

## 2014 Eligible Hospital CQMs

Measure Title	Measure Description (Source: <a href="http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2014_COM_EH_FinalRule.pdf">http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2014_COM_EH_FinalRule.pdf</a> )	Domain
Emergency Department (ED)-1 Emergency Department Throughput – Median time from ED arrival to ED departure for admitted ED patients	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.	Patient and Family Engagement
ED-2 Emergency Department Throughput – admitted patients – Admit decision time to ED departure time for admitted patients	Median time (in minutes) from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status.	Patient and Family Engagement
Stroke-2 Ischemic stroke – Discharged on anti-thrombotic therapy	Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.	Clinical Processes/Effectiveness
Stroke-3 Ischemic stroke – Anticoagulation Therapy for Atrial Fibrillation/Flutter	Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.	Clinical Processes/Effectiveness
Stroke-4 Ischemic stroke – Thrombolytic Therapy	Acute ischemic stroke patients who arrive at this hospital within 2 hours (120 minutes) of time last known well and for whom IV t-PA was initiated at this hospital within 3 hours (180 minutes) of time last known well.	Clinical Processes/Effectiveness
Stroke-5 Ischemic stroke – Antithrombotic therapy by end of hospital day two	Ischemic stroke patients administered antithrombotic therapy by the end of hospital day two.	Clinical Processes/Effectiveness
Stroke-6 Ischemic stroke – Discharged on Statin Medication	Ischemic stroke patients with LDL greater than or equal to 100 mg/dL, or LDL not measured, or, who were on a lipid-lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge.	Clinical Processes/Effectiveness
Stroke-8 Ischemic or hemorrhagic stroke – Stroke education	Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke.	Patient and Family Engagement
Stroke-10 Ischemic or hemorrhagic stroke – Assessed for Rehabilitation	Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services.	Care Coordination
Venous Thromboembolism (VTE)-1 VTE prophylaxis	This measure assesses the number of patients who received 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.	Patient Safety
VTE-2 Intensive Care Unit (ICU) VTE prophylaxis	This measure assesses the number of patients who received 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 ICU or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer).	Patient Safety
VTE-3 VTE Patients with Anticoagulation 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 must be discharged on both medications or have a reason for discontinuation of overlap therapy. Overlap therapy must be administered for at least five days with an international normalized ratio (INR) greater than or equal to 2 prior to discontinuation of the parenteral anticoagulation therapy, discharged on both medications or have a reason for discontinuation of overlap therapy.	Clinical Processes/Effectiveness
VTE-4 VTE Patients Receiving Unfractionated Heparin (UFH) with Dosages/Platelet Count Monitoring by Protocol (or Nomogram)	This measure assesses the number of patients diagnosed with confirmed VTE who received intravenous (IV) UFH therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol.	Clinical Processes/Effectiveness
VTE-5 VTE discharge instructions	This measure assesses the number of patients diagnosed with confirmed VTE that are discharged to home, home care, court/law enforcement or home on hospice care 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.	Patient and Family Engagement
VTE-6 Incidence of potentially preventable VTE	This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present at admission) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date.	Patient Safety
AMI-2-Aspirin Prescribed at Discharge for AMI	AMI patients who are prescribed aspirin at hospital discharge.	Clinical Processes/Effectiveness
PC-01 Elective Delivery Prior to 39 Completed Weeks Gestation	Patients with elective vaginal deliveries or elective cesarean sections at $\geq 37$ and $< 39$ weeks of gestation completed.	Clinical Processes/Effectiveness
AMI-7a Fibrinolytic Therapy Received Within 30 minutes of Hospital Arrival	Acute myocardial infarction (AMI) patients with ST-segment elevation or LBBB on the ECG closest to arrival time receiving fibrinolytic therapy during the hospital stay and having a time from hospital arrival to fibrinolysis of 30 minutes or less.	Clinical Processes/Effectiveness
AMI-8a Primary PCI Received Within 90 Minutes of Hospital Arrival	Acute myocardial infarction (AMI) patients with ST-segment elevation or LBBB on the ECG closest to arrival time receiving primary PCI during the hospital stay with a time from hospital arrival to PCI of 90 minutes or less.	Clinical Processes/Effectiveness
AMI-10 Statin Prescribed at Discharge	Acute Myocardial Infarction (AMI) patients who are prescribed a statin at hospital discharge.	Clinical Processes/Effectiveness
PN-6 Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients	Immunocompetent patients with CAP who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines.	Efficient Use of Healthcare Resources
SCIP-INF-1 Prophylactic Antibiotic Received within 1 Hour Prior to Surgical Incision	Surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision. Patients who received Vancomycin or a Fluoroquinolone for prophylactic antibiotics should have the antibiotics initiated within 2 hours prior to surgical incision. Due to the longer infusion time required for Vancomycin or a Fluoroquinolone, it is acceptable to start these antibiotics within 2 hours prior to incision time.	Patient Safety
SCIP-INF-2 Prophylactic Antibiotic Selection for Surgical Patients	Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure).	Efficient Use of Healthcare Resources
SCIP-INF-9 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.	Patient Safety
ED-3 Median time from ED arrival to ED departure for discharged ED patients	Median time from emergency department arrival to time of departure from the emergency room for patients discharged from the emergency department.	Care Coordination
Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	An assessment that there is documentation in the medical record that a Home Management Plan of Care document was given to the pediatric asthma patient/caregiver.	Patient and Family Engagement
Exclusive Breast Milk Feeding Healthy Term Newborn	Exclusive breast milk feeding during the newborn's entire hospitalization. Percent of term singleton live births (excluding those with diagnoses originating in the fetal period) who DO NOT have significant complications during birth or in nursery care.	Clinical Processes/ Effectiveness Patient Safety
EHDI-1a Hearing screening before hospital discharge	This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge.	Clinical Processes/ Effectiveness