

**CMS Hospital Inpatient Quality Reporting Program Measures:
For FY 2016 Payment Determination**

**Hospital IQR Program Measures: For FY 2016 Payment Determination
Data submission begins with January 1, 2014 Discharges**

Acute Myocardial Infarction (AMI) – Chart Abstracted - Quarterly

- **AMI-1** Aspirin at arrival [*Voluntary*]
- **AMI-2** Aspirin prescribed at discharge [*Removed*]
- **AMI-3** ACEI/ARB for left ventricular systolic dysfunction [*Voluntary*]
- **AMI-5** Beta-blocker prescribed at discharge [*Voluntary*]
- **AMI-7a** Fibrinolytic (thrombolytic) agent received within 30 minutes of hospital arrival
- **AMI-8a** Timing of receipt of Primary Percutaneous Coronary Intervention (PCI)
- **AMI-10** Statin Prescribed at Discharge [*Removed*]

(Voluntary: Data submission is voluntary for CMS)

Heart Failure (HF)- Chart Abstracted - Quarterly

- **HF-1** Discharge instructions [*Removed*]
- **HF-2** Evaluation of left ventricular systolic function
- **HF-3** ACE-I or ARB for left ventricular systolic dysfunction [*Removed*]

Pneumonia (PN) – Chart Abstracted - Quarterly

- **PN -3a** Blood cultures performed within 24 hours prior to or 24 hours after hospital arrival for patients who were transferred or admitted to ICU within 24 hours of hospital arrival [*Voluntary*]
- **PN-3b** Blood culture performed in the emergency department prior to first antibiotic received in hospital [*Removed*]
- **PN-6** Initial antibiotic selection for community-acquired pneumonia (CAP) in immuno-competent patient

Stroke – Chart Abstracted - Quarterly

- **STK-1** Venous thromboembolism (VTE) prophylaxis
- **STK-2** Discharged on antithrombotic Therapy
- **STK-3** Anticoagulation therapy for Atrial Fibrillation/Flutter
- **STK-4** Thrombolytic therapy
- **STK-5** Antithrombotic therapy by the end of hospital day two
- **STK-6** Discharged on statin medication
- **STK-8** Stroke education
- **STK-10** Assessed for rehabilitation

Venous Thromboembolism (VTE) – Chart Abstracted - Quarterly

- **VTE-1** Venous thromboembolism prophylaxis
- **VTE-2** Intensive Care Unit VTE prophylaxis
- **VTE-3** VTE patients with anticoagulation overlap therapy
- **VTE-4** VTE patients receiving un-fractionated heparin with dosages/platelet count monitoring by protocol or nomogram
- **VTE-5** VTE Warfarin therapy discharge instructions
- **VTE-6** Hospital acquired incidence of potentially preventable VTE

Emergency Department (ED) Throughput Measures – Chart Abstracted -Quarterly

- **ED-1** Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the hospital
- **ED-2** Median time from admit decision to time of departure from the emergency department for emergency department patients admitted to the inpatient status

CMS Hospital Inpatient Quality Reporting Program Measures: For FY 2016 Payment Determination (*Continued*)

Prevention: Global Immunization – Chart Abstracted - Quarterly

- **IMM-1** Pneumonia Immunization [*Suspended*]
- **IMM-2** Influenza Immunization

Surgical Care Improvement Project (SCIP) – Chart Abstracted - Quarterly

- **SCIP INF-1** Prophylactic antibiotic received within one hour prior to surgical incision
- **SCIP INF-2** Prophylactic antibiotic selection for surgical patients
- **SCIP INF-3** Prophylactic antibiotics discontinued within 24 hours after surgery end time (48 hours for cardiac surgery)
- **SCIP INF-4** Cardiac surgery patients with controlled postoperative blood glucose
- **SCIP INF-6** Appropriate Hair Removal [*Suspended*]
- **SCIP INF-9** Postoperative urinary catheter removal on postoperative day one or two with day of surgery being day zero
- **SCIP INF-10** Surgery patients with perioperative temperature management [*Removed*]
- **SCIP Card-2** Surgery patients on a beta blocker prior to arrival who received a Beta Blocker during the perioperative period
- **SCIP INF VTE-1** Surgery patients with recommended Venous Thromboembolism (VTE) prophylaxis ordered [*Removed*]
- **SCIP INF VTE-2** Surgery patients who received appropriate VTE prophylaxis within 24 hours pre/post surgery

Perinatal Care – Web-Based Data Submission - Quarterly

- **PC-01** Elective Delivery Prior to 39 completed weeks gestation: Percentage of babies electively delivered prior to 39 weeks gestation

Structural Measures – Web Based Annual Data Submission (April 1 thru May 15)

- Data Accuracy & Completeness Acknowledgement (DACA)
- Participation in a Systematic Database for Cardiac Surgery
- Participation in a Systematic Clinical Database Registry for Stroke Care
- Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care
- Participation in a Systematic Clinical Database Registry for General Surgery

Healthcare Associated Infection (HAI) Measures – Data Submitted to NHSN

- Central Line Associated Bloodstream Infection (CLABSI)
- Surgical Site Infection (SSI)
- Catheter Associated Urinary Tract Infection (CAUTI)
- Methicillin-resistant Staphylococcus Aureus (MRSA) Bacteremia
- Clostridium difficile (C.difficile)
- Healthcare Provider Influenza Vaccination

Patients' Experience of Care - Quarterly

- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey

CMS Hospital Inpatient Quality Reporting Program Measures: For FY 2016 Payment Determination *(Continued)*

Validation Results Quarters – Hospitals Selected for Validation FY 2016 Only
<ul style="list-style-type: none"> • 4Q2013, 1Q2014, 2Q2014, & 3Q2014 <ul style="list-style-type: none"> ○ Selected records and HAI validation templates must be submitted quarterly
Readmission Measures (Medicare Patients) - Claims Based
<ul style="list-style-type: none"> • READM-30-AMI Acute Myocardial Infarction 30-day Risk Standardized Readmission Measure • READM-30-HF Heart Failure 30-day Risk Standardized Readmission Measure • READM-30-PN Pneumonia 30-day Risk Standardized Readmission Measure • READM-30-HIP/KNEE Elective Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA) • HWR-30 Hospital-Wide All Cause Unplanned Readmission • READM-30-COPD Chronic Obstructive Pulmonary Disease (COPD) Readmission Rate • READM-30-STK Stroke 30-Day Readmission Rate
Mortality Measures (Medicare Patients) – Claims Based
<ul style="list-style-type: none"> • MORT-30-AMI Acute Myocardial Infarction (AMI) 30-day mortality rate • MORT-30-HF Heart Failure (HF) 30-day mortality rate • MORT-30-PN Pneumonia (PN) 30-day mortality rate • MORT-30 COPD Chronic Obstructive Pulmonary Disease 30 Day Mortality Rate • MORT-30 STK Acute Ischemic Stroke 30 Day Mortality Rate
Agency for Healthcare Research and Quality (AHRQ) Measures – Claims Based
<ul style="list-style-type: none"> • PSI 90 Complication/Patient Safety for Selected Indicators (PSI) (composite) <ul style="list-style-type: none"> ○ PSI-06 Iatrogenic Pneumothorax ○ PSI-12 Post-Operative Pulmonary Emboli or Deep Venous Thrombi ○ PSI-14 Post-Operative Wound Dehiscence ○ PSI-15 Accidental Puncture or Laceration
AHRQ PSI and Nursing Sensitive Care – Claims-Based
<ul style="list-style-type: none"> • PSI 4 Death Among Surgical Patients with Serious Treatable Complications
Surgical Complications– Claims-Based
<ul style="list-style-type: none"> • Hip/Knee Complications Hospital-Level Risk Standardized Complication Rate Following Elective Primary Total Hip Arthroplasty and Total Knee Arthroplasty
Cost Efficiency Measures – Claims Based
<ul style="list-style-type: none"> • Medicare Spending per Beneficiary • Acute Myocardial Infarction (AMI) Payment per Episode of Care