

## Hospital Inpatient Quality Measures (Calendar Year 2011 Discharges - revised)

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 National Hospital Inpatient Quality 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 2011 would represent discharges Jan-Mar 2011).

**Note:** CMS modified the *Hospital Compare* release dates beginning with the March 2011 release by moving it to April. This change moves the previously listed December 2011 release to January 2012 which will be included in the Measure Comparison Document for CY 2012.

### Acronyms used in this document

| Acronym | Description                                |
|---------|--|
| CDC     | Centers for Disease Control and Prevention |
| CMS     | Centers for Medicare & Medicaid Services   |
| FY      | Fiscal Year                                |
| HC      | Hospital Compare                           |
| IPPS    | Inpatient Prospective Payment System       |
| OPPS    | Outpatient Prospective Payment System      |
| TJC     | The Joint Commission                       |
| TBD     | To Be Determined                           |

### 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 Inpatient Quality Reporting Program (Reporting Program), formerly known as the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program.
- **Second column** of the table identifies when the measure became required to meet the Reporting Program requirements.
- **Third column** of the table identifies whether the data is collected for CMS, TJC or both.
- **Fourth, fifth, and sixth columns** of the table identify the quarters when it is anticipated the measure will display on Hospital Compare.

**Hospital Inpatient Quality Measures  
(Calendar Year 2011 Discharges - revised)**

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

| <b>Acute Myocardial Infarction (AMI)</b>  | <b>*Required Submission</b>          | <b>Collected For</b> | <b>**HC Release Apr-11</b> | <b>**HC Release Jul-11</b> | <b>**HC Release Oct-11</b> |
|---|--------------------------------------|----------------------|----------------------------|----------------------------|----------------------------|
| <b>AMI-1</b> Aspirin at Arrival (1)   | Nov 2003                             | CMS/TJC              | Yes                        | Yes                        | Yes                        |
| <b>AMI-2</b> Aspirin Prescribed at Discharge (1)  | Nov 2003                             | CMS/TJC              | Yes                        | Yes                        | Yes                        |
| <b>AMI-3</b> ACEI or ARB for LVSD (1)   | Nov 2003                             | CMS/TJC              | Yes                        | Yes                        | Yes                        |
| <b>AMI-4</b> Adult Smoking Cessation Advice/Counseling (2)  | 3Q 2006                              | CMS/TJC              | Yes                        | Yes                        | Yes                        |
| <b>AMI-5</b> Beta-Blocker Prescribed at Discharge (1)   | Nov 2003                             | CMS/TJC              | Yes                        | Yes                        | Yes                        |
| <b>AMI-6</b> Beta-Blocker at Arrival (1)  | 11/2003<br><b>Retired</b><br>2Q 2009 | N/A                  | N/A                        | N/A                        | N/A                        |
| <b>AMI-7</b> Median Time to Fibrinolysis  | N/A                                  | CMS/TJC              | No                         | No                         | No                         |
| <b>AMI-7a</b> Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival (2)                 | 3Q 2006                              | CMS/TJC              | Yes                        | Yes                        | Yes                        |
| <b>AMI-8</b> Median Time to Primary PCI   | N/A                                  | CMS/TJC              | No                         | No                         | No                         |
| <b>AMI-8a</b> Timing of Receipt of Primary Percutaneous Coronary Intervention (PCI) (2)               | 3Q 2006                              | CMS/TJC              | Yes                        | Yes                        | Yes                        |
| <b>AMI-9</b> Inpatient Mortality  | N/A                                  | TJC                  | No                         | No                         | No                         |
| <b>AMI-10</b> Statin Prescribed at Discharge (10) (Submission of 4Q10 data is voluntary for CMS)      | 1Q 2011                              | CMS/TJC              | No                         | No                         | No                         |
| <b>AMI-T1a</b> LDL-Cholesterol Assessment (Optional Test Measure-scheduled to retire 2Q 2011)         | N/A                                  | CMS                  | No                         | No                         | No                         |
| <b>AMI-T2</b> Lipid-Lowering Therapy at Discharge (Optional Test Measure-scheduled to retire 2Q 2011) | N/A                                  | CMS                  | No                         | No                         | No                         |

| <b>Heart Failure (HF)</b>                                 | <b>*Required Submission</b> | <b>Collected For</b> | <b>**HC Release Apr-11</b> | <b>**HC Release Jul-11</b> | <b>**HC Release Oct-11</b> |
|---|-----------------------------|----------------------|----------------------------|----------------------------|----------------------------|
| <b>HF-1</b> Discharge Instructions (2)                    | 3Q 2006                     | CMS/TJC              | Yes                        | Yes                        | Yes                        |
| <b>HF-2</b> Evaluation of LVS Function (1)                | Nov 2003                    | CMS/TJC              | Yes                        | Yes                        | Yes                        |
| <b>HF-3</b> ACEI or ARB for LVSD (1)                      | Nov 2003                    | CMS/TJC              | Yes                        | Yes                        | Yes                        |
| <b>HF-4</b> Adult Smoking Cessation Advice/Counseling (2) | 3Q 2006                     | CMS/TJC              | Yes                        | Yes                        | Yes                        |

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

| Pneumonia (PN) |   | *Required Submission                              | Collected For | **HC Release Apr-11 | **HC Release Jul-11 | **HC Release Oct-11 |
|----------------|---|---|---------------|---------------------|---------------------|---------------------|
| <b>PN-1</b>    | Oxygenation (1)   | Nov 2003<br><i>Retired</i><br><b>1Q 2009</b>      | CMS/TJC       | N/A                 | N/A                 | N/A                 |
| <b>PN-2</b>    | Pneumococcal Vaccination (1)  | Nov 2003  | CMS/TJC       | Yes                 | Yes                 | Yes                 |
| <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                  | No                  |
| <b>PN-3b</b>   | Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital (2)   | 3Q 2006   | CMS/TJC       | Yes                 | Yes                 | Yes                 |
| <b>PN-4</b>    | Adult Smoking Cessation Advice/Counseling (2)   | 3Q 2006   | CMS/TJC       | Yes                 | Yes                 | Yes                 |
| <b>PN-5</b>    | Antibiotic Timing (Median)  | N/A   | TJC           | No                  | No                  | No                  |
| <b>PN-5b</b>   | Initial Antibiotic Received Within 4 Hours of Hospital Arrival (1, 6)   | Nov 2003<br><i>Discontinued</i><br><b>1Q 2009</b> | N/A           | N/A                 | N/A                 | N/A                 |
| <b>PN-5c</b>   | Timing of Receipt of Initial Antibiotic Following Hospital Arrival (6)  | 1Q 2009   | CMS/TJC       | Yes                 | Yes                 | Yes                 |
| <b>PN-6</b>    | Initial Antibiotic Selection for CAP in Immunocompetent Patient (2)   | 3Q 2006   | CMS           | Yes                 | Yes                 | Yes                 |
| <b>PN-6a</b>   | Initial Antibiotic Selection for CAP in Immunocompetent – ICU Patient   | N/A   | TJC           | No                  | No                  | No                  |
| <b>PN-6b</b>   | Initial Antibiotic Selection for CAP in Immunocompetent – Non-ICU Patient   | N/A   | TJC           | No                  | No                  | No                  |
| <b>PN-7</b>    | Influenza Vaccination (2) (Note: Reported by Flu Season ONLY)   | 3Q 2006   | CMS/TJC       | Yes                 | Yes                 | Yes                 |

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

| <b>Surgical Care Improvement Project (SCIP)</b> |   | <b>*Required Submission</b> | <b>Collected For</b> | <b>**HC Release Apr-11</b> | <b>**HC Release Jul-11</b> | <b>**HC Release Oct-11</b> |
|---|---|-----------------------------|----------------------|----------------------------|----------------------------|----------------------------|
| <b>SCIP-Inf-1</b>                               | Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision (2)   | 3Q 2006                     | CMS/TJC              | Yes                        | Yes                        | Yes                        |
| <b>SCIP-Inf-2</b>                               | Prophylactic Antibiotic Selection for Surgical Patients (3)   | 1Q 2007                     | CMS/TJC              | Yes                        | Yes                        | Yes                        |
| <b>SCIP-Inf-3</b>                               | Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time (2)  | 3Q 2006                     | CMS/TJC              | Yes                        | Yes                        | Yes                        |
| <b>SCIP-Inf-4</b>                               | Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Blood Glucose (5)   | 1Q 2008                     | CMS/TJC              | Yes                        | Yes                        | Yes                        |
| <b>SCIP-Inf-6</b>                               | Surgery Patients with Appropriate Hair Removal (5)  | 1Q 2008                     | CMS/TJC              | Yes                        | Yes                        | Yes                        |
| <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)               | 1Q 2010                     | CMS/TJC              | Yes                        | Yes                        | Yes                        |
| <b>SCIP-Inf-10</b>                              | Surgery Patients with Perioperative Temperature Management (8)  | 1Q 2010                     | CMS/TJC              | No                         | No                         | 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)                   | 1Q 2009                     | CMS/TJC              | Yes                        | Yes                        | Yes                        |
| <b>SCIP-VTE-1</b>                               | Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered (3)  | 1Q 2007                     | CMS/TJC              | Yes                        | Yes                        | Yes                        |
| <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) | 1Q 2007                     | CMS/TJC              | Yes                        | Yes                        | Yes                        |

| <b>Children's Asthma Care (CAC)**</b> |   | <b>*Required Submission</b> | <b>Collected For</b> | <b>**HC Release Apr-11</b> | <b>**HC Release Jul-11</b> | <b>**HC Release Oct-11</b> |
|---------------------------------------|---|-----------------------------|----------------------|----------------------------|----------------------------|----------------------------|
| <b>CAC-1</b>                          | Relievers for Inpatient Asthma  | N/A                         | TJC                  | Yes                        | Yes                        | Yes                        |
| <b>CAC-2</b>                          | Systemic Corticosteroids for Inpatient Asthma                           | N/A                         | TJC                  | Yes                        | Yes                        | Yes                        |
| <b>CAC-3</b>                          | Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver | N/A                         | TJC                  | Yes                        | Yes                        | Yes                        |

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

| <b>Venous Thromboembolism (VTE)<br/>(CMS Informational Only)</b>   | <b>*Required Submission</b> | <b>Collected For</b> | <b>**HC Release Apr-11</b> | <b>**HC Release Jul-11</b> | <b>**HC Release Oct-11</b> |
|--|-----------------------------|----------------------|----------------------------|----------------------------|----------------------------|
| <b>VTE-1</b> Venous Thromboembolism Prophylaxis  | N/A                         | TJC                  | No                         | No                         | No                         |
| <b>VTE-2</b> Intensive Care Unit Venous Thromboembolism Prophylaxis  | N/A                         | TJC                  | No                         | No                         | No                         |
| <b>VTE-3</b> Venous Thromboembolism Patients with Anticoagulation Overlap Therapy  | N/A                         | TJC                  | No                         | No                         | No                         |
| <b>VTE-4</b> Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram | N/A                         | TJC                  | No                         | No                         | No                         |
| <b>VTE-5</b> Venous Thromboembolism Discharge Instructions   | N/A                         | TJC                  | No                         | No                         | No                         |
| <b>VTE-6</b> Incidence of Potentially-Preventable Venous Thromboembolism   | N/A                         | TJC                  | No                         | No                         | No                         |

| <b>Stroke (STK) (CMS Informational Only)</b>                         | <b>*Required Submission</b> | <b>Collected For</b> | <b>**HC Release Apr-11</b> | <b>**HC Release Jul-11</b> | <b>**HC Release Oct-11</b> |
|--|-----------------------------|----------------------|----------------------------|----------------------------|----------------------------|
| <b>STK-1</b> Venous Thromboembolism (VTE) Prophylaxis                | N/A                         | TJC                  | No                         | No                         | No                         |
| <b>STK-2</b> Discharged on Antithrombotic Therapy                    | N/A                         | TJC                  | No                         | No                         | No                         |
| <b>STK-3</b> Anticoagulation Therapy for Atrial Fibrillation/Flutter | N/A                         | TJC                  | No                         | No                         | No                         |
| <b>STK-4</b> Thrombolytic Therapy                                    | N/A                         | TJC                  | No                         | No                         | No                         |
| <b>STK-5</b> Antithrombotic Therapy By End of Hospital Day 2         | N/A                         | TJC                  | No                         | No                         | No                         |
| <b>STK-6</b> Discharged on Statin Medication                         | N/A                         | TJC                  | No                         | No                         | No                         |
| <b>STK-8</b> Stroke Education  | N/A                         | TJC                  | No                         | No                         | No                         |
| <b>STK-10</b> Assessed for Rehabilitation                            | N/A                         | TJC                  | No                         | No                         | No                         |

| <b>Emergency Department (CMS Voluntary Only)</b>  | <b>*Required Submission</b> | <b>Collected For</b> | <b>**HC Release Apr-11</b> | <b>**HC Release Jul-11</b> | <b>**HC Release Oct-11</b> |
|---|-----------------------------|----------------------|----------------------------|----------------------------|----------------------------|
| <b>ED-1</b> Median Time from ED Arrival to ED Departure for Admitted ED Patients (Submission of 4Q10 data is voluntary) | N/A                         | CMS                  | No                         | No                         | No                         |
| <b>ED-2</b> Admit Decision Time to ED Departure Time for Admitted Patients (Submission of 4Q10 data is voluntary)       | N/A                         | CMS                  | No                         | No                         | No                         |

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

| <b>Prevention Measures</b><br>[Provided in the Specifications Manual for information only, listed in the Rule as Global Immunization Measures (GIM)] | <b>*Required Submission</b> | <b>Collected For</b> | <b>**HC Release Apr-11</b> | <b>**HC Release Jul-11</b> | <b>**HC Release Oct-11</b> |
|--|-----------------------------|----------------------|----------------------------|----------------------------|----------------------------|
| <b>Prev-Imm-1a</b> Pneumococcal Immunization – Overall Rate  | N/A                         | N/A                  | No                         | No                         | No                         |
| <b>Prev-Imm-1b</b> Pneumococcal Immunization – Age 65 and greater  | N/A                         | N/A                  | No                         | No                         | No                         |
| <b>Prev-Imm-1c</b> Pneumococcal Immunization – High Risk Populations (Age 5 through 64 years)  | N/A                         | N/A                  | No                         | No                         | No                         |
| <b>Prev-Imm-1d</b> Pneumococcal Immunization – Received During Hospitalization   | N/A                         | N/A                  | No                         | No                         | No                         |
| <b>Prev-Imm-1e</b> Pneumococcal Immunization – Received in Past  | N/A                         | N/A                  | No                         | No                         | No                         |
| <b>Prev-Imm-1f</b> Pneumococcal Immunization – Patient Refused   | N/A                         | N/A                  | No                         | No                         | No                         |
| <b>Prev-Imm-1g</b> Pneumococcal Immunization – Medical Contraindications   | N/A                         | N/A                  | No                         | No                         | No                         |
| <b>Prev-Imm-2a</b> Influenza Immunization – Overall Rate   | N/A                         | N/A                  | No                         | No                         | No                         |
| <b>Prev-Imm-2b</b> Influenza Immunization – Age 65 and greater   | N/A                         | N/A                  | No                         | No                         | No                         |
| <b>Prev-Imm-2c</b> Influenza Immunization – High Risk Populations (Age 5 through 64 years)   | N/A                         | N/A                  | No                         | No                         | No                         |
| <b>Prev-Imm-2d</b> Influenza Immunization – Received During Hospitalization  | N/A                         | N/A                  | No                         | No                         | No                         |
| <b>Prev-Imm-2e</b> Influenza Immunization – Received in Past   | N/A                         | N/A                  | No                         | No                         | No                         |
| <b>Prev-Imm-2f</b> Influenza Immunization – Patient Refused  | N/A                         | N/A                  | No                         | No                         | No                         |
| <b>Prev-Imm-2g</b> Influenza Immunization – Medical Contraindications  | N/A                         | N/A                  | No                         | No                         | No                         |

| <b>Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS)**</b> | <b>*Required Submission</b> | <b>Collected For</b> | <b>**HC Release Apr-11</b> | <b>**HC Release Jul-11</b> | <b>**HC Release Oct-11</b> |
|---|-----------------------------|----------------------|----------------------------|----------------------------|----------------------------|
| <b>HCAHPS</b> Hospital Consumer Assessment of Healthcare Providers and Systems Survey (3) | 3Q 2007                     | CMS                  | Yes                        | Yes                        | Yes                        |

| <b>Healthcare Associated Infection Measure (HAI)****</b><br>Data is Submitted to the CDC's National Healthcare Safety Network (NHSN) | <b>*Required Submission</b> | <b>Collected For</b> | <b>**HC Release Apr-11</b> | <b>**HC Release Jul-11</b> | <b>**HC Release Oct-11</b> |
|--|-----------------------------|----------------------|----------------------------|----------------------------|----------------------------|
| Central Line Associated Bloodstream Infection (CLABSI) (10)  | 1Q 2011                     | CMS                  | No                         | No                         | No                         |

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**Measures Requiring Web-based Hospital Data Entry**

| <b>Structural Measures</b><br>References July 1, 2010 through December 31, 2010<br>Submission from July 1, 2011 through August 15, 2011 | <b>*Required Submission</b> | <b>Collected For</b> | <b>**HC Release Apr-11</b> | <b>**HC Release Jul-11</b> | <b>**HC Release Oct-11</b> |
|---|-----------------------------|----------------------|----------------------------|----------------------------|----------------------------|
| Participation in a Systematic Database for Cardiac Surgery (6)  | FY 2010                     | CMS                  | Yes                        | Yes                        | Yes                        |
| Participation in a Systematic Clinical Database Registry for Stroke Care (8)  | FY 2011                     | CMS                  | Yes                        | Yes                        | Yes                        |
| Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care (8)   | FY 2011                     | CMS                  | Yes                        | Yes                        | Yes                        |

| <b>Data Accuracy and Completeness Acknowledgement</b><br>Electronic acknowledgment for FY 2012 payment<br>Submission from July 1, 2011 through August 15, 2011 | <b>*Required Submission</b> | <b>Collected For</b> | <b>**HC Release Apr-11</b> | <b>**HC Release Jul-11</b> | <b>**HC Release Oct-11</b> |
|--|-----------------------------|----------------------|----------------------------|----------------------------|----------------------------|
| Data Accuracy and Completeness Acknowledgement (8)   | FY 2011                     | CMS                  | No                         | No                         | No                         |

**Measure Information Obtained from Claims-Based Data**

| <b>30-Day Risk-Standardized Mortality Rates***</b>                             | <b>*Required Submission</b> | <b>Collected For</b> | <b>**HC Release Apr-11</b> | <b>**HC Release Jul-11</b> | <b>**HC Release Oct-11</b> |
|--|-----------------------------|----------------------|----------------------------|----------------------------|----------------------------|
| <b>MORT-30-AMI</b> Acute Myocardial Infarction (AMI) 30-Day Mortality Rate (3) | N/A^                        | CMS                  | Yes                        | Yes                        | Yes                        |
| <b>MORT-30-HF</b> Heart Failure (HF) 30-Day Mortality Rate (3)                 | N/A^                        | CMS                  | Yes                        | Yes                        | Yes                        |
| <b>MORT-30-PN</b> Pneumonia (PN) 30-Day Mortality Rate (4)                     | N/A^                        | CMS                  | Yes                        | Yes                        | Yes                        |

| <b>30-Day Risk-Standardized Readmission Rates***</b>                              | <b>*Required Submission</b> | <b>Collected For</b> | <b>**HC Release Apr-11</b> | <b>**HC Release Jul-11</b> | <b>**HC Release Oct-11</b> |
|---|-----------------------------|----------------------|----------------------------|----------------------------|----------------------------|
| <b>READM-30-AMI</b> Acute Myocardial Infarction (AMI) 30-Day Readmission Rate (7) | N/A^                        | CMS                  | Yes                        | Yes                        | Yes                        |
| <b>READM-30-HF</b> Heart Failure (HF) 30-Day Readmission Rate (6)                 | N/A^                        | CMS                  | Yes                        | Yes                        | Yes                        |
| <b>READM-30-PN</b> Pneumonia (PN) 30-Day Readmission Rate (7)                     | N/A^                        | CMS                  | Yes                        | Yes                        | Yes                        |

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

| <b>Agency for Healthcare Research and Quality (AHRQ) Measures***</b>   | <b>*Required Submission</b>    | <b>Collected For</b> | <b>**HC Release Apr-11</b> | <b>**HC Release Jul-11</b> | <b>**HC Release Oct-11</b> |
|--|--------------------------------|----------------------|----------------------------|----------------------------|----------------------------|
| <b>PSI 04</b> Death Among Surgical Patients with Serious, Treatable Complications (6, 8) (Harmonized with NSC measure for FY 2011) | N/A^<br><i>Harmonized 2010</i> | CMS                  | N/A                        | N/A                        | N/A                        |
| <b>PSI 06</b> Iatrogenic Pneumothorax, Adult (6)   | N/A^                           | CMS                  | No                         | No                         | Yes                        |
| <b>PSI 11</b> Post-Operative Respiratory Failure (10)  | N/A^                           | CMS                  | No                         | No                         | Yes                        |
| <b>PSI 12</b> Post-Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) (10)  | N/A^                           | CMS                  | No                         | No                         | Yes                        |
| <b>PSI 14</b> Postoperative Wound Dehiscence (6)   | N/A^                           | CMS                  | No                         | No                         | Yes                        |
| <b>PSI 15</b> Accidental Puncture or Laceration (6)  | N/A^                           | CMS                  | No                         | No                         | Yes                        |
| <b>PSI 90</b> Complication/Patient Safety for Selected Indicators (composite) (6)  | N/A^                           | CMS                  | No                         | No                         | Yes                        |
| <b>IQI 11</b> Abdominal Aortic Aneurysm (AAA) Mortality Rate (with or without volume) (6)  | N/A^                           | CMS                  | No                         | No                         | Yes                        |
| <b>IQI 19</b> Hip Fracture Mortality Rate (8)  | N/A^                           | CMS                  | No                         | No                         | Yes                        |
| <b>IQI 90</b> Mortality for Selected Surgical Procedures (composite) (6, 10) (Retired for FY 2011 APU payment)                     | N/A^<br><i>Retired 2010</i>    | CMS                  | N/A                        | N/A                        | N/A                        |
| <b>IQI 91</b> Mortality for Selected Medical Conditions (composite) (6)  | N/A^                           | CMS                  | No                         | No                         | Yes                        |

| <b>Nursing Sensitive Care Measure***</b>   | <b>*Required Submission</b> | <b>Collected For</b> | <b>**HC Release Apr-11</b> | <b>**HC Release Jul-11</b> | <b>**HC Release Oct-11</b> |
|--|-----------------------------|----------------------|----------------------------|----------------------------|----------------------------|
| Death Among Surgical Patients with Serious Treatable Complications (6, 8) (Harmonized with PSI 4 measure, Failure to Rescue) | N/A^                        | CMS                  | No                         | No                         | Yes                        |

**Hospital Inpatient Quality Measures  
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**Measure Information Obtained from Claims-Based Data (continued)**

| <b>Hospital-Acquired Condition (HAC) Measures***</b>   | <b>*Required Submission</b> | <b>Collected For</b> | <b>**HC Release Apr-11</b> | <b>**HC Release Jul-11</b> | <b>**HC Release Oct-11</b> |
|--|-----------------------------|----------------------|----------------------------|----------------------------|----------------------------|
| Foreign Object Retained After Surgery (10)   | N/A^                        | CMS                  | No                         | No                         | No                         |
| Air Embolism (10)  | N/A^                        | CMS                  | No                         | No                         | No                         |
| Blood Incompatibility (10)   | N/A^                        | CMS                  | No                         | No                         | No                         |
| Pressure Ulcer Stages III & IV (10)  | N/A^                        | CMS                  | No                         | No                         | No                         |
| Falls and Trauma: (Includes; Fracture, Dislocation, Intracranial Injury, Crushing Injury, Burn, Electric Shock) (10) | N/A^                        | CMS                  | No                         | No                         | No                         |
| Vascular Catheter-Associated Infections (10)   | N/A^                        | CMS                  | No                         | No                         | No                         |
| Catheter-Associated Urinary Tract Infection (UTI) (10)   | N/A^                        | CMS                  | No                         | No                         | No                         |
| Manifestations of Poor Glycemic Control (10)   | N/A^                        | CMS                  | No                         | No                         | No                         |

**Rule References**

| <b>Reporting of the Reporting Program Measures</b> |  |
|--|--|
| <b>(1)</b>   | Measure included in '10 measure starter set' (CMS Regulation 1500-F, posted August 2005)   |
| <b>(2)</b>   | Additional measure added to original '10 measure starter set' to make '21 measure expanded set' (CMS Reg. 1488-FC, posted August 2006) |
| <b>(3)</b>   | Measure finalized in CY 2007 OPPTS Final Rule (CMS Regulation 1506-FC, posted November 2006)   |
| <b>(4)</b>   | Measure finalized in FY 2008 IPPS Final Rule (CMS Regulation 1533-FC, posted August 2007)  |
| <b>(5)</b>   | Measure finalized in CY 2008 OPPTS Final Rule (CMS Regulation 1392-FC, posted November 2007)   |
| <b>(6)</b>   | Measure finalized in FY 2009 IPPS Final Rule (CMS Regulation 1390-F, posted August 2008)   |
| <b>(7)</b>   | Measure finalized in CY 2009 OPPTS Final Rule (CMS Regulation 1404-FC, posted October 2008)  |
| <b>(8)</b>   | Measure finalized in FY 2010 IPPS Final Rule (CMS Regulation 1406-F/1493-F/1337-F, posted August 2009)                                 |
| <b>(9)</b>   | Measure finalized in FY 2010 IPPS Final Rule Correction (CMS-1406-CN, posted October 2009)   |
| <b>(10)</b>  | Measure finalized in FY 2011 IPPS Final Rule (CMS-1498-F/F2/IFC, posted August 2010)   |

**Hospital Inpatient Quality Measures  
(Calendar Year 2011 Discharges - revised)**

**Number of the Reporting Program Measures Required by Category**

| <b>FY Year</b> | <b>Chart-Abstracted Measures</b>                     | <b>Survey Measures</b> | <b>Claims-Based Measures</b>                   | <b>Structural Measures</b>              | <b>Total</b> |
|----------------|--|------------------------|--|---|--------------|
| <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 (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 retired PN-1)              | 1                      | 16 (added 9 AHRQ, 1 NSC, 3 readmission)        | 1 (started Cardiac Registry)            | 44           |
| <b>2011</b>    | 27 (retired 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 (add AMI-10 and HAI CLABSI)                       | 1                      | 24   | 3                                       | 57           |

**Hospital Inpatient Quality Measures  
(Calendar Year 2011 Discharges - revised)**

**Legend**

- ^ 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 (D/C) quarter required for the Reporting 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-11: 3Q 2009, 4Q 2009, 1Q 2010 and 2Q 2010
    - Jul-11: 4Q 2009, 1Q 2010, 2Q 2010 and 3Q 2010
    - Oct-11: 1Q 2010, 2Q 2010, 3Q 2010 and 4Q 2010
  - \*\*\* Claims-based Measures (no data submission required) refreshed annually on Hospital Compare Mortality/Readmission measures (3 years of data).**
    - Apr-11: 3Q 2006 through 2Q 2009
    - Jul-11: 3Q 2007 through 2Q 2010
    - Oct-11: 3Q 2007 through 2Q 2010
- AHRQ Measures**
- Apr-11: N/A
  - Jul-11: N/A
  - Oct-11: 4Q 2008 through 2Q 2010
- HAC Measures**
- Apr-11: N/A
  - Jul-11: N/A
  - Oct-11: N/A
- \*\*\*\* HAI Measures – TBD**

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