

## Inpatient & Observation Measures

The following tables list all the measures currently available in Clinical Analytics for [Inpatient & Observation Encounters](#).

These measures are split up by category:

- » [Inpatient & Observation Comorbidity Measures](#)
  - » These measures help identify patients with additional health factors; encounters are flagged by the [AHRQ grouper software](#).
- » [Inpatient & Observation Knowledge Measures](#)
  - » These measures help monitor the usage levels of certain services.
- » [Inpatient & Observation Patient Safety Measures](#)
  - » These measures flag encounters with adverse events, such as [AHRQ QI Measures](#) and other [Patient Safety Measures](#)
- » [Inpatient & Observation Patient Satisfaction Measures](#)
  - » These measures are populated based on the CAHPS data from your 3rd-party vendor, including HCAHPS, IRF-CAHPS, and OAS-CAHPS.
- » [Inpatient & Observation Quality Measures](#)
  - » These measures help you track typical patient outcomes, such as readmissions and mortality, as well as core measures data from your 3rd party vendor.
- » [Inpatient & Observation Systems Measures](#)
  - » These measures are summary statistics of your patient populations, like gender and admission source.
- » [Inpatient & Observation Throughput Measures](#)
  - » These measures support your efficiency initiatives for certain patient cohorts.
- » [Inpatient & Observation Utilization Measures](#)
  - » These measures help you analyze patient days, LOS, and costs/charges throughout your facility.
- » [Inpatient & Observation Payments & Adjustments Measures](#)
  - » These measures are designed for billing analytics.
- » [Inpatient & Observation Revenue Cycle Measures](#)
  - » The measures help you analyze account payments.
- » Inpatient Physician Practice Evaluation Measures [not listed in these tables]
  - » These are physician-level measures requiring additional data feeds for use in PPE Reporting.

## Inpatient & Observation Comorbidity Measures

These measures help identify patients with additional health factors; encounters are flagged by the [AHRQ Elixhauser Comorbidity Software](#); see [Comorbidity Definitions](#) for more information. All comorbidity measures have undeterminable polarity.

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Alcohol abuse	Patient had a comorbidity of "Alcohol abuse" unrelated to the principal diagnosis for the given encounter	N/A	Yes	Yes
Blood loss anemia	Patient had a comorbidity of "Blood loss anemia" unrelated to the principal diagnosis for the given encounter	N/A	Yes	Yes
Chronic Peptic Ulcer Disease (includes bleeding only if obstruction is also present)	Patient had a comorbidity of "Chronic Peptic Ulcer Disease (includes bleeding only if obstruction is also present)" unrelated to the principal diagnosis for the given encounter	N/A	Yes	Yes
Chronic pulmonary disease	Patient had a comorbidity of "Chronic pulmonary disease" unrelated to the principal diagnosis for the given encounter	N/A	Yes	Yes
Coagulation deficiency	Patient had a comorbidity of "Coagulation deficiency" unrelated to the principal diagnosis for the given encounter	N/A	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Congestive Heart Failure	Patient had a comorbidity of "Congestive Heart Failure" unrelated to the principal diagnosis for the given encounter	N/A	Yes	Yes
Deficiency anemia	Patient had a comorbidity of "Deficiency anemia" unrelated to the principal diagnosis for the given encounter	N/A	Yes	Yes
Depression	Patient had a comorbidity of "Depression" unrelated to the principal diagnosis for the given encounter	N/A	Yes	Yes
Diabetes with chronic complications	Patient had a comorbidity of "Diabetes with chronic complications" unrelated to the principal diagnosis for the given encounter	N/A	Yes	Yes
Diabetes without chronic complications	Patient had a comorbidity of "Diabetes without chronic complications" unrelated to the principal diagnosis for the given encounter	N/A	Yes	Yes
Drug abuse	Patient had a comorbidity of "Drug abuse" unrelated to the principal diagnosis for the given encounter	N/A	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Fluid and electrolyte disorders	Patient had a comorbidity of "Fluid and electrolyte disorders" unrelated to the principal diagnosis for the given encounter	N/A	Yes	Yes
Heart Attack Case	Number of cases with at least one secondary diagnosis for a heart attack	N/A	No	No
Heart Failure Case	Number of cases with at least one secondary diagnosis for heart failure	N/A	No	No
HIV and AIDS	Patient had a comorbidity of "HIV and AIDS (Acquired immune deficiency syndrome)" unrelated to the principal diagnosis for the given encounter	N/A	Yes	Yes
Hypertension (combine uncomplicated and complicated)	Patient had a comorbidity of "Hypertension (combined uncomplicated and complicated)" unrelated to the principal diagnosis for the given encounter	N/A	Yes	Yes
Hypothyroidism	Patient had a comorbidity of "Hypothyroidism" unrelated to the principal diagnosis for the given encounter	N/A	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Liver disease	Patient had a comorbidity of "Liver disease" unrelated to the principal diagnosis for the given encounter	N/A	Yes	Yes
Lymphoma	Patient had a comorbidity of "Lymphoma" unrelated to the principal diagnosis for the given encounter	N/A	Yes	Yes
Metastatic cancer	Patient had a comorbidity of "Metastatic cancer" unrelated to the principal diagnosis for the given encounter	N/A	Yes	Yes
Obesity	Patient had a comorbidity of "Obesity" unrelated to the principal diagnosis for the given encounter	N/A	Yes	Yes
Other neurological disorders	Patient had a comorbidity of "Other neurological disorders" unrelated to the principal diagnosis for the given encounter	N/A	Yes	Yes
Paralysis	Patient had a comorbidity of "Paralysis" unrelated to the principal diagnosis for the given encounter	N/A	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Peripheral vascular disease	Patient had a comorbidity of "Peripheral vascular disease" unrelated to the principal diagnosis for the given encounter	N/A	Yes	Yes
Pneumonia Case	Number of cases with at least one Secondary Diagnosis for pneumonia	N/A	No	No
Psychoses	Patient had a comorbidity of "Psychoses" unrelated to the principal diagnosis for the given encounter	N/A	Yes	Yes
Pulmonary Circulation disorders	Patient had a comorbidity of "Pulmonary Circulation disorders" unrelated to the principal diagnosis for the given encounter	N/A	Yes	Yes
Renal failure	Patient had a comorbidity of "Renal failure" unrelated to the principal diagnosis for the given encounter	N/A	Yes	Yes
Rheumatoid arthritis/collagen vascular diseases	Patient had a comorbidity of "Rheumatoid arthritis/collagen vascular diseases" unrelated to the principal diagnosis for the given encounter	N/A	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Septicemia Case	Number of cases with at least one secondary diagnosis for septicemia	N/A	No	No
Solid tumor without metastasis	Patient had a comorbidity of "Solid tumor without metastasis" unrelated to the principal diagnosis for the given encounter	N/A	Yes	Yes
Stroke Case	Number of cases with at least one secondary diagnosis for stroke	N/A	No	No
Valvular disease	Patient had a comorbidity of "Valvular disease" unrelated to the principal diagnosis for the given encounter	N/A	Yes	Yes
VTE Case	Number of cases with at least one diagnosis in the following list: acute pulmonary heart disease, phlebitis and thrombophlebitis, and other venous embolism and thrombosis	N/A	No	No
Weight loss	Patient had a comorbidity of "Weight loss" unrelated to the principal diagnosis for the given encounter	N/A	Yes	Yes



## Inpatient & Observation Knowledge Measures

These measures help monitor the usage levels of certain services. Low values are desirable for all Knowledge measures.

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Usage - Blood Administration	Percent of patients with at least one revenue code for Blood Administration  Revenue codes: 0390-0392, 0399	Low	Yes	Yes
Usage - Blood Use	Percent of patients with at least one revenue code for Blood Use  Revenue codes: 0380-0387, 0389	Low	Yes	Yes
Usage - Coronary Care	Percent of patients with a revenue code for at least one coronary care day  Revenue codes: 0210-0214, 0219	Low	Yes	Yes
Usage - Critical Care / Intermediate ICU	Percent of patients with at least one revenue code for Critical Care (ICU or CCU) days  ICU Use revenue codes: 0200-0204, 0206-0209  CCU Use revenue codes: 0210-0214, 0219	Low	Yes	Yes
Usage - CT Scan	Percent of patients with at least one revenue code for a CT Scan  Revenue codes: 0350-0352, 0359	Low	No	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Usage - ICU	Percent of patients with at least one revenue code for ICU days  Revenue codes: 0200-0204, 0206-0209	Low	Yes	Yes
Usage - MRI Use	Percent of patients with at least one revenue code for an MRI  Revenue codes: 0610-0612, 0614-0616, 0618, 0619	Low	No	Yes
Usage - Occupational Therapy	Percent of patients with at least one revenue code for Occupational Therapy  Revenue codes: 0430-0434, 0439	Low	No	No
Usage - Palliative Care Consultation	Percent of discharges receiving a palliative care consult  Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.	N/A	No	No
Usage - Physical Therapy	Percent of patients with at least one revenue code for Physical Therapy  Revenue codes: 0420-0424, 0429	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Usage - Radiology and CT Scan	Percent of patients with at least one revenue code for Radiology or a CT Scan  Revenue codes: 0320-0324, 0329, 0330, 0339-0342, 0349-0352, 0359, 0400-0404, 0409	Low	Yes	Yes
Usage - Respiratory Therapy	Percent of patients with at least one revenue code for Respiratory Therapy  Revenue codes: 0410, 0412, 0413, 0419	Low	No	No
Usage - Speech Therapy	Percent of patients with at least one revenue code for Speech Therapy  Revenue codes: 0440-0444, 0449, 0470-0472, 0479	Low	No	No
Usage - Therapy: Physical, Occupational, Speech	Percent of patients with at least one revenue code for Physical Therapy, Occupational Therapy, or Speech Therapy  Revenue codes: 0420-0424, 0429-0434, 0439-0444, 0449, 0470-0472, 0479	Low	Yes	Yes

## Inpatient & Observation Patient Safety Measures

These measures flag encounters with adverse events, such as HACs or PSIs. Low values are desirable for all Patient Safety measures. Please see [PSI & HAC Measures](#) and [Potentially Preventable Complications Measures](#) for more information about these measures and the terminology.

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
<b>CMS (Centers for Medicare and Medicaid Services) Data Measures</b>				
CMS Data - Air Embolism	Count of Hospital-Acquired Condition - Medical Events: Air Embolism  Diagnosis Code 9991 not present on admission (not POA)	Low	No	No
CMS Data - Blood Incompatibility	Count of Hospital-Acquired Condition - Medical Events: Blood Incompatibility  Diagnosis Codes 99960, 99961, 99962, 99963, or 99969 not present on admission (not POA)	Low	No	No
CMS Data - Catheter-Associated UTI	Count of Hospital-Acquired Condition - Medical Events: Catheter-Associated UTI  Diagnosis Code 99664 not present on admission (not POA); excludes the following from acting as a CC/MCC: 1122, 59010, 59011, 5902, 5903, 59080, 59081, 5950, 5970, 5990.	Low	No	No
CMS Data - Falls and Trauma	Count of Hospital-Acquired Condition - Medical Events: Falls and Trauma  Diagnosis Codes within these ranges: 800-829, 830-839, 850-854, 925-929, 940-949, or 991-994 not present on admission (not POA)	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
CMS Data - Foreign Object Retained after Surgery	Count of Hospital-Acquired Condition - Surgical Events: - Foreign Object Retained after Surgery Diagnosis Codes 9984 or 9987 not present on admission (not POA)	Low	No	No
CMS Data - Manifestations of Poor Glycemic Control	Count of Hospital-Acquired Condition - Medical Events: Poor Glycemic Control Diagnosis Codes 25010-25013, 25020-25023, 2510, 24910-24911, or 24920-24921 not present on admission (not POA)	Low	No	No
CMS Data - Pressure Ulcer Stages III and IV	Count of Hospital-Acquired Condition - Medical Events: Pressure Ulcer-Stage III and IV Diagnosis Codes 70723 or 70724 not present on admission (not POA)	Low	No	No
CMS Data - Total Number of HACs	Count of Hospital-Acquired Conditions across Air Embolism, Blood Incompatibility, Catheter-Associated UTI, Falls and Trauma, Foreign Object Retained After Surgery, Manifestations of Poor Glycemic Control, Pressure Ulcer Stages III and IV, and Vascular Catheter-Associated Infection	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
CMS Data - Vascular Catheter-Associated Infection	Count of Hospital-Acquired Condition - Medical Events: - Vascular Catheter-Associated Infection  Diagnosis Code 99931 not present on admission (not POA)	Low	No	No
<b>HAC (Hospital-Acquired Condition) Measures: see Patient Safety Measures for more information</b>				
HAC - Air Embolism	(HAC 02) Count of Hospital-Acquired Condition - Medical Events: Air Embolism.  Includes Secondary Diagnosis Codes not present on admission (POA = N or U): 999.1 and T800XXA	Low	No	No
HAC - Air Embolism - Rate	(HAC 02) Count of "Hospital-Acquired Condition - Medical Events: Air Embolism" divided by the volume of inpatient cases.	Low	Yes	Yes
HAC - Blood Incompatibility	(HAC 03) Count of Hospital-Acquired Condition - Medical Events: Blood Incompatibility.  Includes Secondary Diagnosis Codes not present on admission (POA = N or U): 999.60, 999.61, 999.62, 999.63, 999.69, T8030XA, T80310A, T80311A, T80319A, and T8039XA	Low	No	No



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
HAC - Blood Incompatibility - Rate	(HAC 03) Count of "Hospital-Acquired Condition - Medical Events: Blood Incompatibility" divided by the volume of inpatient cases.	Low	Yes	Yes
HAC - Catheter-associated UTI	(HAC 06) Count of Hospital-Acquired Condition - Medical Events: Catheter-associated Urinary Tract Infection.  Includes Secondary Diagnosis Codes not present on admission (POA = N or U): 996.64, T83511A, and T83518A	Low	No	No
HAC - Catheter-associated UTI - Rate	(HAC 06) Count of "Hospital-Acquired Condition - Medical Events: Catheter-associated UTI" divided by the volume of inpatient cases.	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
HAC - DVT/PE After Knee or Hip Replacement	<p>(HAC 10) Count of Hospital-Acquired Condition - Surgical Events: - Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) After Knee or Hip Replacement.</p> <p>For encounters with a hip or knee replacement procedure code (see <a href="#">Patient Safety Measures</a> for a complete list), includes Secondary Diagnosis Codes not present on admission (POA = N or U): 415.11, 415.1, 415.19, 453.40-453.42, I2602, I2609, I2692, I2699, I82401, I82402, I82403, I82409, I82411, I82412, I82413, I82419, I82421, I82422, I82423, I82429, I82431, I82432, I82433, I82439, I82441, I82442, I82443, I82449, I82491, I82492, I82493, I82499, I824Y1, I824Y2, I824Y3, I824Y9, I824Z1, I824Z2, I824Z3, and I824Z9</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
HAC - DVT/PE After Knee or Hip Replacement - Rate	(HAC 10) Count of "Hospital-Acquired Condition - Surgical Events: - Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) After Knee or Hip Replacement" divided by the volume of THR/TKR inpatient cases.	Low	Yes	Yes
HAC - DVT/PE after THR	<p>Count of Hospital-Acquired Condition - Surgical Events: - DVT/PE after THR (a subset of HAC 10)</p> <p>For encounters with a hip replacement procedure code (see <a href="#">Patient Safety Measures</a> for a complete list), includes Secondary Diagnosis Codes not present on admission (POA = N or U): 415.11, 415.1, 415.19, 453.40-453.42, I2602, I2609, I2692, I2699, I82401, I82402, I82403, I82409, I82411, I82412, I82413, I82419, I82421, I82422, I82423, I82429, I82431, I82432, I82433, I82439, I82441, I82442, I82443, I82449, I82491, I82492, I82493, I82499, I824Y1, I824Y2, I824Y3, I824Y9, I824Z1, I824Z2, I824Z3, and I824Z9</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
HAC - DVT/PE after THR - Rate	Count of "Hospital-Acquired Condition - Surgical Events: - DVT/PE after THR" divided by the volume of THR inpatient cases.	Low	Yes	Yes
HAC - DVT/PE after TKR	<p>Count of Hospital-Acquired Condition - Surgical Events: - DVT/PE after TKR (a subset of HAC 10)</p> <p>For encounters with a knee replacement procedure code (see <a href="#">Patient Safety Measures</a> for a complete list), includes Secondary Diagnosis Codes not present on admission (POA = N or U): 415.11, 415.1, 415.19, 453.40-453.42, I2602, I2609, I2692, I2699, I82401, I82402, I82403, I82409, I82411, I82412, I82413, I82419, I82421, I82422, I82423, I82429, I82431, I82432, I82433, I82439, I82441, I82442, I82443, I82449, I82491, I82492, I82493, I82499, I824Y1, I824Y2, I824Y3, I824Y9, I824Z1, I824Z2, I824Z3, and I824Z9</p>	Low	No	No
HAC - DVT/PE after TKR - Rate	Count of "Hospital-Acquired Condition - Surgical Events: - DVT/PE after TKR" divided by the volume of TKR inpatient cases.	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
HAC - Falls and Trauma	<p>(HAC 05) Count of Hospital-Acquired Condition - Medical Events: Falls and Trauma.</p> <p>Includes Secondary Diagnosis Codes not present on admission (POA = N or U): 800-829, 830-839, 850-854, 925-929, 940-949, 991-994 and 3,726 ICD-10 Diagnosis Codes</p>	Low	No	No
HAC - Falls and Trauma - Rate	<p>(HAC 05) Count of "Hospital-Acquired Condition - Medical Events: Falls and Trauma" divided by the volume of inpatient cases.</p>	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
HAC - Foreign Object Retained after Surgery	<p>(HAC 01) Count of Hospital-Acquired Condition - Surgical Events: Foreign Object Retained after Surgery.</p> <p>Includes Secondary Diagnosis Codes not present on admission (POA = N or U): 998.4, 998.7, T81500A, T81501A, T81502A, T81503A, T81504A, T81505A, T81506A, T81507A, T81508A, T81509A, T81510A, T81511A, T81512A, T81513A, T81514A, T81515A, T81516A, T81517A, T81518A, T81519A, T81520A, T81521A, T81522A, T81523A, T81524A, T81525A, T81526A, T81527A, T81528A, T81529A, T81530A, T81531A, T81532A, T81533A, T81534A, T81535A, T81536A, T81537A, T81538A, T81539A, T81590A, T81591A, T81592A, T81593A, T81594A, T81595A, T81596A, T81597A, T81598A, T81599A, T8160XA, T8161XA, and T8169XA</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
HAC - Foreign Object Retained after Surgery - Rate	(HAC 01) Count of "Hospital-Acquired Condition - Surgical Events: Foreign Object Retained after Surgery" divided by the volume of surgery inpatient cases.	Low	Yes	Yes
HAC - Iatrogenic Pneumothorax with Venous Catheterization	(HAC 14) Count of Hospital-Acquired Condition - Iatrogenic Pneumothorax with Venous Catheterization.  For encounters with a venous catheterization procedure code (see <a href="#">Patient Safety Measures</a> for a complete list), includes Secondary Diagnosis Code not present on admission (POA = N or U): J95811	Low	No	No
HAC - Iatrogenic Pneumothorax with Venous Catheterization - Rate	(HAC 14) Count of "Hospital-Acquired Condition - Iatrogenic Pneumothorax with Venous Catheterization" divided by the volume of inpatient cases with one of the venous catheterization procedure codes listed above.	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
HAC - Mediastinitis after CABG	<p>(HAC 08) Count of Hospital-Acquired Condition - Surgical Events: - Mediastinitis after CABG.</p> <p>For encounters with a CABG procedure code (see <a href="#">Patient Safety Measures</a> for a complete list), includes Secondary Diagnosis Codes not present on admission (POA = N or U): 519.2, J9851, and J9859</p>	Low	No	No
HAC - Mediastinitis after CABG - Rate	<p>(HAC 08) Count of "Hospital-Acquired Condition - Surgical Events: - Mediastinitis after CABG" divided by the volume of CABG inpatient cases.</p>	Low	Yes	Yes
HAC - Poor Glycemic Control	<p>(HAC 09) Hospital-Acquired Condition - Medical Events: Poor Glycemic Control.</p> <p>Includes Secondary Diagnosis Codes not present on admission (POA = N or U): E0800, E0801, E0810, E0900, E0901, E0910, E1010, E1100, E1101, E1300, E1301, E1310, and E15</p>	Low	No	No



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
HAC - Poor Glycemic Control - Rate	(HAC 09) Count of "Hospital-Acquired Condition - Medical Events: Poor Glycemic Control" divided by the volume of inpatient cases.	Low	Yes	Yes
HAC - Poor Glycemic Control - Diabetic Ketoacidosis	Count of Hospital-Acquired Condition - Medical Events: Poor Glycemic Control - Diabetic Ketoacidosis (a subset of HAC 09)  Includes Secondary Diagnosis Codes not present on admission (POA = N or U): E0910, E1010, and E1310	Low	No	No
HAC - Poor Glycemic Control - Diabetic Ketoacidosis - Rate	Count of "Hospital-Acquired Condition - Medical Events: Poor Glycemic Control - Diabetic Ketoacidosis" divided by the volume of inpatient cases.	Low	Yes	Yes
HAC - Poor Glycemic Control - Hypoglycemic Coma	Hospital-Acquired Condition - Medical Events: Poor Glycemic Control - Hypoglycemic Coma (a subset of HAC 09)  Includes Secondary Diagnosis Codes not present on admission (POA = N or U): E0801, E0901, E1101, E1301, and E15	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
HAC - Poor Glycemic Control - Hypoglycemic Coma - Rate	Count of "Hospital-Acquired Condition - Medical Events: Poor Glycemic Control - Hypoglycemic Coma" divided by the volume of inpatient cases.	Low	Yes	Yes
HAC - Poor Glycemic Control - Nonketotic Hyperosmolar Coma	Hospital-Acquired Condition - Medical Events: Poor Glycemic Control - Nonketotic Hyperosmolar Coma (a subset of HAC 09)  Includes Secondary Diagnosis Codes not present on admission (POA = N or U): E0801, E0901, E1101, and E1301	Low	No	No
HAC - Poor Glycemic Control - Nonketotic Hyperosmolar Coma - Rate	Count of "Hospital-Acquired Condition - Medical Events: Poor Glycemic Control - Nonketotic Hyperosmolar Coma" divided by the volume of inpatient cases.	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
HAC - Poor Glycemic Control - Secondary Diabetes with Hyperosmolarity	<p>Hospital-Acquired Condition - Medical Events: Poor Glycemic Control - Secondary Diabetes with Hyperosmolarity (a subset of HAC 09)</p> <p>Includes Secondary Diagnosis Codes not present on admission (POA = N or U): E0800, E0801, E0900, E0901, E1100, E1101, E1300, and E1301</p>	Low	No	No
HAC - Poor Glycemic Control - Secondary Diabetes with Hyperosmolarity - Rate	Count of "Hospital-Acquired Condition - Medical Events: Poor Glycemic Control - Secondary Diabetes with Hyperosmolarity" divided by the volume of inpatient cases.	Low	Yes	Yes
HAC - Poor Glycemic Control - Secondary Diabetes with Ketoacidosis	<p>Hospital-Acquired Condition - Medical Events: Poor Glycemic Control - Secondary Diabetes with Ketoacidosis (a subset of HAC 09)</p> <p>Includes Secondary Diagnosis Codes not present on admission (POA = N or U): E0810, E0910, E1010, and E1310</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
HAC - Poor Glycemic Control - Secondary Diabetes with Ketoacidosis - Rate	Count of "Hospital-Acquired Condition - Medical Events: Poor Glycemic Control - Secondary Diabetes with Ketoacidosis" divided by the volume of inpatient cases.	Low	Yes	Yes
HAC - Pressure Ulcer- Stage III and IV	<p>(HAC 04) Count of Hospital-Acquired Condition - Medical Events: Pressure Ulcer- Stage III and IV.</p> <p>Includes Secondary Diagnosis Codes not present on admission (POA = N or U): 707.23, 707.24, L89003, L89004, L89013, L89014, L89023, L89024, L89103, L89104, L89113, L89114, L89123, L89124, L89133, L89134, L89143, L89144, L89153, L89154, L89203, L89204, L89213, L89214, L89223, L89224, L89303, L89304, L89313, L89314, L89323, L89324, L8943, L8944, L89503, L89504, L89513, L89514, L89523, L89524, L89603, L89604, L89613, L89614, L89623, L89624, L89813, L89814, L89893, L89894, L8993, and L8994</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
HAC - Pressure Ulcer- Stage III and IV - Rate	(HAC 04) Count of "Hospital-Acquired Condition - Medical Events: Pressure Ulcer- Stage III and IV" divided by the volume of inpatient cases.	Low	Yes	Yes
HAC - Surgical Site Infection - After Bariatric Surgery for Obesity	(HAC 11) Hospital-Acquired Condition - Surgical Events: - Surgical Site Infection - After Bariatric Surgery for Obesity  For encounters with a Principal Diagnosis Code of E6601 and a bariatric procedure code (see <a href="#">Patient Safety Measures</a> for a complete list), includes Secondary Diagnosis Codes not present on admission (POA = N or U): K6811, K9501, K9581, and T814XXA	Low	No	No
HAC - Surgical Site Infection - After Bariatric Surgery for Obesity - Rate	(HAC 11) Count of "Hospital-Acquired Condition - Surgical Events: - Surgical Site Infection - After Bariatric Surgery for Obesity divided by the volume of inpatient cases with a bariatric surgery for obesity.	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
HAC - Surgical Site Infection - After Certain Orthopedic Surgeries	<p>(HAC 12) Hospital-Acquired Condition - Surgical Events: - Surgical Site Infection - After Certain Orthopedic Surgeries</p> <p>For encounters with a procedure code for a certain orthopedic procedure of the spine, shoulder, or elbow (see <a href="#">Patient Safety Measures</a> for a complete list), includes Secondary Diagnosis Codes not present on admission (POA = N or U): K6811, T814XXA, T8460XA, T84610A, T84611A, T84612A, T84613A, T84614A, T84615A, T84619A, T8463XA, T8469XA, or T847XXA</p>	Low	No	No
HAC - Surgical Site Infection - After Certain Orthopedic Surgeries - Rate	<p>(HAC 12) Count of "Hospital-Acquired Condition - Surgical Events: - Surgical Site Infection - After Certain Orthopedic Surgeries" divided by the volume of After Certain Orthopedic Surgeries inpatient cases.</p>	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
HAC - Surgical Site Infection Following Cardiac Implantable Electronic Device (CIED) - Count	<p>(HAC 13) Hospital-Acquired Condition - Surgical Events: Surgical Site Infection - After Cardiac Implantable Electronic Device (CIED)</p> <p>For encounters with a CIED procedure code (see <a href="#">Patient Safety Measures</a> for a complete list), includes Secondary Diagnosis Codes not present on admission (POA = N or U): K6811, T814XXA, T826XXA, and T827XXA</p>	Low	No	No
HAC - Surgical Site Infection Following Cardiac Implantable Electronic Device (CIED) - Rate	<p>(HAC 13) Count of "Hospital-Acquired Condition - Surgical Events: Surgical Site Infection - After Cardiac Implantable Electronic Device (CIED)" divided by the volume of inpatient encounters with one of the CIED procedure codes listed above.</p>	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
HAC - Vascular Catheter-Associated Infection	(HAC 07) Count of Hospital-Acquired Condition - Medical Events: - Vascular Catheter-Associated Infection.  Includes Secondary Diagnosis Codes not present on admission (POA = N or U): 999.31, T80211A, T80212A, T80218A, and T80219A	Low	No	No
HAC - Vascular Catheter-Associated Infection - Rate	(HAC 07) Count of "Hospital-Acquired Condition - Medical Events: - Vascular Catheter-Associated Infection" divided by the volume of inpatient cases.	Low	Yes	Yes
Any HAC	Flag indicating the encounter had at least one HAC event	Low	No	No



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Total HACs	Total Hospital-Acquired Conditions (HAC) is the number of Total Surgical HAC and Total Medical HAC: Mediastinitis after CABG, Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) After Knee or Hip Replacement, Foreign Object Retained after Surgery, Surgical Site Infection - After Bariatric Surgery for Obesity, Surgical Site Infection - After Certain Orthopedic Surgeries, Air Embolism, Blood Incompatibility, Catheter-associated UTI, Falls and Trauma, Poor Glycemic Control, Pressure Ulcer- Stage III and IV, Vascular Catheter-Associated Infection	Low	No	No
Total HACs - Rate	Total number of Hospital-Acquired Conditions	Low	Yes	Yes
Total Medical HACs	Total Medical Hospital-Acquired Conditions (HAC) is the total count of the following medical HACs: Air Embolism, Blood Incompatibility, Catheter-associated UTI, Falls and Trauma, Iatrogenic Pneumothorax with Venous Catheterization, Poor Glycemic Control, Pressure Ulcer- Stage III and IV, Vascular Catheter-Associated Infection	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Total Medical HACs - Rate	Total Medical Hospital-Acquired Conditions	Low	Yes	Yes
Total Surgical HACs	Total Surgical Hospital-Acquired Conditions (HAC) is the number of surgical HAC: Mediastinitis after CABG, Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) After Knee or Hip Replacement, Foreign Object Retained after Surgery, Surgical Site Infection - After Bariatric Surgery for Obesity, Surgical Site Infection - After Certain Orthopedic Surgeries	Low	No	No
Total Surgical HACs - Rate	Total Surgical Hospital-Acquired Conditions	Low	Yes	Yes
<b>AHRQ PDI (Pediatric Quality Indicator) Measures: see <a href="#">AHRQ QI Measures</a> for more information</b>				

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PDI-1 - Accidental Puncture/Laceration Count	Based on AHRQ software: Accidental punctures or lacerations (secondary diagnosis) during procedure 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.	Low	No	No
PDI-1 - Accidental Puncture/Laceration O/E	Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PDI-2 - Pressure Ulcer Count	Based on AHRQ software: Stage III, IV, or unstageable pressure ulcers (secondary diagnosis) among surgical or medical patients 17 years of age and younger. Discharges are grouped by risk category. Includes metrics for discharges grouped by risk category. Excludes neonates; stays less than three (3) days; obstetric discharges; discharges with diseases of the skin; and discharges with principal diagnosis or secondary diagnosis present on admission for Stage III, IV or unstageable pressure ulcer.	Low	No	No
PDI-2 - Pressure Ulcer O/E	Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.  AHRQ has discontinued this measure as of V2019, so there is no longer count or O/E measure data being calculated for this PDI.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PDI-3 - Foreign Body Count	<p>Based on AHRQ software: 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.</p> <p>AHRQ has discontinued this measure as of V2019, so there is no longer count measure data being calculated for this PDI.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PDI-5 - Iatrogenic Pneumothorax Count	Based on AHRQ software: Iatrogenic pneumothorax cases (secondary diagnosis) among surgical or medical discharges for patients ages 17 years and younger. Excludes normal newborns; neonates with a birth weight less than 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; cases with a secondary diagnosis of iatrogenic pneumothorax present on admission; and obstetric cases.	Low	No	No
PDI-5 - Iatrogenic Pneumothorax O/E	Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PDI-6 - RACHS-1 Pediatric Heart Surgery Mortality Count	<p>Based on AHRQ software: In-hospital deaths among pediatric heart surgery admissions for patients with congenital heart disease ages 17 years and younger. Excludes obstetric discharges; cases with transcatheter interventions as a single cardiac procedure, performed without bypass but with catheterization; cases with septal defect repairs as single cardiac procedures without bypass but with catheterization; cases with heart transplants; premature infants with patent ductus arteriosus (PDA) closure as the only cardiac procedure; age less than 30 days with PDA closure as only cardiac procedure; transfers to another hospital; cases with an unknown disposition; and neonates with birth weight less than 500 grams.</p> <p>This measure accounts for ICD-9 coding only; it will not be available for ICD-10 coding until AHRQ updates their software accordingly.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
	Based on AHRQ software: In-hospital deaths among pediatric heart surgery admissions for patients with congenital heart disease ages 17 years and younger, divided by the volume of such surgeries.			
PDI-6 - RACHS-1 Pediatric Heart Surgery Mortality Rate	<p>AHRQ has discontinued this measure as of V2019, so there is no longer rate or count measure data being calculated for this PDI.</p> <p>This measure accounts for ICD-9 coding only; it will not be available for ICD-10 coding until AHRQ updates their software accordingly.</p>	Low	No	No
	Based on AHRQ software: The number of hospital discharges with a pediatric heart surgery procedure for patients with congenital heart disease ages 17 years and younger.			
PDI-7 - RACHS-1 Pediatric Heart Surgery Volume	<p>AHRQ has discontinued this measure as of V2019, so there is no longer volume measure data being calculated for this PDI.</p> <p>This measure accounts for ICD-9 coding only; it will not be available for ICD-10 coding until AHRQ updates their software accordingly.</p>	High	No	No



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PDI-8 - Perioperative Hemorrhage or Hematoma Count	Based on AHRQ software: Perioperative hemorrhage or hematoma cases with control of perioperative hemorrhage or drainage of hematoma following surgery among elective surgical discharges for patients ages 17 years and younger. Includes metrics for discharges grouped by high and low risk. Excludes cases with a diagnosis of coagulation disorder; cases with a principal diagnosis of perioperative hemorrhage or hematoma; cases with a secondary diagnosis of perioperative hemorrhage or hematoma present on admission; cases where the only operating room procedure is control of perioperative hemorrhage, drainage of hematoma, or a miscellaneous hemorrhage- or hematoma-related procedure; obstetric cases; and neonates with birth weight less than 500 grams.	Low	No	No
PDI-8 - Perioperative Hemorrhage or Hematoma O/E	Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PDI-9 - Post-Op Resp. Failure Count	Based on AHRQ software: Postoperative respiratory failure (secondary diagnosis), prolonged mechanical ventilation, or reintubation cases among elective surgical discharges for patients ages 17 and younger. Excludes cases with principal diagnosis for acute respiratory failure; cases with secondary diagnosis for acute respiratory failure present on admission; cases in which tracheostomy is the only operating room procedure or in which tracheostomy occurs before the first operating room procedure; cases with neuromuscular disorders or degenerative neurological disorders; cases with laryngeal, pharyngeal or craniofacial surgery; cases with craniofacial anomalies; cases with esophageal resection, lung cancer, lung transplant cases; cases with respiratory or circulatory diseases; and obstetric discharges.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PDI-9 - Post-Op Resp. Failure O/E	Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.	Low	No	No
PDI-10 - Post-Op Sepsis Count	Based on AHRQ software: Postoperative sepsis cases (secondary diagnosis) among surgery discharges for patients ages 17 years and younger. Includes metrics for discharges grouped by risk category. Excludes cases with a principal diagnosis of sepsis, cases with a secondary diagnosis of sepsis present on admission, cases with a principal diagnosis of infection (only if they also have a secondary diagnosis of sepsis), cases in which the procedure belongs to surgical class 4, neonates and obstetric discharges.	Low	No	No
PDI-10 - Post-Op Sepsis O/E	Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PDI-11 - Post-Op Wound Dehiscence Count	Based on AHRQ software: Postoperative reclosures of the abdominal wall among abdominopelvic surgery discharges for patients ages 17 years and younger. Excludes cases in which the abdominal wall reclosure occurs on or before the day of the first abdominopelvic surgery, newborn cases with gastroschisis or umbilical hernia repair occurring before the day of the abdominal wall reclosure, cases with a high- or intermediate-risk immunocompromised state, cases with cirrhosis and hepatic failure with a diagnosis of coma or hepatorenal syndrome, cases with transplants, cases with stays less than two (2) days, neonates with birth weight less than 500 grams, and obstetric cases.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PDI-11 - Post-Op Wound Dehiscence O/E	<p>Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.</p> <p>AHRQ has discontinued this measure as of V2019, so there are no longer count or O/E measure data being calculated for this PDI.</p>	Low	No	No
PDI-12 - CR-BSIs Count	<p>Based on AHRQ software: Central venous catheter-related bloodstream infections (secondary diagnosis) among medical and surgical discharges for patients ages 17 years and younger. Excludes cases with a principal diagnosis of a central venous catheter-related bloodstream infection, cases with a secondary diagnosis of a central venous catheter-related bloodstream infection present on admission, normal newborns, neonates with a birth weight of less than 500 grams, cases with stays less than two (2) days, and obstetric cases.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PDI-12 - CR-BSIs O/E	Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.	Low	No	No
PDI-13 - Transfusion Reaction Count	<p>Based on AHRQ software: 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.</p> <p>AHRQ has discontinued this measure as of V2019, so there is no longer count measure data being calculated for this PDI.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PDI-14 - Asthma Admission Rate	Based on AHRQ software: Percent of discharges with a principal diagnosis of asthma. Excludes cases with a diagnosis code for cystic fibrosis and anomalies of the respiratory system, obstetric admissions, transfers from other institutions, and patients under 2 years or over 17.	Low	Yes	Yes
PDI-15 - Diabetes Short-term Complications Admission Rate	Based on AHRQ software: Percent of discharges with a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma). Excludes obstetric admissions, transfers from other institutions, and patients under 6 years or over 17.	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PDI-16 - Gastroenteritis Admission Rate	Based on AHRQ software: Percent of discharges with a principal diagnosis of gastroenteritis, or with a principal diagnosis of dehydration with a secondary diagnosis of gastroenteritis. Excludes cases transferred from another facility, cases with gastrointestinal abnormalities or bacterial gastroenteritis, obstetric admissions, and patients under 3 months or over 17 years.	Low	Yes	Yes
PDI-18 - Urinary Tract Infection Admission Rate	Based on AHRQ software: Percent of discharges with a principal diagnosis of urinary tract infection. Excludes cases with kidney or urinary tract disorders, cases with a high- or intermediate risk immunocompromised state (including hepatic failure and transplants), transfers from other institutions, obstetric admissions, and patients under 3 months or over 17 years.	Low	Yes	Yes



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PDI-90 - Pediatric Quality Overall Composite	Based on AHRQ software: Pediatric Quality Indicators (PDI) overall composite: Includes admissions for one of the following conditions: asthma, diabetes with short-term complications, gastroenteritis, or urinary tract infection. Excludes patients under 6 years or over 17.	Low	Yes	Yes
PDI-91 - Pediatric Quality Acute Composite	Based on AHRQ software: Pediatric Quality Indicators (PDI) composite of acute conditions: Includes admissions for gastroenteritis or urinary tract infection. Excludes patients under 6 years or over 17.	Low	Yes	Yes
PDI-92 - Pediatric Quality Chronic Composite	Based on AHRQ software: Pediatric Quality Indicators (PDI) composite of chronic conditions: Includes admissions for asthma or diabetes with short-term complications. Excludes patients under 6 years or over 17.	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Risk Adjusted Pediatric Patient Safety Index	<p>Sum of Numerators / (Sum of Expected Rate * Number of Cases for Each Measure for AHRQ Pediatric PSI Measures).</p> <p>PSI Measures Include: Accidental Puncture or Laceration (PDI-1), Pressure Ulcer (PDI-2), Iatrogenic Pneumothorax (PDI-5), Pediatric Heart Surgery Mortality (PDI-6 - RACHS-1), Postoperative Hemorrhage or Hematoma (PDI-8), Postoperative Respiratory Failure (PDI-9), Postoperative Sepsis (PDI-10), Postoperative Wound Dehiscence (PDI-11), Central Line-Associated Bloodstream Infection (PDI-12), Iatrogenic Pneumothorax in Neonates (NQI-1)</p>	Low	No	No
<b>AHRQ PQI (Prevention Quality Indicators) Measures: see <a href="#">AHRQ QI Measures</a> for more information</b>				
PQI-01 - Diabetes Short-Term Complications Admission Rate, per 100,000 Population	<p>Based on AHRQ software: Admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 population, ages 18 years and older. Excludes obstetric admissions and transfers from other institutions.</p>			

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PQI-03 - Diabetes Long-Term Complications Admission Rate, per 100,000 Population	Based on AHRQ software: Admissions for a principal diagnosis of diabetes with long-term complications (renal, eye, neurological, circulatory, or complications not otherwise specified) per 100,000 population, ages 18 years and older. Excludes obstetric admissions and transfers from other institutions.			
PQI-05 - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate, per 100,000 Population	Based on AHRQ software: Admissions with a principal diagnosis of chronic obstructive pulmonary disease (COPD) or asthma per 100,000 population, ages 40 years and older. Excludes obstetric admissions and transfers from other institutions.			

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PQI-07 - Hypertension Admission Rate, per 100,000 Population	Based on AHRQ software: Admissions with a principal diagnosis of hypertension per 100,000 population, ages 18 years and older. Excludes kidney disease combined with dialysis access procedure admissions, cardiac procedure admissions, obstetric admissions, and transfers from other institutions.			
PQI-08 - Heart Failure Admission Rate, per 100,000 Population	Based on AHRQ software: Admissions with a principal diagnosis of heart failure per 100,000 population, ages 18 years and older. Excludes cardiac procedure admissions, obstetric admissions, and transfers from other institutions.			

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PQI-11 - Community - Acquired Pneumonia Admission Rate, per 100,000 Population	Based on AHRQ software: Discharges with a principal diagnosis of community acquired bacterial pneumonia per 100,000 population, age 18 or older. Excludes sickle cell or hemoglobin-S admissions, other indications of immunocompromised state admissions, obstetric admissions, and transfers from other institutions.			
PQI-12 - Urinary Tract Infection Admission Rate, per 100,000 Population	Based on AHRQ software: Admissions with a principal diagnosis of urinary tract infection per 100,000 population, ages 18 years and older. Excludes kidney or urinary tract disorder admissions, other indications of immunocompromised state admissions, obstetric admissions, and transfers from other institutions.			

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PQI-14 - Uncontrolled Diabetes Admission Rate, per 100,000 Population	Based on AHRQ software: Admissions for a principal diagnosis of diabetes without mention of short-term (ketoacidosis, hyperosmolarity, or coma) or long-term (renal, eye, neurological, circulatory, or other unspecified) complications per 100,000 population, ages 18 years and older. Excludes obstetric admissions and transfers from other institutions.			
PQI-15 - Asthma in Younger Adults Admission Rate, per 100,000 Population	Based on AHRQ software: Admissions for a principal diagnosis of asthma per 100,000 population, ages 18 to 39 years. Excludes admissions with an indication of cystic fibrosis or anomalies of the respiratory system, obstetric admissions, and transfers from other institutions.			

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PQI-16 - Lower - Extremity Amputation Among Patients With Diabetes Rate, per 100,000 Population	Based on AHRQ software: Admissions for any-listed diagnosis of diabetes and any-listed procedure of lower-extremity amputation (except toe amputations) per 100,000 population, ages 18 years and older. Excludes any-listed diagnosis of traumatic lower-extremity amputation admissions, obstetric admissions, and transfers from other institutions.			

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PQI-90 - Prevention Quality Overall Composite, per 100,000 Population	Based on AHRQ software: Prevention Quality Indicators (PQI) overall composite per 100,000 population, ages 18 years and older. Includes admissions for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection.			
PQI-91 - Prevention Quality Acute Composite, per 100,000 Population	Based on AHRQ software: Prevention Quality Indicators (PQI) composite of acute conditions per 100,000 population, ages 18 years and older. Includes admissions with a principal diagnosis of one of the following conditions: bacterial pneumonia or urinary tract infection.			



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PQI-92 - Prevention Quality Chronic Composite, per 100,000 Population	Based on AHRQ software: Prevention Quality Indicators (PQI) composite of chronic conditions per 100,000 population, ages 18 years and older. Includes admissions for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, or heart failure without a cardiac procedure.			

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PQI-93 - Prevention Quality Diabetes Composite, per 100,000 Population	Based on AHRQ software: Prevention Quality Indicators (PQI) composite of diabetes admissions per 100,000 population, ages 18 years and older. Includes admissions for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation.			
<b>AHRQ PSI (Patient Safety Indicator) Measures: see <a href="#">AHRQ QI Measures</a> for more information</b>				
PSI-2 - Death in Low-Mortality DRGs Count	Based on AHRQ software: In-hospital deaths among discharges for low mortality (< 0.5%) Diagnosis Related Groups (DRGs) among patients ages 18 years and older or obstetric patients. Excludes cases with trauma, cases with cancer, cases with an immunocompromised state, and transfers to an acute care facility.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PSI-2 - Death in Low-Mortality DRGs Rate	Based on AHRQ software: Count of in-hospital deaths divided by total discharges for low mortality (< 0.5%) Diagnosis Related Groups (DRGs) among patients ages 18 years and older or obstetric patients. Excludes cases with trauma, cases with cancer, cases with an immunocompromised state, and transfers to an acute care facility.	Low	Yes	Yes
PSI-2 - Death in Low-Mortality DRGs O/E	Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PSI-3 - Pressure Ulcer Count	Based on AHRQ software: Stage III or IV pressure ulcers or unstageable (secondary diagnosis) among surgical or medical discharges ages 18 years and older. Excludes stays less than 3 days; cases with a principal stage III or IV (or unstageable) pressure ulcer diagnosis; cases with a secondary diagnosis of stage III or IV pressure ulcer (or unstageable) that is present on admission; obstetric cases; severe burns; exfoliative skin disorders.	Low	No	No
PSI-3 - Pressure Ulcer Rate	Based on AHRQ software: Count of stage III or IV pressure ulcers or unstageable (secondary diagnosis) divided by total surgical or medical discharges ages 18 years and older. Excludes stays less than 3 days; cases with a principal stage III or IV (or unstageable) pressure ulcer diagnosis; cases with a secondary diagnosis of stage III or IV pressure ulcer (or unstageable) that is present on admission; obstetric cases; severe burns; exfoliative skin disorders.	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PSI-3 - Pressure Ulcer O/E	Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.	Low	No	No
PSI-4 - Death Among Surgical Inpatients Count	Based on AHRQ software: In-hospital deaths among elective surgical discharges for patients ages 18 through 89 years or obstetric patients, with serious treatable complications (deep vein thrombosis / pulmonary embolism, pneumonia, sepsis, shock/cardiac arrest, or gastrointestinal hemorrhage/acute ulcer). Includes metrics for the number of discharges for each type of complication. Excludes cases transferred to an acute care facility and cases in hospice care at admission.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PSI-4 - Death Among Surgical Inpatients Rate	Based on AHRQ software: Count of in-hospital deaths divided by total elective surgical discharges for patients ages 18 through 89 years or obstetric patients, with serious treatable complications (deep vein thrombosis / pulmonary embolism, pneumonia, sepsis, shock/cardiac arrest, or gastrointestinal hemorrhage/acute ulcer). Includes metrics for the number of discharges for each type of complication. Excludes cases transferred to an acute care facility and cases in hospice care at admission.	Low	Yes	Yes
PSI-4 - Death Among Surgical Inpatients O/E	Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.	Low	No	No
PSI-04 - Death Rate among Surgical Inpatients with Serious Treatable Complications, per 1,000 Admissions	Based on AHRQ software.			

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PSI-04 - DVT PE Death Rate among Surgical Inpatients with Serious Treatable Complications – Stratum	Based on AHRQ software: Deep Vein Thrombosis/Pulmonary Embolism (DVT PE), per 1,000 Admissions.			
PSI-04 - Pneumonia Death Rate among Surgical Inpatients with Serious Treatable Complications – Stratum	Based on AHRQ software: Pneumonia, per 1,000 Admissions.			
PSI-04 - Sepsis Death Rate among Surgical Inpatients with Serious Treatable Complications – Stratum	Based on AHRQ software: Sepsis, per 1,000 Admissions.			
PSI-04 - Shock-/Cardiac Arrest Death Rate among Surgical Inpatients with Serious Treatable Complications – Stratum	Based on AHRQ software: Shock/Cardiac Arrest, per 1,000 Admissions.			
PSI-04 - GI Hemorrhage Death Rate among Surgical Inpatients with Serious Treatable Complications – Stratum	Based on AHRQ software: Gastrointestinal (GI) Hemorrhage/Acute Ulcer, per 1,000 Admissions.			

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PSI-5 - Foreign Body Count	<p>Based on AHRQ software:  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.</p> <p>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.</p>	Low	No	No



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PSI-5 -Retained Surgical Item or Unretrieved Device Fragment Rate	<p>Based on AHRQ software:  The number of hospital discharges with a retained surgical item or unretrieved device fragment (secondary diagnosis) divided by the number of 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.</p>	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PSI-6 - Iatrogenic Pneumothorax Count	Based on AHRQ software: Iatrogenic pneumothorax cases (secondary diagnosis) among 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.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PSI-6 - Iatrogenic Pneumothorax Rate	Based on AHRQ software: Count of iatrogenic pneumothorax cases (secondary diagnosis) divided by total 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.	Low	Yes	Yes
PSI-6 - Iatrogenic Pneumothorax O/E	Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PSI-7 - CR-BSIs Count	Based on AHRQ software: Central venous catheter-related bloodstream infections (secondary diagnosis) among medical and surgical discharges for patients ages 18 years and older or obstetric cases. Excludes cases with a principal diagnosis of a central venous catheter-related bloodstream infection, cases with a secondary diagnosis of a central venous catheter-related bloodstream infection present on admission, cases with stays less than 2 days, cases with an immunocompromised state, and cases with cancer.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PSI-7 - CR-BSIs Rate	Based on AHRQ software: Count of central venous catheter-related bloodstream infections (secondary diagnosis) divided by total medical and surgical discharges for patients ages 18 years and older or obstetric cases. Excludes cases with a principal diagnosis of a central venous catheter-related bloodstream infection, cases with a secondary diagnosis of a central venous catheter-related bloodstream infection present on admission, cases with stays less than 2 days, cases with an immunocompromised state, and cases with cancer.	Low	Yes	Yes
PSI-7 - CR-BSIs O/E	Based on AHRQ software: Observed count of Central Catheter-Related Blood Stream Infections divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PSI-8 - Postoperative Hip Fracture Count	<p>Based on AHRQ software:</p> <p>In-hospital fall with hip fracture (secondary diagnosis) among discharges for patients ages 18 years and older. Excludes discharges with principal diagnosis of a condition with high susceptibility to falls (seizure disorder, syncope, stroke, occlusion of arteries, coma, cardiac arrest, poisoning, trauma, delirium or other psychoses, anoxic brain injury), diagnoses associated with fragile bone (metastatic cancer, lymphoid malignancy, bone malignancy), a principal diagnosis of hip fracture, a secondary diagnosis of hip fracture present on admission, and obstetric cases.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PSI-8 - Postoperative Hip Fracture Rate	Based on AHRQ software: Count of in-hospital fall with hip fracture (secondary diagnosis) divided by total discharges for patients ages 18 years and older. Excludes discharges with principal diagnosis of a condition with high susceptibility to falls (seizure disorder, syncope, stroke, occlusion of arteries, coma, cardiac arrest, poisoning, trauma, delirium or other psychoses, anoxic brain injury), diagnoses associated with fragile bone (metastatic cancer, lymphoid malignancy, bone malignancy), a principal diagnosis of hip fracture, a secondary diagnosis of hip fracture present on admission, and obstetric cases.	Low	Yes	Yes
PSI-8 - Postoperative Hip Fracture O/E	Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PSI-9 - Perioperative Hemorrhage or Hematoma Count	Based on AHRQ software: Perioperative hemorrhage or hematoma cases involving a procedure to treat the hemorrhage or hematoma, following surgery among surgical discharges for patients ages 18 years and older. Excludes cases with a diagnosis of coagulation disorder; cases with a principal diagnosis of perioperative hemorrhage or hematoma; cases with a secondary diagnosis of perioperative hemorrhage or hematoma present on admission; cases where the only operating room procedure is for treatment of perioperative hemorrhage or hematoma; obstetric cases.	Low	No	No



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PSI-9 - Perioperative Hemorrhage or Hematoma Rate	Based on AHRQ software: Count of perioperative hemorrhage or hematoma cases involving a procedure to treat the hemorrhage or hematoma, following surgery divided by total surgical discharges for patients ages 18 years and older. Excludes cases with a diagnosis of coagulation disorder; cases with a principal diagnosis of perioperative hemorrhage or hematoma; cases with a secondary diagnosis of perioperative hemorrhage or hematoma present on admission; cases where the only operating room procedure is for treatment of perioperative hemorrhage or hematoma; obstetric cases.	Low	Yes	Yes
PSI-9 - Perioperative Hemorrhage or Hematoma O/E	Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PSI-10 - Post-Op Kidney Injury Requiring Dialysis Count	<p>Based on AHRQ software: Postoperative acute kidney failure requiring dialysis among elective surgical discharges for patients ages 18 years and older. Excludes cases with principal diagnosis of acute kidney failure; cases with secondary diagnosis of acute kidney failure present on admission; cases with secondary diagnosis of acute kidney failure and dialysis procedure before or on the same day as the first operating room procedure; cases with acute kidney failure, cardiac arrest, severe cardiac dysrhythmia, cardiac shock, chronic kidney failure; a principal diagnosis of urinary tract obstruction and obstetric cases.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PSI-10 - Post-Op Kidney Injury Requiring Dialysis Rate	Based on AHRQ software: Count of postoperative acute kidney failure requiring dialysis divided by total elective surgical discharges for patients ages 18 years and older. Excludes cases with principal diagnosis of acute kidney failure; cases with secondary diagnosis of acute kidney failure present on admission; cases with secondary diagnosis of acute kidney failure and dialysis procedure before or on the same day as the first operating room procedure; cases with acute kidney failure, cardiac arrest, severe cardiac dysrhythmia, cardiac shock, chronic kidney failure; a principal diagnosis of urinary tract obstruction and obstetric cases.	Low	Yes	Yes
PSI-10 - Post-Op Kidney Injury Requiring Dialysis O/E	Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PSI-11 - Post-Op Respiratory Failure Count	Based on AHRQ software: Postoperative respiratory failure (secondary diagnosis), prolonged mechanical ventilation, or reintubation cases among elective surgical discharges for patients ages 18 years and older. Excludes cases with principal diagnosis for acute respiratory failure; cases with secondary diagnosis for acute respiratory failure present on admission; cases in which tracheostomy is the only operating room procedure or in which tracheostomy occurs before the first operating room procedure; cases with neuromuscular disorders; cases with laryngeal, oropharyngeal or craniofacial surgery involving significant risk of airway compromise; esophageal resection, lung cancer, lung transplant or degenerative neurological disorders; cases with respiratory or circulatory diseases; and obstetric discharges.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PSI-11 - Post-Op Respiratory Failure Rate	Based on AHRQ software: Count of postoperative respiratory failure (secondary diagnosis), prolonged mechanical ventilation, or reintubation cases divided by total elective surgical discharges for patients ages 18 years and older. Excludes cases with principal diagnosis for acute respiratory failure; cases with secondary diagnosis for acute respiratory failure present on admission; cases in which tracheostomy is the only operating room procedure or in which tracheostomy occurs before the first operating room procedure; cases with neuromuscular disorders; cases with laryngeal, oropharyngeal or craniofacial surgery involving significant risk of airway compromise; esophageal resection, lung cancer, lung transplant or degenerative neurological disorders; cases with respiratory or circulatory diseases; and obstetric discharges.	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PSI-11 - Post-Op Respiratory Failure O/E	Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.	Low	No	No
PSI-12 - Perioperative PE/DVT Count	Based on AHRQ software: Perioperative pulmonary embolism or proximal deep vein thrombosis (secondary diagnosis) among surgical discharges for patients ages 18 years and older. Excludes discharges with a principal diagnosis of pulmonary embolism or proximal deep vein thrombosis; with a secondary diagnosis of pulmonary embolism or proximal deep vein thrombosis present on admission; in which interruption of the vena cava or a pulmonary arterial thromboectomy occurs before or on the same day as the first operating room procedure; with extracorporeal membrane oxygenation; with acute brain or spinal injury present on admission; and obstetric cases.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PSI-12 - Perioperative PE/DVT Rate	Based on AHRQ software: Count of perioperative pulmonary embolism or proximal deep vein thrombosis (secondary diagnosis) divided by total surgical discharges for patients ages 18 years and older. Excludes discharges with a principal diagnosis of pulmonary embolism or proximal deep vein thrombosis; with a secondary diagnosis of pulmonary embolism or proximal deep vein thrombosis present on admission; in which interruption of the vena cava or a pulmonary arterial thromboectomy occurs before or on the same day as the first operating room procedure; with extracorporeal membrane oxygenation; with acute brain or spinal injury present on admission; and obstetric cases.	Low	Yes	Yes
PSI-12 - Perioperative PE/DVT O/E	Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PSI-13 - Post-Op Sepsis Count	Based on AHRQ software: Postoperative sepsis cases (secondary diagnosis) among elective surgical discharges for patients ages 18 years and older. Excludes cases with a principal diagnosis of sepsis, cases with a secondary diagnosis of sepsis present on admission, cases with a principal diagnosis of infection, cases with a secondary diagnosis of infection present on admission (only if they also have a secondary diagnosis of sepsis), obstetric discharges.	Low	No	No



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PSI-13 - Post-Op Sepsis Rate	Based on AHRQ software: Count of postoperative sepsis cases (secondary diagnosis) divided by total elective surgical discharges for patients ages 18 years and older. Excludes cases with a principal diagnosis of sepsis, cases with a secondary diagnosis of sepsis present on admission, cases with a principal diagnosis of infection, cases with a secondary diagnosis of infection present on admission (only if they also have a secondary diagnosis of sepsis), obstetric discharges.	Low	Yes	Yes
PSI-13 - Post-Op Sepsis O/E	Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PSI-14 - Post-Op Wound Dehiscence Count	Based on AHRQ software: Postoperative reclosures of the abdominal wall with a diagnosis of disruption of internal operational wound among abdominopelvic surgery discharges for patients ages 18 years and older. Excludes cases in which the abdominal wall reclosure occurs on or before the day of the first abdominopelvic surgery, cases with an immunocompromised state, cases with stays less than two (2) days, and obstetric cases.	Low	No	No
PSI-14 - Post-Op Wound Dehiscence Rate	Based on AHRQ software: Count of postoperative reclosures of the abdominal wall with a diagnosis of disruption of internal operational wound divided by total abdominopelvic surgery discharges for patients ages 18 years and older. Excludes cases in which the abdominal wall reclosure occurs on or before the day of the first abdominopelvic surgery, cases with an immunocompromised state, cases with stays less than two (2) days, and obstetric cases.	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PSI-14 - Post-Op Wound Dehiscence O/E	Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.	Low	No	No
PSI-15 - Accidental Puncture/Laceration Count	Based on AHRQ software: Accidental punctures or lacerations (secondary diagnosis) among discharges for patients ages 18 years and older who have undergone an abdominopelvic procedure; in which a second abdominopelvic procedure follows one or more days after an index abdominopelvic procedure. 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, and obstetric cases.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PSI-15 - Accidental Puncture/Laceration Rate	Based on AHRQ software: Count of accidental punctures or lacerations (secondary diagnosis) divided by total discharges for patients ages 18 years and older who have undergone an abdominopelvic procedure; in which a second abdominopelvic procedure follows one or more days after an index abdominopelvic procedure. 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, and obstetric cases.	Low	Yes	Yes
PSI-15 - Accidental Puncture/Laceration O/E	Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PSI-16 - Transfusion Reaction Count	Based on AHRQ software: 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.	Low	No	No
PSI-16 - Transfusion Reaction Rate	Based on AHRQ software: Count of medical and surgical discharges with a secondary diagnosis of transfusion reaction for patients ages 18 years and older or obstetric patients divided by the number of such discharges. Excludes cases with a principal diagnosis of transfusion reaction or cases with a secondary diagnosis of transfusion reaction that is present on admission.	Low	Yes	Yes
PSI-17 - Injury to Neonate Count	Based on AHRQ software: Birth trauma injuries among newborns. Excludes preterm infants with a birth weight less than 2,000 grams, and cases with osteogenesis imperfecta.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PSI-17 - Injury to Neonate Rate	Based on AHRQ software: Count of birth trauma injuries divided by total newborn discharges. Excludes preterm infants with a birth weight less than 2,000 grams, and cases with osteogenesis imperfecta.	Low	Yes	Yes
PSI-18 - Vaginal Obstetric Trauma w/Inst. Count	Based on AHRQ software: Third and fourth degree obstetric traumas among instrument-assisted vaginal deliveries.	Low	No	No
PSI-18 - Vaginal Obstetric Trauma w/Inst. Rate	Based on AHRQ software: Count of third and fourth degree obstetric traumas divided by total instrument-assisted vaginal delivery discharges.	Low	Yes	Yes
PSI-19 - Vaginal Obstetric Trauma w/o Inst. Count	Based on AHRQ software: Third and fourth degree obstetric traumas among vaginal deliveries. Excludes cases without instrument-assisted delivery.	Low	No	No
PSI-19 - Vaginal Obstetric Trauma w/o Inst. Rate	Based on AHRQ software: Count of third and fourth degree obstetric traumas divided by total vaginal delivery discharges. Excludes cases without instrument-assisted delivery.	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PSI-90 Count	Count of all instances of PSIs 3, 6, 8, 9, 10, 11, 12, 13, 14, and 15. These are all of the PSIs included in the PSI-90 composite.	Low	No	No
Any PSI	Count of patients with at least one PSI event	Low	No	No
Total PSIs	Sum of all PSI incidents (can be multiple per encounter)	Low	No	No
Risk Adjusted Obstetric Patient Safety Index	<p>Sum of Numerators / (Sum of Expected Rate * Number of Cases for Each Measure for AHRQ Obstetrics PSI Measures).</p> <p>PSI Measures Include: Vaginal Obstetric Trauma w/Inst. Rate (PSI-18) and Vaginal Obstetric Trauma w/o Inst. (PSI 19)</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Risk Adjusted Patient Safety Index	<p>Sum of Numerators / (Sum of Expected Rate * Number of Cases for Each Measure for AHRQ PSI Measures).</p> <p>PSI Measures Include:            Death in Low Mortality DRGs (PSI 2), Pressure Ulcer (PSI 3), Death Among Surgical Inpatients (PSI 4), Iatrogenic Pneumothorax (PSI 6), CR-BSIs (PSI 7), Postoperative Hip Fracture (PSI 8), Perioperative Hemorrhage or Hematoma (PSI 9), Post-Op Acute Kidney Injury(PSI 10), Postoperative Respiratory Failure (PSI 11), Postoperative PE or DVT (PSI 12), Postoperative Sepsis (PSI 13), Postoperative Wound Dehiscence (PSI 14), Accidental Puncture or Laceration (PSI 15)</p>	Low	No	No
<b>NHSN (National Healthcare Safety Network) HAI (Hospital-Acquired Infection) Measures</b>				



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
CAUTI Infection Count	<p>Count of CAUTI (Catheter-Associated Urinary Tract Infection) incidents, based on your NHSN list file</p> <p>There are 15 nursing-unit-based versions of this measure: All Units, ED (Adult), ED (Pediatric), ICU, Medical, Medical/Surgical, Mixed Acuity, NICU, Observation (Adult), Observation (Pediatric), Oncology, Orthopedics, Pediatric ICU, Surgical, Telemetry. This assignment is according to your NHSN file.</p>	Low	No	No
CAUTI Infection Rate	<p>Count of CAUTI (Catheter-Associated Urinary Tract Infection) incidents divided by Device Days, as provided in your NHSN files</p> <p>There are 15 nursing-unit-based versions of this measure: All Units, ED (Adult), ED (Pediatric), ICU, Medical, Medical/Surgical, Mixed Acuity, NICU, Observation (Adult), Observation (Pediatric), Oncology, Orthopedics, Pediatric ICU, Surgical, Telemetry. This assignment is according to your NHSN file.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
CAUTI Infection Rate Incidents Per 1000	<p>Count of CAUTI (Catheter-Associated Urinary Tract Infection) incidents divided by Device Days, as provided in your NHSN files, then multiplied by 1000</p> <p>There are 15 nursing-unit-based versions of this measure: All Units, ED (Adult), ED (Pediatric), ICU, Medical, Medical/Surgical, Mixed Acuity, NICU, Observation (Adult), Observation (Pediatric), Oncology, Orthopedics, Pediatric ICU, Surgical, Telemetry. This assignment is according to your NHSN file.</p>	Low	No	No
CLABSI Infection Count	<p>Count of CLABSI (Central Line-Associated Blood Stream Infection) incidents, based on your NHSN list file</p> <p>There are 15 nursing-unit-based versions of this measure: All Units, ED (Adult), ED (Pediatric), ICU, Medical, Medical/Surgical, Mixed Acuity, NICU, Observation (Adult), Observation (Pediatric), Oncology, Orthopedics, Pediatric ICU, Surgical, Telemetry. This assignment is according to your NHSN file.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
CLABSI Infection Rate	<p>Count of CLABSI (Central Line-Associated Blood Stream Infection) incidents divided by Device Days, as provided in your NHSN files</p> <p>There are 15 nursing-unit-based versions of this measure: All Units, ED (Adult), ED (Pediatric), ICU, Medical, Medical/Surgical, Mixed Acuity, NICU, Observation (Adult), Observation (Pediatric), Oncology, Orthopedics, Pediatric ICU, Surgical, Telemetry. This assignment is according to your NHSN file.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
CLABSI Infection Rate Incidents Per 1000	<p>Count of CLABSI (Central Line-Associated Blood Stream Infection) incidents divided by Device Days, as provided in your NHSN files, then multiplied by 1000</p> <p>There are 15 nursing-unit-based versions of this measure: All Units, ED (Adult), ED (Pediatric), ICU, Medical, Medical/Surgical, Mixed Acuity, NICU, Observation (Adult), Observation (Pediatric), Oncology, Orthopedics, Pediatric ICU, Surgical, Telemetry. This assignment is according to your NHSN file.</p>	Low	No	No
MRSA Infection Count	<p>Count of MRSA (Methicillin-Resistant Staphylococcus Aureus) incidents, based on your NHSN list file</p> <p>There are 15 nursing-unit-based versions of this measure: All Units, ED (Adult), ED (Pediatric), ICU, Medical, Medical/Surgical, Mixed Acuity, NICU, Observation (Adult), Observation (Pediatric), Oncology, Orthopedics, Pediatric ICU, Surgical, Telemetry. This assignment is according to your NHSN file.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
MRSA Infection Rate	<p>Count of MRSA (Methicillin-Resistant Staphylococcus Aureus) incidents divided by the number of nursing unit days, as provided in your NHSN files</p> <p>There are 15 nursing-unit-based versions of this measure: All Units, ED (Adult), ED (Pediatric), ICU, Medical, Medical/Surgical, Mixed Acuity, NICU, Observation (Adult), Observation (Pediatric), Oncology, Orthopedics, Pediatric ICU, Surgical, Telemetry. This assignment is according to your NHSN file.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
MRSA Infection Rate Incidents Per 1000	<p>Count of MRSA (Methicillin-Resistant Staphylococcus Aureus) incidents divided by the number of nursing unit days, as provided in your NHSN files, then multiplied by 1000</p> <p>There are 15 nursing-unit-based versions of this measure: All Units, ED (Adult), ED (Pediatric), ICU, Medical, Medical/Surgical, Mixed Acuity, NICU, Observation (Adult), Observation (Pediatric), Oncology, Orthopedics, Pediatric ICU, Surgical, Telemetry. This assignment is according to your NHSN file.</p>	Low	No	No
CDI Infection Count	<p>Count of CDI (C. Diff: Clostridium Difficile) incidents, based on your NHSN list file</p> <p>There are 15 nursing-unit-based versions of this measure: All Units, ED (Adult), ED (Pediatric), ICU, Medical, Medical/Surgical, Mixed Acuity, NICU, Observation (Adult), Observation (Pediatric), Oncology, Orthopedics, Pediatric ICU, Surgical, Telemetry. This assignment is according to your NHSN file.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
CDI Infection Rate	<p>Count of CDI (C. Diff: Clostridium Difficile) incidents divided by the number of nursing unit days, as provided in your NHSN files</p> <p>There are 15 nursing-unit-based versions of this measure: All Units, ED (Adult), ED (Pediatric), ICU, Medical, Medical/Surgical, Mixed Acuity, NICU, Observation (Adult), Observation (Pediatric), Oncology, Orthopedics, Pediatric ICU, Surgical, Telemetry. This assignment is according to your NHSN file.</p>	Low	No	No
CDI Infection Rate Incidents Per 1000	<p>Count of CDI (C. Diff: Clostridium Difficile) incidents divided by the number of nursing unit days, as provided in your NHSN files, then multiplied by 1000</p> <p>There are 15 nursing-unit-based versions of this measure: All Units, ED (Adult), ED (Pediatric), ICU, Medical, Medical/Surgical, Mixed Acuity, NICU, Observation (Adult), Observation (Pediatric), Oncology, Orthopedics, Pediatric ICU, Surgical, Telemetry. This assignment is according to your NHSN file.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
SSI-COLO Infection Count	<p>Count of SSI-COLO (Surgical Site Infection after a colon procedure) incidents, based on your NHSN list file</p> <p>There are 15 nursing-unit-based versions of this measure: All Units, ED (Adult), ED (Pediatric), ICU, Medical, Medical/Surgical, Mixed Acuity, NICU, Observation (Adult), Observation (Pediatric), Oncology, Orthopedics, Pediatric ICU, Surgical, Telemetry. This assignment is according to your NHSN file.</p>	Low	No	No
SSI-COLO Infection Rate	<p>Count of SSI-COLO (Surgical Site Infection after a colon procedure) incidents divided by the number of procedures, as provided in your NHSN files</p> <p>There are 15 nursing-unit-based versions of this measure: All Units, ED (Adult), ED (Pediatric), ICU, Medical, Medical/Surgical, Mixed Acuity, NICU, Observation (Adult), Observation (Pediatric), Oncology, Orthopedics, Pediatric ICU, Surgical, Telemetry. This assignment is according to your NHSN file.</p>	Low	No	No



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
SSI-COLO Infection Rate Incidents Per 1000	<p>Count of SSI-COLO (Surgical Site Infection after a colon procedure) incidents divided by the number of procedures, as provided in your NHSN files, then multiplied by 1000</p> <p>There are 15 nursing-unit-based versions of this measure: All Units, ED (Adult), ED (Pediatric), ICU, Medical, Medical/Surgical, Mixed Acuity, NICU, Observation (Adult), Observation (Pediatric), Oncology, Orthopedics, Pediatric ICU, Surgical, Telemetry. This assignment is according to your NHSN file.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
SSI-HYST Infection Count	<p>Count of SSI-HYST (Surgical Site Infection after a hysterectomy procedure) incidents, based on your NHSN list file</p> <p>There are 15 nursing-unit-based versions of this measure: All Units, ED (Adult), ED (Pediatric), ICU, Medical, Medical/Surgical, Mixed Acuity, NICU, Observation (Adult), Observation (Pediatric), Oncology, Orthopedics, Pediatric ICU, Surgical, Telemetry. This assignment is according to your NHSN file.</p>	Low	No	No
SSI-HYST Infection Rate	<p>Count of SSI-HYST (Surgical Site Infection after a hysterectomy procedure)) incidents divided by the number of procedures, as provided in your NHSN files</p> <p>There are 15 nursing-unit-based versions of this measure: All Units, ED (Adult), ED (Pediatric), ICU, Medical, Medical/Surgical, Mixed Acuity, NICU, Observation (Adult), Observation (Pediatric), Oncology, Orthopedics, Pediatric ICU, Surgical, Telemetry. This assignment is according to your NHSN file.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
SSI-HYST Infection Rate Incidents Per 1000	<p>Count of SSI-HYST (Surgical Site Infection after a hysterectomy procedure) incidents divided by the number of procedures, as provided in your NHSN files, then multiplied by 1000</p> <p>There are 15 nursing-unit-based versions of this measure: All Units, ED (Adult), ED (Pediatric), ICU, Medical, Medical/Surgical, Mixed Acuity, NICU, Observation (Adult), Observation (Pediatric), Oncology, Orthopedics, Pediatric ICU, Surgical, Telemetry. This assignment is according to your NHSN file.</p>	Low	No	No
<b>Other Patient Safety Measures: see <a href="#">Patient Safety Measures</a> for more information</b>				
Complications of Care	<p>Patient had one of 1,710 diagnosis codes in any position, not Present on Admission (POA).</p> <p>Please see <a href="#">Patient Safety Measures</a> for a complete list of included codes.</p>	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Harm Rate	<p>The Harm Rate is the rate at which certain CMS Hospital Acquired Conditions and AHRQ Patient Safety Indicators occur among all patients.</p> <p>The measured events include Post-op DVT/PE (AHRQ PSI 12), Post-op sepsis (AHRQ PSI 13), Pressure Ulcer (stage 3-4) (CMS HAC-04), Central line infection (CMS HAC-07), Falls and Trauma (CMS HAC-05). A patient experiencing any one of the events listed is flagged as having experienced a harmful event. The rate is calculated as the sum of patients experiencing a harmful event divided by the total number of patients.</p>	Low	Yes	Yes
Post-Operative Infection - Rate	<p>Number of Cases with a diagnosis code for a post-operative infection divided by the number of Surgical Cases</p> <p>Post-operative infection diagnosis codes: 99660-99669, 9985, 9993, T8579XA, T826XXA, T827XXA, T8351XA, T8359XA, T836XXA, T8450XA, T8460XA, T847XXA, T8571XA, K6811, T814XXA, T80219A, T8029XA, T880XXA</p>	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Post-Operative Infection - O/E Ratio	<p>Observed number of cases with a post-operative infection, divided by the benchmark (expected) value.</p> <p>Post-operative infection diagnosis codes: 99660-99669, 9985, 9993, T8579XA, T826XXA, T827XXA, T8351XA, T8359XA, T836XXA, T8450XA, T8460XA, T847XXA, T8571XA, K6811, T814XXA, T80219A, T8029XA, T880XXA</p>	Low	No	No
Survival Rate	Total live discharges divided by total discharges	High	Yes	Yes
Survival without Palliative Rate	Total live discharges divided by total discharges of patients without a diagnosis code for palliative care	High	Yes	Yes
Survival Rate (with exclusions)	Total live discharges divided by total discharges, excluding encounter transferred in (4, A), transferred out (2, 5, 43, 82), or discharged Against Medical Advice (AMA: 7).	High	Yes	Yes
Survival Rate without Palliative (with exclusions)	Total live discharges divided by total discharges of patients without a diagnosis code for palliative care, excluding encounter transferred in (4, A), transferred out (2, 5, 43, 82), or discharged Against Medical Advice (AMA: 7).	High	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Injuries from Falls	Count of Hospital acquired falls with injury including fractures, dislocations and cerebral hemorrhage.	Low	No	No
Respiratory Complications	Rate of respiratory complications (based on flag in client data)	Low	No	No
AMI within 7 days of index admission	<p>The encounter is flagged for this event if either of the following conditions is present:</p> <ul style="list-style-type: none"> <li>» A secondary diagnosis code for AMI, not POA</li> <li>» A principal diagnosis code for AMI on a subsequent encounter with the admit date within 7 days of the admit date of the initial encounter</li> </ul>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Pneumonia within 7 days of index admission	<p>The encounter is flagged for this event if either of the following conditions is present:</p> <ul style="list-style-type: none"> <li>» A secondary diagnosis code for Pneumonia, not POA</li> <li>» A principal diagnosis code for Pneumonia on a subsequent encounter with the admit date within 7 days of the admit date of the initial encounter</li> </ul>	Low	No	No
Sepsis within 7 days of index admission	<p>The encounter is flagged for this event if either of the following conditions is present:</p> <ul style="list-style-type: none"> <li>» A diagnosis code for sepsis, septicemia, or septic shock, not POA</li> <li>» A diagnosis code for sepsis, septicemia, or septic shock on a subsequent encounter with an admit date within 7 days of the admit date of the initial encounter</li> </ul>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Surgical site bleed within 30 days of index admission	<p>The encounter is flagged for this event if either of the following conditions is present:</p> <ul style="list-style-type: none"> <li>» A diagnosis code for Surgical Site Bleeding, not POA</li> <li>» A diagnosis code for Surgical Site Bleeding on a subsequent encounter with an admit date within 30 days of the admit date of the initial encounter</li> </ul>	Low	No	No
Pulmonary embolism within 30 days of index admission	<p>The encounter is flagged for this event if either of the following conditions is present:</p> <ul style="list-style-type: none"> <li>» A diagnosis code for Pulmonary Embolism, not POA</li> <li>» A diagnosis code for Pulmonary Embolism on a subsequent encounter with an admit date within 30 days of the admit date of the initial encounter.</li> </ul>	Low	No	No



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Mortality within 30 days of admission	<p>The encounter is flagged for this event if either of the following conditions is present:</p> <ul style="list-style-type: none"> <li>» The discharge disposition indicates the patient expired</li> <li>» The discharge disposition indicates expired on a subsequent encounter with a discharge date within 30 days of the admit date of the initial encounter</li> </ul>	Low	No	No
Mechanical complications within 90 days of index admission	<p>The encounter is flagged for this event if either of the following conditions is present:</p> <ul style="list-style-type: none"> <li>» A diagnosis code for Mechanical Complications, not POA</li> <li>» A diagnosis code for Mechanical Complications on a subsequent encounter with an admit date within 90 days of the admit date of the initial encounter</li> </ul>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Periprosthetic joint/wound infection within 90 days of index admission	The encounter is flagged for this event if either of the following conditions is present:			
	<ul style="list-style-type: none"> <li>» A diagnosis code for Periprosthetic Joint or Wound Infection, not POA</li> <li>» A diagnosis code for Periprosthetic Joint or Wound Infection on a subsequent encounter with an admit date within 90 days of the admit date of the initial encounter</li> </ul>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
THA/TKA Complications - Rate	<p>Number of cases with a complication divided by the number of Total Hip Arthroplasty (hip replacement) or Total Knee Arthroplasty (knee replacement) patients. This measure applies to patients in the THA or TKA cohorts only.</p> <p>Complications include:            AMI within 7 days of index admission, Pneumonia within 7 days of index admission, Sepsis within 7 days of index admission, Pulmonary embolism within 30 days of index admission, Periprosthetic joint/wound infection within 90 days of index admission, Mortality within 30 days of index admission, Mechanical complications within 90 days of index admission.</p>	Low	No	No
Unexplained Cardiac Arrest	Encounter has a diagnosis code of I462, I468 or I469, not POA	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Deep Vein Thrombosis (DVT)	Percent of patients with a secondary diagnosis code (not POA) for DVT (one of: I8010, I8011, I8012, I8013, I80201, I80202, I80203, I80209, I80211, I80212, I80213, I80219, I80221, I80222, I80223, I80229, I80231, I80232, I80293, I80299, I82401, I82402, I82403, I82409, I82411, I82412, I82413, I82419, I82421, I82422, I82423, I82429, I82431, I82432, I82433, I82439, I80233, I80239, I80291, I80292, I824Y1, I824Y2, I824Y3, I824Y9)	Low	No	No
Dysglycemia	Encounter has a diagnosis code of E15, not POA	Low	No	No
Postoperative Atrial Fibrillation	Encounter has a major procedure (HCUP Procedure Class of 3 or 4) and a diagnosis code of I480, I481, I482, I4891, I4991, or I4901, not POA	Low	No	No
Postoperative Respiratory Failure	Encounter has a major procedure (HCUP Procedure Class of 3 or 4) and a diagnosis code of J95821, J9600, or J9601, not POA	Low	No	No
Myocardial Rupture	Encounter has a diagnosis code of I23.3, not POA	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Pleural effusion	Encounter has a diagnosis code of J90, J918, J940, or J942, not POA	Low	No	No
Congestive Heart Failure	Encounter has a diagnosis code of I5020, I5021, I5022, I5023, I5030, I5031, I5032, I5033, I5040, I5041, I5042, or I5043, not POA	Low	No	No
Stroke/Cerebrovascular Incident	Encounter has a diagnosis code of I6300, I63011, I63012, I63019, I6302, I63031, I63032, I63039, I6309, I6310, I63111, I63112, I63119, I6312, I63131, I63132, I63139, I6319, I6320, I63211, I63212, I63219, I6322, I63231, I63232, I63239, I6329, I6330, I63311, I63312, I63319, I63321, I63322, I63329, I63331, I63332, I63339, I63341, I63342, I63349, I6339, I6340, I63411, I63412, I63419, I63421, I63422, I63429, I63431, I63432, I63439, I63441, I63442, I63449, I6349, I6350, I63511, I63512, I63519, I63521, I63522, I63529, I63531, I63532, I63539, I63541, I63542, I63549, I6359, I636, I638, I639, or I6789, not POA	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Surgical Re-exploration	<p>This measure only applies to encounters in the CABG cohort</p> <p>Encounter has any non-CABG procedure codes (with an HCUP Procedure Class of 3 or 4) on or after the date of principal procedure</p>	Low	No	No
Postoperative renal failure	Encounter has a diagnosis code of E883, I120, I129, I1311, N170, N171, N172, N178, N179, N181, N182, N183, N184, N185, N186, N189, N19, R34, or T795xxA, not POA	Low	No	No
Prolonged Intubation	Encounter has a procedure code of 5A1945Z (Respiratory Ventilation 24-96 Consecutive Hours) or 5A1955Z (Respiratory Ventilation, Greater than 96 Consecutive Hours)	Low	No	No
Reaction to Anesthesia	Encounter has a diagnosis code of T8859XA, T8859XD, or T8859XS, not POA	Low	No	No
Failed Moderate Sedation	Encounter has a diagnosis code of T8852XA, T8852XD, or T8852XS, not POA	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Medical PE/DVT	<p>Encounter has a medical MDC and a diagnosis code of I2602, I2609, I2692, I2699, I82401, I82402, I82403, I82409, I82411, I82412, I82413, I82419, I82421, I82422, I82423, I82429, I82431, I82432, I82433, I82439, I82441, I82442, I82443, I82449, I82491, I82492, I82493, I82499, I824Y1, I824Y2, I824Y3, I824Y9, I824Z1, I824Z2, I824Z3, or I824Z9, not POA</p> <p>This measure extends beyond HAC 10 (DVT/PE with Total Knee or Hip Replacement), which only targets THA/TKA patients, and PSI 12 (Perioperative PE/DVT Rate), which only targets surgical patients.</p>	Low	No	No
Postpartum Eclampsia	Encounter has a diagnosis code of O152, not POA	Low	No	No
Postpartum Major Puerperal Infection	Encounter has a diagnosis code of O85 or O8669, not POA	Low	No	No
Failed Forceps Delivery	Encounter has a diagnosis code of O665, not POA	Low	No	No
Postpartum Complications of Obstetrical Surgical Wound	Encounter has a diagnosis code of O860, not POA	Low	No	No

## Inpatient & Observation Patient Satisfaction Measures

These measures are populated based on the HCAHPS, OAS-CAHPS (Outpatient Ambulatory Surgery) and/or IRF-CAHPS (Inpatient Rehabilitation Facility) data from your 3rd-party vendor. High values are desirable for all Patient Satisfaction measures. Please see [CAHPS Measures](#) for more information about these measures and the terminology, including the Adjustment methodology.



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
<b>HCAHPS Volume Measures</b>				
HCAHPS Total Volume	Total number of HCAHPS surveys received	N/A	No	No
HCAHPS Completed Volume	Total number of HCAHPS surveys received and not excluded	N/A	No	No
<b>HCAHPS Communication with Nurses Measures</b>				
Nurses explain things in a way the patient can understand- Always	Percentage of patients that answered 'always' to the HCAHPS question: Q3. During this hospital stay, how often did nurses explain things in a way you could understand?	High	No	No
Nurses listen carefully to the patient- Always	Percentage of patients that answered 'always' to the HCAHPS question: Q2. During this hospital stay, how often did nurses listen carefully to you?	High	No	No
Nurses treat the patient with courtesy and respect- Always	Percentage of patients that answered 'always' to the HCAHPS question: Q1. During this hospital stay, how often did nurses treat you with courtesy and respect?	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Nurses communicated well (Bundle)	<p>Percentage of patients that answered 'always' to <b>all</b> of the following HCAHPS questions: Q1. During this hospital stay, how often did nurses treat you with courtesy and respect? Q2. During this hospital stay, how often did nurses listen carefully to you? Q3. During this hospital stay, how often did nurses explain things in a way you could understand?</p> <p>This is a Axiom Clinical Analytics-specific measure not mandated by CMS.</p>	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Nurses communicated well (Composite)	Percentage of patients that answered 'always' to the following HCAHPS questions: Q1. During this hospital stay, how often did nurses treat you with courtesy and respect? Q2. During this hospital stay, how often did nurses listen carefully to you? Q3. During this hospital stay, how often did nurses explain things in a way you could understand? The percentage of "top box" answers is calculated for each question in the composite and then averaged among all questions to obtain an overall "top box" composite value.	High	Yes	Yes
Nurses communicated well (Adjusted Composite)	This adjusted composite measure applies the CMS-specified adjustments to the (unadjusted) Composite specified above.	High	Yes	Yes
<b>HCAHPS Communication with Doctors Measures</b>				

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Doctors listen carefully to the patient- Always	Percentage of patients that answered 'always' to the HCAHPS question: Q6. During this hospital stay, how often did doctors listen carefully to you?	High	No	No
Doctors explain things in a way the patient can understand- Always	Percentage of patients that answered 'always' to the HCAHPS question: Q7. During this hospital stay, how often did doctors explain things in a way you could understand?	High	No	No
Doctors treat the patient with courtesy and respect- Always	Percentage of patients that answered 'always' to the HCAHPS question: Q5. During this hospital stay, how often did doctors treat you with courtesy and respect?	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Doctors communicated well (Bundle)	<p>Percentage of patients that answered 'always' to <b>all</b> of the following HCAHPS questions: Q5. During this hospital stay, how often did doctors treat you with courtesy and respect? Q6. During this hospital stay, how often did doctors listen carefully to you? Q7. During this hospital stay, how often did doctors explain things in a way you could understand?</p> <p>This is a Axiom Clinical Analytics-specific measure not mandated by CMS.</p>	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Doctors communicated well (Composite)	Percentage of patients that answered 'always' to the following HCAHPS questions: Q5. During this hospital stay, how often did doctors treat you with courtesy and respect? Q6. During this hospital stay, how often did doctors listen carefully to you? Q7. During this hospital stay, how often did doctors explain things in a way you could understand? The percentage of "top box" answers is calculated for each question in the composite and then averaged among all questions to obtain an overall "top box" composite value.	High	Yes	Yes
Doctors communicated well (Adjusted Composite)	This adjusted composite measure applies the CMS-specified adjustments to the (unadjusted) Composite specified above.	High	Yes	Yes

### HCAHPS Hospital Environment Measures

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Patient's room and bathroom is kept clean- Always	Percentage of patients that answered 'always' to the HCAHPS question: Q8. During this hospital stay, how often were your room and bathroom kept clean?	High	Yes	Yes
Patient's room and bathroom is kept clean- Always (Adjusted)	This adjusted measure applies the CMS-specified adjustments to the (unadjusted) measure specified above.	High	Yes	Yes
Patient's room is quiet at night- Always	Percentage of patients that answered 'always' to the HCAHPS question: Q9. During this hospital stay, how often was the area around your room quiet at night?	High	Yes	Yes
Patient's room is quiet at night- Always (Adjusted)	This adjusted measure applies the CMS-specified adjustments to the (unadjusted) measure specified above.	High	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Hospital environment clean and quiet (Bundle)	<p>Percentage of patients that answered 'always' to <b>both</b> of the following HCAHPS questions: Q8. During this hospital stay, how often were your room and bathroom kept clean? Q9. During this hospital stay, how often was the area around your room quiet at night?</p> <p>This is a Axiom Clinical Analytics-specific measure not mandated by CMS.</p>	High	No	No



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Hospital environment clean and quiet (Composite)	<p>Percentage of patients that answered 'always' to the following HCAHPS questions: Q8. During this hospital stay, how often were your room and bathroom kept clean? Q9. During this hospital stay, how often was the area around your room quiet at night? The percentage of "top box" answers is calculated for each question in the composite and then averaged among all questions to obtain an overall "top box" composite value.</p>	High	No	No
<b>HCAHPS Responsiveness of Hospital Staff Measures</b>				
Patient got help as soon as wanted- Always	<p>Percentage of patients that answered 'always' to the HCAHPS question: Q4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?</p>	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Patient receives help with bathroom or bedpan as soon as wanted- Always	Percentage of patients that answered 'always' to the HCAHPS question: Q11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?	High	No	No
Patients received help as soon as they wanted (Bundle)	<p>Percentage of patients that answered 'always' to <b>both</b> of the following HCAHPS questions: Q4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? Q11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?</p> <p>This is a Axiom Clinical Analytics-specific measure not mandated by CMS.</p>	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Patients received help as soon as they wanted (Composite)	Percentage of patients that answered 'always' to the following HCAHPS questions: Q4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? Q11. During this hospital stay, how often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted? The percentage of "top box" answers is calculated for each question in the composite and then averaged among all questions to obtain an overall "top box" composite value.	High	Yes	Yes
Patients received help as soon as they wanted (Adjusted Composite)	This adjusted composite measure applies the CMS-specified adjustments to the (unadjusted) Composite specified above.	High	Yes	Yes
<b>HCAHPS Pain Management Measures (Retired)</b>				

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Patient's pain is well controlled- Always	<p>Percentage of patients that answered 'always' to the HCAHPS question: Q13. During this hospital stay, how often was your pain well controlled?</p> <p>This question only applies to discharges prior to January 1, 2018.</p>	High	No	No
Hospital staff does everything they can to help with the patient's pain- Always	<p>Percentage of patients that answered 'always' to the HCAHPS question: Q14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?</p> <p>This question only applies to discharges prior to January 1, 2018.</p>	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Patient's pain was well controlled (Bundle)	<p>Percentage of patients that answered 'always' to <b>both</b> of the following HCAHPS questions: Q13. During this hospital stay, how often was your pain well controlled? Q14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?</p> <p>This is a Axiom Clinical Analytics-specific measure not mandated by CMS.</p> <p>This bundle only applies to discharges prior to January 1, 2018.</p>	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Patients pain was well controlled (Composite)	<p>Percentage of patients that answered 'always' to the following HCAHPS questions:            Q13. During this hospital stay, how often was your pain well controlled?            Q14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain? The percentage of "top box" answers is calculated for each question in the composite and then averaged among all questions to obtain an overall "top box" composite value.</p> <p>This composite only applies to discharges prior to January 1, 2018.</p>	High	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Patients pain was well controlled (Adjusted Composite)	<p>This adjusted composite measure applies the CMS-specified adjustments to the (unadjusted) Composite specified above.</p> <p>This adjusted composite only applies to discharges prior to January 1, 2018.</p>	High	Yes	Yes

#### HCAHPS Communication about Pain Measures

Hospital staff talks with you about how much pain you had? Always	<p>Percentage of patients that answered 'always' to the HCAHPS question: Q13. During this hospital stay, how often did hospital staff talk with out about how much pain you had?</p> <p>This question only applies to discharges on or after January 1, 2018.</p>	High	No	No
---	---	------	----	----

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Hospital staff talks with you about how to treat your pain? Always	<p>Percentage of patients that answered 'always' to the HCAHPS question: Q14. During this hospital stay, how often did hospital staff talk with out about how to treat your pain?</p> <p>This question only applies to discharges on or after January 1, 2018.</p>	High	No	No



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Communication about Pain (Bundle)	<p>Percentage of patients that answered 'always' to <b>both</b> of the following HCAHPS questions: Q13. During this hospital stay, how often did hospital staff talk with out about how much pain you had? Q14. During this hospital stay, how often did hospital staff talk with out about how to treat your pain?</p> <p>This is a Axiom Clinical Analytics-specific measure not mandated by CMS.</p> <p>This bundle only applies to discharges on or after January 1, 2018.</p>	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Communication about Pain (Composite)	<p>Percentage of patients that answered 'always' to the following HCAHPS questions: Q13. During this hospital stay, how often did hospital staff talk with out about how much pain you had? Q14. During this hospital stay, how often did hospital staff talk with out about how to treat your pain?</p> <p>The percentage of "top box" answers is calculated for each question in the composite and then averaged among all questions to obtain an overall "top box" composite value.</p> <p>This composite only applies to discharges on or after January 1, 2018.</p>	High	Yes	Yes

#### HCAHPS Communication about Medicines Measures

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Hospital staff tells the patient what a new medicine is for before giving it- Always	Percentage of patients that answered 'always' to the HCAHPS question: Q16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?	High	No	No
Hospital staff describes possible side effects before giving new medicine- Always	Percentage of patients that answered 'always' to the HCAHPS question: Q17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Staff explained medicines before giving them to the patient (Bundle)	<p>Percentage of patients that answered 'always' to <b>both</b> of the following HCAHPS questions: Q16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? Q17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?</p> <p>This is a Axiom Clinical Analytics-specific measure not mandated by CMS.</p>	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Staff explained medicines before giving them to the patient (Composite)	Percentage of patients that answered 'always' to the following HCAHPS questions: Q16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? Q17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand? The percentage of "top box" answers is calculated for each question in the composite and then averaged among all questions to obtain an overall "top box" composite value.	High	Yes	Yes
Staff explained medicines before giving them to the patient (Adjusted Composite)	This adjusted composite measure applies the CMS-specified adjustments to the (unadjusted) Composite specified above.	High	Yes	Yes

### HCAHPS Care Transition Measures

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Hospital staff talks to the patient about whether they will have the help needed when they leave hospital- Yes	Percentage of patients that answered 'yes' to the HCAHPS question: Q19. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?	High	No	No
Patient receives information about symptoms or health problems to look out for when they leave the hospital- Yes	Percentage of patients that answered 'yes' to the HCAHPS question: Q20. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Patients given information about what to do during their recovery at home (Bundle)	<p>Percentage of patients that answered 'yes' to <b>both</b> of the following HCAHPS questions: Q19. During this hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? Q20. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?</p> <p>This is a Axiom Clinical Analytics-specific measure not mandated by CMS.</p>	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Patients given information about what to do during their recovery at home (Composite)	Percentage of patients that answered 'yes' to the following HCAHPS questions: Q19. During this hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital? Q20. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? The percentage of "top box" answers is calculated for each question in the composite and then averaged among all questions to obtain an overall "top box" composite value.	High	Yes	Yes
Patients given information about what to do during their recovery at home (Adjusted Composite)	This adjusted composite measure applies the CMS-specified adjustments to the (unadjusted) Composite specified above.	High	Yes	Yes

## HCAHPS Global Measures



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Hospital rating of 9 or 10	Percentage of patients that answered '9 or 10' to the HCAHPS question: Q21. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?	High	Yes	Yes
Hospital rating of 9 or 10 (Adjusted)	This adjusted measure applies the CMS-specified adjustments to the (unadjusted) measure specified above.	High	Yes	Yes
Patients would definitely recommend the hospital	Percentage of patients that answered 'definitely yes' to the HCAHPS question: Q22. Would you recommend this hospital to your friends and family?	High	Yes	Yes
Patients would definitely recommend the hospital (Adjusted)	This adjusted measure applies the CMS-specified adjustments to the (unadjusted) measure specified above.	High	Yes	Yes
<b>HCAHPS Preferences Measures</b>				

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Preferences about health care needs? Strongly Agree	Percentage of patients that answered 'Strongly Agree' to the HCAHPS question: Q23. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.	High	No	No
Understanding for managing my health? Strongly Agree	Percentage of patients that answered 'Strongly Agree' to the HCAHPS question: Q24. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.	High	No	No
Understanding the purpose for taking each medication? Strongly Agree	Percentage of patients that answered 'Strongly Agree' to the HCAHPS question: Q25. When I left the hospital, I clearly understood the purpose for taking each of my medications.	High	No	No
<b>IRF-CAHPS Global Measures</b>				

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IRF-CAHPS - Overall Rating (9 or 10)	Percent of patients who rated the facility a 9 or 10 (out of 10) for IRF-CAHPS question 40: Using any number from 0 to 10, where 0 is the worst rehabilitation hospital/unit possible and 10 is the best rehabilitation hospital/unit possible, what number would you use to rate this rehabilitation hospital/unit?	High	No	No
IRF-CAHPS - Recommendation (Definitely yes)	Percent of patients who indicated "definitely yes" for IRF-CAHPS survey question 41: Would you recommend this rehabilitation hospital/unit to your friends and family?	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IRF-CAHPS - Doctors treated patient with courtesy and respect (Always)	Percent of patients who indicated "always" for IRF-CAHPS survey question 10: During this rehabilitation stay, how often did the doctors treat the patient and the family/friend involved with the patient's care with courtesy and respect?	High	No	No
IRF-CAHPS - Doctors explained things in a way the patient could understand (Always)	Percent of patients who indicated "always" for IRF-CAHPS survey question 11: During this rehabilitation stay, how often did the doctors explain things in a way the patient or the family/friend involved with the patient's care could understand?	High	No	No

#### OAS-CAHPS Physician-Specific Measures

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
OAS-CAHPS - Doctor or staff provided information before procedure (Yes, definitely)	Percent of patients who indicated "yes, definitely" for OAS-CAHPS survey question 1: Before your procedure, did your doctor or anyone from the facility give you all the information you needed about your procedure?	High	No	No
OAS-CAHPS - Doctor or staff provided preparation instructions (Yes, definitely)	Percent of patients who indicated "yes, definitely" for OAS-CAHPS survey question 2: Before your procedure, did your doctor or anyone from the facility give you easy to understand instructions about getting ready for your procedure?	High	No	No
OAS-CAHPS - Doctors and nurses treated patient with courtesy and respect (Yes, definitely)	Percent of patients who indicated "yes, definitely" for OAS-CAHPS survey question 7: Did the doctors and nurses treat you with courtesy and respect?	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
OAS-CAHPS - Doctors and nurses keep patient as comfortable as possible (Yes, definitely)	Percent of patients who indicated "yes, definitely" for OAS-CAHPS survey question 8: Did the doctors and nurses make sure you were as comfortable as possible?	High	No	No
OAS-CAHPS - Doctors and nurses explained procedure (Yes, definitely)	Percent of patients who indicated "yes, definitely" for OAS-CAHPS survey question 9: Did the doctors and nurses explain your procedure in a way that was easy to understand?	High	No	No
OAS-CAHPS - Doctor or staff explained anesthesia process (Yes, definitely)	Percent of patients who indicated "yes, definitely" for OAS-CAHPS survey question 11: Did your doctor or anyone from the facility explain the process of giving anesthesia in a way that was easy to understand?	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
OAS-CAHPS - Doctor or staff explained anesthesia side effects (Yes, definitely)	Percent of patients who indicated "yes, definitely" for OAS-CAHPS survey question 12: Did your doctor or anyone from the facility explain the possible side effects of the anesthesia in a way that was easy to understand?	High	No	No
OAS-CAHPS - Doctor or staff set recovery expectations (Yes, definitely)	Percent of patients who indicated "yes, definitely" for OAS-CAHPS survey question 14: Did your doctor or anyone from the facility prepare you for what to expect during your recovery?	High	No	No
OAS-CAHPS - Doctor or staff explained what to do about pain (Yes, definitely)	Percent of patients who indicated "yes, definitely" for OAS-CAHPS survey question 15: Did your doctor or anyone from the facility give you information about what to do if you had pain as a result of your procedure?	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
OAS-CAHPS - Doctor or staff explained what to do about nausea or vomiting (Yes, definitely)	Percent of patients who indicated "yes, definitely" for OAS-CAHPS survey question 17: Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had nausea or vomiting?	High	No	No
OAS-CAHPS - Doctor or staff explained what to do about bleeding (Yes, definitely)	Percent of patients who indicated "yes, definitely" for OAS-CAHPS survey question 19: Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had bleeding as a result of your procedure?	High	No	No



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
OAS-CAHPS - Doctor or staff explained what to do about signs of infection (Yes, definitely)	Percent of patients who indicated "yes, definitely" for OAS-CAHPS survey question 21: Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had possible signs of infection?	High	No	No
OAS-CAHPS - Overall Rating (9 or 10)	Percent of patients who rated the facility a 9 or 10 (out of 10) for OAS-CAHPS question 23: Using any number from 0 to 10, where 0 is the worst facility possible and 10 is the best facility possible, what number would you use to rate this facility?	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
OAS-CAHPS - Recommendation (Definitely yes)	Percent of patients who indicated "definitely yes" for OAS-CAHPS survey question 24: Would you recommend this facility to your friends and family?	High	No	No

## Inpatient & Observation Quality Measures

These measures help you track typical patient outcomes, such as readmissions and mortality, as well as core measures data from your 3rd party vendor.

This information can also be found on the [Readmission Measures](#) page.

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
<b>Quality Measures</b>				
Use of Contrast Material - Abdomen CT	<p>Similar to OP-10: Percent of abdominal CT scans both with and without contrast. Calculated as the number of encounters receiving a abdomen or abdomen/pelvis Computed Tomography (CT) scan both with and without contrast divided by number of encounters receiving an abdomen or andomen/pelvis CT scan.</p> <p>Encounters with diagnosis codes from the following categories are excluded: adrenal mass, blunt abdominal trauma, hematuria, infections of kidney, jaundice, liver lesion (mass or cancer), malignant cancer of pancreas, diseases of urinary system, pancreatic disorders, non-traumatic aortic disease, and unspecified disorder of kidney or ureter.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Use of Contrast Material - Thorax CT	Similar to OP-11: Percent of thorax CT scans both with and without contrast. Calculated as the number of encounters receiving a thorax Computed Tomography (CT) scan both with and without contrast divided by the total number of encounters receiving a thorax CT scan. Encounters with diagnosis codes from the following categories are excluded: internal injury of chest, abdomen, and pelvis; injury to blood vessels; non-traumatic aortic disease; and, crushing injury.	Low	No	No
<b>Mortality Measures</b>				
Mortality Rate	Number of deaths in-house divided by number of patients	Low	Yes	Yes
Mortality - O/E Ratio	Mortality observed/expected ratio, where expected rate is the encounter-level (not facility-level) Nationwide All Payer mortality rate for a given DRG group (APR-DRG/ROM or MS-DRG). Mortality is defined as number of in-house deaths.	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Mortality without Palliative Rate	Number of in-house deaths (excluding deaths of patients with palliative care) divided by number of patients	Low	Yes	Yes
Mortality without Palliative - O/E Ratio	Mortality without palliative observed/expected ratio, where expected rate is the encounter-level (not facility-level) Nationwide Medicare mortality rate for a given DRG group (APR-DRG/ROM or MS-DRG). Mortality is defined as number of in-house deaths (among patients without palliative care).	Low	Yes	Yes
Mortality Rate (with Exclusions)	Number of deaths in-house divided by number of patients; numerator and denominator also exclude patients transferred in (4, A), transferred out (2, 5, 43, 82), or discharged Against Medical Advice (AMA: 7).	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Mortality without Palliative Rate (with Exclusions)	Number of in-house deaths (excluding deaths of patients with palliative care) divided by number of patients; numerator and denominator also exclude patients transferred in (4, A), transferred out (2, 5, 43, 82), or discharged Against Medical Advice (AMA: 7).	Low	Yes	Yes
Sepsis Mortality Rate	Number of deaths in-house among Sepsis patients divided by number of patients; sepsis patients are defined as being in one of the 5 standard sepsis cohorts.	Low	No	No
% Mortality with Palliative Care	Percent of mortalities with a palliative care consult; the number of mortalities with a palliative care consult during that encounter divided by the number of mortalities.  Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
30 Day Mortality Rate – AMI Cohort	Mortality rate for encounters in the selected Profile also included in the CMS Acute Myocardial Infarction (AMI) Cohort Mortality measure. Mortalities are included in the numerator if the patient was discharged expired within 30 days of admission on the same or a subsequent encounter. All CMS inclusions and exclusions are accounted for except for the age and payer restrictions. There is no Risk Standardization applied to this measure.	Low	No	Yes



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Mortality Rate – AMI Cohort	Mortality rate for encounters in the selected Profile also included in the CMS Acute Myocardial Infarction (AMI) Cohort Mortality measure. Mortalities are included in the numerator if the patient was discharged expired. All CMS inclusions and exclusions are accounted for except for the age and payer restrictions. There is no Risk Standardization applied to this measure.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
30 Day Mortality Rate – CABG Cohort	<p>Mortality rate for encounters in the selected Profile also included in the CMS Coronary Artery Bypass Graft (CABG) Cohort Mortality measure. Mortalities are included in the numerator if the patient was discharged expired within 30 days of admission on the same or a subsequent encounter. All CMS inclusions and exclusions are accounted for except for the age and payer restrictions. There is no Risk Standardization applied to this measure.</p>	Low	No	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Mortality Rate – CABG Cohort	Mortality rate for encounters in the selected Profile also included in the CMS Coronary Artery Bypass Graft (CABG) Cohort Mortality measure. Mortalities are included in the numerator if the patient was discharged expired. All CMS inclusions and exclusions are accounted for except for the age and payer restrictions. There is no Risk Standardization applied to this measure.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
30 Day Mortality Rate – COPD Cohort	<p>Mortality rate for encounters in the selected Profile also included in the CMS Chronic Obstructive Pulmonary Disease (COPD) Cohort Mortality measure. Mortalities are included in the numerator if the patient was discharged expired within 30 days of admission on the same or a subsequent encounter. All CMS inclusions and exclusions are accounted for except for the age and payer restrictions. There is no Risk Standardization applied to this measure.</p>	Low	No	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Mortality Rate – COPD Cohort	<p>Mortality rate for encounters in the selected Profile also included in the CMS Chronic Obstructive Pulmonary Disease (COPD) Cohort Mortality measure. Mortalities are included in the numerator if the patient was discharged expired. All CMS inclusions and exclusions are accounted for except for the age and payer restrictions. There is no Risk Standardization applied to this measure.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
30 Day Mortality Rate – Heart Failure Cohort	Mortality rate for encounters in the selected Profile also included in the CMS Heart Failure (HF) Cohort Mortality measure. Mortalities are included in the numerator if the patient was discharged expired within 30 days of admission on the same or a subsequent encounter. All CMS inclusions and exclusions are accounted for except for the age and payer restrictions. There is no Risk Standardization applied to this measure.	Low	No	Yes
Mortality Rate – Heart Failure Cohort	Mortality rate for encounters in the selected Profile also included in the CMS Heart Failure (HF) Cohort Mortality measure. Mortalities are included in the numerator if the patient was discharged expired. All CMS inclusions and exclusions are accounted for except for the age and payer restrictions. There is no Risk Standardization applied to this measure.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
30 Day Mortality Rate – Pneumonia Cohort	Mortality rate for encounters in the selected Profile also included in the CMS Pneumonia (PN) Cohort Mortality measure. Mortalities are included in the numerator if the patient was discharged expired within 30 days of admission on the same or a subsequent encounter. All CMS inclusions and exclusions are accounted for except for the age and payer restrictions. There is no Risk Standardization applied to this measure.	Low	No	Yes
Mortality Rate – Pneumonia Cohort	Mortality rate for encounters in the selected Profile also included in the CMS Pneumonia (PN) Cohort Mortality measure. Mortalities are included in the numerator if the patient was discharged expired. All CMS inclusions and exclusions are accounted for except for the age and payer restrictions. There is no Risk Standardization applied to this measure.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
30 Day Mortality Rate – Stroke Cohort	Mortality rate for encounters in the selected Profile also included in the CMS Stroke (STK) Cohort Mortality measure. Mortalities are included in the numerator if the patient was discharged expired within 30 days of admission on the same or a subsequent encounter. All CMS inclusions and exclusions are accounted for except for the age and payer restrictions. There is no Risk Standardization applied to this measure.	Low	No	Yes
Mortality Rate – Stroke Cohort	Mortality rate for encounters in the selected Profile also included in the CMS Stroke (STK) Cohort Mortality measure. Mortalities are included in the numerator if the patient was discharged expired. All CMS inclusions and exclusions are accounted for except for the age and payer restrictions. There is no Risk Standardization applied to this measure.	Low	No	No

#### Readmission Measures



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Days to Readmission	<p>This measure calculates the number of days between an encounter discharge and the following admit for that patient. MRN (Medical Record Number) is required for this calculation to identify multiple encounters for a single patient. This supports forward-looking readmission measures.</p> <p>If your facility does not provide Patient Class, only patient encounters discharged to a short-term inpatient facility are not included as an index admission for later further readmission calculations.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Days from Readmission	<p>This measure uses date math calculations to determine the number of days between an encounter admission and the previous discharge for that patient. MRN (Medical Record Number) is required for this calculation to identify multiple encounters for a single patient. This supports backward-looking readmission measures.</p> <p>If your facility does not provide Patient Class, only patient encounters discharged to a short-term inpatient facility are not included as an index admission for later further readmission calculations.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Same Day Readmission Rate*	<p>Number of patients admitted to the facility on the same day as the previous discharge divided by the total number of discharges. This is one way to identify transfers, as defined by CMS. Days to Readmission=0</p> <p>If your facility does not provide Patient Class, only patient encounters discharged to a short-term inpatient facility are not included as an index admission for later further readmission calculations.</p>	Low	No	No
3 Day Readmission Rate*	<p>Number of patients readmitted within 3 days of the previous discharge divided by the total number of discharges. There are not Same Hospital versions of this measure. Days to Readmission <math>\leq 3</math></p> <p>If your facility does not provide Patient Class, only patient encounters discharged to a short-term inpatient facility are not included as an index admission for later further readmission calculations.</p>	Low	Yes (NRD)	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
7 Day Readmission Rate*	<p>Number of patients readmitted within 7 days of the previous discharge divided by the total number of discharges. Days to Readmission <math>\leq 7</math></p> <p>If your facility does not provide Patient Class, only patient encounters discharged to a short-term inpatient facility are not included as an index admission for later further readmission calculations.</p>	Low	Yes (NRD)	No
10 Day Readmission Rate*	<p>Number of patients readmitted within 10 days of the previous discharge divided by the total number of discharges. Days to Readmission <math>\leq 10</math></p> <p>If your facility does not provide Patient Class, only patient encounters discharged to a short-term inpatient facility are not included as an index admission for later further readmission calculations.</p>	Low	Yes (NRD)	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
14 Day Readmission Rate*	<p>Number of patients readmitted within 14 days of the previous discharge divided by the total number of discharges. Days to Readmission <math>\leq 14</math></p> <p>If your facility does not provide Patient Class, only patient encounters discharged to a short-term inpatient facility are not included as an index admission for later further readmission calculations.</p>	Low	Yes (NRD)	No
30 Day Readmission Rate*	<p>Number of patients readmitted within 30 days of the previous discharge divided by the total number of discharges. Days to Readmission <math>\leq 30</math></p> <p>If your facility does not provide Patient Class, only patient encounters discharged to a short-term inpatient facility are not included as an index admission for later further readmission calculations.</p>	Low	Yes (NRD)	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
1 to 30 Day Readmission Rate*	<p>Number of patients readmitted within 30 days of the previous discharge, excluding Same Day readmissions, divided by the total number of discharges. CMS defines transfers as same-day readmissions, so this is one way to look at readmissions excluding transfers. Days to Readmission <math>\leq 30</math> AND Days to Readmission <math>\neq 0</math></p> <p>If your facility does not provide Patient Class, only patient encounters discharged to a short-term inpatient facility are not included as an index admission for later further readmission calculations.</p>	Low	Yes (NRD)	No
90 Day Readmission Rate*	<p>Number of patients readmitted within 90 days of the previous discharge divided by the total number of discharges. Days to Readmission <math>\leq 90</math></p> <p>If your facility does not provide Patient Class, only patient encounters discharged to a short-term inpatient facility are not included as an index admission for later further readmission calculations.</p>	Low	Yes (NRD)	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
180 Day Readmission Rate*	<p>Number of patients readmitted within 180 days of the previous discharge divided by the total number of discharges. Days to Readmission <math>\leq</math> 180</p> <p>If your facility does not provide Patient Class, only patient encounters discharged to a short-term inpatient facility are not included as an index admission for later further readmission calculations.</p>	Low	Yes (NRD)	No
1 Year Readmission Rate*	<p>Number of patients readmitted within 365 days of the previous discharge divided by the total number of discharges. Days to Readmission <math>\leq</math> 365</p> <p>If your facility does not provide Patient Class, only patient encounters discharged to a short-term inpatient facility are not included as an index admission for later further readmission calculations.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
30 Day Readmission Forward - O/E Ratio	<p>Observed (numerator) value is the number of 30-day (forward) readmissions. Expected (denominator) value is based on the median Nationwide NRD 30-day readmission benchmark rate for each encounter's APR-DRG/SOI. Ratio values less than (or equal to) 1 are preferred.</p> <p>If your facility does not provide Patient Class, only patient encounters discharged to a short-term inpatient facility are not included as an index admission for later further readmission calculations.</p>	Low	No	No
30 Day All Cause Readmission Rate - Cardio-Respiratory Cohort	<p>30-day forward unplanned readmission rate for encounters in the selected Profile also included in the CMS All Cause Hospital-Wide Cardio-Respiratory Cohort Readmissions measure. All CMS inclusions and exclusions are accounted for except for the age and payer restrictions.</p> <p>See the <a href="#">Readmission Measures</a> page for more details.</p>	Low	Yes (NRD)	No



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
30 Day All Cause Readmission Rate - Cardiovascular Cohort	<p>30-day forward unplanned readmission rate for encounters in the selected Profile also included in the CMS All Cause Hospital-Wide Cardiovascular Cohort Readmissions measure. All CMS inclusions and exclusions are accounted for except for the age and payer restrictions.</p> <p>See the <a href="#">Readmission Measures</a> page for more details.</p>	Low	Yes (NRD)	No
30 Day All Cause Readmission Rate - Medical Cohort	<p>30-day forward unplanned readmission rate for encounters in the selected Profile also included in the CMS All Cause Hospital-Wide Medical Cohort Readmissions measure. All CMS inclusions and exclusions are accounted for except for the age and payer restrictions.</p> <p>See the <a href="#">Readmission Measures</a> page for more details.</p>	Low	Yes (NRD)	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
30 Day All Cause Readmission Rate - Neurology Cohort	<p>30-day forward unplanned readmission rate for encounters in the selected Profile also included in the CMS All Cause Hospital-Wide Neurology Cohort Readmissions measure. All CMS inclusions and exclusions are accounted for except for the age and payer restrictions.</p> <p>See the <a href="#">Readmission Measures</a> page for more details.</p>	Low	Yes (NRD)	No
30 Day All Cause Readmission Rate - Surgical Cohort	<p>30-day forward unplanned readmission rate for encounters in the selected Profile also included in the CMS All Cause Hospital-Wide Surgical Cohort Readmissions measure. All CMS inclusions and exclusions are accounted for except for the age and payer restrictions.</p> <p>See the <a href="#">Readmission Measures</a> page for more details.</p>	Low	Yes (NRD)	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
30 Day All Cause Readmission Rate - Roll Up All Cohorts	<p>30-day forward unplanned readmission rate for encounters in the selected Profile also included in the CMS All Cause Hospital-Wide Readmissions measure (includes all 5 Hospital-Wide All Cause Readmissions Cohorts). All CMS inclusions and exclusions are accounted for except for the age and payer restrictions.</p> <p>See the <a href="#">Readmission Measures</a> page for more details.</p>	Low	Yes (NRD)	No
30 Day Readmission Rate - CABG Cohort	<p>30-day forward unplanned readmission rate for encounters in the selected Profile also included in the CMS CABG (Coronary Artery Bypass Graft) Cohort Readmissions measure. All CMS inclusions and exclusions are accounted for except for the age and payer restrictions.</p> <p>See the <a href="#">Readmission Measures</a> page for more details.</p>	Low	Yes (NRD)	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
30 Day Readmission Rate - THA/TKA Cohort	<p>30-day forward unplanned readmission rate for encounters in the selected Profile also included in the CMS THA/TKA (Total Hip Arthroplasty/Total Knee Arthroplasty) Cohort Readmissions measure. All CMS inclusions and exclusions are accounted for except for the age and payer restrictions.</p> <p>See the <a href="#">Readmission Measures</a> page for more details.</p>	Low	Yes (NRD)	No
30 Day Readmission Rate - AMI Cohort	<p>30-day forward unplanned readmission rate for encounters in the selected Profile also included in the CMS AMI (Acute Myocardial Infarction) Cohort Readmissions measure. All CMS inclusions and exclusions are accounted for except for the age and payer restrictions.</p> <p>See the <a href="#">Readmission Measures</a> page for more details.</p>	Low	Yes (NRD)	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
30 Day Readmission Rate - COPD Cohort	<p>30-day forward unplanned readmission rate for encounters in the selected Profile also included in the CMS COPD (Chronic Obstructive Pulmonary Disease) Cohort Readmissions measure. All CMS inclusions and exclusions are accounted for except for the age and payer restrictions.</p> <p>See the <a href="#">Readmission Measures</a> page for more details.</p>	Low	Yes (NRD)	No
30 Day Readmission Rate - Heart Failure Cohort	<p>30-day forward unplanned readmission rate for encounters in the selected Profile also included in the CMS Heart Failure (HF) Cohort Readmissions measure. All CMS inclusions and exclusions are accounted for except for the age and payer restrictions.</p> <p>See the <a href="#">Readmission Measures</a> page for more details.</p>	Low	Yes (NRD)	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
30 Day Readmission Rate - Pneumonia Cohort	<p>30-day forward unplanned readmission rate for encounters in the selected Profile also included in the CMS Pneumonia (PN) Cohort Readmissions measure. All CMS inclusions and exclusions are accounted for except for the age and payer restrictions.</p> <p>See the <a href="#">Readmission Measures</a> page for more details.</p>	Low	Yes (NRD)	No
30 Day Readmission Rate - Stroke Cohort	<p>30-day forward unplanned readmission rate for encounters in the selected Profile also included in the CMS Ischemic Stroke (STK) Cohort Readmissions measure. All CMS inclusions and exclusions are accounted for except for the age and payer restrictions.</p> <p>See the <a href="#">Readmission Measures</a> page for more details.</p>	Low	Yes (NRD)	No
<b>Patient Returns Measures</b>				
Hours to Return (Any Patient Type)	<p>Average number of hours from patient discharge date/time to subsequent admit date/time.</p> <p>The return encounter can be for any patient type.</p>	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Patient returns within 24 hours (Any Patient Type)	Percent of patients who were re-admitted as any patient type within 24 hours of discharge.	Low	No	No
Patient returns within 48 hours (Any Patient Type)	Percent of patients who were re-admitted as any patient type within 48 hours of discharge.	Low	No	No
Days to Return (Any Patient Type) - Decimal	Average number of days from patient discharge date/time to subsequent admit date/time. The return encounter can be for any patient type.	High	No	No
Patient returns within 7 days (Any Patient Type)	Percent of patients who were re-admitted as any patient type within 7 days of discharge.	Low	No	No
Patient returns within 14 days (Any Patient Type)	Percent of patients who were re-admitted as any patient type within 14 days of discharge.	Low	No	No
Patient returns within 30 days (Any Patient Type)	Percent of patients who were re-admitted as any patient type within 30 days of discharge.	Low	No	No
<b>Returns to ED Measures</b>				
Hours to Return to ED	Average number of hours from patient discharge date/time to subsequent Emergency Department admit date/time.	High	No	No
Patient returns to ED within 24 hours	Percent of patients who were re-admitted to the Emergency Department within 24 hours of discharge.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Patient returns to ED within 48 hours	Percent of patients who were re-admitted to the Emergency Department within 48 hours of discharge.	Low	No	No
Days to Return to ED - Decimal	Average number of days from patient discharge date/time to subsequent Emergency Department admit date/time.	High	No	No
Patient returns to ED within 7 days	Percent of patients who were re-admitted to the Emergency Department within 7 days of discharge.	Low	No	No
Patient returns to ED within 14 days	Percent of patients who were re-admitted to the Emergency Department within 14 days of discharge.	Low	No	No
Patient returns to ED within 30 days	Percent of patients who were re-admitted to the Emergency Department within 30 days of discharge.	Low	No	No
<b>Returns to Surgery Measures</b>				
Hours to Return to Surgery	<p>Average number of hours from patient discharge date/time to subsequent surgery encounter admit date/time.</p> <p>The returns include inpatient encounters with a surgical MS-DRG and ASC (outpatient ambulatory surgery) encounters.</p>	High	No	No



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Patient returns to Surgery within 24 hours	<p>Percent of patients who were re-admitted as a surgical patient within 24 hours of discharge.</p> <p>The returns include inpatient encounters with a surgical MS-DRG and ASC (outpatient ambulatory surgery) encounters.</p>	Low	No	No
Patient returns to Surgery within 48 hours	<p>Percent of patients who were re-admitted as a surgical patient within 48 hours of discharge.</p> <p>The returns include inpatient encounters with a surgical MS-DRG and ASC (outpatient ambulatory surgery) encounters.</p>	Low	No	No
Days to Return to Surgery - Decimal	<p>Average number of days from patient discharge date/time to subsequent surgery encounter admit date/time.</p> <p>The returns include inpatient encounters with a surgical MS-DRG and ASC (outpatient ambulatory surgery) encounters.</p>	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Patient returns to Surgery within 7 days	<p>Percent of patients who were re-admitted as a surgical patient within 7 days of discharge.</p> <p>The returns include inpatient encounters with a surgical MS-DRG and ASC (outpatient ambulatory surgery) encounters.</p>	Low	No	No
Patient returns to Surgery within 14 days	<p>Percent of patients who were re-admitted as a surgical patient within 14 days of discharge.</p> <p>The returns include inpatient encounters with a surgical MS-DRG and ASC (outpatient ambulatory surgery) encounters.</p>	Low	No	No
Patient returns to Surgery within 30 days	<p>Percent of patients who were re-admitted as a surgical patient within 30 days of discharge.</p> <p>The returns include inpatient encounters with a surgical MS-DRG and ASC (outpatient ambulatory surgery) encounters.</p>	Low	No	No

**IQI (Inpatient Quality Indicator) Measures: see [AHRQ QI Measures](#) for more information**

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IQI-1 - Esophageal Resection Volume	<p>Esophageal Resection Volume (IQI 1). Esophageal surgery is a rare procedure that requires technical proficiency; and errors in surgical technique or management may lead to clinically significant complications, such as sepsis, pneumonia, anastomotic breakdown, and death.</p> <p>AHRQ has discontinued this measure as of V2019, so there is no longer volume measure data being calculated for this IQI.</p>	High	No	No
IQI-2 - Pancreatic Resection Volume	<p>Pancreatic Resection Volume (IQI 2). Pancreatic resection is a rare procedure that requires technical proficiency; and errors in surgical technique or management may lead to clinically significant complications, such as sepsis, anastomotic breakdown, and death.</p> <p>AHRQ has discontinued this measure as of V2019, so there is no longer volume measure data being calculated for this IQI.</p>	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IQI-4 - AAA Repair Volume	<p>Abdominal Aortic Aneurysm (AAA) Repair Volume (IQI 4). AAA repair is a rare procedure that requires proficiency with the use of complex equipment; and technical errors may lead to clinically significant complications, such as arrhythmias, acute myocardial infarction, colonic ischemia, and death.</p> <p>AHRQ has discontinued this measure as of V2019, so there is no longer volume measure data being calculated for this IQI.</p>	High	No	No
IQI-5 - CABG Volume	<p>Coronary Artery Bypass Graft Volume (IQI 5). Coronary artery bypass graft (CABG) requires proficiency with the use of complex equipment; and technical errors may lead to clinically significant complications, such as myocardial infarction, stroke, and death.</p> <p>AHRQ has discontinued this measure as of V2019, so there is no longer volume measure data being calculated for this IQI.</p>	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IQI-6 - PTCA Volume	<p>Percutaneous Transluminal Coronary Angioplasty (PTCA) Volume (IQI 6). PTCA is a common procedure that requires proficiency with the use of complex equipment, and technical errors may lead to clinically significant complications. The definition for PTCA mortality rate (IQI 30) is also noted below. The QI software calculates mortality for PTCA, so that the volumes for this procedure can be examined in conjunction with mortality. However, the mortality measure should not be examined independently, because it did not meet the literature review and empirical evaluation criteria to stand alone as its own measure.</p> <p>AHRQ has discontinued this measure as of V2019, so there is no longer volume measure data being calculated for this IQI.</p>	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IQI-7 - CEA Volume	<p>Carotid Endarterectomy (CEA) Volume (IQI 7). CEA is a common procedure that requires proficiency with the use of complex equipment; and technical errors may lead to clinically significant complications, such as abrupt carotid occlusion with or without stroke, myocardial infarction, and death. The definition for CEA mortality rate (IQI 31) is also noted below. The QI software calculates mortality for CEA, so that the volumes for this procedure can be examined in conjunction with mortality. However, the mortality measure should not be examined independently, because it did not meet the literature review and empirical evaluation criteria to stand alone as its own measure.</p> <p>AHRQ has discontinued this measure as of V2019, so there is no longer volume measure data being calculated for this IQI.</p>	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IQI-8 - Esophageal Resection Mortality Rate	Based on AHRQ software: In-hospital deaths among all discharges with a procedure for esophageal resection or total gastrectomy and a diagnosis of esophageal cancer; or with a procedure for esophageal resection and a diagnosis of gastrointestinal cancer, ages 18 years and older.	Low	No	No
	Esophageal cancer surgery is a rare procedure that requires technical proficiency; and errors in surgical technique or management may lead to clinically significant complications, such as sepsis, pneumonia, anastomotic breakdown, and death.			

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IQI-8 - Esophageal Resection Mortality O/E	<p>Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.</p> <p>The Expected values are not currently available from the AHRQ software, but are anticipated in early 2019, so AHRQ O/E measures are not available in Clinical Analytics for now.</p>	Low	No	No



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IQI-9 - Pancreatic Resection Mortality Rate	<p>Based on AHRQ software: In-hospital deaths among all discharges with pancreatic resection, ages 18 years and older. Includes metrics to stratify discharges grouped by presence or absence of a diagnosis of pancreatic cancer. Excludes acute pancreatitis discharges, obstetric discharges, and transfers to another hospital.</p> <p>Pancreatic resection is a rare procedure that requires technical proficiency; and errors in surgical technique or management may lead to clinically significant complications, such as sepsis, anastomotic breakdown, and death.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IQI-9 - Pancreatic Resection Mortality O/E	<p>Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.</p> <p>The Expected values are not currently available from the AHRQ software, but are anticipated in early 2019, so AHRQ O/E measures are not available in Clinical Analytics for now.</p>	Low	No	No
IQI-11 - AAA Repair Mortality Rate	<p>Based on AHRQ software: In-hospital deaths among all discharges with abdominal aortic aneurysm (AAA) repair, ages 18 years and older. Excludes obstetric discharges and transfers to another hospital.</p> <p>Abdominal aortic aneurysm (AAA) repair is a relatively rare procedure that requires proficiency with the use of complex equipment; and technical errors may lead to clinically significant complications, such as arrhythmias, acute myocardial infarction, colonic ischemia, and death.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IQI-11 - AAA Repair Mortality O/E	Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.	Low	No	No
	The Expected values are not currently available from the AHRQ software, but are anticipated in early 2019, so AHRQ O/E measures are not available in Clinical Analytics for now.			
IQI-12 - CABG Mortality Rate	Based on AHRQ software: In-hospital deaths among all discharges with coronary artery bypass graft (CABG), ages 40 years and older. Excludes obstetric discharges and transfers to another hospital.	Low	No	No
	CABG is a common procedure that requires proficiency with the use of complex equipment; and technical errors may lead to clinically significant complications such as myocardial infarction, stroke, and death.			

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IQI-12 - CABG Mortality O/E	Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.	Low	No	No
	The Expected values are not currently available from the AHRQ software, but are anticipated in early 2019, so AHRQ O/E measures are not available in Clinical Analytics for now.			
IQI-13 - Craniotomy Mortality Rate	<p>Based on AHRQ software: In-hospital deaths among all discharges with craniotomy, ages 18 years and older. Excludes patients with a principal diagnosis of head trauma and transfers to another short-term hospital.</p> <p>Craniotomy for the treatment of subarachnoid hemorrhage or cerebral aneurysm entails high post-operative mortality rates.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IQI-13 - Craniotomy Mortality O/E	Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.	Low	No	No
	The Expected values are not currently available from the AHRQ software, but are anticipated in early 2019, so AHRQ O/E measures are not available in Clinical Analytics for now.			
	AHRQ has discontinued this measure as of V2019, so there are no longer rate or O/E measure data being calculated for this IQI.			

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IQI-14 - Hip Replacement Mortality Rate	Based on AHRQ software: In-hospital deaths among pelvic and thigh osteoarthritis discharges with partial or full hip replacement, ages 18 years and older. Excludes hip fracture discharges, obstetric discharges, and transfers to another hospital.	Low	No	No
	Total hip arthroplasty (without hip fracture) is an elective procedure performed to improve function and relieve pain among patients with chronic osteoarthritis, rheumatoid arthritis, or other degenerative processes involving the hip joint.			

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IQI-14 - Hip Replacement Mortality O/E	Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.			
	The Expected values are not currently available from the AHRQ software, but are anticipated in early 2019, so AHRQ O/E measures are not available in Clinical Analytics for now.	Low	No	No
	AHRQ has discontinued this measure as of V2019, so there are no longer rate or O/E measure data being calculated for this IQI.			

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IQI-15 - AMI Mortality Rate	Based on AHRQ software: In-hospital deaths among all discharges with acute myocardial infarction (AMI) as a principal diagnosis for patients ages 18 years and older. Excludes cases in hospice care at admission, obstetric discharges, and transfers to another hospital.	Low	No	No
	Timely and effective treatments for acute myocardial infarction (AMI), which are essential for patient survival, include appropriate use of thrombolytic therapy and revascularization.			
IQI-15 - AMI Mortality O/E	Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.	Low	No	No
	The Expected values are not currently available from the AHRQ software, but are anticipated in early 2019, so AHRQ O/E measures are not available in Clinical Analytics for now.			



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IQI-16 - HF Mortality Rate	<p>Based on AHRQ software: In-hospital deaths among all discharges with heart failure as a principal diagnosis for patients ages 18 years and older. Excludes cases in hospice care at admission, obstetric discharges, and transfers to another hospital.</p> <p>Congestive heart failure (CHF) is a progressive, chronic disease with substantial short-term mortality.</p>	Low	No	No
IQI-16 - HF Mortality O/E	<p>Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.</p> <p>The Expected values are not currently available from the AHRQ software, but are anticipated in early 2019, so AHRQ O/E measures are not available in Clinical Analytics for now.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IQI-17 - Acute Stroke Mortality Rate	<p>Based on AHRQ software: In-hospital deaths among all discharges with acute stroke as a principal diagnosis for patients ages 18 years and older. Includes metrics for discharges grouped by type of stroke. Excludes obstetric discharges, cases in hospice care at admission, and transfers to another hospital.</p> <p>Quality treatment for acute stroke must be timely and efficient to prevent potentially fatal brain tissue death, and patients may not present until after the fragile window of time has passed.</p>	Low	No	No
IQI-17 - Acute Stroke Mortality O/E	<p>Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.</p> <p>The Expected values are not currently available from the AHRQ software, but are anticipated in early 2019, so AHRQ O/E measures are not available in Clinical Analytics for now.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IQI-18 - GI Hemorrhage Mortality Rate	<p>Based on AHRQ software: In-hospital deaths among all discharges with a principal diagnosis of gastrointestinal hemorrhage; or a secondary diagnosis of esophageal varices with bleeding along with a qualifying associated principal diagnosis, for patients age 18 years and older. Excludes obstetric discharges, cases in hospice care at admission, discharges with a procedure for liver transplant, and transfers to another hospital.</p> <p>Gastrointestinal (GI) hemorrhage may lead to death when uncontrolled, and the ability to manage severely ill patients with comorbidities may influence the mortality rate.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IQI-18 - GI Hemorrhage Mortality O/E	<p>Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.</p> <p>The Expected values are not currently available from the AHRQ software, but are anticipated in early 2019, so AHRQ O/E measures are not available in Clinical Analytics for now.</p>	Low	No	No
IQI-19 - Hip Fracture Mortality Rate	<p>Based on AHRQ software: In-hospital deaths among all discharges with hip fracture as a principal diagnosis for patients ages 65 years and older. Excludes periprosthetic fracture discharges, obstetric discharges, cases in hospice care at admission, and transfers to another hospital.</p> <p>Hip fractures, which are a common cause of morbidity and functional decline among elderly persons, are associated with a significant increase in the subsequent risk of mortality.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IQI-19 - Hip Fracture Mortality O/E	<p>Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.</p> <p>The Expected values are not currently available from the AHRQ software, but are anticipated in early 2019, so AHRQ O/E measures are not available in Clinical Analytics for now.</p>	Low	No	No
IQI-20 - Pneumonia Mortality Rate	<p>Based on AHRQ software: In-hospital deaths among all discharges with pneumonia as a principal diagnosis for patients ages 18 years and older. Excludes obstetric discharges, cases in hospice care at admission, and transfers to another hospital.</p> <p>Treatment with appropriate antibiotics may reduce mortality, which is a leading cause of death in the United States.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IQI-20 - Pneumonia Mortality O/E	<p>Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.</p> <p>The Expected values are not currently available from the AHRQ software, but are anticipated in early 2019, so AHRQ O/E measures are not available in Clinical Analytics for now.</p>	Low	No	No
IQI-21 - Cesarean Delivery Rate, Uncomplicated	<p>Based on AHRQ software: Cesarean deliveries among all deliveries without a hysterotomy procedure. Excludes deliveries with complications (abnormal presentation, preterm delivery, fetal death, multiple gestation diagnoses, or breech procedure).</p> <p>Cesarean delivery is the most common operative procedure performed in the United States and is associated with higher costs than vaginal delivery. Many organizations have aimed to monitor and reduce the rate.</p>	N/A	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IQI-21 - Cesarean Delivery, Uncomplicated O/E	<p>Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.</p> <p>The Expected values are not currently available from the AHRQ software, but are anticipated in early 2019, so AHRQ O/E measures are not available in Clinical Analytics for now.</p>	N/A	No	No
IQI-22 - VBAC, Uncomplicated Rate	<p>Based on AHRQ software: Vaginal births among all deliveries by patients with previous Cesarean deliveries. Excludes deliveries with complications (abnormal presentation, preterm delivery, fetal death, multiple gestation diagnoses, or breech procedure).</p> <p>The policy of recommending vaginal birth after Cesarean delivery (VBAC) represents to some degree a matter of opinion on the relative risks and benefits of a trial of labor in patients with previous Cesarean delivery.</p>	N/A	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IQI-22 - VBAC, Uncomplicated O/E	Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.	N/A	No	No
	The Expected values are not currently available from the AHRQ software, but are anticipated in early 2019, so AHRQ O/E measures are not available in Clinical Analytics for now.			
IQI-23 - Laparoscopic Cholecystectomy Rate	Based on AHRQ software: Laparoscopic cholecystectomy discharges per 1,000 cholecystectomy discharges for patients with cholecystitis and/or cholelithiasis ages 18 years and older. Excludes obstetric discharges.	N/A	No	No
	AHRQ has discontinued this measure as of V7.0, so there is no longer rate or O/E measure data available for this IQI.			



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IQI-24 - Incidental Appendectomy in the Elderly Rate	<p>Based on AHRQ software: Incidental appendectomy discharges per 1,000 hospital discharges with abdominal or pelvic surgery for patients ages 65 years and older. Excludes surgical removal of the colon (colectomy) or pelvic evisceration discharges, appendiceal cancer discharges, and obstetric discharges.</p> <p>AHRQ has discontinued this measure as of V7.0, so there is no longer rate or O/E measure data available for this IQI.</p>	N/A	No	No
IQI-25 - Bilateral Cardiac Catheterization Rate	<p>Based on AHRQ software: Bilateral cardiac catheterization discharges per 1,000 heart catheterizations discharges for coronary artery disease for patients ages 18 years and older. Excludes valid indications for right-side catheterization discharges and obstetric discharges.</p> <p>AHRQ has discontinued this measure as of V7.0, so there is no longer rate or O/E measure data available for this IQI.</p>	N/A	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IQI-30 - Percutaneous Coronary Intervention (PCI) Rate	Based on AHRQ software: In-hospital deaths among all discharges with a procedure for percutaneous coronary intervention (PCI), for patients 40 years of age and older.	N/A	No	No
IQI-30 - Percutaneous Coronary Intervention (PCI) O/E	<p>Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.</p> <p>The Expected values are not currently available from the AHRQ software, but are anticipated in early 2019, so AHRQ O/E measures are not available in Clinical Analytics for now.</p>	N/A	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IQI-31 - Carotid Endarterectomy Mortality Rate	Based on AHRQ software: In-hospital deaths among all discharges with a procedure for endarterectomy (CEA), for patients 18 years of age and older. Excludes obstetric discharges and transfers to another hospital.			
	CEA is a common procedure that requires proficiency with the use of complex equipment; and technical errors may lead to clinically significant complications, such as abrupt carotid occlusion with or without stroke, myocardial infarction, and death.	Low	No	No
IQI-31 - Carotid Endarterectomy Mortality O/E	Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.			
	The Expected values are not currently available from the AHRQ software, but are anticipated in early 2019, so AHRQ O/E measures are not available in Clinical Analytics for now.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IQI-32 - Acute Myocardial Infarction (AMI) Mortality Rate, Without Transfer Cases	<p>Based on AHRQ software: In-hospital deaths among all discharges with acute myocardial infarction (AMI) as a principal diagnosis for patients ages 18 years and older. Excludes obstetric discharges, transfers to another hospital, cases in hospice care at admission, and transfers in from another acute care hospital.</p> <p>Timely and effective treatments for acute myocardial infarction (AMI), which are essential for patient survival, include appropriate use of thrombolytic therapy and revascularization.</p>	Low	No	No
IQI-32 - Acute Myocardial Infarction (AMI) Mortality, Without Transfer Cases O/E	<p>Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.</p> <p>The Expected values are not currently available from the AHRQ software, but are anticipated in early 2019, so AHRQ O/E measures are not available in Clinical Analytics for now.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IQI-33 - Primary Cesarean Delivery Rate, Uncomplicated	<p>Based on AHRQ software: First-time Cesarean deliveries without a hysterotomy procedure divided by total deliveries. Excludes deliveries with complications (abnormal presentation, preterm delivery, fetal death, multiple gestation diagnoses, or breech procedure).</p> <p>Cesarean delivery is the most common operative procedure performed in the United States and is associated with higher costs than vaginal delivery. Many organizations have aimed to monitor and reduce the rate.</p>	N/A	No	No
IQI-33 - Primary Cesarean Delivery, Uncomplicated O/E	<p>Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.</p> <p>The Expected values are not currently available from the AHRQ software, but are anticipated in early 2019, so AHRQ O/E measures are not available in Clinical Analytics for now.</p>	N/A	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IQI-34 - VBAC "All" Rate	Based on AHRQ software: Vaginal births divided by total deliveries by patients with previous Cesarean deliveries.	N/A	No	No
	The policy of recommending vaginal birth after Cesarean delivery (VBAC) represents to some degree a matter of opinion on the relative risks and benefits of a trial of labor in patients with previous Cesarean delivery.			
IQI-34 - VBAC "All" O/E	Based on AHRQ software: Observed count divided by the Expected number of incidents, where the Expected value is provided by the AHRQ software.	N/A	No	No
	The Expected values are not currently available from the AHRQ software, but are anticipated in early 2019, so AHRQ O/E measures are not available in Clinical Analytics for now.			

#### AMI (Acute Myocardial Infarction) Core Measures

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
AMI Core Measure Bundle	Acute myocardial infarction (AMI) patients which received all appropriate quality of care measures, including AMI-1 - Aspirin within 24 Hours, AMI-2 - Aspirin at Discharge, AMI-3 - ACE or ARB at Discharge, AMI-4 - Smoking Cessation, AMI-5 - Beta-Blocker at Discharge, AMI -10 - Statin Prescribed at Discharge	High	No	No
AMI Overall	Sum of Numerators for all AMI measures / Sum of Denominators for all AMI measures	High	No	No
AMI-1 - Aspirin within 24 Hours	Acute myocardial infarction (AMI) patients without aspirin contraindications who received aspirin within 24 hours before or after hospital arrival.	High	No	No
AMI-2 - Aspirin at Discharge	AMI patients without aspirin contraindications who were prescribed aspirin at hospital discharge.	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
AMI-3 - ACE or ARB at Discharge	AMI patients with left ventricular systolic dysfunction (LVSD) and without angiotensin converting enzyme inhibitor (ACE inhibitor) contraindications or angiotensin receptor blocker (ARB) contraindications who are prescribed an ACE inhibitor or an ARB at hospital discharge.	High	No	No
AMI-4 - Smoking Cessation	AMI patients with a history of smoking cigarettes, who are given smoking cessation advice or counseling during a hospital stay.	High	No	No
AMI-5 - Beta-Blocker at Discharge	AMI patients without beta-blocker contraindications who were prescribed a beta-blocker at hospital discharge.	High	No	No
AMI-7a - Fibrinolytic Therapy within 30 Minutes	AMI patients receiving fibrinolytic therapy during the hospital stay and having a time from hospital arrival to fibrinolysis of 30 minutes or less	High	No	No
AMI-8a - PCI within 90 Minutes	AMI patients receiving Percutaneous Coronary Intervention (PCI) during the hospital stay with a time from hospital arrival to PCI of 90 minutes or less.	High	No	No



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
AMI -10 - Statin Prescribed at Discharge	Acute myocardial infarction (AMI) patients, without statin contraindications, who are prescribed a statin at hospital discharge. For patients who had a heart attack and have high cholesterol, taking statins can lower the chance that they will have another heart attack or die.	High	No	No
<b>CAC (Children's Asthma Care) Performance Measures</b>				
CAC Overall	Sum of Numerators for all CAC measures/ Sum of Denominators for all CAC measures	High	No	No
CAC-1a - Relievers for Inpatient Asthma	National guidelines recommend using reliever medication in the severe phase and gradually cutting down the dosage of medications to provide control of asthma symptoms. Relievers are medications that relax the bands of muscle surrounding the airways and are used to make breathing easier.	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
CAC-2a - Systemic Corticosteroids	National guidelines recommend using systemic corticosteroid medication (oral and IV medication that reduces inflammation and controls symptoms) in the severe phase and gradually cutting down the dosage of medications to provide control of the asthma symptoms. Systemic corticosteroids are a type of medication that works in the body as a whole. Systemic corticosteroids help control allergic reactions and reduce inflammation.	High	No	No
CAC-3 - Home Management Plan of Care	The Home Management Plan of Care document includes arrangements for follow-up care. It will help children with asthma and their caregivers develop a plan to manage the child's asthma symptoms and to know when to take action. The plan of care should clearly tell the child and their caregiver when and how to use medication.	High	No	No

### CMS (Centers for Medicare and Medicaid Services) Data Measures

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
CMS Data - Heart Attack Mortality	This measure* estimates a hospital-level risk-standardized mortality rate (RSMS), 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 acute myocardial infarction (AMI).	Low	No	No
CMS Data - Heart Attack Readmission	This measure* is a hospital-specific, risk-standardized, all-cause 30-day readmission (defined as readmission for any cause within 30 days from the date of discharge of the index admission) for patients discharged from the hospital with a principal discharge diagnosis of acute myocardial infarction (AMI).	Low	No	No
CMS Data - Heart Failure Mortality	This measure* estimates a hospital-level risk-standardized mortality rate (RSMR), 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 heart failure (HF).	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
CMS Data - Heart Failure Readmission	This measure* is a hospital-specific, risk-standardized, all-cause 30-day readmission (defined as readmission for any cause within 30 days from the date of discharge of the index admission) for patients discharged from the hospital with a principal discharge diagnosis of heart failure (HF).	Low	No	No
CMS Data - Overall Mortality	Average mortality across Heart Attack, Heart Failure and Pneumonia.	Low	No	No
CMS Data - Overall Readmission	Average readmission across Heart Attack, Heart Failure and Pneumonia.	Low	No	No
CMS Data - Pneumonia Mortality	This measure* estimates a hospital-level, risk-standardized mortality rate (RSMR), 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.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
CMS Data - Pneumonia Readmission	This measure* is a hospital-specific, risk-standardized, all-cause 30-day readmission (defined as readmission for any cause within 30 days from the date of discharge of the index admission) for patients discharged from the hospital with a principal discharge diagnosis of pneumonia.	Low	No	No
<b>ED (Emergency Department) Measures</b>				
ED-1	<p>Average time, in minutes, from ED arrival to ED departure for patients admitted to the facility from the ED. Values are derived from your Core Measure Vendor File.</p> <p>The core measure aggregation is a median time, but this software takes the arithmetic average when aggregating.</p> <p>There are 4 versions of this measure:</p> <ul style="list-style-type: none"> <li>» 1a - Overall Rate</li> <li>» 1b - Reporting Rate</li> <li>» 1c - Observation Rate</li> <li>» 1d - Mental Health/Psychiatric Rate</li> </ul>	Low	No	No
<b>HBIPS (Hospital Based Inpatient Psychiatric Services) Core Measures</b>				

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
HBIPS-1 - Admission Screening	<p>Percent of all patients admitted to a hospital-based inpatient psychiatric setting who are screened within the first three days of admission for all of the following: risk of violence to self or others, substance use, psychological trauma history and patient strengths. Exclude: Patients for whom there is an inability to complete admission screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths within the first three days of admission and patients with a Length of Stay <math>\leq</math> 3 days or <math>\geq</math> 365 days. Values are derived from your Core Measure Vendor File.</p> <p>There are 5 versions of this measure:</p> <ul style="list-style-type: none"> <li>» 1a - Overall Rate</li> <li>» 1b - Children (1 through 12 years)</li> <li>» 1c - Adolescent (13 through 17 years)</li> <li>» 1d - Adult (18 through 64 years)</li> <li>» 1e - Older Adult <math>\geq</math>65 years</li> </ul>	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
HBIPS-2 - Physical Restraint	<p>The average number of hours that all patients admitted to a hospital-based inpatient psychiatric setting were maintained in physical restraint. Values are derived from your Core Measure Vendor File.</p> <p>There are 5 versions of this measure:</p> <ul style="list-style-type: none"> <li>» 2a - Overall Rate</li> <li>» 2b - Children (1 through 12 years)</li> <li>» 2c - Adolescent (13 through 17 years)</li> <li>» 2d - Adult (18 through 64 years)</li> <li>» 2e - Older Adult ≥65 years</li> </ul>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
	The average number of hours that all patients admitted to a hospital-based inpatient psychiatric setting were held in seclusion. Values are derived from your Core Measure Vendor File.			
HBIPS-3 - Seclusion	<p>There are 5 versions of this measure:</p> <ul style="list-style-type: none"> <li>» 3a - Overall Rate</li> <li>» 3b - Children (1 through 12 years)</li> <li>» 3c - Adolescent (13 through 17 years)</li> <li>» 3d - Adult (18 through 64 years)</li> <li>» 3e - Older Adult ≥65 years</li> </ul>	Low	No	No



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
HBIPS-4 - Multiple Antipsychotic Medications at Discharge	<p>Percent of patients discharged from a hospital-based inpatient psychiatric setting on two or more antipsychotic medications. Values are derived from your Core Measure Vendor File.</p> <p>There are 5 versions of this measure:</p> <ul style="list-style-type: none"> <li>» 4a - Overall Rate</li> <li>» 4b - Children (1 through 12 years)</li> <li>» 4c - Adolescent (13 through 17 years)</li> <li>» 4d - Adult (18 through 64 years)</li> <li>» 4e - Older Adult ≥65 years</li> </ul>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
HBIPS-5 - Multiple Antipsychotic Medications at Discharge with Appropriate Justification	<p>Percent of patients discharged from a hospital-based inpatient psychiatric setting on two or more antipsychotic medications with appropriate justification. Exclude Patients who: expired, patients with an unplanned departure resulting in discharge due to elopement, patients with an unplanned departure resulting in discharge due to failing to return from leave, patients with a length of stay <math>\leq 3</math> days. Values are derived from your Core Measure Vendor File.</p> <p>There are 5 versions of this measure:</p> <ul style="list-style-type: none"> <li>» 5a - Overall Rate</li> <li>» 5b - Children (1 through 12 years)</li> <li>» 5c - Adolescent (13 through 17 years)</li> <li>» 5d - Adult (18 through 64 years)</li> <li>» 5e - Older Adult <math>\geq 65</math> years</li> </ul>	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
HBIPS-6 - Post Discharge Continuing Care Plan	<p>Percent of all patients discharged from a hospital-based inpatient psychiatric setting with a continuing care plan created. Exclude population: who expired, patients with an unplanned departure resulting in discharge due to elopement, patients or their guardians who refused aftercare, patients or guardians who refused to sign authorization to release information, patients with an unplanned departure resulting in discharge due to failing to return from leave. Values are derived from your Core Measure Vendor File.</p> <p>There are 5 versions of this measure:</p> <ul style="list-style-type: none"> <li>» 6a - Overall Rate</li> <li>» 6b - Children (1 through 12 years)</li> <li>» 6c - Adolescent (13 through 17 years)</li> <li>» 6d - Adult (18 through 64 years)</li> <li>» 6e - Older Adult ≥65 years</li> </ul>	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
HBIPS-7 - Post Discharge Continuing Care Plan Transmitted	<p>Percent of all patients discharged from a hospital-based inpatient psychiatric setting with a continuing care plan provided to the next level of care clinician or entity. Exclude population: who expired, patients with an unplanned departure resulting in discharge due to elopement, patients or their guardians who refused aftercare, patients or guardians who refused to sign authorization to release information, patients with an unplanned departure resulting in discharge due to failing to return from leave. Values are derived from your Core Measure Vendor File.</p> <p>There are 5 versions of this measure:</p> <ul style="list-style-type: none"> <li>» 7a - Overall Rate</li> <li>» 7b - Children (1 through 12 years)</li> <li>» 7c - Adolescent (13 through 17 years)</li> <li>» 7d - Adult (18 through 64 years)</li> <li>» 7e - Older Adult ≥65 years</li> </ul>	High	No	No
<b>HF (Heart Failure) Core Measures</b>				

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
HF Core Measure Bundle	Heart failure (HF) patients which received all appropriate quality of care measures, including: HF-1 - Discharge Instructions, HF-2 - LVS Function, HF-3 - ACE or ARB at Discharge, HF-4 - Smoking Cessation	High	No	No
HF Overall	Sum of Numerators for all CHF measures/ Sum of Denominators for all CHF measures	High	No	No
HF-1 - 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 all of the following: activity level, diet, discharge medications, follow-up appointment, weight monitoring, and what to do if symptoms worsen.	High	No	No
HF-2 - LVS Function	Heart failure patients with documentation in the hospital record that an evaluation of the left ventricular systolic (LVS) function was performed before arrival, during hospitalization, or is planned for after discharge.	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
HF-3 - ACE or ARB at Discharge	Heart failure patients with left ventricular systolic dysfunction (LVSD) and without angiotensin converting enzyme inhibitor (ACE inhibitor) contraindications or angiotensin receptor blocker (ARB) contraindications who are prescribed an ACE inhibitor or an ARB at hospital discharge.	High	No	No
HF-4 - Smoking Cessation	Heart failure patients with a history of smoking cigarettes, who are given smoking cessation advice or counseling during a hospital stay.	High	No	No
<b>IMM (Immunization) Core Measures</b>				
IMM Core Measure Bundle	Immunization (IMM) patients which received all appropriate quality of care measures, including IMM 1a and IMM 2	High	No	No
IMM Overall	Sum of numerators for all IMM measures divided by the sum of denominators for all IMM measures	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IMM-1a - Pneumococcal Immunization - Overall Rate	<p>This prevention measure addresses acute care hospitalized inpatients 65 years of age and older (IMM-1b) and inpatients aged between 5 and 64 years (IMM-1c) who are considered high risk and were screened for receipt of pneumococcal vaccine and were vaccinated prior to discharge if indicated.</p> <p>The numerator captures two activities; screening and the intervention of vaccine administration when indicated. Patients who had documented contraindications to pneumococcal vaccine, patients who were offered and declined pneumococcal vaccine, and patients who received pneumococcal vaccine anytime in the past are captured as numerator events.</p>	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IMM-1b - Pneumococcal Immunization - Age 65 and Older	<p>This prevention measure addresses acute care hospitalized inpatients 65 years of age and older who are considered high risk and were screened for receipt of pneumococcal vaccine and were vaccinated prior to discharge if indicated. The numerator captures two activities; screening and the intervention of vaccine administration when indicated. Patients who had documented contraindications to pneumococcal vaccine, patients who were offered and declined pneumococcal vaccine, and patients who received pneumococcal vaccine anytime in the past are captured as numerator events.</p>	High	No	No



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IMM-1c - Pneumococcal Immunization - High Risk Populations (Age 5 through 64 years)	<p>This prevention measure address acute care hospitalized inpatients aged between 5 and 64 years who are considered high risk and were screened for receipt of pneumococcal vaccine and were vaccinated prior to discharge if indicated. The numerator captures two activities; screening and the intervention of vaccine administration when indicated. Patients who had documented contraindications to pneumococcal vaccine, patients who were offered and declined pneumococcal vaccine, and patients who received pneumococcal vaccine anytime in the past are captured as numerator events.</p>	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
IMM-2 - Influenza Immunization	<p>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. 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.</p>	High	No	No
<b>NQI (Neonatal Quality Indicator) Measures</b>				
NQI-1 - Iatrogenic Pneumothorax in Neonates O/E	<p>Cases of iatrogenic pneumothorax in neonates (NQI 1). Observed over expected.</p> <p>AHRQ has discontinued this measure as of V2019, so there is no longer O/E measure data being calculated for this NQI.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
NQI-2 - Neonatal Mortality O/E	Number of deaths among neonates. Observed over expected. (NQI 2)	Low	No	No
NQI-3 - Neonatal Blood Stream Infections O/E	Discharges with blood stream infections in neonates (NQI 3). Observed over expected.	Low	No	No
<b>OP (Outpatient) Core Measures</b>				
OP 1 - Median Time to Fibrinolysis	Median time from emergency department arrival to administration of fibrinolytic therapy in ED patients with ST-segment elevation or left bundle branch block on the ECG performed closest to ED arrival and prior to transfer.	Low	No	No
OP 2 - Fibrinolytic Therapy within 30 Minutes	Emergency Department AMI patients with ST-segment elevation or left bundle branch block on the ECG closest to arrival time receiving fibrinolytic therapy during the ED stay and having a time from ED arrival to fibrinolysis of 30 minutes or less.	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
OP 3 - Median Time to Transfer to Another Facility for ACI	<p>Average time, in minutes, from patient arrival to patient departure for all AMI patients transferred out for acute coronary intervention at another facility and did not have a contraindication to fibrinolytics. OP-3a is the rate for all cases transferred for ACI (OP-3b + 3c). Values are derived from your Core Measure Vendor File.</p> <p>The core measure aggregation is a median time, but this software takes the arithmetic average when aggregating.</p> <p>There are 3 versions of this measure:</p> <ul style="list-style-type: none"> <li>» 3a - Overall Rate</li> <li>» 3b - Reporting Measure</li> <li>» 3c - Quality Improvement Measure</li> </ul>	Low	No	No
OP 4 - Aspirin at Arrival	Emergency Department AMI patients or chest pain patients (with probable cardiac chest pain) who received aspirin within 24 hours before ED arrival or prior to transfer.	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
OP 5 - Median Time to ECG	<p>Average time, in minutes, from emergency department arrival to ECG (performed in the ED prior to transfer) for acute myocardial infarction (AMI) or Chest Pain patients (with Probable Cardiac Chest Pain). Values are derived from your Core Measure Vendor File.</p> <p>The core measure aggregation is a median time, but this software takes the arithmetic average when aggregating.</p>	Low	No	No
OP 6 - Timing of Antibiotic Prophylaxis	<p>Surgical patients with prophylactic antibiotics initiated within one hour* prior to surgical incision.*Patients who received vancomycin or a fluoroquinolone for prophylaxis should have the antibiotic 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.</p>	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
OP 7 - Prophylactic Antibiotic Selection for Surgical Patients	Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure).	High	No	No
OP-18 - Median Time from ED Arrival to ED Departure for Discharged ED Patients	<p>Average time, in minutes, from ED Arrival to ED Departure for all Discharged ED Patients. Values are derived from your Core Measure Vendor File.</p> <p>The core measure aggregation is a median time, but this software takes the arithmetic average when aggregating.</p> <p>There are 4 versions of this measure:</p> <ul style="list-style-type: none"> <li>» 18a - Overall Rate</li> <li>» 18b - Reporting Measure</li> <li>» 18c - Psychiatric/Mental Health Patients</li> <li>» 18d - Transfer Patients</li> </ul>	Low	No	No

## PC (Perinatal Care) Core Measures

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PC-01 - Elective Delivery	<p>Patients with elective vaginal deliveries or elective cesarean births at <math>\geq 37</math> and <math>&lt; 39</math> weeks of gestation completed</p> <p>See the <a href="#">Joint Commission website</a> for more information.</p>	Low	No	No
PC-02 - Cesarean Section (CS)	<p>Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth;</p> <p>See the <a href="#">Joint Commission website</a> for more information.</p>	Low	No	No
PC-03 - Antenatal Steroids	<p>Patients at risk of preterm delivery at <math>\geq 24</math> and <math>&lt; 34</math> weeks gestation receiving antenatal steroids prior to delivering preterm newborns; count of patients with antenatal steroids initiated prior to delivering preterm newborns divided by patients delivering live preterm newborns with <math>\geq 24</math> and <math>&lt; 34</math> weeks gestation completed</p> <p>See the <a href="#">Joint Commission website</a> for more information.</p>	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PC-04 - HAC - Bloodstream Infections in Newborns	<p>Staphylococcal and gram negative septicemias or bacteremias in high-risk newborns; count of newborns with septicemia or bacteremia divided by count of live newborns</p> <p>See the <a href="#">Joint Commission website</a> for more information.</p>	Low	No	No
PC-05 - Exclusive Breast Milk Feeding	<p>Exclusive breast milk feeding during the newborn's entire hospitalization; count of newborns that were fed breast milk only since birth divided by count of single term newborns discharged alive from the hospital</p> <p>See the <a href="#">Joint Commission website</a> for more information.</p>	High	No	No



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PC-05a - Exclusive Breast Milk Feeding considering mother's choice	<p>Exclusive breast milk feeding during the newborn's entire hospitalization, excluding those whose mothers chose not to breastfeed; count of newborns that were fed breast milk only since birth divided by count of single term newborns discharged alive from the hospital, excluding those who were, by choice, not breastfed.</p> <p>See the <a href="#">Joint Commission website</a> for more information.</p>	High	No	No
PC-06 - Unexpected Complications in Term Newborns	<p>Unexpected complications among full term newborns with no preexisting conditions.</p> <p>See the <a href="#">Joint Commission website</a> for more information.</p>			
PC-06.0 Unexpected Complications in Term Newborns - Overall Rate	<p><u>(Severe Complications Numerator + Moderate Complications Numerator) x 1,000</u></p> <p>Final Denominator</p>			

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PC-06.1 Unex-pected Com-plications in Term Newborns - Severe Rate	Severe complications include neonatal death, transfer to another hos-pital for higher level of care, severe birth injur-ies such as intracranial hemorrhage or nerve injury, neurologic dam-age, severe respiratory and infectious com-plications such as sepsis.			
PC-06.2 Unex-pected Com-plications in Term Newborns - Moder-ate Rate	Moderate com-plications include dia-gnoses or procedures that raise concern but at a lower level than the list for severe for example, use of CPAP or bone fracture. Examples include less severe respiratory com-plications for example, Transient Tachypnea of the Newborn, or infec-tions with a longer length of stay not including sepsis, infants who have a pro-longed length of stay of over 5 days.			
<b>PN (Pneumonia) Core Measures</b>				

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PN Core Measure Bundle	Pneumonia (PN) patients which received all appropriate quality of care measures, including PN-2 - Pneumococcal Vaccine, PN-3b - Blood Culture, PN-4 - Smoking Cessation, PN-5c - Initial Antibiotic Timing, PN-6 - Initial Antibiotic Selection, PN-7 - Influenza Vaccination	High	No	No
PN Overall	Sum of numerators for all CAP measures / sum of denominators for all CAP measures	High	No	No
PN-2 - Pneumococcal Vaccine	Pneumonia inpatients age 65 and older who were screened for pneumococcal vaccine status and were administered the vaccine prior to discharge, if indicated.	High	No	No
PN-3b - Blood Culture	Pneumonia patients whose initial emergency room blood culture specimen was collected prior to first hospital dose of antibiotics.	High	No	No
PN-4 - Smoking Cessation	Pneumonia patients with a history of smoking cigarettes, who are given smoking cessation advice or counseling during a hospital stay.	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PN-5c - Initial Antibiotic Timing	Pneumonia inpatients that receive within 6 hours after arrival at the hospital. Evidence shows better outcomes for administration times less than four hours.	High	No	No
PN-6 - Initial Antibiotic Selection	Immunocompetent patients with pneumonia who receive an initial antibiotic regimen that is consistent with current guidelines.	High	No	No
PN-7 - Influenza Vaccination	Pneumonia patients age 50 years and older, hospitalized during October, November, December, January, or February who were screened for influenza vaccine status and were vaccinated prior to discharge, if indicated.	High	No	No

### SCIP (Surgical Care Improvement Project) Core Measures

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
SCIP Core Measure Bundle	Surgery (SCIP) patients which received all appropriate quality of care measures, including SCIP-Inf -1a - Prophylactic Antibiotic, SCIP-Inf -2a - Antibiotic Selection, SCIP-Inf -3a - Antibiotic Discontinued, SCIP-Inf-6 - Appropriate Hair Removal, SCIP-Inf-9 - Urinary Catheter Removed, SCIP-Inf-10 - Perioperative Temperature Management, SCIP-VTE-1 - VTE Ordered, SCIP-VTE-2 - Appropriate VTE Therapy, SCIP-Card-2 - Beta-Blocker Therapy	High	No	No
SCIP Overall	Sum of Numerators for all SCIP measures / sum of denominators for all SCIP measures	High	Yes	Yes
SCIP-Card-2 - Beta-Blocker Therapy	Surgery patients on beta-blocker therapy prior to arrival who received a beta-blocker during the perioperative period. The perioperative period for the SCIP cardiac measures is defined as 24 hours prior to surgical incision through discharge from post-anesthesia care/recovery area.	High	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
SCIP-Inf -1a - Prophylactic Antibiotic	Surgical patients who received prophylactic antibiotics within 1 hour prior to surgical incision.	High	Yes	Yes
SCIP-Inf -2a - Antibiotic Selection	Surgical patients who received the recommended antibiotics for their particular type of surgery.	High	Yes	Yes
SCIP-Inf -3a - Antibiotic Discontinued	Surgical patients whose prophylactic antibiotics were discontinued within 24 hours after surgery end time.	High	Yes	Yes
SCIP-Inf-4 - Cardiac Patients Post-Op Blood Glucose	Cardiac surgery patients with controlled 6 A.M. blood glucose (<200 mg/dL) on postoperative day one (POD 1) and postoperative day two (POD 2) with surgery end date being postoperative day zero (POD 0).	High	No	No
SCIP-Inf-6 - Appropriate Hair Removal	Surgery patients with appropriate surgical site hair removal. No hair removal or hair removal with clippers or depilatory is considered appropriate. Shaving is considered inappropriate.	High	No	No
SCIP-Inf-9 - Urinary catheter removed on Postoperative Day 1 or Postoperative Day 2 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.	High	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
SCIP-Inf-10 - 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° Fahrenheit/36° Celsius recorded within the 30 minutes immediately prior to or the 15 minutes immediately after Anesthesia End Time.	High	No	No
SCIP-VTE-1 - VTE Ordered	Surgery patients with recommended venous thromboembolism (VTE) prophylaxis ordered anytime from hospital arrival to 48 hours after surgery end time.	High	No	No
SCIP-VTE-2 - Appropriate VTE Therapy	Surgery patients who received appropriate venous thromboembolism (VTE) prophylaxis within 24 Hours prior to surgical incision time to 24 hours after surgery end time.	High	Yes	Yes
<b>STK (Stroke) Core Measures</b>				
STK Core Measure Bundle	Stroke (STK) patients which received all appropriate quality of care measures, including STK-1, STK-2, STK-3, STK-4, STK-5, STK-6, STK-8, STK-10	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
STK Overall	Sum of numerators for all STK measures/ sum of denominators for all STK measures	High	Yes	Yes
STK-1 - VTE 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	High	Yes	Yes
STK-2 - Discharged on Antithrombotic Therapy	Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge	High	Yes	Yes
STK-3 - Anticoagulant Therapy for Atrial Fibrillation/Flutter	Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.	High	Yes	Yes
STK-4 - Thrombolytic Therapy	Acute ischemic stroke patients who arrive at this hospital within 2 hours of the time they were last known to be well and for whom IV t-PA was initiated at this hospital within 3 hours of the time they were last known to be well.	High	Yes	Yes
STK-5 - Antithrombotic Therapy	Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2.	High	Yes	Yes



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
STK-6 - 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.	High	Yes	Yes
STK-8 - 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.	High	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
STK-10 - Assessed for Rehabilitation	Percent of ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services. Exclude population: less than 18 years of age, patients who have a Length of Stay greater than 120 days, patients with Comfort Measures Only documented, patients enrolled in clinical trials, patients admitted for Elective Carotid Intervention, patients discharged to another hospital, patients who left against medical advice, patients who expired, patients discharged to home for hospice care, and patients discharged to a health care facility for hospice care. Values are derived from your Core Measure Vendor File.	High	No	No

### **SUB (Substance Abuse) Core Measures**

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
SUB-2 - Alcohol Use Brief Intervention Provided or Offered	Percentage of patients who screened positive for unhealthy alcohol use to whom a brief intervention was provided, offered or refused. Exclude: patients less than 18 years of age, patients who are cognitively impaired, patients who have a duration of stay less than or equal to one day or greater than 120 days, patients with Comfort Measures Only documented. Values are derived from your Core Measure Vendor File.	High	No	No
SUB-2a - Alcohol Use Brief Intervention Treatment	Percent of patients who screened positive for unhealthy alcohol use, and did not refuse intervention, to whom a brief intervention was provided. Exclude: patients less than 18 years of age, patients who are cognitively impaired, patients who have a duration of stay less than or equal to one day or greater than 120 days, patients with Comfort Measures Only documented. Values are derived from your Core Measure Vendor File.	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
SUB-3 - Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge	Percent of patients meeting the criteria for an alcohol or other drug use disorder who were provided or offered a prescription at discharge for medication for treatment of alcohol or drug use disorder OR a referral for addictions treatment. Exclude: patients less than 18 years of age, patient drinking at unhealthy levels who do not meet criteria for an alcohol use disorder, patients who are cognitively impaired, patients who expire, patients discharged to another hospital, patients who left against medical advice, patients discharged to another healthcare facility, patients discharged to home or another healthcare facility for hospice care, patients who have a length of stay less than or equal to three days or greater than 120 days, patients who do not reside in the United States, patients receiving Comfort Measures Only documented.	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
	Values are derived from your Core Measure Vendor File.			

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
SUB-3a - Alcohol and Other Drug Use Disorder Treatment at Discharge	Percent of patients meeting the criteria for an alcohol or other drug use disorder who received a prescription at discharge for medication for treatment of alcohol or drug use disorder OR a referral for addictions treatment. Exclude: patients less than 18 years of age, patient drinking at unhealthy levels who do not meet criteria for an alcohol use disorder, patients who are cognitively impaired, patients who expire, patients discharged to another hospital, patients who left against medical advice, patients discharged to another healthcare facility, patients discharged to home or another healthcare facility for hospice care, patients who have a length of stay less than or equal to three days or greater than 120 days, patients who do not reside in the United States, patients receiving Comfort Measures Only documented.	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
	Values are derived from your Core Measure Vendor File.			
<b>TOB (Tobacco Abuse) Core Measures</b>				
TOB-2 - Tobacco Use Treatment Provided or Offered	Percent of patients identified as tobacco product users within the past 30 days who received or refused practical counseling to quit AND received or refused FDA approved cessation medications during the hospital stay. Exclude patients who: less than 18 years of age, are cognitively impaired, have a duration of stay less than or equal to one day and greater than 120 days. Values are derived from your Core Measure Vendor File.	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
TOB-2a - Tobacco Use Treatment	Percent of patients identified as tobacco product users within the past 30 days who received counseling AND medication as well as those who received counseling and had reason for not receiving the medication. Exclude patients who: less than 18 years of age, are cognitively impaired, have a duration of stay less than or equal to one day and greater than 120 days. Values are derived from your Core Measure Vendor File.	High	No	No



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
TOB-3 - Tobacco Use Treatment Provided or Offered at Discharge	Percent of patients identified as tobacco product users within the past 30 days who were referred to or refused evidence-based out-patient counseling AND received or refused a prescription for FDA-approved cessation medication upon discharge. Exclude patients who: less than 18 years of age, are cognitively impaired, have a duration of stay less than or equal to one day and greater than 120 days. Values are derived from your Core Measure Vendor File.	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
TOB-3a - Tobacco Use Treatment at Discharge	Percent of patients identified as tobacco product users within the past 30 days who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication upon discharge as well as those who were referred to outpatient counseling and had reason for not receiving a prescription for medication. Exclude patients who: less than 18 years of age, are cognitively impaired, have a duration of stay less than or equal to one day and greater than 120 days. Values are derived from your Core Measure Vendor File.	High	No	No
<b>VTE (Venous Thromboembolism) Core Measures</b>				
VTE Core Measure Bundle	Venous Thromboembolism (VTE) patients which received all appropriate quality of care measures, including VTE-1, VTE-2, VTE-3, VTE-4, VTE-5, VTE-6	High	No	No
VTE Overall	Sum of numerators for all VTE measures/ sum of denominators for all VTE measures	High	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
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.	High	Yes	Yes
VTE-2 - ICU VTE	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).	High	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
VTE-3 - Anticoagulation Overlap Therapy	<p>This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of parenteral intravenous or subcutaneous 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 overlap therapy. 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 reason for discontinuation of overlap therapy.</p>	High	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
VTE-4 - Heparin Therapy and Monitoring	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.	High	Yes	Yes
VTE-5 - 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.	High	No	No
VTE-6 - 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.	Low	Yes	Yes

\*All Readmission measures have forward- and backward-looking versions, as well as a same-hospital version. There are only external benchmarks for certain versions; see [Readmission Measures](#) for more information.

## Inpatient & Observation Systems Measures

These measures are summary statistics of your patient populations, like gender and admission source. All Systems measures are DRG-based.

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Volume	Count of inpatient discharges	High	No	No
Gender - Female	Number of female patients divided by the total number of discharges	N/A	No	No
Gender - Male	Number of male patients divided by the total number of discharges	N/A	No	No
Average # of CC Diagnoses	Average number of CC diagnoses on each encounter	N/A	Yes	Yes
Average # of MCC Diagnoses	Average number of MCC diagnoses on each encounter	N/A	Yes	Yes
Average # of Secondary Diagnoses	Average number of secondary diagnoses on each encounter	N/A	Yes	Yes
Procedures	Average number of procedures on each encounter	N/A	Yes	Yes
Risk & Severity Measures				
% APR-DRG with Risk = 1	<p>Percent of patients with APR-DRG Risk of Mortality (ROM) = 1 (minor). ROM indicates the likelihood of dying during the hospital stay:</p> <p>Number of encounters with ROM=1 divided by the total number of discharges</p>	N/A	Yes	Yes



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
% APR-DRG with Risk = 2	<p>Percent of patients with APR-DRG Risk of Mortality (ROM) = 2 (moderate). ROM indicates the likelihood of dying during the hospital stay:</p> <p>Number of encounters with ROM=2 divided by the total number of discharges</p>	N/A	Yes	Yes
% APR-DRG with Risk = 3	<p>Percent of patients with APR-DRG Risk of Mortality (ROM) = 3 (major). ROM indicates the likelihood of dying during the hospital stay:</p> <p>Number of encounters with ROM=3 divided by the total number of discharges</p>	N/A	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
% APR-DRG with Risk = 4	<p>Percent of patients with APR-DRG Risk of Mortality (ROM) = 4 (extreme). ROM indicates the likelihood of dying during the hospital stay:</p> <p>Number of encounters with ROM=4 divided by the total number of discharges</p>	N/A	Yes	Yes
% APR-DRG with Severity = 1	<p>Percent of patients with APR-DRG Severity of Illness (SOI) = 1 (minor). SOI is a measure of how sick the patient is, defined as the extent of physiologic decompensation or organ system loss of function:</p> <p>Number of encounters with SOI=1 divided by the total number of discharges</p>	N/A	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
% APR-DRG with Severity = 2	<p>Percent of patients with APR-DRG Severity of Illness (SOI) = 2 (moderate). SOI is a measure of how sick the patient is, defined as the extent of physiologic decompensation or organ system loss of function:</p> <p>Number of encounters with SOI=2 divided by the total number of discharges</p>	N/A	Yes	Yes
% APR-DRG with Severity = 3	<p>Percent of patients with APR-DRG Severity of Illness (SOI) = 3 (major). SOI is a measure of how sick the patient is, defined as the extent of physiologic decompensation or organ system loss of function:</p> <p>Number of encounters with SOI=3 divided by the total number of discharges</p>	N/A	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
% APR-DRG with Severity = 4	<p>Percent of patients with APR-DRG Severity of Illness (SOI) = 4 (extreme). SOI is a measure of how sick the patient is, defined as the extent of physiologic decompensation or organ system loss of function:</p> <p>Number of encounters with SOI=4 divided by the total number of discharges</p>	N/A	Yes	Yes
<b>Admission Source Measures</b>				
% Clinic Referral	<p>Percent of patients admitted from a clinic referral:</p> <p>Number of encounters with Admit Source=2 and NOT Admit Type=4 (Newborn) divided by the total number of discharges</p>	N/A	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
% Court / Law Enforcement	<p>Percent of patients admitted from court / law enforcement:</p> <p>Number of encounters with Admit Source=8 divided by the total number of discharges</p>	N/A	Yes	Yes
% Emergency Room	<p>Percent of patients admitted from the emergency room:</p> <p>Number of encounters with Admit Source=7 OR an Emergency Department Revenue Code (0450, 0451, 0452, 0456, 0459) divided by the total number of discharges</p>	N/A	Yes	Yes
% HMO Referral	<p>Percent of patients admitted from an HMO referral:</p> <p>Number of encounters with Admit Source=3 and NOT Admit Type=4 (Newborn) divided by the total number of discharges</p>	N/A	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
	Percent of patients admitted from a physician referral (non-healthcare facility point of origin):			
% Physician Referral	Number of encounters with Admit Source=1 and NOT Admit Type=4 (Newborn) divided by the total number of discharges	N/A	Yes	Yes
	Percent of patients transferred from a critical access hospital:			
% Transfer from a Critical Access Hospital	Number of encounters with Admit Source=A divided by the total number of discharges	N/A	Yes	Yes
	Percent of patients transferred from a skilled nursing facility (SNF):			
% Transfer from a Skilled Nursing Facility (SNF)	Number of encounters with Admit Source=5 and NOT Admit Type=4 (Newborn) divided by the total number of discharges	N/A	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
% Transfer from a Skilled Nursing Facility (SNF) - Newborn	<p>Percent of newborn encounters transferred from a SNF:</p> <p>Number of encounters with Admit Source=5 and Admit Type=4 (Newborn) divided by the total number of discharges</p>	N/A	Yes	Yes
% Transfer from Another Health Care Facility	<p>Percent of patients transferred from another health care facility:</p> <p>Number of encounters with Admit Source=6 and NOT Admit Type=4 (Newborn) divided by the total number of discharges</p>	N/A	Yes	Yes
% Transfer from Another Health Care Facility - Newborn	<p>Percent of newborn encounters transferred from another healthcare facility:</p> <p>Number of encounters with Admit Source=6 and Admit Type=4 (Newborn) divided by the total number of discharges</p>	N/A	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
% Transfer from Hospital	<p>Percent of patients transferred from a different hospital:</p> <p>Number of encounters with Admit Source=4 and NOT Admit Type=4 (Newborn) divided by the total number of discharges</p>	N/A	Yes	Yes
% Transfer from hospital inpatient in the same facility resulting in a separate claim to the payer	<p>Percent of patients transferred from hospital inpatient in the same facility resulting in a separate claim to the payer:</p> <p>Number of encounters with Admit Source=D divided by the total number of discharges</p>	N/A	Yes	Yes
<b>Discharge Disposition Measures</b>				
% Admitted As an Inpatient to This Hospital	<p>Percent of outpatient encounters admitted as an inpatient to this hospital:</p> <p>Number of encounters with Discharge Disposition=9 divided by the total number of discharges</p>	N/A	Yes	Yes



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
% Discharged To Home / Self Care (Routine Discharge)	<p>Percent of patients discharged to home or self-care (routine discharge):</p> <p>Number of encounters with Discharge Disposition=1 divided by the total number of discharges</p>	N/A	Yes	Yes
% Discharged / Transferred / Referred To another Institution for Outpatient Services	<p>Percent of patients discharged, transferred, or referred to another institution for outpatient services:</p> <p>Number of encounters with Discharge Disposition=71 divided by the total number of discharges</p>	N/A	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
% Discharged / Transferred / Referred To This Institution for Outpatient Services	<p>Percent of patients discharged, transferred, or referred to this institution for outpatient services:</p> <p>Number of encounters with Discharge Disposition=72 divided by the total number of discharges</p>	N/A	Yes	Yes
% Discharged / Transferred To Home Care	<p>Percent of patients discharged or transferred to Home Care:</p> <p>Number of encounters with Discharge Disposition=6 divided by the total number of discharges</p>	N/A	Yes	Yes
% Discharged / Transferred To a Long Term Care	<p>Percent of patients discharged or transferred to a long-term care facility:</p> <p>Number of encounters with Discharge Disposition=63 divided by the total number of discharges</p>	N/A	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
% Discharged / Transferred To a Nursing Facility	<p>Percent of patients discharged or transferred to a nursing facility:</p> <p>Number of encounters with Discharge Disposition=64 divided by the total number of discharges</p>	N/A	Yes	Yes
% Discharged / Transferred To an Inpatient Rehabilitation Facility	<p>Percent of patients discharged or transferred to an inpatient rehabilitation facility:</p> <p>Number of encounters with Discharge Disposition=62 divided by the total number of discharges</p>	N/A	Yes	Yes
% Discharged / Transferred To another Type of Institution for Inpatient Care	<p>Percent of patients discharged or transferred to another type of institution for inpatient care:</p> <p>Number of encounters with Discharge Disposition=5 divided by the total number of discharges</p>	N/A	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
% Discharged / Transferred To Home under Care of a Home IV Drug Therapy Provider	<p>Percent of patients discharged or transferred to home under care of a home iv drug therapy provider:</p> <p>Number of encounters with Discharge Disposition=8 divided by the total number of discharges</p>	N/A	Yes	Yes
% Discharged / Transferred To Intermediate Care Facility	<p>Percent of patients discharged or transferred to intermediate care facility:</p> <p>Number of encounters with Discharge Disposition=4 divided by the total number of discharges</p>	N/A	Yes	Yes
% Discharged / Transferred To Other Short Term General Hospital for Inpatient Care	<p>Percent of patients discharged or transferred to other short-term general hospital for inpatient care:</p> <p>Number of encounters with Discharge Disposition=2 divided by the total number of discharges</p>	N/A	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
% Discharged / Transferred To Skilled Nursing Facility (SNF)	<p>Percent of patients discharged or transferred to skilled nursing facility (SNF):</p> <p>Number of encounters with Discharge Disposition=3 divided by the total number of discharges</p>	N/A	Yes	Yes
% Discharged / Transferred Within This Institution to a Hospital-Based Medicare Approved Swing Bed	<p>Percent of patients discharged or transferred within this institution to a hospital-based Medicare-approved swing bed:</p> <p>Number of encounters with Discharge Disposition=61 divided by the total number of discharges</p>	N/A	Yes	Yes
% Discharged/transferred to a Critical Access Hospital (CAH)	<p>Percent of patients discharged or transferred to a critical access hospital (CAH):</p> <p>Number of encounters with Discharge Disposition=66 divided by the total number of discharges</p>	N/A	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
% Discharged/transferred to a federal hospital	<p>Percent of patients discharged or transferred to a federal hospital:</p> <p>Number of encounters with Discharge Disposition=43 divided by the total number of discharges</p>	N/A	Yes	Yes
% Discharged/Transferred to a psychiatric hospital or psychiatric distinct unit of a hospital	<p>Percent of patients discharged or transferred to a psychiatric hospital or psychiatric distinct unit of a hospital:</p> <p>Number of encounters with Discharge Disposition=65 divided by the total number of discharges</p>	N/A	Yes	Yes
% Expired - At Home (Hospice Claims Only)	<p>Percent of patients discharged expired - at home (hospice claims only):</p> <p>Number of encounters with Discharge Disposition=40 divided by the total number of discharges</p>	N/A	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
% Expired - Did Not Recover (Christian Science Patient)	<p>Percent of patients discharged expired (or "did not recover" for Christian Science patients):</p> <p>Number of encounters with Discharge Disposition=20 divided by the total number of discharges</p>	N/A	Yes	Yes
% Expired - In a Medical Facility Such as Hospital, SNF, ICF, or Freestanding Hospice	<p>Percent of patients discharged expired from a medical facility such as hospital, SNF, ICF, or freestanding hospice:</p> <p>Number of encounters with Discharge Disposition=41 divided by the total number of discharges</p>	N/A	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
% Expired - Place Unknown (Hospice Claims Only)	Percent of patients discharged expired - place unknown (hospice claims only):			
	Number of encounters with Discharge Disposition=42 divided by the total number of discharges	N/A	Yes	Yes
% Hospice - Home	Percent of patients discharged to hospice - home:			
	Number of encounters with Discharge Disposition=50 divided by the total number of discharges	N/A	Yes	Yes
% Hospice - Medical Facility	Percent of patients discharged to hospice - medical facility:			
	Number of encounters with Discharge Disposition=51 divided by the total number of discharges	N/A	Yes	Yes



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
% Left Against Medical Advice or Discontinued Care	Percent of patients who left against medical advice (AMA) or discontinued care:			
	Number of encounters with Discharge Disposition=7 divided by the total number of discharges	N/A	Yes	Yes
% Still Patient	Percent of patients who are still a patient:			
	Number of encounters with Discharge Disposition=30 divided by the total number of discharges	N/A	Yes	Yes

## Inpatient & Observation Throughput Measures

These measures support your efficiency initiative for certain patient cohorts. See [Surgical Process Measures](#) for more information about the Surgery-specific Throughput measures.

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
<b>Encounter-Level Surgical Throughput Measures</b>				
Anesthesia Duration - Actual - Longest Surgery	Actual duration of anesthesia administration (in minutes) for the encounter's longest OR visit  Anesthesia Stop Time - Anesthesia Start Time	Low	No	No
Case Start Delay - Longest Surgery	Amount of time (in minutes) the case start time was delayed for the encounter's longest OR visit  Actual Case Start Time - Scheduled Case Start Time	Low	No	No
Cleanup Duration - Actual - Longest Surgery	Actual duration of OR cleanup time (in minutes) for the encounter's longest OR visit  Cleanup Stop Time - Cleanup Start Time	Low	No	No
Close Time Delay - Longest Surgery	Amount of time (in minutes) the surgery close time was delayed for the encounter's longest OR visit  Actual Close Time - Scheduled Close Time	Low	No	No
Excess Cleanup Time - Longest Surgery	Amount of additional time (in minutes) spent on cleanup for the encounter's longest OR visit  "Cleanup Duration - Actual - Longest Surgery" - "Cleanup Duration - Scheduled - Longest Surgery"	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Excess Procedure Duration - Longest Surgery	<p>Amount of additional time (in minutes) spent during the procedure for the encounter's longest OR visit</p> <p>"Procedure Duration - Actual - Longest Surgery" - "Procedure Duration - Scheduled - Longest Surgery"</p>	Low	No	No
Excess Setup Time - Longest Surgery	<p>Amount of additional time (in minutes) spent on setup for the encounter's longest OR visit</p> <p>"Setup Duration - Actual - Longest Surgery" - "Setup Duration - Scheduled - Longest Surgery"</p>	Low	No	No
OR In Time Delay - Longest Surgery	<p>Amount of time (in minutes) the patient's arrival to the OR ("wheels in" time) was delayed for the encounter's longest OR visit</p> <p>Actual OR In Time - Scheduled OR In Time</p>	Low	No	No
OR Out Time Delay - Longest Surgery	<p>Amount of time (in minutes) the patient's departure from the OR ("wheels out" time) was delayed for the encounter's longest OR visit</p> <p>Actual OR Out Time - Scheduled OR Out Time</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
PACU Duration - Actual - Longest Surgery	Actual duration of time (in minutes) the patient was in the PACU (Post-Anesthesia Care Unit) for the encounter's longest OR visit  PACU Stop Time - PACU Start Time	Low	No	No
PACU In Time Delay - Longest Surgery	Amount of time (in minutes) the patient's PACU arrival was delayed for the encounter's longest OR visit  Actual PACU In Time - Scheduled PACU In Time	Low	No	No
Patient in OR Duration - Longest Surgery	Actual duration of patient's time in the OR (in minutes) for the encounter's longest OR visit  OR Out Time - OR In Time	Low	No	No
Pre-Op Duration - Actual - Longest Surgery	Actual duration of preoperative (in minutes) for the encounter's longest OR visit  Pre-Op Stop Time - Pre-Op Start Time	Low	No	No
Procedure Duration - Actual - Longest Surgery	Actual duration of the procedure (in minutes) for the encounter's longest OR visit  Close Time - Cut Time	Low	No	No
Setup Duration - Actual - Longest Surgery	Actual duration of OR setup (in minutes) for the encounter's longest OR visit  Setup Stop Time - Setup Start Time	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Total OR Time - Longest Surgery	Actual duration of OR use time (in minutes); room turnover time for the encounter's longest OR visit Cleanup Stop Time - Setup Start Time	Low	No	No
<b>Surgical Case-Level Throughput Measures</b>				
Surgical Case - Total Wasted Supply Cost	Total wasted supply cost for a surgical case	Low	No	No
Surgical Case - Total Staff Minutes	Total staff minutes for a surgical case	Low	No	No
Surgical Case - Total Supply Cost	Total supply cost for a surgical case	Low	No	No
Surgical Case - Total OR Time	Total OR time (actual OR out time - actual OR in time) for a surgical case	Low	No	No
Surgical Case - Setup Duration - Actual	Actual setup duration (setup stop time - setup start time) for a surgical case	Low	No	No
Surgical Case - Procedure Duration - Actual	Actual procedure duration (close time - cut time) for a surgical case	Low	No	No
Surgical Case - Pre-Op Duration - Actual	Actual pre-op duration (pre-op stop time - pre-op start time) for a surgical case	Low	No	No
Surgical Case - Patient in OR Duration	Actual patient in OR Duration (OR out time - OR in time) for a surgical case	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Surgical Case - PACU In Time Delay	PACU in time delay (actual PACU in time - scheduled PACU in time) for a surgical case	Low	No	No
Surgical Case - PACU Duration - Actual	Actual PACU duration (PACU out time - PACU in time) for a surgical case	Low	No	No
Surgical Case - OR Out Time Delay	OR out time delay (actual OR out time - schedule OR out time) for a surgical case	Low	No	No
Surgical Case - OR In Time Delay	OR in time delay (actual OR in time - scheduled OR in time) for a surgical case	Low	No	No
Surgical Case - Excess Setup Time	Excess setup time (actual setup duration - schedule setup duration) for a surgical case	Low	No	No
Surgical Case - Excess Procedure Duration	Excess procedure duration (actual procedure duration - scheduled procedure duration) for a surgical case	Low	No	No
Surgical Case - Excess Cleanup Time	Excess cleanup time (actual cleanup time - scheduled cleanup time) for a surgical case	Low	No	No
Surgical Case - Close Time Delay	Delay of close time (actual close time - schedule close time) for a surgical case	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Surgical Case - Cleanup Duration - Actual	Actual cleanup duration (cleanup stop time-cleanup start time) for a surgical case	Low	No	No
Surgical Case - Case Start Date Delay	Delay of surgical case start (actual start time-scheduled start time) for a surgical case	Low	No	No
Surgical Case - Anesthesia Duration - Actual	Actual anesthesia duration (anesthesia stop time-anesthesia start time) for a surgical case	Low	No	No



## Inpatient & Observation Utilization Measures

These measures help you analyze patient days, LOS, and costs/charges throughout your facility. Please see [Charge & Cost Measure Definitions](#), [Charge & Cost Measure Calculations](#), or [Pharmacy Utilization Measures](#) for more information on these measures.

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
<b>Charges Measures</b>				
Charges - Accommodation - Coronary Care	Sum of coronary care charges divided by volume of cases Revenue codes 0210-0214, 0219	Low	Yes	Yes
Charges - Accommodation - ICU	Sum of intensive care charges divided by volume of cases Revenue codes 0200-0204, 0206-0209	Low	Yes	Yes
Charges - Accommodation - Private	Sum of private room charges divided by volume of cases Revenue codes 0110-0119, 0140-0149	Low	Yes	Yes
Charges - Accommodation - Semi Private	Sum of semi-private room charges divided by volume of cases Revenue codes: 0100, 0101, 0120-0139, 0160, 0164, 0167, 0169, 0170-0174, 0179, 0180, 0182-0185, 0189, 0190-0194, 0199	Low	Yes	Yes
Charges - Accommodation - Ward	Sum of ward charges divided by volume of cases Revenue codes: 0150-0159	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Charges - Accommodation - Private, Semi Private, Ward - Inpatient	<p>Sum of charges accommodation private, charges semi-private, charges - ward, divided by volume of cases</p> <p>-Private accommodation revenue codes: 0110-0119, 0140-0149</p> <p>-Semi-private accommodation revenue codes: 0100, 0101, 0120-0139, 0160, 0164, 0167, 0169, 0170-0174, 0179, 0180, 0182-0185, 0189, 0190-0194, 0199</p> <p>-Ward accommodation revenue codes: 0150-0159</p>	Low	Yes	Yes
Charges - Accommodations - Total	<p>Sum of all accommodation charges divided by volume of cases</p> <p>Revenue codes: 0100 - 0219</p>	Low	Yes	Yes
Charges - Ambulance	<p>Sum of ambulance charges divided by volume of cases</p> <p>Revenue codes: 0540-0549</p>	Low	Yes	Yes
Charges - Anesthesiology	<p>Sum of anesthesiology charges divided by volume of cases</p> <p>Revenue codes: 0370-0372, 0374, 0379</p>	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Charges - Blood Administration	Sum of blood administration charges divided by volume of cases  Revenue codes: 0390, 0391, 0399	Low	Yes	Yes
Charges - Blood Use	Sum of blood use charges divided by volume of cases  Revenue codes: 0380-0387, 0389	Low	Yes	Yes
Charges - Cardiology	Sum of cardiology charges divided by volume of cases  Revenue codes: 0480-0483, 0489, 0730-0732, 0739	Low	Yes	Yes
Charges - Clinic Visit	Sum of clinic visit charges divided by volume of cases  Revenue codes: 0510-0517, 0519	Low	Yes	Yes
Charges - Critical Care / Intermediate ICU	Sum of ICU and CCU charges divided by volume of cases  Revenue codes: 020X	Low	Yes	Yes
Charges - Critical Care Without Intermediate ICU/CCU	Sum of ICU/ CCU Charges (excluding intermediate care), divided by volume of cases  Revenue codes: 200-204, 207, 208-213, 219	Low	Yes	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Charges - CT Scan	Sum of CT Scan charges divided by volume of cases Revenue codes: 0350-0359	Low	Yes	Yes
Charges - Durable Medical Equipment	Sum of durable medical equipment charges divided by volume of cases Revenue codes: 0290-0292, 0294, 0299	Low	Yes	Yes
Charges - Emergency Department	Sum of emergency room department charges divided by volume of cases Revenue codes: 0450-0452, 0456, 0459	Low	Yes	Yes
Charges - ESRD Revenue Setting	Sum of ESRD revenue-setting charges divided by volume of cases Revenue codes: 0800-0804, 0809, 0820-0825, 0829-0835, 0839-0845, 0849-0855, 0859-0882, 0889	Low	Yes	Yes
Charges - Intermediate ICU/CCU	Sum of intermediate ICU/CCU charges divided by volume of cases Revenue codes: 206, 214	Low	Yes	Yes
Charges - Labor and Delivery	Sum of labor and delivery charges divided by volume of cases Revenue codes: 0720-0724, 0729	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Charges - Laboratory and Pathology	Sum of laboratory & pathology charges divided by volume of cases  Revenue codes: 0300-0307, 0309-0312, 0314, 0319, 0740, 0749, 0750, 0759	Low	Yes	Yes
Charges – Next-to-Last Day of Stay	Sum of all charges for a patient's next-to-last day of stay	Low	Yes	Yes
Charges - Last Day of Stay	Sum of all charges for a patient's last day of stay	Low	No	No
Charges - Last and Next-to-Last Day of Stay	Sum of all charges for a patient's last and next-to-last days of stay	Low	Yes	Yes
Charges - Lithotripsy	Sum of lithotripsy charges divided by volume of cases  Revenue codes: 0790, 0799	Low	Yes	Yes
Charges - Medical/Surgical Supplies	Sum of medical/surgical supply charges divided by volume of cases  Revenue codes: 0270-0279, 0620-0624	Low	Yes	Yes
Charges - MRI	Sum of MRI charges divided by volume of cases  Revenue codes: 0610-0612, 0614-0616, 0618, 0619	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Charges - NICU	Sum of NICU charges divided by volume of cases Revenue codes: 0230-0235, 0239, 0240, 0249	Low	No	No
Charges - Nuclear Medicine	Sum of nuclear medicine charges divided by volume of cases Revenue codes: 340-342, 349	Low	No	Yes
Charges - Nursery	Sum of nursery charges divided by volume of cases Revenue codes: 0171-0174, 0179	Low	No	No
Charges - Nursery and NICU	Sum of nursery and NICU Charges divided by volume of cases Revenue codes: 0230-0232, 0234, 0235, 0239, 0240, 0249	Low	No	No
Charges - Occupation Therapy	Sum of occupational therapy charges divided by volume of cases Revenue codes: 0430-0434, 0439	Low	Yes	Yes
Charges - Oncology	Sum of oncology charges divided by volume of cases Revenue codes: 0280, 0289, 0331-0333, 0335	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Charges - Operating Room	Sum of operating room charges divided by volume of cases Revenue codes: 0360-0362, 0367, 0369, 0710, 0719	Low	Yes	Yes
Charges - Operating Room and Labor & Delivery	Sum of operating room labor and delivery charges divided by volume of cases Revenue codes: 0360-0362, 0367, 0369, 0710, 0719, 0720-0724, 0729	Low	Yes	Yes
Charges - Organ Acquisition	Sum of organ acquisition charges divided by volume of cases Revenue codes: 0810-0814, 0819, 0890-0893, 0899	Low	Yes	Yes



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Charges - Other	<p>Sum of other charges divided by volume of cases</p> <p>Revenue codes: 0220-0224, 0229-0235, 0239, 0240, 0249, 0520-0523, 0526, 0529, 0530, 0531, 0539, 0550-0553, 0559-0562, 0569-0572, 0579-0583, 0589, 0590, 0599-0604, 0640-0652, 0655-0663, 0669-0672, 0679, 0681-0684, 0689, 0700, 0709, 0760-0762, 0769-0771, 0779, 0780, 0900, 0901-0907, 0909-0925, 0929, 0931, 0932, 0940-0947, 0949-0952, 0990-0999</p>	Low	Yes	Yes
Charges - Other Not Including Nursery and NICU and Psych	<p>Sum of other charges (without NICU or psych) divided by volume of cases</p> <p>Revenue codes: 0220-0224, 0229, 0520-0523, 0526, 0529-0531, 0539, 0550-0553, 0559-0562, 0569-0572, 0579-0583, 0589, 0590, 0599-0604, 0640-0652, 0655-0663, 0669-0672, 0679, 0681-0684, 0689, 0700, 0709, 0760-0762, 0769-0771, 0779, 0780, 0920-0925, 0929, 0931, 0932, 0940-0947, 0949-0952, 0990-0999</p>	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Charges - Outpatient Services	Sum of outpatient services charges divided by volume of cases Revenue codes: 0490, 0499, 0500, 0509	Low	Yes	Yes
Charges - Pathology	Sum of pathology charges divided by volume of cases Revenue codes: 0310-0312, 0314, 0319	Low	No	No
Charges - Pharmacy	Sum of pharmacy charges divided by volume of cases Revenue codes: 0250-0263, 0264, 0269, 0630-0637	Low	Yes	Yes
Charges - Physical Therapy	Sum of physical therapy charges divided by volume of cases Revenue codes: 0420-0424, 0429	Low	Yes	Yes
Charges - Principal Procedure	Sum of Operating Room charges on the day of the Principal Procedure	Low	No	No
Charges - Professional Fee	Sum of professional fees charges Revenue codes: 0960-0964, 0969, 0971-0979, 0981-0989	Low	Yes	Yes
Charges - Psych Services	Sum of psych charges divided by volume of cases Revenue codes: 0900-0907, 0909-0919	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Charges - Radiology and CT Scan	Sum of radiology and CT scan charges divided by volume of cases  Revenue codes: 0320-0324, 0329, 0350-0352, 0359, 0400-0404, 0409	Low	No	Yes
Charges - Radiology, CT, Oncology & Nuclear Med.	Sum of radiology charges divided by volume of cases  Revenue codes: 0280, 0289, 0320-0324, 0329-0333, 0335, 0339-0342, 0349-0352, 0359, 0400-0404, 0409	Low	No	Yes
Charges - Respiratory Therapy	Sum of inhalation therapy charges divided by volume of cases  Revenue codes: 0410, 0412, 0413, 0419	Low	No	No
Charges - Speech Pathology	Sum of speech pathology charges divided by volume of cases  Revenue codes: 0440-0444, 0449, 0470-0472, 0479	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Charges - Therapy: Physical, Occupational, Speech	Sum of physical, occupational and speech therapy divided by volume of cases  -Physical therapy revenue codes: 0420-0424, 0429  -Occupational therapy revenue codes: 0430-0434, 0439  -Speech pathology revenue codes: 0440-0444, 0449, 0470-0472, 0479	Low	No	No
Charges - Used Durable Medical Equipment	Sum of used durable medical equipment charges divided by volume of cases  Revenue code: 0293	Low	Yes	Yes
Charge Amount - Principal Procedure	Sum of all operating room charges on the date of the principal procedure	Low	No	No
Charge Amount - Cardiology	Sum of all cardiology charges for the encounter	Low	No	No
Charges - Total	Sum of all charges divided by volume of cases	Low	Yes	Yes
<b>Cost Measures</b>				
Cost - Accommodation - Coronary Care	Sum of coronary care costs divided by volume of cases  Revenue codes: 0210-0214, 0219	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Cost - Accommodation - ICU	Sum of intensive care costs divided by volume of cases Revenue codes: 0200-0204, 0206-0209	Low	Yes	Yes
Cost - Accommodation - Private	Sum of private room costs divided by volume of cases Revenue codes: 0110-0119, 0140-0149	Low	Yes	No
Cost - Accommodation - Semi Private	Sum of semi-private room costs divided by volume of cases Revenue codes: 0100, 0101, 0120-0139, 0160, 0164, 0167, 0169-0174, 0179, 0180, 0182-0185, 0189-0194, 0199	Low	Yes	No
Cost - Accommodation - Ward	Sum of ward costs divided by volume of cases Revenue codes: 0150-01593	Low	Yes	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Cost - Accommodation - Private, Semi Private, Ward - Inpatient	<p>Sum of costs- accommodation private, costs semi-private, costs - ward, divided by volume of cases</p> <p>-Private accommodation revenue codes: 0110-0119, 0140-0149</p> <p>-Semi-private accommodation revenue codes: 0100, 0101, 0120-0139, 0160, 0164, 0167, 0169, 0170-0174, 0179, 0180, 0182-0185, 0189, 0190-0194, 0199</p> <p>-Ward accommodation revenue codes: 0150-0159</p>	Low	Yes	Yes
Cost - Accommodations - Total	<p>Sum of all accommodation costs divided by volume of cases</p> <p>Revenue codes: 0100 - 0219</p>	Low	No	No
Cost - Ambulance	<p>Sum of ambulance costs divided by volume of cases</p> <p>Revenue codes: 0540-0549</p>	Low	No	No
Cost - Anesthesiology	<p>Sum of anesthesiology costs divided by volume of cases</p> <p>Revenue codes: 0370-0372, 0374, 0379</p>	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Cost - Blood Administration	Sum of blood administration costs divided by volume of cases  Revenue codes: 0390, 0391, 0399	Low	Yes	Yes
Cost - Blood Use	Sum of blood use costs divided by volume of cases  Revenue codes: 0380-0387, 0389	Low	Yes	Yes
Cost - Cardiology	Sum of cardiology costs divided by volume of cases  Revenue codes: 0480-0483, 0489, 0730-0732, 0739	Low	Yes	Yes
Cost - Clinic Visit	Sum of clinic visit costs divided by volume of cases  Revenue codes: 0510-0517, 0519	Low	Yes	Yes
Cost - Critical Care / Intermediate ICU	Sum of ICU and CCU costs divided by volume of cases  Revenue center: 020X	Low	Yes	Yes
Cost - Critical Care Without Intermediate ICU/CCU	Sum of ICU/ CCU costs (excluding intermediate care) divided by volume of cases  Revenue codes: 0200-0204, 0207-0213, 0219	Low	Yes	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Cost - CT Scan	Sum of CT Scan costs divided by volume of cases Revenue codes: 0350-0359	Low	Yes	Yes
Cost - Durable Medical Equipment	Sum of durable medical equipment costs divided by volume of cases Revenue codes: 0290-0292, 0294, 0299	Low	Yes	Yes
Cost - Emergency Department	Sum of emergency room department costs divided by volume of cases Revenue codes: 0450-0452, 0456, 0459	Low	Yes	Yes
Cost - ESRD Revenue Setting	Sum of ESRD revenue-setting costs divided by volume of cases Revenue codes: 0800-0804, 0809, 0820-0825, 0829-0835, 0839-0845, 0849-0855, 0859-0882, 0889	Low	Yes	Yes
Cost - Intermediate ICU/CCU	Sum of intermediate ICU/ CCU costs (Revenue codes 206 and 214) divided by volume of cases Revenue codes: 206, 214	Low	Yes	No
Cost - Labor and Delivery	Sum of labor and delivery costs divided by volume of cases Revenue codes: 0720-0724, 0729	Low	No	No



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Cost - Laboratory and Pathology	Sum of laboratory & pathology costs divided by volume of cases  Revenue codes: 0300-0307, 0309-0312, 0314, 0319, 0740, 0749, 0750, 0759	Low	Yes	Yes
Cost - Lithotripsy	Sum of lithotripsy costs divided by volume of cases  Revenue codes: 0790, 0799	Low	Yes	Yes
Cost - Medical/Surgical Supplies	Sum of medical/surgical supplies divided by volume of cases  Revenue codes: 0270-0279, 0620-0624	Low	Yes	Yes
Cost - MRI	Sum of MRI costs divided by volume of cases  Revenue codes: 0610-0612, 0614-0616, 0618, 0619	Low	Yes	Yes
Cost - NICU	Sum of NICU costs divided by volume of cases  Revenue codes: 0230-0232, 0234, 0235, 0239, 0240, 0249	Low	No	No
Cost - Nuclear Medicine	Sum of nuclear medicine costs divided by volume of cases  Revenue codes: 340-342, and 349	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Cost - Nursery	Sum of nursery costs divided by volume of cases Revenue codes: 0171-0174, 0179	Low	No	No
Cost - Nursery and NICU	Sum of nursery and NICU costs divided by volume of cases Revenue codes: 0230-0232, 0234, 0235, 0239, 0240, 0249	Low	No	No
Cost - Occupation Therapy	Sum of occupational therapy costs divided by volume of cases Revenue codes: 0430-0434, 0439	Low	Yes	Yes
Cost - Oncology	Sum of oncology costs divided by volume of cases Revenue codes: 0280, 0289, 0331-0333, 0335	Low	No	No
Cost - Operating Room and Labor & Delivery	Sum of operating room labor and delivery costs divided by volume of cases Revenue codes: 0360-0362, 0367, 0369, 0710, 0719, 0720-0724, 0729	Low	Yes	Yes
Cost - Organ Acquisition	Sum of organ acquisition costs divided by volume of cases Revenue codes: 0810-0814, 0819, 0890-0893, 0899	Low	No	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Cost - Other	<p>Sum of other costs divided by volume of cases</p> <p>Revenue codes: 0220-0224, 0229-0235, 0239, 0240, 0249, 0520-0523, 0526, 0529-0531, 0539, 0550-0553, 0559-0562, 0569-0572, 0579-0583, 0589, 0590, 0599-0604, 0640-0652, 0655-0663, 0669-0672, 0679, 0681-0684, 0689, 0700, 0709, 0760-0762, 0769-0771, 0779, 0780, 0900-0907, 0909, 0910-0925, 0929, 0931, 0932, 0940-0947, 0949-0952, 0990-0999</p>	Low	Yes	Yes
Cost - Other Not Including Nursery and NICU and Psych	<p>Sum of other costs (without NICU or psych) divided by volume of cases</p> <p>Revenue codes: 0220-0224, 0229, 0520-0523, 0526, 0529-0531, 0539, 0550-0553, 0559-0562, 0569-0572, 0579-0583, 0589, 0590, 0599-0604, 0640-0652, 0655-0663, 0669-0672, 0679, 0681-0684, 0689, 0700, 0709, 0760-0762, 0769-0771, 0779, 0780, 0920-0925, 0929, 0931, 0932, 0940-0947, 0949-0952, 0990-0999</p>	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Cost - Outpatient Services	Sum of outpatient services costs divided by volume of cases Revenue codes: 0490, 0499, 0500, 0509.	Low	Yes	Yes
Cost - Pathology	Sum of pathology costs divided by volume of cases Revenue codes: 0310-0312, 0314, 0319.	Low	No	No
Cost - Pharmacy	Sum of pharmacy costs divided by volume of cases Revenue codes: 0250-0264, 0269, 0630-0637.	Low	Yes	Yes
Cost - Physical Therapy	Sum of physical therapy costs divided by volume of cases Revenue codes: 0420-0424, 0429.	Low	Yes	Yes
Cost - Professional Fee	Sum of professional fees costs Revenue codes: 0960-0964, 0969, 0971-0979, 0981-0989	Low	Yes	Yes
Cost - Psych Services	Sum of psych costs divided by volume of cases Revenue codes: 0900-0907, 0909-0919	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Cost - Radiology and CT Scan	Sum of radiology and CT scan costs divided by volume of cases Revenue codes: 0320-0324, 0329, 0350-0352, 0359, 0400-0404, 0409	Low	Yes	Yes
Cost - Radiology, CT, Oncology & Nuclear Med.	Sum of radiology costs divided by volume of cases Revenue codes: 0280, 0289, 0320-0324, 0329-0333, 0335, 0339-0342, 0349-0352, 0359, 0400-0404, 0409	Low	Yes	Yes
Cost - Respiratory Services	Sum of respiratory services costs divided by volume of cases Revenue codes: 0410, 0412, 0413, 0419	Low	No	No
Cost - Respiratory Therapy	Sum of inhalation therapy costs divided by volume of cases Revenue codes: 0410, 0412, 0413, 0419	Low	Yes	Yes
Cost - Speech Pathology	Sum of speech pathology costs divided by volume of cases Revenue codes: 0440-0444, 0449, 0470-0472, 0479	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Cost - Therapy: Physical, Occupational, Speech	<p>Sum of physical, occupational, and speech therapy divided by volume of cases</p> <p>-Physical therapy revenue codes: 0420-0424, 0429</p> <p>-Occupational therapy revenue codes: 0430-0434, 0439</p> <p>-Speech pathology revenue codes: 0440-0444, 0449, 0470-0472, 0479</p>	Low	No	No
Cost - Used Durable Medical Equipment	<p>Sum of used durable medical equipment costs divided by volume of cases</p> <p>Revenue code: 0293</p>	Low	Yes	Yes
Cost - Total	Sum of all costs divided by volume of cases	Low	Yes	Yes
Total Costs	Total costs as defined in client's cost accounting system.	Low	No	No
Total Direct Costs	Total direct costs as defined in client's cost accounting system.	Low	Yes	Yes
Total Fixed Costs	Total fixed costs as defined in client's cost accounting system.	Low	No	No
Total Indirect Costs	Total indirect costs as defined in client's cost accounting system.	Low	Yes	Yes
Total Variable Costs	Total variable costs as defined in client's cost accounting system.	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
<b>Length of Stay &amp; Days Measures</b>				
Length of Stay (LOS)	<p>Average length of stay, in whole days, for all patients</p> <p>This is the arithmetic mean of the LOS values, which is the sum of the values divided by the number of values</p>	Low	Yes	Yes
Length of Stay (LOS) - Geometric	<p>Geometric mean length of stay for all patients</p> <p>The geometric mean is nth root of the product of the LOS values, where n is the number of values. This calculation tends to be less sensitive to outliers than the arithmetic average.</p>	Low	Yes	Yes
LOS (decimal)	Average length of stay for all patients, with decimal (partial-day) precision	Low	Yes	Yes
LOS (hours)	Average length of stay, in hours, for all patients	Low	No	No
LOS > 10	Flag of 0 or 1, where 1 indicates that a given claim has a length of stay greater than 10 days	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Length of Stay Outlier	<p>Flag indicating that a given claim is a length of stay outlier</p> <p>A claim is considered an outlier if its LOS is greater than or equal to two standard deviations from the geometric mean value for all nationwide records for the same MS-DRG.</p>	Low	No	No
Number of Days Past Outlier Threshold	<p>The number of days beyond the outlier threshold for claims considered outliers</p> <p>A claim is considered an outlier if its LOS is greater than or equal to two standard deviations from the geometric mean value for all nationwide records for the same MS-DRG.</p>	Low	No	No
Observation Hours	<p>Average number of observation days per patient</p> <p>Revenue Codes: 0762, 0760</p>	Low	No	No
Days - Coronary Care	<p>Average coronary care accommodation days for all patients (including patients with 0 [zero] Coronary Care days)</p> <p>Revenue codes: 0210-0214, 0219</p>	Low	Yes	Yes



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Days - Coronary Care (CC Patients Only)	Average coronary care accommodation days for only patients with coronary care days  Revenue codes: 0210-0214, 0219	Low	Yes	Yes
Days - Critical Care / Intermediate ICU	Average critical care days (ICU or CCU) for all patients (including patients with 0 [zero] CC days)	Low	Yes	Yes
Days - Critical Care / Intermediate ICU (CC Patients Only)	Average critical care days (ICU or CCU) for only patients with CC days	Low	Yes	Yes
Days - Critical Care Without Intermediate ICU/CCU	Average ICU/ CCU days (excluding intermediate care) for all patients (including patients with 0 [zero] CC days)  Revenue codes: 200-204, 207-213, 219	Low	Yes	Yes
Days - Critical Care Without Intermediate ICU/CCU (CC Patients Only)	Average ICU/ CCU days (excluding intermediate care) for only patients with CC days  Revenue codes: 200-204, 207-213, 219	Low	Yes	Yes
Days - Accommodation - ICU	Average intensive care accommodation days for all patients (including patients with 0 [zero] intensive care days)  Revenue codes: 200-204, 0206-0209	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Days - ICU (ICU Patients Only)	Average intensive care accommodation days for only patients with intensive care days  Revenue codes: 200-204, 206-209	Low	Yes	Yes
Days - Intermediate ICU/ CCU	Average Intermediate ICU/ CCU days for all patients (including patients with 0 [zero] ICU/CCU days)  Revenue codes: 206, 214	Low	Yes	Yes
Days - Intermediate ICU/ CCU (ICU/CCU Patients Only)	Average Intermediate ICU/ CCU days for only patients with Intermediate ICU/CCU days  Revenue codes: 206, 214	Low	Yes	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Days - Accommodation - Private, Semi-Private and Ward	Average routine accommodation (private room, semi private room, and ward) days for all patients (including patients with 0 [zero] routine days)			
	-Private accommodation revenue codes: 0110-0119, 0140-0149	Low	Yes	Yes
	-Semi-private accommodation revenue codes: 0100, 0101, 0120-0139, 0160, 0164, 0167, 0169, 0170-0174, 0179, 0180, 0182-0185, 0189, 0190-0194, 0199			
	-Ward accommodation revenue codes: 0150-0159			

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Days - Accommodation - Private, Semi-Private and Ward (Routine Patients Only)	<p>Average routine accommodation (private room, semi private room, and ward) days for only patients with routine days</p> <p>-Private accommodation revenue codes: 0110-0119, 0140-0149</p> <p>-Semi-private accommodation revenue codes: 0100, 0101, 0120-0139, 0160, 0164, 0167, 0169, 0170-0174, 0179, 0180, 0182-0185, 0189, 0190-0194, 0199</p> <p>-Ward accommodation revenue codes: 0150-0159</p>	Low	Yes	Yes
Days - Accommodation - Private	<p>Average routine private accommodation days</p> <p>Revenue codes: 0110-0119, 0140-0149</p>	Low	Yes	Yes
Days - Accommodation - Semi-Private	<p>Average routine semi-private accommodation days</p> <p>Revenue codes: 0100, 0101, 0120-0139, 0160, 0164, 0167, 0169, 0170-0174, 0179, 0180, 0182-0185, 0189, 0190-0194, 0199</p>	Low	Yes	Yes
Days - Accommodation - Ward	<p>Average routine ward accommodation days</p> <p>Revenue codes: 0150-0159</p>	Low	Yes	Yes

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Days - NICU	Average NICU accommodation days Revenue codes: 0230-0232, 0234, 0235, 0239, 0240, 0249	Low	No	No
Days - Nursery	Average nursery accommodation days Revenue codes: 0171-0174, 0179	Low	No	No
Days - Nursery & NICU	Average nursery or NICU accommodation days. Revenue codes: 0230-0232, 0234, 0235, 0239, 0240, 0249.	Low	No	No
Hospice Days	Average number of days patient was under hospice care. Revenue codes: 0655, 0656.	N/A	No	No
One Day Stays	Percent of patients with a length of stay of one day	N/A	Yes	Yes
Two Day Stays	Patients with a length of stay of two days, divided by volume of cases.	N/A	Yes	Yes
Patient Stayed Two Midnights	Flag of 0 or 1, where 1 indicates that a given encounter was discharged at least two midnights after admission	N/A	No	No
<b>Excess Days Measures (see <a href="#">LOS Outlier &amp; Excess Days Calculations</a> for more information)</b>				

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
	Average number of excess days for all patients, including those that did not have a length of stay greater than the Nationwide All Payer median LOS (by MS-DRG); see <a href="#">LOS Outlier &amp; Excess Days Calculations</a> for more information.			
Excess Days (All Patients)	<p>Excess Days for each encounter = (encounter LOS) - (Nationwide All Payer median LOS for that encounter's MS-DRG when the encounter was loaded into Axiom Clinical Analytics)</p> <p>Measure composite displayed: Sum of all Excess Days for all encounters / number of encounters</p>	Low	No	No
Excess Days (flag)	Flag indicating that a patient had Excess Days when compared to the All Payer Nationwide median (by MS-DRG); encounter is flagged if Excess Days (see Excess Days measure above) is greater than 0	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Excess Days (Patients with Days)	<p>Average number of excess days for only patients that had a length of stay greater than the Nationwide All Payer median (by MS-DRG); encounter is included if it is flagged by the Excess Days (flag) measure above</p> <p>Measure composite displayed: Sum of all Excess Days for all encounters with Excess Days / number of encounters with Excess Days</p>	Low	No	No
Total Excess Charges - Avg	Sum of all charges incurred on excess days, divided by the number of excess days, to give the average charges for each excess day	Low	No	No
Total Excess Costs - Avg	Sum of all costs incurred on excess days, divided by the number of excess days, to give the average costs for each excess day	Low	No	No
Palliative Care Measures (see <a href="#">Palliative Care Measures</a> for more information)				

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Time to Palliative Consult – Hours	<p>Average time, in hours, from admission to palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Time to Palliative Consult – Days – Decimal	<p>Average time, in decimal days, from admission to palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Time to Palliative Referral – Hours	<p>Average time, in hours, from admission to palliative care referral for patients receiving a palliative care referral</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Time to Palliative Referral – Days – Decimal	<p>Average time, in decimal days, from admission to palliative care referral for patients receiving a palliative care referral</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Time from Palliative Referral to Palliative Care Consult – Hours	<p>Average time, in hours, from palliative care referral to palliative care consult for patients receiving a palliative care referral and consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Time from Palliative Referral to Palliative Care Consult – Days – Decimal	<p>Average time, in decimal days, from palliative care referral to palliative care consult for patients receiving a palliative care referral and consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Time from Palliative Consult to Discharge – Hours	<p>Average time, in hours, from palliative care consult to discharge for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Time from Palliative Consult to Discharge – Days – Decimal	<p>Average time, in decimal days, from palliative care consult to discharge for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Days After Palliative Consult - ICU	<p>Average number of ICU days billed after the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Days Before Palliative Consult - ICU	<p>Average number of ICU days billed before, and including, the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Charges Before Palliative Consult - Total	<p>Average total charges before, and including, the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Cost Before Palliative Consult - Total	<p>Average total cost before, and including, the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Charges Before Palliative Consult - ICU	<p>Average ICU charges before, and including, the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Cost Before Palliative Consult - ICU	<p>Average ICU cost before, and including, the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Charges Before Palliative Consult - Critical Care	<p>Average critical care charges before, and including, the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Cost Before Palliative Consult - Critical Care	<p>Average critical care cost before, and including, the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Charges Before Palliative Consult - Pharmacy	<p>Average pharmacy charges before, and including, the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Cost Before Palliative Consult - Pharmacy	<p>Average pharmacy cost before, and including, the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Charges After Palliative Consult - Total	<p>Average total charges after the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Cost After Palliative Consult - Total	<p>Average total cost after the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Charges After Palliative Consult - ICU	<p>Average ICU charges after the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Cost After Palliative Consult - ICU	<p>Average ICU cost after the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Charges After Palliative Consult - Critical Care	<p>Average critical care charges after the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Cost After Palliative Consult - Critical Care	<p>Average critical care cost after the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Charges After Palliative Consult - Pharmacy	<p>Average pharmacy charges after the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Cost After Palliative Consult - Pharmacy	<p>Average pharmacy cost after the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Charges Per Day Before Palliative Consult - Total	<p>Average total charges per day before, and including, the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Cost Per Day Before Palliative Consult - Total	<p>Average total cost per day before, and including, the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Charges Per Day Before Palliative Consult - ICU	<p>Average ICU charges per day before, and including, the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Cost Per Day Before Palliative Consult - ICU	<p>Average ICU cost per day before, and including, the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Charges Per Day Before Palliative Consult - Critical Care	<p>Average critical care charges per day before, and including, the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Cost Per Day Before Palliative Consult - Critical Care	<p>Average critical care cost per day before, and including, the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Charges Per Day Before Palliative Consult - Pharmacy	<p>Average pharmacy charges per day before, and including, the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Cost Per Day Before Palliative Consult - Pharmacy	<p>Average pharmacy cost per day before, and including, the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Charges Per Day After Palliative Consult - Total	<p>Average total charges per day after the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Cost Per Day After Palliative Consult - Total	<p>Average total cost per day after the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Charges Per Day After Palliative Consult - ICU	<p>Average ICU charges per day after the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Cost Per Day After Palliative Consult - ICU	<p>Average ICU cost per day after the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Charges Per Day After Palliative Consult - Critical Care	<p>Average critical care charges per day after the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Cost Per Day After Palliative Consult - Critical Care	<p>Average critical care cost per day after the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Charges Per Day After Palliative Consult - Pharmacy	<p>Average pharmacy charges per day after the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Cost Per Day After Palliative Consult - Pharmacy	<p>Average pharmacy cost per day after the day of the palliative care consult for patients receiving a palliative care consult</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Potential Excess Total Charges Before Palliative Consult	<p>Difference between [Charges Per Day Before Palliative Consult – Total] and [Charges Per Day After Palliative Consult – Total] multiplied by the [Time to Palliative Consult – Days – Decimal]. This approximates the additional total charges incurred prior to the consult.</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Potential Excess Total Cost Before Palliative Consult	<p>Difference between [Cost Per Day Before Palliative Consult – Total] and [Cost Per Day After Palliative Consult – Total] multiplied by the [Time to Palliative Consult – Days – Decimal]. This approximates the additional total cost to the facility prior to the consult.</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Potential Excess ICU Charges Before Palliative Consult	<p>Difference between [Charges Per Day Before Palliative Consult – ICU] and [Charges Per Day After Palliative Consult – ICU] multiplied by the [Time to Palliative Consult – Days – Decimal]. This approximates the additional ICU charges to the facility prior to the consult.</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Potential Excess ICU Cost Before Palliative Consult	<p>Difference between [Cost Per Day Before Palliative Consult – ICU] and [Cost Per Day After Palliative Consult – ICU] multiplied by the [Time to Palliative Consult – Days – Decimal]. This approximates the additional ICU cost to the facility prior to the consult.</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Potential Excess Critical Care Charges Before Palliative Consult	<p>Difference between [Charges Per Day Before Palliative Consult – Critical Care] and [Charges Per Day After Palliative Consult – Critical Care] multiplied by the [Time to Palliative Consult – Days – Decimal]. This approximates the additional critical care charges to the facility prior to the consult.</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Potential Excess Critical Care Cost Before Palliative Consult	<p>Difference between [Cost Per Day Before Palliative Consult – Critical Care] and [Cost Per Day After Palliative Consult – Critical Care] multiplied by the [Time to Palliative Consult – Days – Decimal]. This approximates the additional critical care cost to the facility prior to the consult.</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Potential Excess Pharmacy Charges Before Palliative Consult	<p>Difference between [Charges Per Day Before Palliative Consult – Pharmacy] and [Charges Per Day After Palliative Consult – Pharmacy] multiplied by the [Time to Palliative Consult – Days – Decimal]. This approximates the additional pharmacy charges to the facility prior to the consult.</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No
Potential Excess Pharmacy Cost Before Palliative Consult	<p>Difference between [Cost Per Day Before Palliative Consult – Pharmacy] and [Cost Per Day After Palliative Consult – Pharmacy] multiplied by the [Time to Palliative Consult – Days – Decimal]. This approximates the additional pharmacy cost to the facility prior to the consult.</p> <p>Based on additional data provided by your facility; please see <a href="#">Palliative Care Measures</a> for more information.</p>	Low	No	No

**Pharmacy Utilization Measures (see [Pharmacy Utilization Measures](#) for more information)**

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
ACE Inhibitors/ARBs	<p>Encounter is flagged if there was at least one NDC for an evidence-based angiotensin-converting enzyme (ACE) inhibitor or angiotensin II receptor blocker (ARB), including lisinopril, benazepril, losartan, candesartan, and combination products. These drugs are indicated for patients with heart failure and heart failure post-AMI.</p> <p>Aggregated measure is the percentage of discharges with at least one associated code.</p>	N/A	No	No
Adjuvant Pain Medications	<p>Encounter is flagged if there was at least one NDC for an adjuvant for acute pain management, including, clonidine, gabapentin and pregabalin.</p> <p>This group does not include all drugs that may potentially be used for pain management, such as drugs for neuropathic pain.</p> <p>Aggregated measure is the percentage of discharges with at least one associated code.</p>	N/A	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Aldosterone Receptor Inhibitors	<p>Encounter is flagged if there was at least one NDC for an evidence-based drug used for the treatment of heart failure. Drugs include spironolactone, eplerenone, and combination products.</p> <p>Aggregated measure is the percentage of discharges with at least one associated code.</p>	N/A	No	No
Analgesics-Local	<p>Encounter is flagged if there was at least one NDC for injectable or topical local anesthetics such as benzocaine, lidocaine, bupivacaine, liposomal bupivacaine, lidocaine patch, etc.</p> <p>Aggregated measure is the percentage of discharges with at least one associated code.</p>	N/A	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Analgesics-Non-Opioid	<p>Encounter is flagged if there was at least one NDC for any dosage form of non-narcotic analgesics used for acute and chronic pain, including non-steroidal anti-inflammatory agents (NSAIDs), acetaminophen, aspirin, and ketamine.</p> <p>Aggregated measure is the percentage of discharges with at least one associated code.</p>	N/A	No	No
Analgesics-Opioids	<p>Encounter is flagged if there was at least one NDC for any dosage form of narcotic analgesics used for acute and chronic pain management, including combination products. This includes oxycodone, fentanyl, morphine, hydromorphone, meperidine, tramadol, etc.</p> <p>Aggregated measure is the percentage of discharges with at least one associated code.</p>	N/A	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Anticoagulants-PCI	<p>Encounter is flagged if there was at least one NDC for an evidence-based anticoagulant used for Percutaneous Coronary Intervention (PCI) procedures, such as unfractionated heparin, GP IIB IIIA-Inhibitors, and bivalirudin.</p> <p>Aggregated measure is the percentage of discharges with at least one associated code.</p>	N/A	No	No
Anticoagulants-VTE/Stroke Prophylaxis	<p>Encounter is flagged if there was at least one NDC for an evidence-based VTE (venous thromboembolism) or stroke prophylaxis anticoagulant, including unfractionated heparin, low molecular weight heparin, fondaparinux, and direct oral anticoagulants (DOACs), and aspirin.</p> <p>Aggregated measure is the percentage of discharges with at least one associated code.</p>	N/A	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Antidotes	<p>Encounter is flagged if there was at least one NDC for an antidote to treat respiratory depression secondary to narcotics, such as naloxone, naltrexone, etc.</p> <p>Aggregated measure is the percentage of discharges with at least one associated code.</p>	N/A	No	No
Antimicrobials-Community Acquired Pneumonia	<p>Encounter is flagged if there was at least one NDC for evidence-based CAP antimicrobials, including, but not limited to, levofloxacin, moxifloxacin, ceftriaxone, azithromycin, cefotaxime, ampicillin-sulbactam, aztreonam (IV and oral).</p> <p>Aggregated measure is the percentage of discharges with at least one associated code.</p>	N/A	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Antimicrobials-Pre-Operative Prophylaxis-Orthopedics	<p>Encounter is flagged if there was at least one NDC for pre-operative antimicrobial prophylaxis for orthopedic surgical procedures, such as cefazolin, cefurozime, etc.</p> <p>Aggregated measure is the percentage of discharges with at least one associated code.</p>	N/A	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Antimicrobials-Sepsis: Broad Spectrum ABX (CMS Approved)	<p>Encounter is flagged if there was at least one NDC for a CMS-approved broad-spectrum antimicrobial including, but not limited to, cephalosporins (3rd/4th generation), cephalosporins/beta-lactamase-inhibitors, penicillins/beta-lactamase-inhibitors, carbapenems, fluoroquinolones, aminoglycosides, aztreonam, clindamycin, daptomycin, glycopeptides, linezolid, macrolides, aminoglycosides, etc.</p> <p>The CMS-approved version of this measure includes additional antimicrobials that are not supported by evidence and current practice.</p> <p>Aggregated measure is the percentage of discharges with at least one associated code.</p>	N/A	No	No



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Antimicrobials-Sepsis: Broad Spectrum ABX (Evidence Based)	<p>Encounter is flagged if there was at least one NDC for an evidence-based broad-spectrum antimicrobial including, but not limited to, cephalosporins (3rd/4th generation), cephalosporins/beta-lactamase-inhibitors, penicillins/beta-lactamase-inhibitors, carbapenems, fluoroquinolones, aminoglycosides, aztreonam, clindamycin, daptomycin, glycopeptides, linezolid, macrolides, aminoglycosides, etc.</p> <p>Aggregated measure is the percentage of discharges with at least one associated code.</p>	N/A	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Antiplatelet Therapy	<p>Encounter is flagged if there was at least one NDC for an evidence-based drug used for platelet inhibition after an AMI (acute myocardial infarction), PCI (percutaneous coronary intervention), or stroke, such as cangrelor, dipyridamole, aspirin, prasugrel, clopidogrel, or ticagrelor.</p> <p>Aggregated measure is the percentage of discharges with at least one associated code.</p>	N/A	No	No
Beta Blockers-Heart Failure	<p>Encounter is flagged if there was at least one NDC for a evidence-based beta-blocker used for heart failure. Drugs include carvedilol, bisoprolol, metoprolol succinate, and combination products.</p> <p>Aggregated measure is the percentage of discharges with at least one associated code.</p>	N/A	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Diuretics	<p>Encounter is flagged if there was at least one NDC for any drug classified as a diuretic. Diuretics are indicated for treatment of high blood pressure and to reduce fluid retention in heart failure patients. Drugs include oral and injectable furosemide, bumetanide hydrochlorothiazide, and combination products.</p> <p>Aggregated measure is the percentage of discharges with at least one associated code.</p>	N/A	No	No
Fibrinolytics	<p>Encounter is flagged if there was at least one NDC for an evidence-based thrombolytic enzyme used for fibrinolysis ("clot-busting"), such as alteplase, reteplase, etc.</p> <p>Aggregated measure is the percentage of discharges with at least one associated code.</p>	N/A	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Immunizations	<p>Encounter is flagged if there was at least one NDC for a CDC-recommended immunization for patients with chronic diseases, including heart failure and COPD.</p> <p>Immunizations included in this measure include influenza virus vaccines and pneumococcal pneumonia vaccines.</p> <p>Aggregated measure is the percentage of discharges with at least one associated code.</p>	N/A	No	No
Inhalation Therapy	<p>Encounter is flagged if there was at least one NDC for a drug used to treat airway disease (for example, COPD and asthma), including all dosage forms (inhalers and drugs administered via a nebulizer). Classes of drugs include beta-adrenergic agonists, inhaled corticosteroids, anticholinergics and combination products.</p> <p>Aggregated measure is the percentage of discharges with at least one associated code.</p>	N/A	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Methylxanthins	<p>Encounter is flagged if there was at least one NDC for a bronchodilator no longer recommended for the treatment of COPD. Drugs include theophylline and theophylline combination products.</p> <p>Aggregated measure is the percentage of discharges with at least one associated code.</p>	N/A	No	No
Statins	<p>Encounter is flagged if there was at least one NDC for a "statin" (HMG-CoA reductase inhibitors) indicated for the treatment of hypercholesterolemia. These drugs are indicated to treat or prevent strokes and AML. Drugs include simvastatin, atorvastatin, pravastatin, and combination products.</p> <p>Aggregated measure is the percentage of discharges with at least one associated code.</p>	N/A	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Systemic Steroids	<p>Encounter is flagged if there was at least one NDC for oral or IV (intravenous) systemic corticosteroids, including dexamethasone, methylprednisolone, and prednisone.</p> <p>Aggregated measure is the percentage of discharges with at least one associated code.</p>	N/A	No	No
Vasopressors	<p>Encounter is flagged if there was at least one NDC for an evidence-based drug used for the treatment of sepsis and septic shock, usually in the intensive care setting. Drugs include dopamine, epinephrine, norepinephrine, phenylephrine, and vasopressin.</p> <p>Aggregated measure is the percentage of discharges with at least one associated code.</p>	N/A	No	No
<b>Patient Severity Measures</b>				
CMS Case Mix Index	Average CMS MS-DRG case mix index weight for all encounters	No	No	N/A
Average ROM	The average risk of mortality (ROM) index based on the 3M APR-DRG grouper assignment	N/A	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Average SOI	The average severity of illness (SOI) index based on the 3M APR-DRG grouper assignment	N/A	No	No
CC Rate	Percent of cases with at least one diagnosis code that is considered a complication or comorbidity (CC), as defined by CMS	N/A	No	No
MCC Rate	Percent of cases with at least one diagnosis code that is considered a major complication or comorbidity (MCC), as defined by CMS	N/A	No	No
<b>Payment &amp; Other Measures</b>				
Number of Consultants	Number of consultant physicians utilized for this encounter	N/A	No	No
Contractual Allowance and Adjustments	Contractual allowance and adjustments equals charges minus total actual payment	Low	No	No
Contribution Margin	Total Actual Payment minus Total Variable Costs	Low	No	No
Net Income	Net Income equals total actual payment minus total costs	High	No	No
Total Actual Payment	Total actual payment as defined in client's cost accounting system.	Low	No	No

## Inpatient & Observation Payments & Adjustments Measures

These measures are based on the Transaction Type specified in your billing data.



Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Final Billed	A flag indicating if the account has been Final Billed	High	No	No
Patient Payment at POS	Amount of patient payment made on the date(s) of service	High	No	No
Patient Pay Write-Off	Sum of all charge amounts written off by the provider because the patient did not pay them	Low	No	No
Charity Care	Sum of all charges discounted by the facility as free or reduced-cost care for patient in financial hardship	Low	No	No
Other Adjustments	Sum of all other adjustments made to the Open Balance	Low	No	No
Payments - Patient	Sum of all payments made to an account by the patient (classified "Self")	Low	No	No
Payments - Insurance	Sum of all payments made to an account by an insurance provider; this includes Blue Cross/Blue Shield, Champus/Tricare/VA, CHP, Medicaid, Medicare, Other Govt, Private Ins, Workers Compensation and possibly others.	Low	No	No
Payments - Total	Sum of all Patient and Insurance payments made to an account	Low	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Contractual Allowance	Sum of all Contractual Allowance adjustments made to an account; contractual allowance refers to the amount an insurance company does not pay to an account because of previous agreements with the facility as to the charges for a service.	Low	No	No
Denials	Sum of all charge amounts denied by insurance	Low	No	No
Payments - Other	Sum of all payments made to a patient account not classified as "Insurance" or "Patient Pay"; this can include Charity, Other, Unknown, and missing values.	Low	No	No
Employee Discount	Sum of all Employee Discount adjustments made to an account	Low	No	No
Self-Pay Discount	Sum of all Self-Pay Discount adjustments made to an account	Low	No	No
Not Covered by Insurance	Sum of all charges on an account not paid by insurance because they are not covered	Low	No	No

## Inpatient & Observation Revenue Cycle Measures

These measures are based on billing data sent to Axiom Clinical Analytics.

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Aging Category (366+)	Account was paid in full (Open Balance = \$0) over 365 days of the patient discharge date	N/A	No	No
Aging Category (181-365)	Account was paid in full (Open Balance = \$0) within 181-365 days of the patient discharge date	N/A	No	No
Aging Category (151-180)	Account was paid in full (Open Balance = \$0) within 151-180 days of the patient discharge date	N/A	No	No
Aging Category (121-150)	Account was paid in full (Open Balance = \$0) within 121-150 days of the patient discharge date	N/A	No	No
Aging Category (91-120)	Account was paid in full (Open Balance = \$0) within 91-120 days of the patient discharge date	N/A	No	No
Aging Category (61-90)	Account was paid in full (Open Balance = \$0) within 61-90 days of the patient discharge date	N/A	No	No
Aging Category (31-60)	Account was paid in full (Open Balance = \$0) within 31-60 days of the patient discharge date	N/A	No	No
Aging Category (0-30)	Account was paid in full (Open Balance = \$0) within 30 days of the patient discharge date	N/A	No	No

Measure Name	Description	Polarity	All Payer Benchmarks?	Medicare Benchmarks?
Aging Category - Closed to Zero Balance	<p>A letter designating the aging category of the account based on the Zero Balance Age. Category assignments are as follows:</p> <p>A represents 0-30 days; B represents 31-60 days; C represents 61-90 days; D represents 91-120 days; E represents 121-150 days; F represents 151-180 days; G represents 181-365 days; and H represents 366+ days</p>	N/A	No	No
Zero Balance Age (in Days)	Number of days from the patient discharge date to the date when Open Balance is equal to \$0	Low	No	No
Open Balance	Total open balance on the account	Low	No	No
Credit Balance	Amount of overpayment on the account; this amount will show \$0 if the Open Balance is greater than or equal to \$0	Low	No	No