convey the clinical quality measure's title, number, owner/developer and contact

information, and a link to existing electronic specifications where applicable.

TABLE 20: Proposed Clinical Quality Measures for Electronic Submission by Eligible Hospitals for Payment Year 2011-2012

Measure Number Identifier	Measure Title, Description & Measure Developer	Electronic Measure Specifications Information
ED-1 NQF 0495	**Title:** Emergency Department Throughput – admitted patients Median time from ED arrival to ED departure for admitted patients **Description:** Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department **Measure Developer:** CMS/Oklahoma Foundation for Medical Quality (OFMQC)	http://www.hitsp.org/ ConstructSet_Details.a spx?&PrefixAlpha=5 &PrefixNumeric=906
ED-2 NQF 0497	**Title:** Emergency Department Throughput – admitted patients Admission decision time to ED departure time for admitted patients **Description:** Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status **Measure Developer:** CMS/OFMQ	http://www.hitsp.org/ ConstructSet_Details.a spx?&PrefixAlpha=5 &PrefixNumeric=906
ED-3 NQF 0496	**Title:** Emergency Department Throughput – discharged patients Median Time from ED Arrival to ED Departure for Discharged ED Patients Description: Median Time from ED arrival to time of departure from the ED for patients discharged from the ED **Measure Developer**: CMS/OFMQ	
Stroke-2 NQF 0435	**Title:** Ischemic stroke – Discharge on anti-thrombotics **Description:** Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge **Measure Developer:** The Joint Commission	http://www.hitsp.org/ ConstructSet_Details.a spx?&PrefixAlpha=5 &PrefixNumeric=906
Stroke-3 NQF 0436	**Title:** Ischemic stroke – Anticoagulation for A-fib/flutter **Description**: Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge. **Measure Developer:** The Joint Commission	http://www.hitsp.org/ ConstructSet_Details.a spx?&PrefixAlpha=5 &PrefixNumeric=906

Measure Number Identifier	Measure Title, Description & Measure Developer	Electronic Measure Specifications Information
Stroke-4 NQF 0437	**Title:** Ischemic stroke – Thrombolytic therapy for patients arriving within 2 hours of symptom onset **Description:** Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well and for whom IV t-PA was initiated at this hospital within 3 hours of time last known well. **Measure Developer**: The Joint Commission	http://www.hitsp.org/ ConstructSet_Details.a spx?&PrefixAlpha=5 &PrefixNumeric=906
Stroke-5 NQF 0438	**Title:** Ischemic or hemorrhagic stroke – Antithrombotic therapy by day 2 **Description:** Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2. **Measure Developer:** The Joint Commission	http://www.hitsp.org/ ConstructSet_Details.a spx?&PrefixAlpha=5 &PrefixNumeric=906
Stroke-6 NQF 0439	**Title:** Ischemic stroke – Discharge on statins **Description:** Ischemic stroke patients with LDL > 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. **Measure Developer:** The Joint Commission	http://www.hitsp.org/ ConstructSet_Details.a spx?&PrefixAlpha=5 &PrefixNumeric=906
Stroke-8 NQF 0440	**Title:** Ischemic or hemorrhagic stroke – Stroke education **Description:** 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. **Measure Developer:** The Joint Commission	http://www.hitsp.org/ ConstructSet_Details.a spx?&PrefixAlpha=5 &PrefixNumeric=906
Stroke-10 NQF 0441	**Title:** Ischemic or hemorrhagic stroke – Rehabilitation assessment **Description:** Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services. **Measure Developer**: The Joint Commission	http://www.hitsp.org/ ConstructSet_Details.a spx?&PrefixAlpha=5 &PrefixNumeric=906
VTE-1 NQF 0371	**Title:** VTE prophylaxis within 24 hours of arrival **Description:** 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. **Measure Developer:** The Joint Commission	http://www.hitsp.org/ ConstructSet_Details.a spx?&PrefixAlpha=5 &PrefixNumeric=906

Measure Number Identifier	Measure Title, Description & Measure Developer	Electronic Measure Specifications Information
VTE-2 NQF 0372	**Title:** ICU VTE prophylaxis **Description:** 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). **Measure Developer**: The Joint Commission	http://www.hitsp.org/ConstructSet_Details.aspx?&PrefixAlpha=5&PrefixNumeric=906
VTE-3 NQF 0373	**Title:** Anticoagulation overlap therapy **Description:** This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy. For patients who received less than five days of overlap therapy, they must be discharged on both medications. Overlap therapy must be administered for at least five days with an international normalized ratio (INR) ≥ 2 prior to discontinuation of the parenteral anticoagulation therapy or the patient must be discharged on both medications. **Measure Developer:** The Joint Commission	http://www.hitsp.org/ConstructSet_Details.aspx?&PrefixAlpha=5&PrefixNumeric=906
VTE-4 NQF 0374	**Title:** Platelet monitoring on unfractionated heparin **Description:** 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. **Measure Developer:** The Joint Commission	http://www.hitsp.org/ConstructSet_Details.aspx?&PrefixAlpha=5&PrefixNumeric=906
VTE-5 NQF 0375	**Title:** VTE discharge instructions **Description:** This measure assesses the number of patients diagnosed with confirmed VTE that are discharged to home, to home with home health, home hospice or discharged/transferred to court/law enforcement 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. **Measure Developer:** The Joint Commission	http://www.hitsp.org/ConstructSet_Details.aspx?&PrefixAlpha=5&PrefixNumeric=906
VTE-6 NQF 0376	**Title:** Incidence of potentially preventable VTE **Description:** This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present on arrival) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date. **Measure Developer**: The Joint Commission	http://www.hitsp.org/ConstructSet_Details.aspx?&PrefixAlpha=5&PrefixNumeric=906

Measure Number Identifier	Measure Title, Description & Measure Developer	Electronic Measure Specifications Information
RHQDAPU AMI-8a NQF 0163	**Title:** Primary PCI Received Within 90 Minutes of Hospital Arrival **Description:** Acute myocardial infarction (AMI) patients with ST-segment elevation or LBBB on the ECG closest to arrival time receiving primary PCI during the hospital stay with a time from hospital arrival to PCI of 90 minutes or less **Measure Developer:** CMS/OFMQ	
RHQDAPU PN-3b NQF 0148	**Title:** Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital **Description:** Pneumonia patients whose initial emergency room blood culture specimen was collected prior to first hospital dose of antibiotics. This measure focuses on the treatment provided to Emergency Department patients prior to admission orders. **Measure Developer:** CMS/OFMQ	
RHQDAPU AMI-2 NQF 0142	**Title:** Aspirin Prescribed at Discharge **Description:** Acute myocardial infarction (AMI) patients who are prescribed aspirin at hospital discharge **Measure Developer:** CMS/OFMQ	
RHQDAPU AMI-3 NQF 0137	**Title:** Angiotensin Converting Enzyme Inhibitor(ACEI) or Angiotensin Receptor Blocker (ARB) for Left Ventricular Systolic Dysfunction (LVSD) **Description:** Acute myocardial infarction (AMI) patients with left ventricular systolic dysfunction (LVSD) who are prescribed an ACEI or ARB at hospital discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction. **Measure Developer:** CMS/OFMQ	
RHQDAPU AMI-5 NQF 0160	**Title:** Beta-Blocker Prescribed at Discharge **Description**: Acute myocardial infarction (AMI) patients who are prescribed a betablocker at hospital discharge **Measure Developer:** CMS/OFMQ	
RHQDAPU AMI-READ NQF 0505	**Title &Description:** Hospital Specific 30 day Risk-Standardized Readmission Rate following AMI admission **Measure Developer:** CMS	
Not applicable	**Title:** Hospital Specific 30 day Rate following AMI admission	

Measure Number Identifier	Measure Title, Description & Measure Developer	Electronic Measure Specifications Information
RHQDAPU HF-READ NQF 0330	**Title &Description:** Hospital Specific 30 day Risk-Standardized Readmission Rate following Heart Failure admission **Measure Developer:** CMS/OFMQ	
Not applicable	**Title:** Hospital Specific 30 day Rate following Heart Failure admission	
RHQDAPU PNE-READ NQF 0506	**Title &Description:** Hospital Specific 30 day Risk-Standardized Readmission Rate following Pneumonia admission **Measure Developer:** CMS	
Not applicable	**Title:** Hospital Specific 30 day Rate following Pneumonia admission	
NQF 0528	**Title:** Infection SCIP Inf-2 Prophylactic antibiotics consistent with current recommendations **Description:** Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure). **Measure Developer:** CMS/OFMQ	
NQF 0302	**Title:** Ventilator Bundle **Description:** Percentage of intensive care unit patients on mechanical ventilation at time of survey for whom all four elements of the ventilator bundle are documented and in place. The ventilator bundle elements are: •Head of bed (HOB) elevation 30 degrees or greater (unless medically contraindicated); noted on 2 different shifts within a 24 hour period •Daily "sedation interruption" and daily assessment of readiness to extubate; process includes interrupting sedation until patient follow commands and patient is assessed for discontinuation of mechanical ventilation; Parameters of discontinuation include: resolution of reason for intubation; inspired oxygen content roughly 40%; assessment of patients ability to defend airway after extubation due to heavy sedation; minute ventilation less than equal to 15 liters/minute; and respiratory rate/tidal volume less than or equal to 105/min/L(RR/TV< 105)•SUD (peptic ulcer disease) prophylaxis DVT (deep venous thrombosis) prophylaxis **Measure Developer:** IHI	

Measure Number Identifier	Measure Title, Description & Measure Developer	Electronic Measure Specifications Information
NQF 0298	**Title:** Central Line Bundle Compliance **Description:** Percentage of intensive care patients with central lines for whom all elements of the central line bundle are documented and in place. The central line bundle elements include:•Hand hygiene , •Maximal barrier precautions upon insertion •Chlorhexidine skin antisepsis •Optimal catheter site selection, with subclavian vein as the preferred site for non-tunneled catheters in patients 18 years and older •Daily review of line necessity with prompt removal of unnecessary lines **Measure Developer:** IHI	
NQF 0140	**Title:** Ventilator-associated pneumonia for ICU and high-risk nursery (HRN) patients **Description:** Percentage of ICU and HRN patients who over a certain amount of days have ventilator-associated pneumonia **Measure Developer:** CDC	
NQF 0138	**Title:** Urinary catheter-associated urinary tract infection for intensive care unit (ICU) patients **Description:** Percentage of intensive care unit patients with urinary catheter-associated urinary tract infections **Measure Developer:** CDC	
NQF 0139	**Title:** Central line catheter-associated blood stream infection rate for ICU and high-risk nursery (HRN) patients **Description:** Percentage of ICU and high-risk nursery patients, who over a certain amount of days acquired a central line catheter-associated blood stream infections over a specified amount of line-days **Measure Developer:** CDC	
NQF 0329	**Title:** All-Cause Readmission Index (risk adjusted) **Description:** Overall inpatient 30-day hospital readmission rate. **Measure Developer**: United Health Group	
Not applicable	**Title:** All-Cause Readmission Index **Description:** Overall inpatient 30-day hospital readmission rate.	

**TABLE 21: Proposed Alternative Medicaid Clinical Quality Measures for
Medicaid Eligible Hospitals**

NQF #	Measure Title, Description & Measure Developer	Electronic Measure Specifications Information

0341	**Title:** PICU Pain Assessment on Admission
	Description: Percentage of PICU patients receiving:
	    a. Pain assessment on admission
	    b. Periodic pain assessment.
	Measure Developer: Vermont Oxford Network	

0348	**Title:** Iotrogenic pneumothorax in non-neonates (pediatric up to 17 years of age) **Description:** Percent of medical and surgical discharges, age under 18 years, with ICD-9-CM code of iatrogenic pneumothorax in any secondary diagnosis field. **Measure Developer:** AHRQ	
0362	**Title:** Foreign body left after procedure, age under 18 years **Description:** Discharges with foreign body accidentally left in during procedure per 1,000 discharges **Measure Developer:** AHRQ	
0151	**Title:** Pneumonia Care PNE-5c Antibiotic **Description:** Percentage of pneumonia patients 18 years of age and older who receive their first dose of antibiotics within 6 hours after arrival at the hospital **Measure Developer:** CMS/OFMQ	
0147	**Title:** Pneumonia Care PN-6 Antibiotic selection **Description:** Percentage of pneumonia patients 18 years of age or older selected for initial receipts of antibiotics for community-acquired pneumonia (CAP). **Measure Developer:** CMS/OFMQ	
0356	**Title:** Pneumonia Care PN-3a Blood culture **Description:** Percent of pneumonia patients, age 18 years or older, transferred or admitted to the ICU within 24 hours of hospital arrival who had blood cultures performed within 24 hours prior to or 24 hours after arrival at the hospital. **Measure Developer:** CMS/OFMQ	
0527	**Title:** Infection SCIP Inf-1 Prophylactic antibiotic received within 1 hour prior to surgical incision **Description:** Surgical patients with prophylactic antibiotics initiated within 1 hour prior to surgical incision. Patients who received vancomycin or a fluoroquinolone for prophylactic antibiotics should have the antibiotics initiated within 2 hours prior to surgical incision. Due to the longer infusion time required for vancomycin or a fluoroquinolone, it is acceptable to start these antibiotics within 2 hours prior to incision time. **Measure Developer:** CMS/OFMQ	

NQF #	Measure Title, Description & Measure Developer	Electronic Measure Specifications Information
0529	**Title:** Infection SCIP Inf-3 Prophylactic antibiotics discontinued within 24 hours after surgery end time **Description:** Surgical patients whose prophylactic antibiotics were discontinued within 24 hours after *Anesthesia End Time*. **Measure Developer:** CMS/OFMQ	

We have included in the hospital measures set several clinical quality measures which have undergone development of electronic specifications. These clinical quality measures have been developed for future RHQDAPU consideration. The electronic specifications were developed through an interagency agreement with ONC to develop interoperable standards for EHR submission of the ED throughput, stroke, and VTE clinical quality measures on Table 20, to be determined by a future rulemaking document provided by ONC. We also have planned to test the submission of these clinical quality measures in Medicare (see 74 FR 43893). The specifications for the RHQDAPU clinical quality measures for eligible hospitals that are being used for testing EHR-based submission of these clinical quality measures can be found at

http://www.hitsp.org/ConstructSet_Details.aspx?&PrefixAlpha=5&PrefixNumeric=906.

A description of the clinical quality measure, including the clinical quality measure's numerator and denominator, can be found here as well. Other measures are currently in the RHQDAPU program or are measures of importance for measuring or preventing adverse outcomes. In addition to Risk Standardized readmission clinical quality measures, we have proposed Readmission rates to be reported which are not risk adjusted. We have also reviewed the recommendations of the HIT Standards Committee that apply to hospitals which include Atrial Fibrillation Receiving Anticoagulation Therapy. We note that Atrial Fibrillation Receiving Anticoagulation Therapy is one of