cases with a secondary diagnosis of retained surgical item or unretrieved device fragment present on admission, and obstetric cases.	Agency for Healthcare Research and Quality	Endorsed
0363	Foreign Body Left During Procedure (PSI 5)	The number of hospital discharges with a retained surgical item or unretrieved device fragment (secondary diagnosis) among surgical and medical patients ages 18 years and older or obstetric patients. Excludes cases with principal diagnosis of retained surgical item or unretrieved device fragment and cases with a secondary diagnosis of retained surgical item or unretrieved device fragment present on admission.	Agency for Healthcare Research and Quality	Endorsed

Measure Number	Title	Description	Measure Steward	Status
0531	Patient Safety for Selected Indicators	A composite measure of potentially preventable adverse events for selected indicators.	Agency for Healthcare Research and Quality	Endorsed-Currently Under Review
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	Endorsed
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: Renin Angiotensin System (RAS) Antagonists, Diabetes Medications, Statins. A higher score indicates better quality.	Pharmacy Quality Alliance, Inc.	Endorsed
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.	Endorsed

Measure Number	Title	Description	Measure Steward	Status
0709	Proportion of patients with a chronic condition that have a potentially avoidable complication during a calendar year.	<p>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. (Please reference attached document labeled NQF_Chronic_Care_PACs_Risk_Adjustment_2.9.10.xls). We define PAC hospitalizations and PAC professional and other services as one of three types:</p> <p>(A) PAC-related Hospitalizations:</p> <p>(1) Hospitalizations related to the anchor condition: Hospitalizations due to acute exacerbations of the anchor condition are considered PACs. For example, a hospitalization for a diabetic emergency in a diabetic patient, or a hospitalization for an acute pulmonary edema in a CHF patient. Note that for patients with CAD, many hospitalizations are part of typical care and not considered PACs.</p> <p>(2) Hospitalizations due to Comorbidities: Hospitalizations due to any of the patient’s comorbid conditions are considered PACs. For example, a diabetic emergency or pneumonia hospitalization for a patient with heart failure. Note that hospitalizations for a major surgical procedure (such as joint replacement, CABG, etc.) are not counted as PACs.</p> <p>(3) Hospitalizations suggesting Patient Safety Failures: Hospitalizations for major infections, deep vein thrombosis, adverse drug events, and other patient safety-related events are considered PACs.</p> <p>(B) Other PACs during the calendar year studied:</p> <p>(1) PACs related to the anchor condition: Emergency room visits, professional and ancillary services related to the anchor condition are considered PACs if they are due to an acute exacerbation of the anchor condition such as acute exacerbation of COPD in patients with lung disease, or acute heart failure in patients with CHF.</p>	Bridges To Excellence	Endorsed

Measure Number	Title	Description	Measure Steward	Status
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	Endorsed-Currently Under Review
0689	Percent of Residents Who Lose Too Much Weight (Long-Stay)	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). 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.	Centers for Medicare & Medicaid Services	Endorsed-Currently Under Review
2729	Timely Evaluation of High-Risk Individuals in the Emergency Department (ED)	Median time from ED arrival to qualified provider evaluation for individuals triaged with a severity level of "immediate" or "emergent" on a 5-level triage system.	Centers for Medicare & Medicaid Services	New Measure Submission-Currently Under Review
0346	Iatrogenic Pneumothorax Rate (PSI 6)	Iatrogenic pneumothorax cases (secondary diagnosis) per 1,000 surgical and medical discharges for patients ages 18 years and older. Excludes cases with chest trauma, pleural effusion, thoracic surgery, lung or pleural biopsy, diaphragmatic repair, or cardiac procedures; cases with a principal diagnosis of iatrogenic pneumothorax; cases with a secondary diagnosis of iatrogenic pneumothorax present on admission; and obstetric cases. [NOTE: The software provides the rate per hospital discharge. However, common practice reports the measure as per 1,000 discharges. The user must multiply the rate obtained from the software by 1,000 to report events per 1,000 hospital discharges.]	Agency for Healthcare Research and Quality	Endorsed

Measure Number	Title	Description	Measure Steward	Status
0348	Iatrogenic Pneumothorax Rate (PDI 5)	<p>Iatrogenic pneumothorax cases (secondary diagnosis) per 1,000 discharges for patients ages 17 years and younger. Excludes normal newborns; neonates with a birth weight less than 2,500 grams; cases with chest trauma, pleural effusion, thoracic surgery, lung or pleural biopsy, diaphragmatic surgery repair or cardiac surgery; cases with a principal diagnosis of iatrogenic pneumothorax; and cases with a secondary diagnosis of iatrogenic pneumothorax present on admission.</p> <p>[NOTE: The software provides the rate per hospital discharge. However, common practice reports the measure as per 1,000 discharges. The user must multiply the rate obtained from the software by 1,000 to report events per 1,000 hospital discharges.]</p>	Agency for Healthcare Research and Quality	Endorsed