

# Hospital Inpatient Quality Reporting (IQR) Program Measures

## (Calendar Year 2013 Discharges)

The purpose of this document is to provide a reference guide on submission and *Hospital Compare* details for Quality Improvement Organizations (QIOs) and hospitals for the Hospital Inpatient Quality Reporting (IQR) and Hospital Value-Based Purchasing (HVBP) Program measures.

Measure sets contained in the Specifications Manual for National Hospital Inpatient Quality Measures are listed.

The dates and quarters refer to Calendar Year (CY) unless otherwise indicated (for example 1Q 2013 would represent discharges Jan-Mar 2013).

### The tables are grouped according to how the measure data is obtained:

- Measures Requiring Abstraction and Submission by the Hospital or its Vendor
- Measures Requiring Web-based Hospital Data Entry
- Measure Information Obtained from Claims-Based Data

### Table Format:

- **First column** of the table contains the Measure Identifier followed by the Measure Title. **Rule References** have been added in parenthesis after the Measure Title and refer to the **Rule References** table on page 10. This table designates when measures became part of the Hospital IQR Program.
- **Second column** of the table identifies the quarter or date the measure became required to meet the Hospital IQR Program requirements.
- **Third column** of the table identifies whether the data is collected for the Centers for Medicare & Medicaid Services (CMS), The Joint Commission (TJC) or both.
- **Fourth column** of the table indicates whether the measure will display on *Hospital Compare* during CY 2013. For measures not displaying for the entire year, the quarter the measure is anticipated for release will be listed. For measures where the release is unknown, TBD will be listed.
- **Fifth column** of the table indicates if the measure is included in value based purchasing (VBP) and the FY the measure will begin being included.

### Additional Tables:

- Removed Measures
- Acronym List
- Rule References
- Number of the Hospital IQR Program Measures Required by Category
- Hospital Value-Based Purchasing Measures
- Legend

# Hospital Inpatient Quality Reporting (IQR) Program Measures

(Calendar Year 2013 Discharges)

## Measures Requiring Abstraction and Submission by the Hospital or its Vendor

Acute Myocardial Infarction (AMI)**		Submission Required Beginning With:	Collected For	On Hospital Compare	Included in VBP Beginning With:
<b>AMI-1</b>	Aspirin at Arrival (1) (Data submission voluntary for CMS) (10)	Suspended 1Q 2012	CMS/TJC	No	No
<b>AMI-2</b>	Aspirin Prescribed at Discharge (1)	Nov 2003	CMS/TJC	Yes	No
<b>AMI-3</b>	ACEI or ARB for LVSD (1) (Data submission voluntary for CMS) (10)	Suspended 1Q 2012	CMS/TJC	No	No
<b>AMI-5</b>	Beta-Blocker Prescribed at Discharge (1) (Data submission voluntary for CMS) (10)	Suspended 1Q 2012	CMS/TJC	No	No
<b>AMI-7</b>	Median Time to Fibrinolysis	N/A	TJC	No	No
<b>AMI-7a</b>	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival (2,12)	3Q 2006	CMS/TJC	Yes	FY 2013
<b>AMI-8</b>	Median Time to Primary PCI	N/A	TJC	No	No
<b>AMI-8a</b>	Timing of Receipt of Primary Percutaneous Coronary Intervention (PCI) (2,6,12)	3Q 2006	CMS/TJC	Yes	FY 2013
<b>AMI-10</b>	Statin Prescribed at Discharge (9)	1Q 2011	CMS/TJC	Yes	No
Heart Failure (HF)**		Submission Required Beginning With:	Collected For	On Hospital Compare	Included in VBP Beginning With:
<b>HF-1</b>	Discharge Instructions (2,12)	3Q 2006	CMS/TJC	Yes	FY 2013
<b>HF-2</b>	Evaluation of LVS Function (1)	Nov 2003	CMS/TJC	Yes	No
<b>HF-3</b>	ACEI or ARB for LVSD (1)	Nov 2003	CMS/TJC	Yes	No
Stroke (STK) **		Submission Required Beginning With:	Collected For	On Hospital Compare	Included in VBP Beginning With:
<b>STK-1</b>	Venous Thromboembolism (VTE) Prophylaxis (10)	1Q 2013	CMS/TJC	Dec 2013	No
<b>STK-2</b>	Discharged on Antithrombotic Therapy (10)	1Q 2013	CMS/TJC	Dec 2013	No
<b>STK-3</b>	Anticoagulation Therapy for Atrial Fibrillation/Flutter (10)	1Q 2013	CMS/TJC	Dec 2013	No
<b>STK-4</b>	Thrombolytic Therapy (10)	1Q 2013	CMS/TJC	Dec 2013	No
<b>STK-5</b>	Antithrombotic Therapy By End of Hospital Day 2 (10)	1Q 2013	CMS/TJC	Dec 2013	No
<b>STK-6</b>	Discharged on Statin Medication (10)	1Q 2013	CMS/TJC	Dec 2013	No
<b>STK-8</b>	Stroke Education (10)	1Q 2013	CMS/TJC	Dec 2013	No
<b>STK-10</b>	Assessed for Rehabilitation (10)	1Q 2013	CMS/TJC	Dec 2013	No

# Hospital Inpatient Quality Reporting (IQR) Program Measures

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## Measures Requiring Abstraction and Submission by the Hospital or its Vendor (continued)

Venous Thromboembolism (VTE) **		Submission Required Beginning With:	Collected For	On Hospital Compare	Included in VBP Beginning With:
<b>VTE-1</b>	Venous Thromboembolism Prophylaxis (10)	1Q 2013	CMS/TJC	Dec 2013	No
<b>VTE-2</b>	Intensive Care Unit Venous Thromboembolism Prophylaxis (10)	1Q 2013	CMS/TJC	Dec 2013	No
<b>VTE-3</b>	Venous Thromboembolism Patients with Anticoagulation Overlap Therapy (10)	1Q 2013	CMS/TJC	Dec 2013	No
<b>VTE-4</b>	Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram (10)	1Q 2013	CMS/TJC	Dec 2013	No
<b>VTE-5</b>	Venous Thromboembolism Warfarin Therapy Discharge Instructions (10)	1Q 2013	CMS/TJC	Dec 2013	No
<b>VTE-6</b>	Hospital Acquired Potentially-Preventable Venous Thromboembolism (10)	1Q 2013	CMS/TJC	Dec 2013	No
Pneumonia (PN)**		Submission Required Beginning With:	Collected For	On Hospital Compare	Included in VBP Beginning With:
<b>PN-3a</b>	Blood Cultures Performed Within 24 Hours Prior to or 24 Hours After Hospital Arrival for Patients Who Were Transferred or Admitted to the ICU Within 24 Hours of Hospital Arrival	N/A	CMS/TJC	No	No
<b>PN-3b</b>	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital (2,12)	3Q 2006	CMS/TJC	Yes	FY 2013
<b>PN-6</b>	Initial Antibiotic Selection for CAP in Immunocompetent Patient (2,12)	3Q 2006	CMS	Yes	FY 2013
<b>PN-6a</b>	Initial Antibiotic Selection for CAP in Immunocompetent – ICU Patient	N/A	TJC	No	No
<b>PN-6b</b>	Initial Antibiotic Selection for CAP in Immunocompetent – Non-ICU Patient	N/A	TJC	No	No
Children's Asthma Care (CAC)**		Submission Required Beginning With:	Collected For	On Hospital Compare	Included in VBP Beginning With:
<b>CAC-1</b>	Relievers for Inpatient Asthma	N/A	TJC	Yes	No
<b>CAC-2</b>	Systemic Corticosteroids for Inpatient Asthma	N/A	TJC	Yes	No
<b>CAC-3</b>	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	N/A	TJC	Yes	No

# Hospital Inpatient Quality Reporting (IQR) Program Measures

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## Measures Requiring Abstraction and Submission by the Hospital or its Vendor (continued)

<b>Surgical Care Improvement Project (SCIP)**</b> (SCIP-Inf-1, 2, 3, 4 are listed in VBP final rule as HAI measures)		<b>Submission Required Beginning With:</b>	<b>Collected For</b>	<b>On Hospital Compare</b>	<b>Included in VBP Beginning With:</b>
<b>SCIP-Inf-1</b>	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision (2,12)	3Q 2006	CMS/TJC	Yes	FY 2013
<b>SCIP-Inf-2</b>	Prophylactic Antibiotic Selection for Surgical Patients (3,12)	1Q 2007	CMS/TJC	Yes	FY 2013
<b>SCIP-Inf-3</b>	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time (2,12)	3Q 2006	CMS/TJC	Yes	FY 2013
<b>SCIP-Inf-4</b>	Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Blood Glucose (5)	1Q 2008	CMS/TJC	Yes	FY 2013
<b>SCIP-Inf-6</b>	Surgery Patients with Appropriate Hair Removal (5) (Data submission voluntary for CMS) (10)	Suspended 1Q 2012	CMS/TJC	No	No
<b>SCIP-Inf-9</b>	Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being day zero (8,13)	1Q 2010	CMS/TJC	Yes	FY 2014
<b>SCIP-Inf-10</b>	Surgery Patients with Perioperative Temperature Management (8)	1Q 2010	CMS/TJC	Yes	No
<b>SCIP-Card-2</b>	Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who received a Beta-Blocker During the Perioperative Period (6,12)	1Q 2009	CMS/TJC	Yes	FY 2013
<b>SCIP-VTE-2</b>	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery (3,12)	1Q 2007	CMS/TJC	Yes	FY 2013
<b>Emergency Department (ED) **</b> (Listed in the Rule as “Emergency Department Throughput”)		<b>Submission Required Beginning With:</b>	<b>Collected For</b>	<b>On Hospital Compare</b>	<b>Included in VBP Beginning With:</b>
<b>ED-1a</b>	Median Time from ED Arrival to ED Departure for Admitted ED Patients - Overall Rate	1Q 2012	CMS/TJC	No	No
<b>ED-1b</b>	Median Time from ED Arrival to ED Departure for Admitted ED Patients – Reporting Measure (9,10)	1Q 2012	CMS/TJC	Dec 2012	No
<b>ED-1c</b>	Median Time from ED Arrival to ED Departure for Admitted ED Patients – Observation Patients	1Q 2012	CMS/TJC	No	No
<b>ED-1d</b>	Median Time from ED Arrival to ED Departure for Admitted ED Patients - Psychiatric/Mental Health Patients	1Q 2012	CMS/TJC	No	No
<b>ED-2a</b>	Admit Decision Time to ED Departure Time for Admitted Patients – Overall Rate	1Q 2012	CMS/TJC	No	No
<b>ED-2b</b>	Admit Decision Time to ED Departure Time for Admitted Patients - Reporting Measure (9,10)	1Q 2012	CMS/TJC	Dec 2012	No
<b>ED-2c</b>	Admit Decision Time to ED Departure Time for Admitted Patients - Psychiatric/Mental Health Patients	1Q 2012	CMS/TJC	No	No

# Hospital Inpatient Quality Reporting (IQR) Program Measures

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## Measures Requiring Abstraction and Submission by the Hospital or its Vendor (continued)

<b>Immunization (IMM) **</b> (Listed in the Rule as “Prevention: Global Immunization Measures”)	<b>Submission Required Beginning With:</b>	<b>Collected For</b>	<b>On Hospital Compare</b>	<b>Included in VBP Beginning With:</b>
<b>IMM-1a</b> Pneumococcal Immunization – Overall Rate (9,10)	1Q 2012	CMS/TJC	Dec 2012	No
<b>IMM-1b</b> Pneumococcal Immunization – Age 65 and older	1Q 2012	CMS/TJC	No	No
<b>IMM-1c</b> Pneumococcal Immunization – High Risk Populations (Age 5 through 64 years)	1Q 2012	CMS/TJC	No	No
<b>IMM-2</b> Influenza Immunization (9,10)	1Q 2012	CMS/TJC	Dec 2012	No
<b>Healthcare Associated Infection Measure (HAI)****</b> Data is Submitted to the CDC’s National Healthcare Safety Network (NHSN)	<b>Submission Required Beginning With:</b>	<b>Collected For</b>	<b>On Hospital Compare</b>	<b>Included in VBP Beginning With:</b>
Central-Line Associated Bloodstream Infection (CLABSI) (9,11)	1Q 2011	CMS	Jan 2012	FY 2015
Surgical Site Infection (SSI-colon, SSI-abdominal hysterectomy) (9)	1Q 2012	CMS	Dec 2012	No
Catheter-Associated Urinary Tract Infection (CAUTI) (10)	1Q 2012	CMS	Dec 2012	No
MRSA Bacteremia (10)	1Q 2013	CMS	Dec 2013	No
Clostridium Difficile (C.Diff) (10)	1Q 2013	CMS	Dec 2013	No
Healthcare Personnel Influenza Vaccination (10)	1Q 2013	CMS	Dec 2014	No
<b>Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS)**</b>	<b>Submission Required Beginning With:</b>	<b>Collected For</b>	<b>On Hospital Compare</b>	<b>Included in VBP Beginning With:</b>
<b>HCAHPS</b> Hospital Consumer Assessment of Healthcare Providers and Systems Survey (3,12)	3Q 2007	CMS	Yes	FY 2013
<b>Tobacco Treatment (TOB)</b> (CMS Informational Only)	<b>Submission Required Beginning With:</b>	<b>Collected For</b>	<b>On Hospital Compare</b>	<b>Included in VBP Beginning With:</b>
<b>TOB-1</b> Tobacco Use Screening	N/A	TJC	No	No
<b>TOB-2</b> Tobacco Use Treatment Provided or Offered	N/A	TJC	No	No
<b>TOB-2a</b> Tobacco Use Treatment	N/A	TJC	No	No
<b>TOB-3</b> Tobacco Use Treatment Provided or Offered at Discharge	N/A	TJC	No	No
<b>TOB-3a</b> Tobacco Use Treatment at Discharge	N/A	TJC	No	No
<b>TOB-4</b> Tobacco Use: Assessing Status After Discharge	N/A	TJC	No	No

# Hospital Inpatient Quality Reporting (IQR) Program Measures

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## Measures Requiring Abstraction and Submission by the Hospital or its Vendor (continued)

Substance Use (SUB) (CMS Informational Only)	Submission Required Beginning With:	Collected For	On Hospital Compare	Included in VBP Beginning With:
<b>SUB-1</b> Alcohol Use Screening	N/A	TJC	No	No
<b>SUB-2</b> Alcohol Use Brief Intervention Provided or Offered	N/A	TJC	No	No
<b>SUB-2a</b> Alcohol Use Brief Intervention	N/A	TJC	No	No
<b>SUB-3</b> Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge	N/A	TJC	No	No
<b>SUB-3a</b> Alcohol and Other Drug Use Disorder Treatment at Discharge	N/A	TJC	No	No
<b>SUB-4</b> Alcohol and Drug Use: Assessing Status after Discharge	N/A	TJC	No	No

## Measures Requiring Web-based Hospital Data Entry

Structural Measures	Submission Required Beginning With:	Collected For	On Hospital Compare	Included in VBP Beginning With:
<b>FY 2014:</b> References January 1, 2012 through December 31, 2012 Submission from April 1, 2013 through May 15, 2013				
<b>FY 2015:</b> References January 2, 2013 through December 31, 2013 Submission from April 1, 2014 through May 15, 2014.				
Participation in a Systematic Database for Cardiac Surgery (6)	FY 2010	CMS	Yes	No
Participation in a Systematic Clinical Database Registry for Stroke Care (8)	FY 2011	CMS	Yes	No
Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care (8)	FY 2011	CMS	Yes	No
Participation in a Systematic Clinical Database Registry for General Surgery (10)	FY 2014	CMS	Dec 2013	No
<b>Data Accuracy and Completeness Acknowledgement</b>				
<b>FY 2014 Payment:</b> Submission deadline is May 15, 2013, referencing data submitted from January 1, 2012 through December 31, 2012.				
<b>FY 2015 Payment:</b> Submission deadline is May 15, 2014, referencing data submitted from January 1, 2013 through December 31, 2013.				
Data Accuracy and Completeness Acknowledgement (8)	Annual Submission began FY 2011	CMS	No	No

# Hospital Inpatient Quality Reporting (IQR) Program Measures

(Calendar Year 2013 Discharges)

## Measures Requiring Web-based Hospital Data Entry (continued)

<b>Perinatal Care</b> Aggregated numerator / denominator / exclusion counts Collection beginning with January 1, 2013 discharges.	<b>Submission Required Beginning With:</b>	<b>Collected For</b>	<b>On Hospital Compare</b>	<b>Included in VBP Beginning With:</b>
<b>PC-01</b> Elective Delivery Prior to 39 Completed Weeks Gestation: Percentage of Babies Electively Delivered Prior to 39 Completed Weeks Gestation (11)	1Q 2013	TJC/CMS	Dec 2013	No

## Measure Information Obtained from Claims-Based Data

<b>Mortality Measures (Medicare patients)</b>	<b>Submission Required Beginning With:</b>	<b>Collected For</b>	<b>On Hospital Compare</b>	<b>Included in VBP Beginning With:</b>
<b>MORT-30-AMI</b> Acute Myocardial Infarction (AMI) 30-Day Mortality Rate (3,12)	N/A^	CMS	Yes	FY 2014
<b>MORT-30-HF</b> Heart Failure (HF) 30-Day Mortality Rate (3,12)	N/A^	CMS	Yes	FY 2014
<b>MORT-30-PN</b> Pneumonia (PN) 30-Day Mortality Rate (4,12)	N/A^	CMS	Yes	FY 2014
<b>Readmission Measures (Medicare patients)***</b>	<b>Submission Required Beginning With:</b>	<b>Collected For</b>	<b>On Hospital Compare</b>	<b>Included in VBP Beginning With:</b>
<b>READM-30-AMI</b> Acute Myocardial Infarction (AMI) 30-Day Readmission Rate (7)	N/A^	CMS	Yes	No
<b>READM-30-HF</b> Heart Failure (HF) 30-Day Readmission Rate (6)	N/A^	CMS	Yes	No
<b>READM-30-PN</b> Pneumonia (PN) 30-Day Readmission Rate (7)	N/A^	CMS	Yes	No
<b>Hip/Knee Readmission</b> Hospital-Level 30-Day All-Cause Risk-Standardized Readmission Rate (RSRR) Following Elective Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA) (11)	N/A^	CMS	July 2013	No
<b>HWR</b> Hospital-Wide All-Cause Unplanned Readmission (HWR) (11)	N/A^	CMS	July 2013	No
<b>Agency for Healthcare Research and Quality (AHRQ) Measures***</b>	<b>Submission Required Beginning With:</b>	<b>Collected For</b>	<b>On Hospital Compare</b>	<b>Included in VBP Beginning With:</b>
<b>PSI 90</b> Complication/Patient Safety for Selected Indicators (composite) (6,11)	N/A^	CMS	Yes	FY 2015

# Hospital Inpatient Quality Reporting (IQR) Program Measures

(Calendar Year 2013 Discharges)

## Measure Information Obtained from Claims-Based Data (continued)

AHRQ PSI and Nursing Sensitive Care	Submission Required Beginning With:	Collected For	On Hospital Compare	Included in VBP Beginning With:
<b>PSI 4</b> Death Among Surgical Patients with Serious Treatable Complications (Harmonized with Nursing Sensitive Care Measure, Failure to Rescue) (6,8,12)	N/A^ Harmonized 2010	CMS	Yes	FY 2014
Surgical Complications	Submission Required Beginning With:	Collected For	On Hospital Compare	Included in VBP Beginning With:
<b>Hip/Knee Complications:</b> Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and Total Knee Arthroplasty (TKA) (11)	N/A^	CMS	July 2013	No
Cost Efficiency Measures	Submission Required Beginning With:	Collected For	On Hospital Compare	Included in VBP Beginning With:
Medicare Spending per Beneficiary (10,11)	N/A^	CMS	Yes	FY 2015



# Hospital Inpatient Quality Reporting (IQR) Program Measures

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## Measures Removed from the Hospital IQR Program

Measure Name	*Submission Required Beginning	Quarter Removed	Collected For	On Hospital Compare
<b>Acute Myocardial Infarction (AMI)</b>				
<b>AMI-4</b> Adult Smoking Cessation Advice/Counseling (2,10)	3Q 2006	1Q 2012	CMS/TJC	Yes
<b>AMI-6</b> Beta-Blocker at Arrival (1,8)	Nov 2003	2Q 2009	CMS/TJC	No
<b>AMI-9</b> Inpatient Mortality	N/A	1Q 2011	TJC	No
<b>AMI-T1a</b> LDL-Cholesterol Assessment (Optional Test Measure)	N/A	2Q 2011	CMS	No
<b>AMI-T2</b> Lipid-Lowering Therapy at Discharge (Optional Test Measure)	N/A	2Q 2011	CMS	No
<b>Heart Failure (HF)</b>				
<b>HF-4</b> Adult Smoking Cessation Advice/Counseling (2,10)	3Q 2006	1Q 2012	CMS/TJC	Yes
<b>Pneumonia (PN)</b>				
<b>PN-1</b> Oxygenation (1,5)	Nov 2003	1Q 2009	CMS/TJC	No
<b>PN-2</b> Pneumococcal Vaccination (1,9)	Nov 2003	1Q 2012	CMS/TJC	Yes
<b>PN-4</b> Adult Smoking Cessation Advice/Counseling (2,10)	3Q 2006	1Q 2012	CMS/TJC	Yes
<b>PN-5</b> Antibiotic Timing (Median)	N/A	1Q 2012	TJC	No
<b>PN-5b</b> Initial Antibiotic Received Within 4 Hours of Hospital Arrival (1, 6)	Nov 2003	1Q 2009	CMS/TJC	No
<b>PN-5c</b> Timing of Receipt of Initial Antibiotic Following Hospital Arrival (6,10)	1Q 2009	1Q 2012	CMS/TJC	Yes
<b>PN-7</b> Influenza Vaccination (2,9)	3Q 2006	1Q 2012	CMS/TJC	Yes
<b>Surgical Care Improvement Project (SCIP)</b>				
<b>SCIP-VTE-1</b> Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered (removed from VBP for FY 2015) (3,11)	2Q 2007	1Q 2013	CMS/TJC	Yes
<b>Agency for Healthcare Research and Quality (AHRQ) Indicators</b>				
<b>PSI 06</b> Iatrogenic Pneumothorax, Adult (6,11)	N/A^	FY 2015	CMS	Downloadable file only
<b>PSI 11</b> Post-Operative Respiratory Failure (9,11)	N/A^	FY 2015	CMS	Downloadable file only
<b>PSI 12</b> Post-Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) (9,11)	N/A^	FY 2015	CMS	Downloadable file only
<b>PSI 14</b> Postoperative Wound Dehiscence (6,11)	N/A^	FY 2015	CMS	Downloadable file only
<b>PSI 15</b> Accidental Puncture or Laceration (6,11)	N/A^	FY 2015	CMS	Downloadable file only

# Hospital Inpatient Quality Reporting (IQR) Program Measures

(Calendar Year 2013 Discharges)

## Measures Removed from the Hospital IQR Program (continued)

Measure Name	*Submission Required Beginning	Quarter Removed	Collected For	On Hospital Compare
<b>IQI 11</b> Abdominal Aortic Aneurysm (AAA) Mortality Rate (with or without volume) (6,11)	N/A^	FY 2015	CMS	Downloadable file only
<b>IQI 19</b> Hip Fracture Mortality Rate (6,11)	N/A^	FY 2015	CMS	Downloadable file only
<b>IQI 91</b> Mortality for Selected Medical Conditions (composite) (6,11)	N/A^	FY 2015	CMS	Downloadable file only
<b>IQI 90</b> Mortality for Selected Surgical Procedures (composite) (6,9)	N/A^	FY 2011 APU	CMS	No
<b>Hospital-Acquired Condition (HAC) Measures***</b>				
<b>HAC-1</b> Foreign Object Retained After Surgery (9,11)	N/A^	FY 2015	CMS	Yes
<b>HAC-2</b> Air Embolism (9,11)	N/A^	FY 2015	CMS	Yes
<b>HAC-3</b> Blood Incompatibility (9,11)	N/A^	FY 2015	CMS	Yes
<b>HAC-4</b> Pressure Ulcer Stages III & IV (9,11)	N/A^	FY 2015	CMS	Yes
<b>HAC-5</b> Falls and Trauma: (Includes; Fracture, Dislocation, Intracranial Injury, Crushing Injury, Burn, Electric Shock) (9,11)	N/A^	FY 2015	CMS	Yes
<b>HAC-6</b> Vascular Catheter-Associated Infections (9,11)	N/A^	FY 2015	CMS	Yes
<b>HAC-7</b> Catheter-Associated Urinary Tract Infection (UTI) (9,11)	N/A^	FY 2015	CMS	Yes
<b>HAC-8</b> Manifestations of Poor Glycemic Control (9,11)	N/A^	FY 2015	CMS	Yes

## Acronym List

Acronym	Description
CY	Calendar Year
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare & Medicaid Services
FY	Fiscal Year
HC	Hospital Compare
HWR	Hospital-Wide Readmission
IPPS	Inpatient Prospective Payment System
OPPS	Outpatient Prospective Payment System
POC	Process of Care
TJC	The Joint Commission
TBD	To Be Determined
TKA	Total Knee Arthroplasty
THA	Total Hip Arthroplasty
RSCR	Risk Standardized Complication Rate
RSRR	Risk Standardized Readmission Rate

# Hospital Inpatient Quality Reporting (IQR) Program Measures

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## Rule References for Reporting of the Hospital IQR Program Measures

Reference Number for Applicable Rule	
(1)	Measure included in '10 measure starter set' (CMS Regulation 1500-F, posted August 2005)
(2)	Additional measure added to original '10 measure starter set' to make '21 measure expanded set' (CMS Reg. 1488-FC, posted August 2006)
(3)	Measure finalized in CY 2007 OPPS Final Rule (CMS Regulation 1506-FC, posted November 2006)
(4)	Measure finalized in FY 2008 IPPS Final Rule (CMS Regulation 1533-FC, posted August 2007)
(5)	Measure finalized in CY 2008 OPPS Final Rule (CMS Regulation 1392-FC, posted November 2007)
(6)	Measure finalized in FY 2009 IPPS Final Rule (CMS Regulation 1390-F, posted August 2008)
(7)	Measure finalized in CY 2009 OPPS Final Rule (CMS Regulation 1404-FC, posted November 2008)
(8)	Measure finalized in FY 2010 IPPS Final Rule (CMS Regulation 1406-F/1493-F/1337-F, posted August 2009)
(9)	Measure finalized in FY 2011 IPPS Final Rule (CMS Regulation-1498-F/F2/IFC, posted August 2010)
(10)	Measure finalized in FY 2012 IPPS Final Rule (CMS Regulation-1518-F/1430-F, posted August 2011)
(11)	Measure finalized in FY 2013 IPPS Final Rule (CMS Regulation-1588-F, posted August 2012)
(12)	Measure Finalized in VBP Final Rule (CMS Regulation-3239-F, posted May 2011)
(13)	Measure Finalized in CY 2012 OPPS Final Rule (CMS Regulation 1525-FC, posted November 2011)

# Hospital Inpatient Quality Reporting (IQR) Program Measures

(Calendar Year 2013 Discharges)

## Number of the Hospital IQR Program Measures Required by Category

FY Year	Chart-Abstracted Measures	Survey Measures	Claims-Based Measures	Structural Measures	Total
<b>2005</b>	10 (original starter set)	0	0	0	10
<b>2006</b>	10 (original starter set)	0	0	0	10
<b>2007</b>	21 (added expanded set)	0	0	0	21
<b>2008</b>	24 (added SCIP Inf-2, VTE 1 and VTE 2)	1 (HCAHPS)	2 (added AMI and HF mortality)	0	27
<b>2009</b>	26 (added SCIP Inf-4 and SCIP Inf-6)	1	3 (added PN mortality)	0	30
<b>2010</b>	26 (added SCIP Card-2 and removed PN-1)	1	16 (added 9 AHRQ, 1 NSC, 3 readmission)	1 (added Cardiac Registry)	44
<b>2011</b>	27 (removed AMI-6, added SCIP Inf-9 and SCIP Inf-10)	1	14 (harmonized PSI 04 and NSC, retired IQI 90)	3 (added Stroke and Nursing Registries)	45
<b>2012</b>	27	1	24 (add 2 AHRQ and 8 HAC)	3	55
<b>2013</b>	29 (added AMI-10 and HAI CLABSI)	1	24	3	57
<b>2014</b>	25 [removed 6 (AMI-4, HF-4, PN-2, PN-4, PN-5c, PN-7), suspended 4 (AMI-1, AMI-3, AMI-5, SCIP Inf-6), added 2 ED, 2 IMM, and 2 HAI (CAUTI and SSI)]	1	25 (added Medicare Spending per Beneficiary)	4 (added General Surgery Registry)	55
<b>2015</b>	42 [added 18 (8 STK, 6 VTE, 3 HAI and 1 PC), removed 1(SCIP-VTE-1)]	1	12 [added 3 (THA/TKA readmission and THA/TKA complication, HWR), removed 16 (8 HAC, 3 AHRQ IQI, 5 AHRQ PSI)]	4	59
<b>2016</b>	42	1	12	5 (added Safe Surgery Checklist)	60

# Hospital Inpatient Quality Reporting (IQR) Program Measures

(Calendar Year 2013 Discharges)

## Hospital Value Based Purchasing Measures

### FY 2013 Measures

Domain	ID	Measure Name	Initial Quarter on Hospital Compare	First Hospital Compare Release	Period Used to Calculate FY 2013 VBP Performance
Clinical POC	AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	1Q 2004	September 2005	3Q 2011 – 1Q 2012
Clinical POC	AMI-8a	Timing of Receipt of Primary Percutaneous Coronary Intervention (PCI)	3Q 2004	September 2005	3Q 2011 – 1Q 2012
Clinical POC	HF-1	Discharge Instructions	3Q 2006	June 2007	3Q 2011 – 1Q 2012
Clinical POC	PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	3Q 2006	June 2007	3Q 2011 – 1Q 2012
Clinical POC	PN-6	Initial Antibiotic Selection for CAP in Immunocompetent Patient	3Q 2006	June 2007	3Q 2011 – 1Q 2012
Clinical POC	SCIP-Inf-1	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	3Q 2006	June 2007	3Q 2011 – 1Q 2012
Clinical POC	SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients	1Q 2007	December 2007	3Q 2011 – 1Q 2012
Clinical POC	SCIP-Inf-3	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time	3Q 2006	June 2007	3Q 2011 – 1Q 2012
Clinical POC	SCIP-Inf-4	Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Blood Glucose	1Q 2008	December 2008	3Q 2011 – 1Q 2012
Clinical POC	SCIP-Card-2	Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who received a Beta-Blocker During the Perioperative Period	1Q 2009	December 2009	3Q 2011 – 1Q 2012
Clinical POC	SCIP-VTE-1	Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered	1Q 2007	December 2007	3Q 2011 – 1Q 2012
Clinical POC	SCIP-VTE-2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery	1Q 2007	December 2007	3Q 2011 – 1Q 2012
Patient Experience of Care	HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems Survey	3Q2007	March 2009	3Q 2011 – 1Q 2012

# Hospital Inpatient Quality Reporting (IQR) Program Measures

(Calendar Year 2013 Discharges)

## Hospital Value Based Purchasing Measures (continued)

### FY 2014 Measures

Domain	ID	Measure Name	Initial Quarter on Hospital Compare	First Hospital Compare Release	Period Used to Calculate FY 2014 VBP Performance
Clinical POC	AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	1Q 2004	September 2005	2Q 2012 – 4Q 2012
Clinical POC	AMI-8a	Timing of Receipt of Primary Percutaneous Coronary Intervention (PCI)	3Q 2004	September 2005	2Q 2012 – 4Q 2012
Clinical POC	HF-1	Discharge Instructions	3Q 2006	June 2007	2Q 2012 – 4Q 2012
Clinical POC	PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	3Q 2006	June 2007	2Q 2012 – 4Q 2012
Clinical POC	PN-6	Initial Antibiotic Selection for CAP in Immunocompetent Patient	3Q 2006	June 2007	2Q 2012 – 4Q 2012
Clinical POC	SCIP-Inf-1	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	3Q 2006	June 2007	2Q 2012 – 4Q 2012
Clinical POC	SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients	1Q 2007	December 2007	2Q 2012 – 4Q 2012
Clinical POC	SCIP-Inf-3	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time	3Q 2006	June 2007	2Q 2012 – 4Q 2012
Clinical POC	SCIP-Inf-4	Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Blood Glucose	1Q 2008	December 2008	2Q 2012 – 4Q 2012
Clinical POC	SCIP-Inf-9	Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being day zero	1Q 2010	January 2011	2Q 2012 – 4Q 2012
Clinical POC	SCIP-Card-2	Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who received a Beta-Blocker During the Perioperative Period	1Q 2009	December 2009	2Q 2012 – 4Q 2012
Clinical POC	SCIP-VTE-1	Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered	1Q 2007	December 2007	2Q 2012 – 4Q 2012
Clinical POC	SCIP-VTE-2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery	1Q 2007	December 2007	2Q 2012 – 4Q 2012
Patient Experience of Care	HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems Survey	3Q2007	March 2009	2Q 2012 – 4Q 2012
Outcome	MORT-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	3Q 2005-2Q 2006	December 2007	3Q 2011 – 2Q 2012
Outcome	MORT-30-HF	Heart Failure (HF) 30-day Mortality Rate	3Q 2005-2Q 2006	December 2007	3Q 2011 – 2Q 2012
Outcome	MORT-30-PN	Pneumonia (PN) 30-day Mortality Rate	3Q 2006-2Q 2007	August 2008	3Q 2011 – 2Q 2012

# Hospital Inpatient Quality Reporting (IQR) Program Measures

(Calendar Year 2013 Discharges)

## Hospital Value Based Purchasing Measures (continued)

### FY 2015 Measures

Domain	ID	Measure Name	Initial Quarter on Hospital Compare	First Hospital Compare Release	Period Used to Calculate FY 2015 VBP Performance
Clinical POC	AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	1Q 2004	September 2005	1Q 2013 – 4Q 2013
Clinical POC	AMI-8a	Timing of Receipt of Primary Percutaneous Coronary Intervention (PCI)	3Q 2004	September 2005	1Q 2013 – 4Q 2013
Clinical POC	HF-1	Discharge Instructions	3Q 2006	June 2007	1Q 2013 – 4Q 2013
Clinical POC	PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	3Q 2006	June 2007	1Q 2013 – 4Q 2013
Clinical POC	PN-6	Initial Antibiotic Selection for CAP in Immunocompetent Patient	3Q 2006	June 2007	1Q 2013 – 4Q 2013
Clinical POC	SCIP-Inf-1	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	1Q 2007	December 2007	1Q 2013 – 4Q 2013
Clinical POC	SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients	3Q 2006	June 2007	1Q 2013 – 4Q 2013
Clinical POC	SCIP-Inf-3	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time	1Q 2008	December 2008	1Q 2013 – 4Q 2013
Clinical POC	SCIP-Inf-4	Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Blood Glucose	1Q 2010	January 2011	1Q 2013 – 4Q 2013
Clinical POC	SCIP-Inf-9	Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being day zero	1Q 2009	December 2009	1Q 2013 – 4Q 2013
Clinical POC	SCIP-Card-2	Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who received a Beta-Blocker During the Perioperative Period	1Q 2007	December 2007	1Q 2013 – 4Q 2013
Clinical POC	SCIP-VTE-2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery	1Q 2007	December 2007	1Q 2013 – 4Q 2013
Patient Experience of Care	HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems Survey	3Q2007	March 2009	1Q 2013 – 4Q 2013
Outcome	MORT-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	3Q 2005-2Q 2006	December 2007	4Q 2012 – 2Q 2013
Outcome	MORT-30-HF	Heart Failure (HF) 30-day Mortality Rate	3Q 2005-2Q 2006	December 2007	4Q 2012 – 2Q 2013
Outcome	MORT-30-PN	Pneumonia (PN) 30-day Mortality Rate	3Q 2006-2Q 2007	August 2008	4Q 2012 – 2Q 2013
Outcome	AHRQ (PSI-90)	Complication/Patient Safety for Selected Indicators (composite)	4Q 2008-2Q 2010	October 2011	October 15, 2012 through June 30, 2013
Outcome	CLABSI	Central-Line Associated Bloodstream Infection (CLABSI)	1Q 2011	January 2012	1Q 2013 – 4Q 2013
Efficiency	MSPB	Medicare Spending per Beneficiary	May 15, 2010 through February 14, 2011	April 2012	May 1, 2013 through December 31, 2013

# Hospital Inpatient Quality Reporting (IQR) Program Measures

## (Calendar Year 2013 Discharges)

### Legend

- <sup>^</sup> CMS uses enrollment data as well as Part A and Part B claims for Medicare fee-for-service patients to calculate these measures. No hospital data submission is required to calculate these measure rates.
- \* Discharge (DC) quarter required for the Hospital IQR Program measure submission started in accordance with the published final rule (IPPS and/or OPPS).
- \*\* Clinical Process Measures, CAC Measures, and HCAHPS discharge quarters included in *Hospital Compare* release (refreshed/updated quarterly).
  - Apr-13: 3Q 2011, 4Q 2011, 1Q 2012 and 2Q 2012
  - Jul-13: 4Q 2011, 1Q 2012, 2Q 2012 and 3Q 2012
  - Oct-13: 1Q 2012, 2Q 2012, 3Q 2012 and 4Q 2012
  - Dec-13: 2Q 2012, 3Q 2012, 4Q 2012, and 1Q 2013
- \*\*\* Claims-based Measures (no data submission required) refreshed annually on *Hospital Compare*
  - Mortality/Readmission Measures (3 years of data).
    - Apr-13: 3Q 2008 through 2Q 2011
    - Jul-13: 3Q 2009 through 2Q 2012
    - Oct-13: 3Q 2009 through 2Q 2012
    - Dec-13: 3Q 2009 through 2Q 2012
  - AHRQ Measures
    - Apr-13: 3Q 2009 through 2Q 2011
    - Jul-13: 3Q 2010 through 2Q 2012
    - Oct-13: 3Q 2010 through 2Q 2012
    - Dec-13: 3Q 2010 through 2Q 2012
  - HAC Measures
    - Apr-13: 3Q 2009 through 2Q 2011
    - Jul-13: no longer reported
    - Oct-13: no longer reported
    - Dec-13: no longer reported
- \*\*\*\* HAI Measures discharge quarters included in Hospital Compare release (refreshed/updated quarterly).
  - Apr-13: 3Q 2011, 4Q 2011, 1Q 2012 and 2Q 2012
  - Jul-13: 4Q 2011, 1Q 2012, 2Q 2012 and 3Q 2012
  - Oct-13: 1Q 2012, 2Q 2012, 3Q 2012 and 4Q 2012
  - Dec-13: 2Q 2012, 3Q 2012, 4Q 2012, and 1Q 2013

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