

## Inpatient Hospital Quality Measures (Data Submission and Hospital Compare Details for Calendar Year 2009 Discharges)

The purpose of this document is to provide a reference guide on submission and Hospital Compare details for Quality Improvement Organizations (QIOs) and Providers for the National Quality Inpatient Measures.

All **measure sets** (AMI, PN, HF, SCIP, CAC and PR) contained in the *Specifications Manual for National Hospital Quality Inpatient Measures* are listed.

The first column contains the **Measure Identifier** followed by the **Measure Title**.

Inpatient Hospital Quality Measures	*Required Submission	Who data is collected for: Collected For:	**Hospital Compare Scheduled Release			
			Mar-09	Jun-09	Sep-09	Dec-09
<b>Acute Myocardial Infarction (AMI)</b>						
<b>AMI-1</b> Aspirin at Arrival <sup>1</sup>	11/2003	CMS/TJC	✓	✓	✓	✓
<b>AMI-2</b> Aspirin Prescribed at Discharge	11/2003	CMS/TJC	✓	✓	✓	✓
<b>AMI-3</b> ACEI or ARB for LVSD <sup>1</sup>	11/2003	CMS/TJC	✓	✓	✓	✓
<b>AMI-4</b> Adult Smoking Cessation Advice/Counseling <sup>2</sup>	3Q 2006	CMS/TJC	✓	✓	✓	✓
<b>AMI-5</b> Beta-Blocker Prescribed at Discharge <sup>1</sup>	11/2003	CMS/TJC	✓	✓	✓	✓

A **footnote** has been added to designate when measures became part of the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program. A table has been included at the bottom of the final page to further explain the footnotes.

Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) Measures
<sup>1</sup> Measure included in '10 measure starter set'
<sup>2</sup> Additional measure added to original '10 measure starter set' to make '21 measure expanded set' (CMS Reg. 1488-FC, posted 08/2006)
<sup>3</sup> Measure finalized in CY 2007 OPPTS Final Rule (CMS Regulation 1506-FC, posted 11/2006)
<sup>4</sup> Measure finalized in FY 2008 IPPS Final Rule (CMS Regulation 1533-FC, posted 08/2007)
<sup>5</sup> Measure finalized in CY 2008 OPPTS Final Rule (CMS Regulation 1392-FC, posted 11/2007)
<sup>6</sup> Measure finalized in CY 2009 IPPS Final Rule (CMS Regulation 1390-F, posted 8/2008)
<sup>7</sup> Measure finalized in CY 2009 OPPTS Final Rule (CMS Regulation 1404-FC, posted 10/2008)

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Inpatient Hospital Quality Measures	*Required Submission	Collected For:	**Hospital Compare Scheduled Release			
			Mar-09	Jun-09	Sep-09	Dec-09
<b>MEASURES REQUIRING ABSTRACTION AND/OR ACTION BY THE HOSPITAL</b>						
<b>Acute Myocardial Infarction (AMI)</b>						
<b>AMI-1</b> Aspirin at Arrival <sup>1</sup>	11/2003	CMS/TJC	✓	✓	✓	✓
<b>AMI-2</b> Aspirin Prescribed at Discharge <sup>1</sup>	11/2003	CMS/TJC	✓	✓	✓	✓
<b>AMI-3</b> ACEI or ARB for LVSD <sup>1</sup>	11/2003	CMS/TJC	✓	✓	✓	✓
<b>AMI-4</b> Adult Smoking Cessation Advice/Counseling <sup>2</sup>	3Q 2006	CMS/TJC	✓	✓	✓	✓
<b>AMI-5</b> Beta-Blocker Prescribed at Discharge <sup>1</sup>	11/2003	CMS/TJC	✓	✓	✓	✓
<b>AMI-6</b> Beta-Blocker at Arrival <sup>1</sup> (Collection not required for CMS RHQDAPU participation beginning 2Q 2009 discharges, Measure will retire effective 2Q 2009 and will be rejected from QIO Clinical Warehouse if submitted.)	11/2003 Retired 2Q 2009	CMS/TJC				
<b>AMI-7</b> Median Time to Fibrinolysis	N/A	CMS/TJC				
<b>AMI-7a</b> Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival <sup>2</sup>	3Q 2006	CMS/TJC	✓	✓	✓	✓
<b>AMI-8</b> Median Time to Primary PCI	N/A	CMS/TJC				
<b>AMI-8a</b> Primary PCI Received Within 90 Minutes of Hospital Arrival <sup>2</sup> [effective 1Q 2009 name changes to: Timing of Receipt of Primary Percutaneous Coronary Intervention (PCI)]	3Q 2006	CMS/TJC	✓	✓	✓	✓
<b>AMI-9</b> Inpatient Mortality	N/A	TJC				
<b>AMI-T1a</b> LDL Cholesterol Assessment (OPTIONAL TEST MEASURE)	N/A	CMS				
<b>AMI-T2</b> Lipid Lowering Therapy at Discharge (OPTIONAL TEST MEASURE)	N/A	CMS				
<b>Heart Failure (HF)</b>						
<b>HF-1</b> Discharge Instructions <sup>2</sup>	3Q 2006	CMS/TJC	✓	✓	✓	✓
<b>HF-2</b> Evaluation of LVS Function <sup>1</sup>	11/2003	CMS/TJC	✓	✓	✓	✓
<b>HF-3</b> ACEI or ARB for LVSD <sup>1</sup>	11/2003	CMS/TJC	✓	✓	✓	✓
<b>HF-4</b> Adult Smoking Cessation Advice/Counseling <sup>2</sup>	3Q 2006	CMS/TJC	✓	✓	✓	✓
<b>Pneumonia (PN)</b>						
<b>PN-1</b> Oxygenation Assessment <sup>1, 6</sup> (Collection not required for CMS RHQDAPU participation effective 1Q 2009, Measure will retire effective 2Q 2009 and will be rejected from QIO Clinical Warehouse if submitted)	11/2003 Retired 1Q 2009	CMS/TJC	✓	✓	✓	✓
<b>PN-2</b> Pneumococcal Vaccination <sup>1</sup>	11/2003	CMS/TJC	✓	✓	✓	✓
<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				

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			Mar-09	Jun-09	Sep-09	Dec-09
<b>Pneumonia (PN) continued</b>						
<b>PN-3b</b> Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital <sup>2</sup>	<b>3Q 2006</b>	<b>CMS/TJC</b>	✓	✓	✓	✓
<b>PN-4</b> Adult Smoking Cessation Advice/Counseling <sup>2</sup>	<b>3Q 2006</b>	<b>CMS/TJC</b>	✓	✓	✓	✓
<b>PN-5</b> Antibiotic Timing (Median)	<b>N/A</b>	<b>TJC</b>	/	/	/	/
<b>PN-5b</b> Initial Antibiotic Received Within 4 Hours of Hospital Arrival <sup>1, 6</sup> (Submission required for RHQDAPU through 4Q 2008)	<b>11/2003 Discontinued 1Q 2009</b>	<b>CMS/TJC</b>	/	/	/	/
<b>PN-5c</b> Initial Antibiotic Received Within 6 Hours of Hospital Arrival <sup>6</sup> (Hospital Compare data displays PN-5c calculated from PN-5b data elements until 1Q 2009. The measure name changes to: Timing of Receipt of Initial Antibiotic Following Hospital Arrival)	<b>1Q 2009</b>	<b>CMS/TJC</b>	✓	✓	✓	✓
<b>PN-6</b> Initial Antibiotic Selection for CAP in Immunocompetent Patients <sup>2</sup>	<b>3Q 2006</b>	<b>CMS</b>	✓	✓	✓	✓
<b>PN-6a</b> Initial Antibiotic Selection for CAP in Immunocompetent – ICU Patients	<b>N/A</b>	<b>TJC</b>	/	/	/	/
<b>PN-6b</b> Initial Antibiotic Selection for CAP in Immunocompetent – Non-ICU Patients	<b>N/A</b>	<b>TJC</b>	/	/	/	/
<b>PN-7</b> Influenza Vaccination <sup>2</sup> (NOTE: Reported by Flu Season ONLY)	<b>3Q 2006</b>	<b>CMS/TJC</b>	✓	✓	✓	✓
<b>Surgical Care Improvement Project (SCIP)</b>						
<b>SCIP-Inf-1</b> Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision <sup>2</sup>	<b>3Q 2006</b>	<b>CMS/TJC</b>	✓	✓	✓	✓
<b>SCIP-Inf-2</b> Prophylactic Antibiotic Selection for Surgical Patients <sup>3</sup>	<b>1Q 2007</b>	<b>CMS/TJC</b>	✓	✓	✓	✓
<b>SCIP-Inf-3</b> Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time <sup>2</sup>	<b>3Q 2006</b>	<b>CMS/TJC</b>	✓	✓	✓	✓
<b>SCIP-Inf-4</b> Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Blood Glucose <sup>5</sup>	<b>1Q 2008</b>	<b>CMS/TJC</b>	✓	✓	✓	✓
<b>SCIP-Inf-6</b> Surgery Patients with Appropriate Hair Removal <sup>5</sup>	<b>1Q 2008</b>	<b>CMS/TJC</b>	✓	✓	✓	✓
<b>SCIP-Inf-7</b> Colorectal Surgery Patients with Immediate Postoperative Normothermia (Data collection will be discontinued effective 4Q 2009)	<b>N/A</b>	<b>CMS/TJC</b>	/	/	/	/
<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	<b>N/A</b>	<b>CMS/TJC</b>	/	/	/	/
<b>SCIP-Inf-10</b> Surgery Patients with Perioperative Temperature Management	<b>N/A</b>	<b>CMS/TJC</b>	/	/	/	/
<b>SCIP-VTE-1</b> Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered <sup>3</sup>	<b>1Q 2007</b>	<b>CMS/TJC</b>	✓	✓	✓	✓
<b>SCIP-VTE-2</b> Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery <sup>3</sup>	<b>1Q 2007</b>	<b>CMS/TJC</b>	✓	✓	✓	✓
<b>SCIP-Card-2</b> Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who received a Beta-Blocker During the Perioperative Period <sup>6</sup>	<b>1Q 2009</b>	<b>CMS/TJC</b>	/	/	/	✓

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<b>Children's Asthma Care (CAC)**</b>						
<b>CAC-1</b> Relievers for Inpatient Asthma	N/A	TJC	✓	✓	✓	✓
<b>CAC-2</b> Systemic Corticosteroids for Inpatient Asthma	N/A	TJC	✓	✓	✓	✓
<b>CAC-3</b> Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	N/A	TJC	▨	▨	✓	✓
<b>Pregnancy and Related Conditions (PR)</b>						
<b>PR-1</b> VBAC	N/A	TJC	▨	▨	▨	▨
<b>PR-2</b> Inpatient Neonatal Mortality	N/A	TJC	▨	▨	▨	▨
<b>PR-3</b> Third or Fourth Degree Laceration	N/A	TJC	▨	▨	▨	▨
<b>Hospital Consumer Assessment of Healthcare Providers and System Survey (HCAHPS)**</b>						
<b>HCAHPS</b> Hospital Consumer Assessment of Healthcare Providers and System Survey <sup>3</sup>	3Q 2007	CMS	✓	✓	✓	✓
<b>Cardiac Surgery Measure</b>						
Participation in a Systematic Database for Cardiac Surgery <sup>6</sup> (Provider must enter response on QualityNet)	7/1/2009 thru 8/15/2009	CMS	▨	▨	▨	TBD
<b>MEASURE INFORMATION OBTAINED FROM CLAIMS-BASED DATA</b>						
<b>30-Day Risk-Standardized Mortality Rates***</b>						
<b>MORT-30-AMI</b> Acute Myocardial Infarction (AMI) 30-Day Mortality Rate <sup>3</sup>	N/A <sup>^</sup>	CMS	✓	✓	✓	✓
<b>MORT-30-HF</b> Heart Failure (HF) 30-Day Mortality Rate <sup>3</sup>	N/A <sup>^</sup>	CMS	✓	✓	✓	✓
<b>MORT-30-PN</b> Pneumonia (PN) 30-Day Mortality Rate <sup>4</sup>	N/A <sup>^</sup>	CMS	✓	✓	✓	✓
<b>30-Day Risk-Standardized Readmission Rates***</b>						
<b>READM-30-AMI</b> Acute Myocardial Infarction (AMI) 30-Day Readmission Rate <sup>7</sup>	N/A <sup>^</sup>	CMS	▨	✓	✓	✓
<b>READM-30-HF</b> Heart Failure (HF) 30-Day Readmission Rate <sup>6</sup>	N/A <sup>^</sup>	CMS	▨	✓	✓	✓
<b>READM-30-PN</b> Pneumonia (PN) 30-Day Readmission Rate <sup>7</sup>	N/A <sup>^</sup>	CMS	▨	✓	✓	✓
<b>Agency for Healthcare Research and Quality (AHRQ) Measures***</b>						
<b>Patient Safety Indicators</b>						
<b>PSI 4</b> Death Among Surgical Patients with Treatable Serious Complications <sup>6</sup>	N/A <sup>^</sup>	CMS	▨	▨	▨	✓
<b>PSI 6</b> Iatrogenic Pneumothorax, Adult <sup>6</sup>	N/A <sup>^</sup>	CMS	▨	▨	▨	✓
<b>PSI 14</b> Postoperative Wound Dehiscence <sup>6</sup>	N/A <sup>^</sup>	CMS	▨	▨	▨	✓
<b>PSI 15</b> Accidental Puncture or Laceration <sup>6</sup>	N/A <sup>^</sup>	CMS	▨	▨	▨	✓
<b>PSI</b> Complication/Patient Safety for Selected Indicators (composite) <sup>6</sup>	N/A <sup>^</sup>	CMS	▨	▨	▨	✓

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<b>Agency for Healthcare Research and Quality (AHRQ) Measures continued***</b>						
<b>Inpatient Quality Indicators</b>						
<b>IQI 11</b> Abdominal Aortic Aneurysm (AAA) Mortality Rate <sup>6</sup>	N/A <sup>^</sup>	CMS				✓
<b>IQI 19</b> Hip Fracture Morality Rate <sup>6</sup>	N/A <sup>^</sup>	CMS				✓
<b>IQI</b> Mortality for Selected Surgical Procedures (composite) <sup>6</sup>	N/A <sup>^</sup>	CMS				✓
<b>IQI</b> Mortality for Selected Medical Conditions (composite) <sup>6</sup>	N/A <sup>^</sup>	CMS				✓
<b>Nursing Sensitive Measure***</b>						
<b>NSC-1</b> Death Among Surgical Patients with Treatable Serious complications <sup>6</sup>	N/A <sup>^</sup>	CMS				TBD

**LEGEND and FOOTNOTES:**

**All dates and quarters referenced refer to Calendar Year (CY) unless otherwise indicated (for example 1Q 2009 would represent discharges Jan-Mar 2009)**

- CMS** = Centers for Medicare & Medicaid Services
- IPPS** = Inpatient Prospective Payment System
- IQI** = Inpatient Quality Indicator
- OPPS** = Outpatient Prospective Payment System
- PSI** = Patient Safety Indicator
- TJC** = The Joint Commission
- TBD** = To Be Determined
- ✓ = Displayed on 'Hospital Compare' website
- 
 = Not applicable for the measure in that discharge timeframe

Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) Measures
<sup>1</sup> Measure included in '10 measure starter set'
<sup>2</sup> Additional measure added to original '10 measure starter set' to make '21 measure expanded set' (CMS Reg. 1488-FC, posted 08/2006)
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<sup>6</sup> Measure finalized in CY 2009 IPPS Final Rule (CMS Regulation 1390-F, posted 8/2008)
<sup>7</sup> Measure finalized in CY 2009 OPPS Final Rule (CMS Regulation 1404-FC, posted 10/2008)
<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 (D/C) Quarter Required RHQDAPU Submission Started In Accordance with the Published Final Rule (IPPS and/or OPPS)**

## Inpatient Hospital Quality Measures

(Data Submission and Hospital Compare Details for Calendar Year 2009 Discharges)

### LEGEND and FOOTNOTES (continued):

<b>** Clinical Process Measures, CAC Measures and HCAHPS Discharge Quarters Included in Hospital Compare Release (refreshed quarterly)</b>
<b>Mar-09:</b> 3Q07, 4Q07, 1Q08 and 2Q08
<b>Jun-09:</b> 4Q07, 1Q08, 2Q08 and 3Q08
<b>Sep-09:</b> 1Q08, 2Q08, 3Q08 and 4Q08
<b>Dec-09:</b> 2Q08, 3Q08, 4Q08 and 1Q09
<b>***Claims-based Measures (no data submission required) Refreshed annually on Hospital Compare</b>
<b>Mar-09:</b> 3Q 2006 through 2Q 2007
<b>Jun-09:</b> 3Q 2005 through 2Q 2008
<b>Sep-09:</b> 3Q 2005 through 2Q 2008
<b>Dec-09:</b> 3Q 2005 through 2Q 2008 (Time span for AHRQ measures has not been determined)

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