**NQF Endorsed Patient Safety Measures**

(1) **Safety (S)**: Measures that can be categorized as patient safety measures

 (1a) **Safe Practices (SP)**: Measures that correspond to one of the 34 Safe Practices for Better Healthcare

 (2a) **Serious Reportable Events (SRE)**: Measures that correspond to one of the 28 Serious Reportable Events

 (3) **Quality/Safety (Q/S)**: Quality measures that may also be relevant to patient safety or have notable safety implications

Subsequently, additional categories were added for **mortality** and **readmission** measures. These measures are denoted in the tables below by an asterisk (\*). Mortality and readmission measures are not safety measures *per se*, but they measure outcomes that may be indicative of patient safety issues.

**Full List of Safety Measures:**

**General Patient Safety**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 531 | Patient Safety for Selected Indicators | Number of potentially preventable adverse events | S |   |
| 531 | Patient Safety for Selected Indicators | A composite measure of potentially preventable adverse events for selected indicators | S |   |
| 532 | Pediatric Patient Safety for Selected Indicators | Number of potentially preventable adverse events | S |   |

**Medication Management**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 19 | Documentation of medication list in the outpatient record | Percentage of patients having a medication list in the medical record. | S | SP |
| 20 | Documentation of allergies and adverse reactions in the outpatient record | Percentage of patients having documentation of allergies and adverse reactions in the medical record. | S | SP |
| 22 | Drugs to be avoided in the elderly: a. Patients who receive at least one drug to be avoided, b. Patients who receive at least two different drugs to be avoided. | Percentage of patients ages 65 years and older who received at least one drug to be avoided in the elderly in the measurement year.Percentage of patients 65 years of age and older who received at least two different drugs to be avoided in the elderly in the measurement year. | S | SP |
| 419 | Universal Documentation and Verification of Current Medications in the Medical Record | Percentage of patients aged 18 years and older with a list of current medications with dosages (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) and verified with the patient or authorized representative documented by the provider. | S | SP |
| 486 | Adoption of Medication e-Prescribing | Documents whether provider has adopted a qualified e-Prescribing system and the extent of use in the ambulatory setting. | S | SP |
| 487 | EHR with EDI prescribing used in encounters where a prescribing event occurred. | Of all patient encounters within the past month that used an electronic health record (EHR) with electronic data interchange (EDI) where a prescribing event occurred, how many used EDI for the prescribing event. | S | SP |
| 504 | Pediatric Weight Documented in Kilograms | Percent of emergency department patients < 18 years of age with a current weight in kilograms documented in the ED record | S |   |
| 554 | Medication Reconciliation Post-Discharge (MRP) | Percentage of discharges from January 1 to December 1 of the measurement year for patients 65 years of age and older for whom medications were reconciled on or within 30 days of discharge. | S | SP |
| 555 | Monthly INR Monitoring for Beneficiaries on Warfarin | Average percentage of monthly intervals in which Part D beneficiaries with claims for warfarin do not receive an INR test during the measurement period | S |   |
| 556 | INR for Beneficiaries Taking Warfarin and Interacting Anti-Infective Medications | Percentage of episodes with an INR test performed 3 to 7 days after a newly-started interacting anti-infective medication for Part D beneficiaries receiving warfarin | S |   |

**Falls**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 35 | Fall risk management in older adults: (a) Discussing fall risk; (b) Managing fall risk | Percentage of patients aged 75 and older who reported that their doctor or other health provider talked with them about falling or problems with balance or walkingPercentage of patients aged 75 and older who reported that their doctor or other health provider had done anything to help prevent falls or treat problems with balance or walking | S | SP, SRE |
| 101 | Falls: Screening for Fall Risk | Percentage of patients aged 65 years and older who were screened for fall risk (2 or more falls in the past year or any fall with injury in the past year) at least once within 12 months | S | SP, SRE |
| 141 | Falls prevalence | Percentage of patients during a certain # of days who fell | S | SP, SRE |
| 202 | Falls with injury | Percentage of patients during a certain # of days who fell and acquired and injury | S | SP, SRE |
| 266 | Patient Fall | Percentage of ASC admissions experiencing a fall in the ASC. | S | SP, SRE |
| 537 | Multifactor Fall Risk Assessment Conducted in Patients 65 and Older | Percent of home health episodes in which the patient was 65 or older and was assessed for risk of falls (using a standardized and validated multi-factor Fall Risk Assessment) at start or resumption of home health care | S | SP |

**Pressure Ulcers**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 181 | Increase in number of pressure ulcers | Percentage of patients who had an increase in the number of pressure ulcers | S | SP, SRE |
| 187 | Recently hospitalized residents with pressure ulcers (risk adjusted) | Recently hospitalized residents with pressure ulcers | S | SP, SRE |
| 198 | High-risk residents with pressure ulcers | Percentag of residents with a valid target assessment and one of the following inclusion criteria: 1.Impaired in mobility or transfer on the target assessment2. Comatose on the target assessment3. Suffer malnutrition on the target assessment who have pressure ulcers | S | SP, SRE |
| 199 | Average-risk residents with pressure ulcers | Percentage of residents with a valid target assessment and not qualifying as high risk with pressure ulcers | S | SP, SRE |
| 201 | Pressure ulcer prevalence | Percentage of patients with stage II or greater hospital-acquired pressure ulcers | S | SP, SRE |
| 337 | Decubitus Ulcer (PDI 2) | Percent of surgical and medical discharges under 18 years with ICD-9-CM code for decubitus ulcer in secondary diagnosis field. | S | SP, SRE |
| 538 | Pressure Ulcer Prevention Included in Plan of Care | Percent of patients with assessed risk for Pressure Ulcers whose physician-ordered plan of care includes intervention(s) to prevent them | S | SP |
| 539 | Pressure Ulcer Prevention Plans Implemented | Percent of patients with assessed risk for Pressure Ulcers for whom interventions for pressure ulcer prevention were implemented during their episode of care | S | SP |
| 540 | Pressure Ulcer Risk Assessment Conducted | Percent of patients who were assessed for risk of Pressure Ulcers at start/resumption of home health care | S | SP |
| 553 | Care for Older Adults – Medication Review (COA) | Percentage of adults 65 years and older who had a medication review | S | SP |

**Mental Health**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 104 | Major Depressive Disorder: Suicide Risk Assessment | Percentage of patients who had a suicide risk assessment completed at each visit | S | SRE |
| 111 | Bipolar Disorder: Appraisal for risk of suicide | Percentage of patients with bipolar disorder with evidence of an initial assessment that includes an appraisal for risk of suicide. | S | SRE |

**Surgery**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 115 | Surgical Re-exploration\* | Percent of patients undergoing isolated CABG who require a return to the operating room for bleeding/tamponade, graft occlusion, or other cardiac reason. | Q/S\* |   |
| 267 | 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. | S | SP, SRE |
| 362 | Foreign Body left after procedure (PDI 3) | Discharges with foreign body accidentally left in during procedure per 1,000 discharges | S | SRE |
| 363 | Foreign Body Left in During Procedure (PSI 5) | Discharges with foreign body accidentally left in during procedure per 1,000 discharges | S | SRE |
| 452 | Surgery Patients with Perioperative Temperature Management | Surgery patients for whom either active warming was used intraoperatively for the purpose of maintaining normothermia or who had at least one body temperature equal to or greater than 96.8° F/36° C recorded within the 30 minutes immediately prior to or the 15 minutes immediately after Anesthesia End Time. | S | SP |

**Hospital-Acquired Infection**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 304 | Late sepsis or meningitis in Very Low Birth Weight (VLBW) neonates (risk-adjusted) | Percentage of infants born at the hospital, whose birth weight is between 401 and 1500 grams OR whose gestational age is between 22 weeks 0 days and 29 weeks 6 days, who have late sepsis or meningitis, with one or more of the following criteria: Bacterial Pathogen, Coagulase Negative Staphylococcus, Fungal Infection | S |   |
| 344 | Accidental Puncture or Laceration (PDI 1) (risk adjusted) | Percent of medical and surgical discharges under 18 years of age with ICD-9-CM code denoting accidental cut, puncture, perforation or laceration in any secondary diagnosis code. | S | HAC (CMS) |
| 431 | Influenza Vaccination Coverage among Healthcare Personnel | Percentage of healthcare personnel (HCP) who receive the influenza vaccination. | S | SP |
| 478 | Nosocomial Blood Stream Infections in Neonates (NQI #3) | Percentage of qualifying neonates with selected bacterial blood stream infections | S | HAI |
| 500 | Severe Sepsis and Septic Shock: Management Bundle | Initial steps in the management of the patient presenting with infection (severe sepsis or septic shock) | S |   |

**Surgical Site Infection**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 125 | Timing of Antibiotic Prophylaxis for Cardiac Surgery Patients | Percent of patients undergoing cardiac surgery who receivedprophylactic antibiotics within one hour prior to of surgical incision (two hours if receiving vancomycin). | S | SSI |
| 126 | Selection of Antibiotic Prophylaxis for Cardiac Surgery Patients | Percent of patients undergoing cardiac surgery who received prophylactic antibiotics recommended for the operation. | S | SSI |
| 128 | Duration of Prophylaxis for Cardiac Surgery Patients | Percent of patients undergoing cardiac surgery whose prophylactic antibiotics were discontinued within 24 hours after surgery end time. | S | SSI |
| 130 | Deep Sternal Wound Infection Rate | Percent of patients undergoing isolated CABG who developed deep sternal wound infection within 30 days post-operatively. | S | SSI |
| 264 | Prophylactic Intravenous (IV) Antibiotic Timing | Percentage of ASC patients who received IV antibiotics ordered for surgical site infection prophylaxis on time | S | SP, SSI |
| 269 | Timing of Prophylactic Antibiotics - Administering Physician | Percentage of surgical patients aged > 18 years with indications for prophylactic parenteral antibiotics for whom administration of the antibiotic has been initiated within one hour (if vancomycin, two hours) prior to the surgical incision or start of procedure when no incision is required. | S | SP, SSI |
| 270 | Timing of Antibiotic Prophylaxis: Ordering Physician | Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics, who have an order for prophylactic antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours), prior to the surgical incision (or start of procedure when no incision is required) | S | SP, SSI |
| 299 | Surgical Site Infection Rate | Percentage of surgical site infections occurring within thirty days after the operative procedure if no implant is left in place, or within one year if an implant is in place in patients who had an NHSN operative procedure performed during a specified time period and the infection appears to be related to the operative procedure. | S | SP, SSI |
| 300 | Cardiac patients with controlled 6AM postoperative serum glucose | Percentage of cardiac surgery patients with controlled 6a.m. serum glucose (</=200 mg/dl) on postoperative day (POD) 1 and POD 2 | S | SP, SSI |
| 301 | 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 | S | SP, SSI |
| 434 | Deep Vein Thrombosis (DVT) Prophylaxis | Patients with an ischemic stroke or a hemorrhagic stroke and who are non-ambulatory should start receiving DVT prophylaxis by end of hospital day two. | S | SP |
| 450 | Postoperative DVT or PE (PSI 12) | Percent of adult surgical discharges with a secondary diagnosis code of deep vein thrombosis or pulmonary embolism | S | SP |
| 472 | Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision or at the Time of Delivery – Cesarean section. | Percentage of patients undergoing cesarean section who receive prophylactic antibiotics within one hour prior to surgical incision or at the time of delivery. | S | SP, SSI |
| 473 | Appropriate DVT prophylaxis in women undergoing cesarean delivery | Measure adherence to current ACOG, ACCP recommendations for use of DVT prophylaxis in women undergoing cesarean delivery | S | SP |
| 527 | Prophylactic antibiotic received within 1 hour prior to surgical incision SCIP-Inf-2 | Surgical patients who received prophylactic antibiotics within 1 hour of surgical incision (2 hours if receiving vancomycin) | S | SP, SSI |
| 528 | Prophylactic antibiotic selection for surgical patients | Surgical patients who received recommended prophylactic antibiotics for specific surgical procedures | S | SP, SSI |
| 529 | Prophylactic antibiotics discontinued within 24 hours after surgery end time | Surgical patients whose prophylactic antibiotics were discontinued within 24 hours after surgery end time | S | SP, SSI |
| ` | Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures) | Percentage of non-cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic antibiotics AND who received a prophylactic antibiotic, who have an order for discontinuation of prophylactic antibiotics within 24 hours of surgical end time | S | SP |

**Urinary Tract Infection**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 138 | Urinary catheter-associated urinary tract infection for intensive care unit (ICU) patients | Percentage of intensive care unit patients with urinary catheter-associated urinary tract infections | S | HAI |
| 196 | Residents with a urinary tract infection | Percentage of residents on most recent assessment with a urinary tract infection | S |   |
| 453 | Urinary catheter removed on Postoperative Day 1 (POD1) or Postoperative Day 2 (POD2) with day of surgery being day zero. | Surgical patients with urinary catheter removed on Postoperative Day 1 or Postoperative Day 2 with day of surgery being day zero. | S | SP |

**Central Line-Related**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 139 | Central line catheter-associated blood stream infection rate for ICU and high-risk nursery (HRN) patients | Percentage of ICU and high-risk nursery patients, who over a certain amount of days acquired a central line catheter-associated blood stream infections over a specified amount of line-days | S | HAI |
| 298 | Central Line Bundle Compliance | Percentage of intensive care patients with central lines for whom all elements of the central line bundle are documented and in place. The central line bundle elements include:•Hand hygiene•Maximal barrier precautions upon insertion •Chlorhexidine skin antisepsis•Optimal catheter site selection, with subclavian vein as the preferred site for non-tunneled catheters in patients 18 years and older •Daily review of line necessity with prompt removal of unnecessary lines | S | SP, SSI |
| 464 | 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 | S | SP |

**Ventilator-Related**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 140 | Ventilator-associated pneumonia for ICU and high-risk nursery (HRN) patients | Percentage of ICU and HRN patients who over a certain amount of days have ventilator-associated pneumonia | S | HAI |
| 302 | Ventilator Bundle | Percentage of intensive care unit patients on mechanical ventilation at time of survey for whom all four elements of the ventilator bundle are documented and in place. The ventilator bundle elements are: •Head of bed (HOB) elevation 30 degrees or greater (unless medically contraindicated); noted on 2 different shifts within a 24 hour period •Daily “”sedation interruption” and daily assessment of readiness to extubate; process includes interrupting sedation until patient follow commands and patient is assessed for discontinuation of mechanical ventilation; Parameters of discontinuation include: resolution of reason for intubation; inspired oxygen content roughly 40%; assessment of patients ability to defend airway after extubation due to heavy sedation; minute ventilation less than equal to 15 liters/minute; and respiratory rate/tidal volume less than or equal to 105/min/L(RR/TV< 105)•SUD (peptic ulcer disease) prophylaxis•DVT (deep venous thrombosis) prophylaxis | S | SP, SSI |

**Venous Thromboembolism (VTE)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 217 | Surgery Patients with Recommended Venous Thromboembolism (VTE) Prophylaxis Ordered | Percentage of surgery patients with recommended Venous Thromboembolism (VTE) Prophylaxis ordered during admission | S | SP |
| 218 | Surgery Patients Who Received Appropriate Venous Thromboembolism (VTE) Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery End Time | Percentage of surgery patients who received appropriate Venous Thromboembolism (VTE) Prophylaxis within 24 hours prior to surgery to 24 hours after surgery end time | S | SP |
| 239 | Venous Thromboembolism (VTE) Prophylaxis | Percentage of 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. | S | SP |
| 371 | Venous Thromboembolism (VTE) Prophylaxis | This measure assesses the number of patients who received VTE prophylaxis orhave 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. | S | SP |
| 372 | Intensive Care Unit (ICU) VTE Prophylaxis | This measure assesses the number of patients who received VTE prophylaxis orhave 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). | S | SP |
| 375 | VTE Discharge Instructions | This measure assesses the number of patients diagnosed with confirmed VTE that are discharged to home, to home with home health or home hospice on warfarin with written discharge instructions that address all four criteria: compliance issues, dietary advice, follow-up monitoring, and information about the potential for adverse drug reactions/interactions. | S | SP |
| 376 | Incidence of Potentially Preventable VTE | This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present on arrival) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date. | S | SP |
| 503 | Anticoagulation for acute pulmonary embolus patients | Anticoagulation ordered for acute pulmonary embolus patients. | S |   |

**Workforce**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 190 | Nurse staffing hours - 4 parts | Percentage of daily work in hours by the entire group of nurses or nursing assistants spent tending to residents | S | SP |
| 204 | Skill mix (Registered Nurse [RN], Licensed Vocational/Practical Nurse [LVN/LPN], unlicensed assistive personnel [UAP], and contract) | Percentage of patient care responsibilities covered in productive hours worked by nursing staff (RN, LPN, UAP, and contract) | S | SP |
| 205 | Nursing care hours per patient day (RN, LPN, and UAP) | Percentage of nursing care hours per patient day worked by nursing staff (RN, LPN, and UAP) | S | SP |

**Restraints**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 193 | Residents who were physically restrained daily during the 7-day assessment period | Percentage of residents on most recent assessments who were physically restrained daily during the 7-day assessment period | S | SRE |
| 203 | Restraint prevalence (vest and limb only) | Percentage of patients with vest and/or limb restraint on the day of the study | S | SRE |

**Radiation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 382 | Oncology: Radiation Dose Limits to Normal Tissues | Percentage of patients with a diagnosis of cancer receiving 3D conformal radiation therapy with documentation in medical record that normal tissue dose constraints were established within five treatment days for a minimum of one tissue | S |   |
| 510 | Exposure time reported for procedures using fluoroscopy | Percentage of final reports for procedures using fluoroscopy that include documentation of radiation exposure or exposure time | S |   |

**Miscellaneous**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 263 | Patient Burn | Percentage of ASC admissions experiencing a burn prior to discharge | S | SRE |
| 303 | Late sepsis or meningitis in neonates (risk-adjusted) | Percentage of infants born at the hospital, whose birth weight is between 401 and 1500 grams OR whose gestational age is between 22 weeks 0 days and 29 weeks 6 days with late sepsis or meningitis with one or more of the following criteria: Bacterial Pathogen, Coagulase Negative Staphylococcus, Fungal Infection | S |   |
| 345 | Accidental Puncture or Laceration (PSI 15) | Percent of medical and surgical discharges, 18 years and older, with ICD-9-CM code denoting accidental cut, puncture, perforation, or laceration in any secondary diagnosis field. | S |  |
| 346 | Iatrogenic Pneumothorax (PSI 6) (risk adjusted) | Percent of medical and surgical discharges, 18 years and older, with ICD-9-CM code of iatrogenic pneumothorax in any secondary diagnosis field. | S |  |
| 348 | Iatrogenic Pneumothorax in Non-Neonates (PDI 5) (risk adjusted) | Percent of medical and surgical discharges, age under 18 years, with ICD-9-CM code of iatrogenic pneumothorax in any secondary diagnosis field. | S |   |
| 349 | Transfusion Reaction (PSI 16) | Percent of medical and surgical discharges, 18 years and older, with ICD-9-CM code for transfusion reaction in any secondary diagnosis field. | S |   |
| 350 | Transfusion Reaction (PDI 13) | Percent of medical and surgical discharges, under 18 years of age, with an ICD-9-CM code for transfusion reaction in any secondary diagnosis field. | S |   |
| 451 | Call for a Measure of Glycemic Control with Intravenous Insulin Implementation | Intravenous insulin glycemic control protocol implemented for cardiac surgery patients with diabetes or hyperglycemia admitted into an intensive care unit | S | SP |
| 488 | Adoption of Health Information Technology | Documents whether provider has adopted and is using health information technology. To qualify, the provider must have adopted and be using a certified/qualified electronic health record (EHR). | S |   |
| 491 | Tracking of Clinical Results Between Visits | Documentation of the extent to which a provider uses a certified/qualified electronic health record (EHR) system to track pending laboratory tests, diagnostic studies (including common preventive screenings) or patient referrals. The Electronic Health Record includes provider reminders when clinical results are not received within a predefined timeframe. | S | SP |
| 501 | Confirmation of Endotracheal Tube Placement | Any time an endotracheal tube is placed into an airway in the Emergency Department or an endotraceal tube is placed by an outside provider and that patient arrives already intubated (EMS or hospital transfer) or when an airway is placed after patients arrives to the ED there should be some method attempted to confirm ETT placement | S |   |
| 505 | Thirty-day all-cause risk standardized readmission rate following acute myocardial infarction (AMI) hospitalization. | Hospital-specific 30-day all-cause risk standardized readmission rate following hospitalization for AMI among Medicare beneficiaries aged 65 years or older at the time of index hospitalization. | S |   |
| 506 | Thirty-day all-cause risk standardized readmission rate following pneumonia hospitalization. | Hospital-specific 30-day all-cause risk standardized readmission rate following hospitalization for pneumonia among Medicare beneficiaries aged 65 years or older at the time of index hospitalization | S |   |
| 526 | Timely Initiation of Care | Percent of patients with timely start or resumption of home health care | S |   |

**Mortality\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 119 | Risk-Adjusted Operative Mortality for CABG© | Percent of patients undergoing isolated CABG who die during the hospitalization in which the CABG was performed or within 30 days of the procedure. | M | Mortality |
| 120 | Risk-Adjusted Operative Mortality for Aortic Valve Replacement (AVR)© | Percent of patients undergoing AVR who die, including both 1) all deaths occurring during the hospitalization in which the [procedure] was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure. | M | Mortality |
| 121 | Risk-Adjusted Operative Mortality for Mitral Valve Replacement/Repair (MVR) | Percent of patients undergoing MVR who die, including both 1) all deaths occurring during the hospitalization in which the [procedures] was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure. | M | Mortality |
| 122 | Risk-Adjusted Operative Mortality MVR+CABG Surgery | Percent of patients undergoing MVR and CABG who die, including both 1) all deaths occurring during the hospitalization in which the [procedure] was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure. | M | Mortality |
| 123 | Risk-Adjusted Operative Mortality for AVR+CABG | Percent of patients undergoing AVR and CABG who die, including both 1) all deaths occurring during the hospitalization in which the [procedure] was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure. | M | Mortality |
| 133 | PCI mortality (risk-adjusted)© | Percentage of PCI admissions who expired | M | Mortality |
| 161 | AMI inpatient mortality (risk-adjusted) | Percentage of acute myocardial infarction (AMI) patients who expired during hospital stay. | M | Mortality |
| 229 | Heart Failure 30-day Mortality | Percentage of patients with AMI age 65 years and older, with hospital-specific, risk standardized, all-cause 30-day mortality (defined as death from any cause within 30 days after the index admission date) for patients discharged form the hospital with a principal diagnosis of HF. | M | Mortality |
| 230 | Acute Myocardial Infarction 30-day Mortality | Percentage of patients with AMI age 65 years and older, with hospital-specific, risk standardized, all-cause 30-day mortality (defined as death from any cause within 30 days after the index admission date) for patients discharged form the hospital with a principal diagnosis of AMI. | M | Mortality |
| 535 | 30-day all-cause risk-standardized mortality rate following percutaneous coronary intervention (PCI) for patients without ST segment elevation myocardial infarction (STEMI) and without cardiogenic shock | Hospital-specific 30-day all-cause risk-standardized mortality rate following Percutaneous Coronary Intervention (PCI) among patients aged 18 years or older without ST segment elevation myocardial infarction (STEMI) and without cardiogenic shock at the time of procedure. | M | Mortality |
| 536 | 30-day all-cause risk-standardized mortality rate following Percutaneous Coronary Intervention (PCI) for patients with ST segment elevation myocardial infarction (STEMI) or cardiogenic shock | Hospital-specific 30-day all-cause risk-standardized mortality rate following Percutaneous Coronary Intervention (PCI) among patients aged 18 years or older with ST segment elevation myocardial infarction (STEMI) or cardiogenic shock at the time of procedure. | M | Mortality |
| 358 | Congestive Heart Failure Mortality (IQI 16) (risk adjusted) | Percent of in-hospital death for discharges, 18 years and older, with ICD-9-CM principle diagnosis code of CHF. | M | Mortality |
| 339 | Pediatric Heart Surgery Mortality (PDI 6) (risk adjusted) | Number of in-hospital deaths in patients undergoing surgery for congenital heart disease per 1000 patients. | M | Mortality |
| 343 | PICU Standardized Mortality Ratio | The ratio of actual deaths over predicted deaths for PICU patients. | M | Mortality |
| 231 | Inpatient Pneumonia Mortality | Percentage of patients with ICD-9-CM code of pneumonia as the principal diagnosis who were cases of in-hospital death among discharges. | M | Mortality |
| 200 | Death among surgical inpatients with treatable serious complications (failure to rescue) | Percentage of surgical inpatients with complications of care whose status is death | M | Mortality |
| 347 | Death in Low Mortality DRGs (PSI 2) | Percent of in-hospital deaths, age 18 years and older, in DRGs with less than 0.5% mortality rate. | M | Mortality |
| 351 | Death among surgical inpatients with serious, treatable complications (PSI 4) | Percent of in-hospital deaths for surgical discharges, age 18 years and older,with a principal procedure within 2 days of admission or elective, with enumerated complications of care listed in failure to rescue (FTR) definition (e.g., pneumonia, DVT/PE, sepsis, shock/cardiac arrest, or GI hemorrhage/acute ulcer). | M | Mortality |
| 352 | Failure to Rescue In-Hospital Mortality (risk adjusted) | Percentage of patients who died with a complications in the hospital. | M | Mortality |
| 353 | Failure to Rescue 30-Day Mortality (risk adjusted) | Percentage of patients who died with a complication within 30 days from admission. | M | Mortality |
| 354 | Hip Fracture Mortality Rate (IQI 19) (risk adjusted) | Percent of in-hospital deaths for discharges, age 18 years and older, with ICD-9-CM principal diagnosis code of hip fracture. | M | Mortality |
| 359 | Abdominal Aortic Artery (AAA) Repair Mortality Rate (IQI 11) (risk adjusted) | Number of deaths per 100 AAA repairs (risk adjusted). | M | Mortality |
| 360 | Esophageal Resection Mortality Rate (IQI 8) (risk adjusted) | Number of deaths per 100 esophageal resections for cancer (risk adjusted). | M | Mortality |
| 365 | Pancreatic Resection Mortality Rate (IQI 9) (risk adjusted) | Number of deaths per 100 pancreatic resections for cancer (risk adjusted). | M | Mortality |
| 369 | Dialysis Facility Risk-adjusted Standardized Mortality Ratio (32) Level | Risk-adjusted standardized mortality ratio for dialysis facility patients. | M | Mortality |
| 467 | Acute Stroke Mortality Rate (IQI 17) | Percent of in-hospital deaths for discharges, 18 years and older, with ICD-9-CM principal diagnosis code of stroke. | M | Mortality |
| 468 | Pneumonia (PN) 30-Day Mortality Rate | Hospital-specific, risk standardized, all-cause 30-day mortality (defined as death from any cause within 30 days after the index admission date) for patients discharged from the hospital with a principal diagnosis of pneumonia. | S | Mortality |
| 530 | Mortality for Selected Conditions | A composite measure of in-hospital mortality indicators for selected conditions. | M | Mortality |
| 534 | Hospital specific risk-adjusted measure of mortality or one or more major complications within 30 days of a lower extremity bypass (LEB). | Hospital specific risk-adjusted measure of mortality or one or more of the following major complications (cardiac arrest, myocardial infarction, CVA/stroke, on ventilator >48 hours, acute renal failure (requiring dialysis), bleeding/transfusions, graft/prosthesis/flap failure, septic shock, sepsis, and organ space surgical site infection), within 30 days of a lower extremity bypass (LEB) in patients age 16 and older. | M | Mortality |

**Readmissions\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 329 | All-Cause Readmission Index (risk adjusted) | Overall inpatient 30-day hospital readmission rate. | Q/S |   |
| 330 | 30-Day All-Cause Risk Standardized Readmission Rate Following Heart Failure Hospitalization (risk adjusted) | Hospital-specific, risk-standardized, 30-day all-cause readmission rates for Medicare fee-for-service patients discharged from the hospital with a principal diagnosis of heart failure (HF). | Q/S |   |
| 335 | PICU Unplanned Readmission Rate | The total number of patients requiring unscheduled readmission to the ICU within 24 hours of discharge or transfer. | Q/S |   |
| 336 | Review of Unplanned PICU Readmissions | Periodic clinical review of unplanned readmissions to the PICU that occurred within 24 hours of discharge or transfer from the PICU. | Q/S |   |