

## **Additional Information Regarding Proposed Eligible Hospital and CAH Clinical Quality Measures**

### **For 2014 EHR Incentive Programs**

The table below entitled “Proposed Clinical Quality Measures for 2014 CMS EHR Incentive Programs for Eligible Hospitals and CAHs” contains additional information for the Eligible Hospitals (EH) clinical quality measures proposed in the Medicare and Medicaid Programs; Electronic Health Record Incentive Program; Proposed Rule. Public comments regarding these measures should be submitted using the same method required for all other comments related to this proposed rule. Please note the titles and descriptions for the clinical quality measures included in this table were updated by the measure stewards and therefore may not match the information provided on the NQF website. For two of the measures included in this table (IMM-1 and IMM-2), NQF has assigned tracking numbers for use during the endorsement process although the measures are not fully endorsed yet.

#### **Acronyms**

**CMS** = Centers for Medicare & Medicaid Services

**EHR** = Electronic Health Record

**CAHs** = Critical Access Hospitals

## Proposed Clinical Quality Measures for 2014 CMS EHR Incentive Programs for Eligible Hospitals & CAHs

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0132	AMI-1 Aspirin at arrival	Acute myocardial infarction (AMI) patients who received aspirin within 24 hours before or after hospital arrival	AMI patients who received aspirin within 24 hours before or after hospital arrival	AMI patients	CMS OFMQ is the developer.	<a href="http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=1144&amp;print=0&amp;entityTypeID=1">http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=1144&amp;print=0&amp;entityTypeID=1</a>
0136	Discharge Instructions	Heart failure patients discharged home with written instructions or educational material given to patient or caregiver at discharge or during the hospital stay addressing <b>all</b> of the following: activity level, diet, discharge medications, follow-up appointment, weight monitoring, and what to do if symptoms worsen.	Heart failure patients with documentation that they or their caregivers were given written discharge instructions or other educational material addressing <b>all</b> of the following: <ol style="list-style-type: none"> <li>1. activity level</li> <li>2. diet</li> <li>3. discharge medications</li> <li>4. follow-up appointment</li> <li>5. weight monitoring</li> <li>6. what to do if symptoms worsen</li> </ol>	Heart failure patients discharged home	CMS OFMQ is the developer.	No longer endorsed by NQF

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0137	AMI-3 ACEI or ARB for LVSD	Acute myocardial infarction (AMI) patients with left ventricular systolic dysfunction (LVSD) who are prescribed an ACEI or ARB at hospital discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.	AMI patients who are prescribed an ACEI or ARB at hospital discharge	AMI patients with LVSD	CMS OFMQ is the developer.	<a href="http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=1149#k=0137&amp;e=1&amp;st=&amp;sd=&amp;s=n&amp;so=a&amp;p=1&amp;mt=&amp;cs=&amp;ss=">http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=1149#k=0137&amp;e=1&amp;st=&amp;sd=&amp;s=n&amp;so=a&amp;p=1&amp;mt=&amp;cs=&amp;ss=</a>
0142	AMI-2 Aspirin Prescribed at Discharge	Acute myocardial infarction (AMI) patients who are prescribed aspirin at hospital discharge	AMI patients who are prescribed aspirin at hospital discharge	AMI patients	CMS OFMQ is the developer.	<a href="http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=1145#k=0142&amp;e=1&amp;st=&amp;sd=&amp;mt=&amp;cs=&amp;ss=&amp;s=n&amp;so=a&amp;p=1">http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=1145#k=0142&amp;e=1&amp;st=&amp;sd=&amp;mt=&amp;cs=&amp;ss=&amp;s=n&amp;so=a&amp;p=1</a>
0143	Relievers for inpatient asthma	Use of relievers in pediatric patients admitted for inpatient treatment of asthma	Pediatric asthma inpatients who received relievers during hospitalization.	Pediatric asthma inpatients (age 2 years through 17 years) who were discharged with a principal diagnosis of asthma.	The Joint Commission	<a href="http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=1131#k=0143&amp;e=1&amp;s=n&amp;so=a&amp;p=1&amp;st=&amp;sd=&amp;mt=&amp;cs=&amp;ss=">http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=1131#k=0143&amp;e=1&amp;s=n&amp;so=a&amp;p=1&amp;st=&amp;sd=&amp;mt=&amp;cs=&amp;ss=</a>

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0144	Systemic corticosteroids for inpatient asthma	Use of systemic corticosteroids in pediatric patients admitted for inpatient treatment of asthma.	Pediatric asthma inpatients who received systemic corticosteroids during hospitalization	Pediatric asthma inpatients (age 2 years through 17 years) who were discharged with a principal diagnosis of asthma.	The Joint Commission	<a href="http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=1132#p=1&amp;s=n&amp;so=a">http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=1132#p=1&amp;s=n&amp;so=a</a>
0147	PN-6 Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients	Immunocompetent patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines	Pneumonia patients who received an initial antibiotic regimen consistent with current guidelines during the first 24 hours of their hospitalization.	Pneumonia patients 18 years of age or older	CMS OFMQ is the developer.	<a href="http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=1134#p=1&amp;s=n&amp;so=a&amp;k=0147&amp;e=1&amp;st=&amp;sd=&amp;mt=&amp;cs=&amp;ss=">http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=1134#p=1&amp;s=n&amp;so=a&amp;k=0147&amp;e=1&amp;st=&amp;sd=&amp;mt=&amp;cs=&amp;ss=</a>
0148	PN-3b Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	Pneumonia patients whose initial emergency room blood culture specimen was collected prior to first hospital dose of antibiotics. This measure focuses on the treatment provided to Emergency Department patients prior to admission orders.	Number of pneumonia patients whose initial emergency room blood culture was performed prior to the administration of the first hospital dose of antibiotics	Pneumonia patients 18 years of age and older who have an initial blood culture collected as an emergency department patient.	CMS OFMQ is the developer.	<a href="http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=1139&amp;print=0&amp;entityTypeID=1">http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=1139&amp;print=0&amp;entityTypeID=1</a>
0160	AMI-5 Beta Blocker Prescribed at Discharge	Acute myocardial infarction (AMI) patients who are prescribed a beta-blocker at hospital discharge	AMI patients who are prescribed a beta-blocker at hospital discharge	AMI patients	CMS OFMQ is the developer.	<a href="http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=1147&amp;print=0&amp;entityTypeID=1">http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=1147&amp;print=0&amp;entityTypeID=1</a>

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0163	AMI-8a Primary PCI 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	AMI patients whose time from hospital arrival to primary PCI is 90 minutes or less.	AMI patients with ST-elevation or LBBB on ECG who received primary PCI.	CMS OFMQ is the developer.	<a href="http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=1151&amp;print=0&amp;entityTypeID=1">http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=1151&amp;print=0&amp;entityTypeID=1</a>
0164	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.	AMI patients whose time from hospital arrival to fibrinolysis is 30 minutes or less	AMI patients with ST-elevation or LBBB on ECG who received fibrinolytic therapy.	CMS OFMQ is the developer.	<a href="http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=1152&amp;print=0&amp;entityTypeID=1">http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=1152&amp;print=0&amp;entityTypeID=1</a>
0218	SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery	Surgery patients who received appropriate Venous Thromboembolism (VTE) prophylaxis within 24 hours prior to <i>Anesthesia Start Time</i> to 24 hours after <i>Anesthesia End Time</i> .	Surgery patients who received appropriate Venous Thromboembolism (VTE) prophylaxis within 24 hours prior to <i>Anesthesia Start Time</i> to 24 hours after <i>Anesthesia End Time</i> .	All selected surgery patients	CMS OFMQ is the developer.	<a href="http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=469&amp;print=0&amp;entityTypeID=1">http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=469&amp;print=0&amp;entityTypeID=1</a>

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0284	SCIP-Card-2 Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period	Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period	Surgery patients on beta blocker therapy prior to admission who receive a beta blocker during the perioperative period	All surgery patients on daily beta blocker therapy prior to arrival	CMS OFMQ is the developer.	<a href="http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=365&amp;print=0&amp;entityTypeID=1">http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=365&amp;print=0&amp;entityTypeID=1</a>
0300	SCIP-Inf-4 Cardiac Surgery Patients with Controlled 6 AM Postoperative Serum Glucose	Cardiac surgery patients with controlled 6 A.M. blood glucose (less than or equal to 200 mg/dL) on postoperative day one (POD 1) and postoperative day two (POD 2) with <i>Anesthesia End Date</i> being postoperative day zero (POD 0).	Surgery patients with controlled 6 A.M. blood glucose (less than or equal to 200 mg/dL) on POD 1 and POD 2.	Cardiac surgery patients with no evidence of prior infection.	CMS OFMQ is the developer.	<a href="http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=262&amp;print=0&amp;entityTypeID=1">http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=262&amp;print=0&amp;entityTypeID=1</a>
0301	SCIP-Inf-6 Surgery Patients with Appropriate Hair Removal	Surgery patients with appropriate surgical site hair removal. No hair removal, hair removal with clippers or depilatory is considered appropriate. Shaving is considered inappropriate.	Surgery patients with surgical site hair removal with clippers or depilatory or with no surgical site hair removal.	All selected surgery patients.	CMS OFMQ is the developer	<a href="http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=263&amp;print=0&amp;entityTypeID=1">http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=263&amp;print=0&amp;entityTypeID=1</a>

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0338	Home Management Plan of Care Document Given to Patient/Caregiver	An assessment that there is documentation in the medical record that a Home Management Plan of Care (HMPC) document was given to the pediatric asthma patient/caregiver.	Pediatric asthma inpatients with documentation that they or their caregivers were given a written Home Management Plan of Care (HMPC) document that addresses all of the following: 1. Arrangements for follow-up care 2. Environmental control and control of other triggers 3. Method and timing of rescue actions 4. Use of controller 5. Use of relievers	Pediatric asthma inpatients discharged home.	The Joint Commission	<a href="http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=348&amp;print=0&amp;entityTypeID=1">http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=348&amp;print=0&amp;entityTypeID=1</a>
0341	PICU Pain Assessment on Admission	Percentage of PICU patients receiving: a. Pain assessment on admission, b. Periodic pain assessment.	Number of patients who are assessed for pain on admission to the PICU	Total number of patients in the PICU  PICU patients <18 yrs of age	National Association of Children's Hospitals and Related Institutions	<a href="http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=351&amp;print=0&amp;entityTypeID=1">http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=351&amp;print=0&amp;entityTypeID=1</a>
0342	PICU Periodic Pain Assessment	Percentage of PICU patients receiving: a. Pain assessment on admission, b. Periodic pain assessment.	Number of PICU patients who are assessed for pain at a minimum of every six hours	Total number of patients in the PICU  PICU patients <18 yrs. of age	National Association of Children's Hospitals and Related Institutions	<a href="http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=352&amp;print=0&amp;entityTypeID=1">http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=352&amp;print=0&amp;entityTypeID=1</a>

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0371	Venous Thromboembolism 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.	<p>Patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given:</p> <ul style="list-style-type: none"> <li>• the day of or the day after hospital admission</li> <li>• the day of or the day after surgery end date for surgeries that start the day of or the day after hospital admission.</li> </ul>	All patients.	The Joint Commission	<a href="http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=270#k=0371">http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=270#k=0371</a>
0372	Intensive Care Unit Venous Thromboembolism 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 Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer).	<p>Patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given:</p> <ul style="list-style-type: none"> <li>• the day of or the day after ICU admission (or transfer)</li> <li>• the day of or the day after surgery end date for surgeries that start the day of or the day after ICU admission (or transfer).</li> </ul>	Patients directly admitted or transferred to ICU.	The Joint Commission	<a href="http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=267#k=0372">http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=267#k=0372</a>

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0373	Venous Thromboembolism 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 should be discharged on both medications or have a <i>Reason for Discontinuation of Overlap Therapy</i> . Overlap therapy should 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 <i>Reason for Discontinuation of Overlap Therapy</i> .	Patients who received overlap therapy.	Patients with confirmed VTE who received warfarin.	The Joint Commission	<a href="http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=271#k=0373">http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=271#k=0373</a>

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0374	Venous Thromboembolism Patients Receiving Unfractionated Heparin 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.	Patients who have their IV UFH therapy dosages AND platelet counts monitored according to defined parameters such as a nomogram or protocol.	Patients with confirmed VTE receiving IV UFH therapy.	The Joint Commission	<a href="http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=268#k=0374">http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=268#k=0374</a>
0375	Venous Thromboembolism 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.	Patients with documentation that they or their caregivers were given written discharge instructions or other educational material about warfarin that addressed all of the following: <ol style="list-style-type: none"> <li>1. compliance issues</li> <li>2. dietary advice</li> <li>3. follow-up monitoring</li> <li>4. potential for adverse drug reactions and interactions.</li> </ol>	Patients with confirmed VTE discharged on warfarin therapy.	The Joint Commission	<a href="http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=269#k=0375">http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=269#k=0375</a>

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0376	Incidence of Potentially-Preventable Venous Thromboembolism	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.	Patients who received no VTE prophylaxis prior to the VTE diagnostic test order date.	Patients who developed confirmed VTE during hospitalization.	The Joint Commission	<a href="http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=272#k=0376">http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=272#k=0376</a>
0434	Venous Thromboembolism Prophylaxis	Ischemic and hemorrhagic stroke patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission.	Ischemic or hemorrhagic stroke patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given on the day of or the day after hospital admission.	Ischemic or hemorrhagic stroke patients.	The Joint Commission	<a href="http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=671#k=0434">http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=671#k=0434</a>
0435	Discharged on Antithrombotic Therapy	Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.	Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.	Ischemic stroke patients.	The Joint Commission	<a href="http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=672#k=0435">http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=672#k=0435</a>
0436	Anticoagulation Therapy for Atrial Fibrillation/Flutter	Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.	Ischemic stroke patients prescribed anticoagulation therapy at hospital discharge.	Ischemic stroke patients with documented atrial fibrillation/flutter.	The Joint Commission	<a href="http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=673#k=0436">http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=673#k=0436</a>

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0437	Thrombolytic Therapy	Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well and for whom IV t-PA was initiated at this hospital within 3 hours of time last known well.	Acute ischemic stroke patients for whom IV thrombolytic therapy was initiated at this hospital within three hours (less than or equal to 180 minutes) of time last known well.	Acute ischemic stroke patients whose time of arrival is within two hours (less than or equal to 120 minutes) of time last known well.	The Joint Commission	<a href="http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=674#k=0437">http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=674#k=0437</a>
0438	Antithrombotic Therapy by End of Hospital Day Two	Ischemic stroke patients administered antithrombotic therapy by the end of hospital day two.	Ischemic stroke patients who had antithrombotic therapy administered by end of hospital day two.	Ischemic stroke patients.	The Joint Commission	<a href="http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=675#k=0438">http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=675#k=0438</a>
0439	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.	Ischemic stroke patients prescribed statin medication at hospital discharge.	Ischemic stroke patients with an 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.	The Joint Commission	<a href="http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=676#k=0439">http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=676#k=0439</a>

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0440	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.	Ischemic or hemorrhagic stroke patients with documentation that they or their caregivers were given educational material addressing all of the following: <ol style="list-style-type: none"> <li>1. Activation of emergency medical system</li> <li>2. Follow-up after discharge</li> <li>3. Medications prescribed at discharge</li> <li>4. Risk factors for stroke</li> <li>5. Warning signs and symptoms of stroke.</li> </ol>	Ischemic stroke or hemorrhagic stroke patients discharged home.	The Joint Commission	<a href="http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=678#k=0440">http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=678#k=0440</a>
0441	Assessed for Rehabilitation	Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services.	Ischemic or hemorrhagic stroke patients assessed for or who received rehabilitation services.	Ischemic or hemorrhagic stroke patients.	The Joint Commission	<a href="http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=680#k=0441">http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=680#k=0441</a>

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0453	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.	Number of surgical patients whose urinary catheter is removed on POD1 or POD2 with day of surgery being day zero.	All selected surgical patients with a catheter in place postoperatively.	CMS OFMQ is the developer.	<a href="http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=648&amp;print=0&amp;entityTypeID=1">http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=648&amp;print=0&amp;entityTypeID=1</a>
0469	Elective Delivery	Patients with elective vaginal deliveries or elective cesarean sections at $\geq 37$ and $< 39$ weeks of gestation completed.	Patients with elective deliveries.	Patients delivering newborns with $\geq 37$ and $< 39$ weeks of gestation completed.	The Joint Commission	<a href="http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=296#k=0469">http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=296#k=0469</a>
0480	Exclusive Breast Milk Feeding	Exclusive breast milk feeding during the newborn's entire hospitalization	Newborns that were fed breast milk only since birth	Single term newborns discharged from the hospital	Joint Commission steward California Maternal Quality Care Collaborative was original developer	<a href="http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=307&amp;print=0&amp;entityTypeID=1">http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=307&amp;print=0&amp;entityTypeID=1</a>
0481	First temperature measured within one hour of admission to the NICU.	Percent of NICU admissions with a birth weight of 501-1500g with a first temperature taken within 1 hour of NICU admission.	Infants 501 to 1500 grams with first temperature taken within 1 hr of NICU admission	NICU admissions with BW 501 to 1500 grams	Vermont Oxford Network	<a href="http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=313&amp;print=0&amp;entityTypeID=1">http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=313&amp;print=0&amp;entityTypeID=1</a>

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0482	First NICU Temperature < 36 degree C	Percent of all NICU admissions with a birth weight of 501-1500g whose first temperature was measured within one hour of admission to the NICU and was below 36 degrees Centigrade	All NICU admissions with a birth weight of 501-1500g whose first temperature was measured within one hour of admission to the NICU and was <36 degrees C	All NICU admissions with a birth weight of 501-1500g whose first temperature was measured within one hour of admission to the NICU.	Vermont Oxford Network	<a href="http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=316&amp;print=0&amp;entityTypeID=1">http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=316&amp;print=0&amp;entityTypeID=1</a>
0484	Proportion of infants 22 to 29 weeks gestation treated with surfactant who are treated within 2 hours of birth	Number of infants 22 to 29 weeks gestation treated with surfactant within 2 hours of birth	Number of infants 22 to 29 weeks gestation treated with surfactant within 2 hours of birth	Number of infants 22 to 29 weeks gestation treated with surfactant at any time	Vermont Oxford Network	<a href="http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=315&amp;print=0&amp;entityTypeID=1">http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=315&amp;print=0&amp;entityTypeID=1</a>
0495	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.	Not Applicable	Not Applicable	Oklahoma Foundation for Medical Quality	<a href="http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=470#k=0495">http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=470#k=0495</a>
0496	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	<b>Continuous Variable Statement:</b> Time (in minutes) from ED arrival to ED departure for patients discharged from the emergency department.	<b>Continuous Variable Statement:</b> Time (in minutes) from ED arrival to ED departure for patients discharged from the emergency department.	CMS OFMQ is the developer.	<a href="http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=471&amp;print=0&amp;entityTypeID=1">http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=471&amp;print=0&amp;entityTypeID=1</a>

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0497	Admit Decision Time to ED Departure Time for Admitted ED 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	Not Applicable	Not Applicable	Oklahoma Foundation for Medical Quality	<a href="http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=472#k=0497">http://www.qualityforum.org/MeasureDetails.aspx?actid=0&amp;SubmissionId=472#k=0497</a>
0527	SCIP-Inf-1 Prophylactic Antibiotic 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 two 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 two hours prior to incision time.	Number of surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision (two hours if receiving vancomycin, in Appendix C, Table 3.8, or a fluoroquinolone, in Appendix C, Table 3.10).	All selected surgical patients with no evidence of prior infection.	CMS OFMQ is the developer.	<a href="http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=1154&amp;print=0&amp;entityTypeID=1">http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=1154&amp;print=0&amp;entityTypeID=1</a>
0528	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).	Number of surgical patients who received prophylactic antibiotics recommended for their specific surgical procedure.	All selected surgical patients with no evidence of prior infection.	CMS OFMQ is the developer	<a href="http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=1155&amp;print=0&amp;entityTypeID=1">http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=1155&amp;print=0&amp;entityTypeID=1</a>

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0529	SCIP-Inf-3 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time, 48 hours for cardiac surgery	Surgical patients whose prophylactic antibiotics were discontinued within 24 hours after Anesthesia End Time. The Society of Thoracic Surgeons (STS) Practice Guideline for Antibiotic Prophylaxis in Cardiac Surgery (2006) indicates that there is no reason to extend antibiotics beyond 48 hours for cardiac surgery and very explicitly states that antibiotics should not be extended beyond 48 hours even with tubes and drains in place for cardiac surgery.	Number of surgical patients whose prophylactic antibiotics were discontinued within 24 hours after <i>Anesthesia End Time</i> (48 hours for CABG or Other Cardiac Surgery).	All selected surgical patients with no evidence of prior infection.	CMS OFMQ is the developer.	<a href="http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=1156&amp;print=0&amp;entityTypeID=1">http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=1156&amp;print=0&amp;entityTypeID=1</a>
0639	AMI-10 Statin Prescribed at Discharge	Acute myocardial infarction (AMI) patients who are prescribed a statin at hospital discharge.	AMI patients who are prescribed a statin medication at hospital discharge.	AMI patients.	CMS OFMQ is the developer.	<a href="http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=102&amp;print=0&amp;entityTypeID=1">http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=102&amp;print=0&amp;entityTypeID=1</a>

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
0716	Healthy Term Newborn	Percent of term singleton livebirths (excluding those with diagnoses originating in the fetal period) who DO NOT have significant complications during birth or the nursery care	The absence of conditions or procedures reflecting morbidity that happened during birth and nursery care to an otherwise normal infant.	The denominator is composed of singleton, term ( $\geq 37$ weeks), inborn, livebirths in their birth admission. The denominator further has eliminated fetal conditions likely to be present before labor. Maternal and obstetrical conditions (e.g. hypertension, prior cesarean, malpresentation) are not excluded unless evidence of fetal effect prior to labor (e.g. IUGR/SGA)	California Maternal Quality Care Collaborative	<a href="http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=171&amp;print=0&amp;entityTypeID=1">http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=171&amp;print=0&amp;entityTypeID=1</a>
1354	Hearing screening prior to hospital discharge (EHDI-1a)	This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge.	The number of infants that have been screened for hearing loss before hospital discharge.	All live births discharged from the facility.	The Centers for Disease Control and Prevention (CDC)	<a href="http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=1354&amp;print=0&amp;entityTypeID=1">http://www.qualityforum.org/QPS/MeasureDetails.aspx?standardID=1354&amp;print=0&amp;entityTypeID=1</a>

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
1653	IMM-1 Pneumococcal Immunization (PPV23)	This prevention measure addresses acute care hospitalized inpatients 65 years of age and older (IMM-1b) AND inpatients aged between 6 and 64 years (IMM-1c) who are considered high risk and were screened for receipt of 23-valent pneumococcal polysaccharide vaccine (PPV23) and were vaccinated prior to discharge if indicated. The numerator captures two activities; screening and the intervention of vaccine administration when indicated. As a result, patients who had documented contraindications to PPV23, patients who were offered and declined PPV23 and patients who received PPV23 anytime in the past are captured as numerator events.	Inpatient discharges who were screened for PPV23 status and received PPV23 prior to discharge, if indicated.	Inpatient discharges 65 years of age and older, and 6 through 64 years of age who have a high risk condition.	CMS OFMQ is the developer.	Not available at this time.

NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Link to NQF website
1659	IMM-2 Influenza Immunization	This prevention measure addresses acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated. The numerator captures two activities: screening and the intervention of vaccine administration when indicated. As a result, patients who had documented contraindications to the vaccine, patients who were offered and declined the vaccine and patients who received the vaccine during the current year's influenza season but prior to the current hospitalization are captured as numerator events.	Inpatient discharges who were screened for influenza vaccine status and were vaccinated prior to discharge if indicated.	Acute care hospitalized inpatients age 6 months and older discharged during October, November, December, January, February, or March.	CMS OFMQ is the developer.	Not available at this time