The Path to Zero Harm: Implementing Hospital Harm eCQMs Webinar Toolkit

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The Path to Zero Harm

Implementing Hospital Harm eCQMs

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A Short History of Safety Measures

NHSN Develops Hospital-Acquired Infection (HAI) Measures

1970s - 1980s

AHRQ Develops Quality Indicators (QIs)

1990s

To Err is Human

1999

AHRQ Releases Patient Safety Indicators (PSIs)

2003 (Cannot Track Adverse Drug Events)

Safety Metrics Worsened

2020

CMS Releases Their Strategic Plan to Reduce Patient Harm

2021

CMS Releases the First Hospital Harm eCQM

2022

5 Hospital Harm eCQMs Required (+2 for TEAM Hospitals)

BY 2028

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Hospital Harm eCQM / PSI Crosswalk

	eCQMs	PSIs
Adverse Drug Events	HH-Hyperglycemia	No Coordinating PSI
	HH-Hypoglycemia	No Coordinating PSI
	HH-Opioid-Related Adverse Event	No Coordinating PSI
	HH-Pressure Injury	PSI 03 Pressure Ulcer Rate
	HH-Acute Kidney Injury	PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate
	HH-Post-Respiratory Failure	PSI 11 Postoperative Respiratory Failure Rate
	HH-Falls with Injury	PSI 08 In-Hospital Fall-Associated Fracture Rate
	HH - Anticoagulant-Related Major Bleeding *Under development. Not released.*	PSI 09: Postoperative Hemorrhage or Hematoma Rate
	HH -Postoperative Venous Thromboembolism *Under development. Not released.*	PSI 12 Perioperative Pulmonary Embolism or Deep-Vein Thrombosis Rate

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Presenters

Kristen Beatson

SVP, Clinical Quality Improvement & Advisory Services

Erin Heilman

SVP, Regulatory Affairs & Advisory Services

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Learning Objectives

01. Regulatory Requirements

02. Measure Review

03. Effective Workflow Strategies

04. Collaboration with IT Teams

05. Actionable Insights

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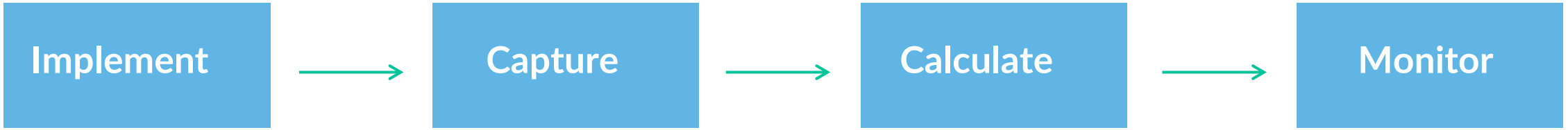
Understanding Electronic Clinical Quality Measures: eCQM Process



Specifications w/ CQL logic, data elements, value sets (codes) – Build & Map

Structured data documented electronically and captured in the EHR

Electronically extracted data for calculation and electronic reporting

Validate & Review

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Electronic Clinical Quality Measures: Annual Process

1. **Review & Education**
   - Proposed Rule
   - Spec & Value Set Publication & Updates
   - Final Rule
2. **Discovery**
3. **Build, Map, & Implement**
4. **Validate**
5. **Improvement**
6. ***Submission***
7. ***Report Review***

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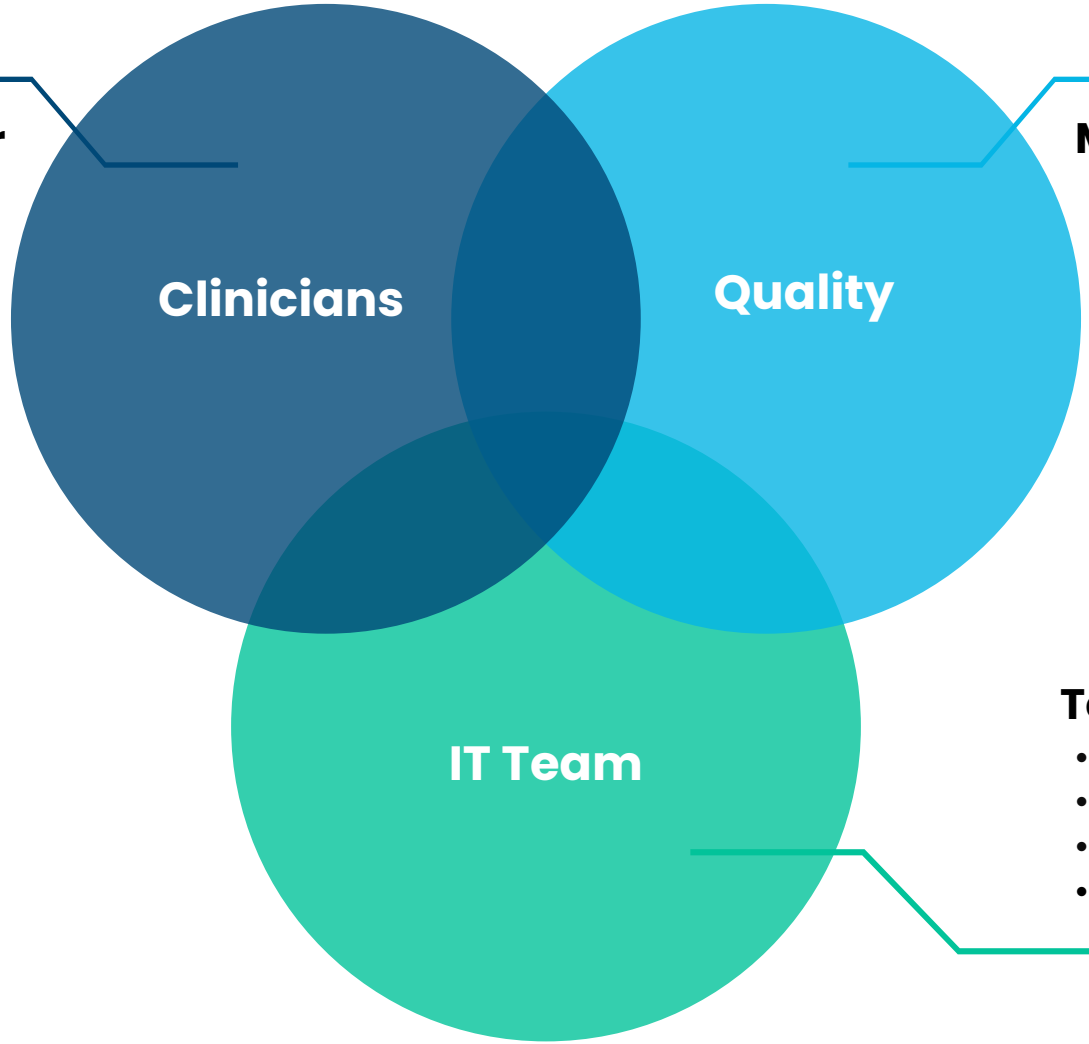
Electronic Measures Team

Clinical Process Leader

- *Electronic Documentation*
- *Critical Feedback*



Measurement & Regulatory Lead

- *Measures*
- *Education*
- *Agencies*
- *Requirements*

Technical Lead

- *Application Maintenance*
- *Mapping*
- *Build*
- *Change Control / Management*

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Inpatient Quality Reporting (IQR) Program

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eCQM Requirements

2025

6 eCQMs

1. CMS506
2. PC-02
3. PC-07
4. self-selected
5. self-selected
6. self-selected

Deadline: 2/28/26

2026

8 eCQMs

1. CMS506
2. PC-02
3. PC-07
4. **HH-Hyper**
5. **HH-Hypo**
6. self-selected
7. self-selected
8. self-selected

Deadline: 2/28/27

2027

9 eCQMs

1. CMS506
2. PC-02
3. PC-07
4. **HH-Hyper**
5. **HH-Hypo**
6. **HH-ORAE**
7. self-selected
8. self-selected
9. self-selected

Deadline: 2/28/28

2028

11 eCQMs

1. CMS506
2. PC-02
3. PC-07
4. **HH-Hyper**
5. **HH-Hypo**
6. **HH-ORAE**
7. **HH-PI**
8. **HH-AKI**
9. self-selected
10. self-selected
11. self-selected

Deadline: 2/28/29

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eCQM Measure List

Short Name	2025	2026	2027	2028
PC-02	Required	Required	Required	Required
PC-07	Required	Required	Required	Required
CMS506	Required	Required	Required	Required
HH-Hyper	Available	Required	Required	Required
HH-Hypo	Available	Required	Required	Required
HH-ORAE	Available	Available	Required	Required
HH-PI	Available	Available	Available	Required
HH-AKI	Available	Available	Available	Required
HH-RF	n/a	Available	Used for TEAM	Used for TEAM
HH-FI	n/a	Available	Used for TEAM	Used for TEAM
STK-02	Available	Available	Available	Available
STK-03	Available	Available	Available	Available
STK-05	Available	Available	Available	Available
VTE-1	Available	Available	Available	Available
VTE-2	Available	Available	Available	Available
GMCS	Available	Available	Available	Available
IP-ExRad	Available	Available	Available	Available

CMS 871 / HH-Hyper Hospital Harm – Severe Hyperglycemia

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Hospital Harm – Severe Hyperglycemia

HH-Hyper

This measure focuses on severe hyperglycemia as an outcome in the hospital inpatient setting:

- Hyperglycemia is common among hospitalized patients, especially those with preexisting diabetes.
- Accounts for over 30% of noncritically ill hospitalized patients.
- Hyperglycemia can affect individuals with no prior history of diabetes.
- Severe hyperglycemia, is associated with a range of harms, including increased mortality, infection rates, and length of stay.

The measure assesses the number of inpatient hospital days with a hyperglycemic event (harm) per the total qualifying inpatient hospital days for that encounter.

Inverse Measure: Yes
Risk Adjusted: No
Required: 2026

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CMS 871 / HH-Hyper

IP / Denominator

- Inpatient encounter
- ≥ 18 years of age
- Any one of the following:
  - Diagnosis of diabetes that starts before the end of the encounter
  - Administration of at least one dose of insulin or any hypoglycemic medication that starts during the encounter
  - Presence of at least one blood glucose result ≥ 200 mg/dL at any time during encounter

Exclusions

- Glucose result of > 1000 mg/dL that occurs 1 hour prior to the start of the encounter (ED, OBS or IN) *to* 6 hours after the start of the encounter
- Comfort measures ordered or provided during the encounter
- Discharge disposition to home for hospice care or to a health care facility for hospice care

In ratio measures, Denominator and Numerator populations flow separately from the same Initial Population. So, the same exclusions are applied to both populations to prevent excluded cases from being considered.

Numerator

- Hyperglycemic event within first 10 days of the encounter minus the first 24 hours, and minus the last period before discharge if < 24 hours.
  Hyperglycemic event defined as:
  1. A day with a blood glucose value > 300 mg/dL

  or

  2. A day where a glucose test and result was not found, and it was immediately preceded by two consecutive days where at least one glucose value during each of the two days was ≥ 200 mg/dL

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CMS 871 / HH-Hyper

	Data Element	Data Capture Workflow	Code Type
IP / Denominator	Diabetes Diagnosis	Coding Problem List	ICD SNOMED
	Hypoglycemic Medication Administration	eMAR	RXNORM
	Blood glucose > 200mg/dL	Lab POC Documentation	LOINC

	Data Elements	Data Capture Workflow	Code Type
Exclusions	Initial blood glucose result of ≥ 1000 mg/dL (1hr prior to through 6 hrs after encounter start)	Lab POC Documentation	LOINC
	Comfort Measures	Clinical Documentation Orders	SNOMED
	Discharged to home for hospice care or health care facility for hospice care	Discharge Status	SNOMED

	Data Elements	Data Capture Workflow	Code Type
Numerator	Blood Glucose > 300 mg/dL	Lab POC Documentation	LOINC
	Blood glucose ≥ 200 mg/dL on 2 consecutive days (then 1 day w/o a glucose measurement)	Lab POC Documentation	LOINC

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CMS 871 / HH-Hyper

To determine the measure outcome:
The total number of hyperglycemic days for all qualifying patients is divided by The total number of eligible hospital days for all qualifying patients

Inpatient eCQMs | Outpatient eCQMs | Hybrid Measures

Rate Measure Results

CMS ID	TJC ID	Measure Name	eCQM Version	Initial Population	Denominator	Exclusion	Numerator	Num. Exclusions	Exception	In Denominator Only	Result
CMS871v3											
CMS871v3	HH-Hyper	Hospital Harm – Severe Hyperglycemia	2023	8297	8297	1	1253	N/A	0	7043	2305/31032 0.07

Total numerator days / total denominator days
Total numerator days divided by total denominator days

- Evaluates only the first 10 days of an eligible hospitalization to determine the number of eligible days (longer length of stay = more complex medical conditions)
- Hospital days are defined as the full 24-hour period that starts at the time of admission and excludes the last period before discharge if less than 24 hours.
- The measure does not count hyperglycemic events that occur in the first 24 hours so day 1 is not counted as an eligible hospital day.
- The first 24 hours of the encounter is considered day 1 because if there was a day during the encounter where a glucose result is not found, the measure evaluates the 2 days preceding to see if each had a glucose value >=200 mg/dL. The measure allows the first 24 hours of the encounter to be one of the preceding days.
- The specimen source for the glucose test is blood, serum, plasma, or interstitial fluid, and can be obtained by a laboratory test, a Point of Care (POC) test, or a continuous glucose monitor (CGM). Glucose test results from urine specimens are not considered.

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CMS 816 / HH-Hypo Hospital Harm – Severe Hypoglycemia

Hospital Harm – Severe Hypoglycemia

HH-Hypo

This measure focuses on severe hypoglycemia as an outcome in the hospital inpatient setting:

- Hypoglycemia is among the top 5 adverse drug events.
- Inpatient hypoglycemia can be life-threatening.
- Associated with longer hospital stays and increased medical costs.

The measure assesses the number of inpatient hospitalizations for patients 18 and older who were administered at least one hypoglycemic medication during the encounter and who suffer the harm of a severe hypoglycemic event during the encounter.

Inverse Measure: Yes
Risk Adjusted: No
Required: 2026

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CMS 816 / HH-Hypo

IP / Denominator

- Inpatient Encounter
- ≥18 years of age
- At least one hypoglycemic medication administered during the encounter

No Exclusions or Exceptions

Numerator

- A Severe Hypoglycemic Event, which is defined as
  - A blood glucose result <40 mg/dL AND
  - A hypoglycemic medication given within 24 hours before the blood was collected for the glucose test AND
  - No subsequent repeat blood glucose test with a result >80 mg/dL occurs within 5 minutes after the initial glucose test result <40 mg/dL.
- Only one qualifying severe hypoglycemic event is counted in the numerator.
- The 24-hour and 5-minute timeframes are based on the time the blood glucose was drawn, since this reflects the time that the patient was experiencing that specific blood glucose level.

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CMS 819 / HH-ORAE Opioid Related Adverse Events

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Hosptial Harm – Opioid Related Adverse Events

HH-ORAE

This measure focuses on Opioid Related Adverse Events as an outcome in the hospital inpatient setting:

- Use of opioids can lead to adverse events, including constipation, over sedation, delirium, and respiratory depression.
- Events have both patient-level and financial implications.
- Associated with a 55% longer postoperative length of stay, 29% lower odds of discharge home, and 2.9 times the odds of death.
- Patients who experienced ORAEs were more likely to have received a higher total dose of opioids during hospitalization.

This measure assesses the number of inpatient hospitalizations for patients 18 and older who have been administered an opioid medication outside of the operating room and are subsequently administered a non-enteral opioid antagonist outside of the operating room within 12 hours, an indication of an opioid-related adverse event.

Inverse Measure: Yes
Risk Adjusted: No
Required: 2027

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CMS 819 / HH-ORAE

IP / Denominator

- Inpatient Encounter
- ≥ 18 years of age
- Opioid administration during the encounter

Exclusions / Exceptions

- None

Numerator

- Non-enteral Opioid Antagonist administered outside of the operating room 12 hours or less following Opioid administration outside of the operating room

CMS 832 / HH-AKI Hospital Harm Acute Kidney Injury

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Hospital Harm – Acute Kidney Injury

HH-AKI

This measure focuses on Acute Kidney Injury as an outcome in the hospital inpatient setting:

- Acute kidney injury affects up to 10% of patients
- Comparable to the rates of severe sepsis and acute lung injury.
- Up to two thirds of ICU patients develop acute kidney injury.
- May result in the need for dialysis
- Associated with an increased risk of mortality.

The measure assesses the proportion of inpatient hospitalizations for patients 18 years and older who have an acute kidney injury (stage 2 or greater) that occurred during the encounter.

Inverse Measure: Yes
Risk Adjusted: Yes
Required: 2028

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CMS 832 / HH-AKI

Initial Population/Denominator

- Inpatient Encounter
- ≥ 18 years of age
- Length of Stay of 48 Hours or More
- At Least One Serum Creatinine Value 48 Hours or More After Encounter Start
- No Obstetrical or Pregnancy Related Conditions

Exclusions

- 0.3 mg dL or More Increase in Creatinine between the index serum creatinine and a subsequent serum creatinine taken within 48 hours of the encounter start
- Index eGFR Less Than 60 within First 48 Hours of the Encounter Start
- Less Than 2 Creatinine Results within 48 Hours of the Encounter Start
- Kidney Dialysis Started 48 Hours or Less After Arrival without High Creatinine
- Encounter with High-Risk Diagnosis for AKI Present on Admission or Clinically Undetermined
- Encounter with High-Risk Procedures for AKI

Numerator

- 2 Times Serum Creatinine Increase

or

- Kidney Dialysis Started More Than 48 Hours After Arrival without High Creatinine

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CMS 832 / HH-AKI

Risk Variables below are submitted in the QRDA file for adjustment by the agency.

- Sex and Age
- First vital signs in Encounter
  - Temperature
  - Heart Rate
  - Respiratory Rate
  - Systolic Blood Pressure
- Estimated glomerular filtration rate calculated using the index serum creatinine, patient sex, and age-based formula
- All encounter diagnoses with present on admission indicators (collected for development of baseline risk adjustment model). Targeted diagnoses at the time of development include:
  - Cancer (leukemia, lymphoma, or metastatic cancer)
  - Diabetes
  - Heart failure
  - Hypertension
  - Obesity
- Encounter length of stay

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CMS 832 / HH-AKI

	Data Element	Data Capture Workflow	Code Type
Initial Population / Denominator	Inpatient Encounter	Admission/Registration	SNOMED
	Obstetrical or Pregnancy Related Conditions	Coding Problem List	ICD SNOMED
	Creatinine Mass Per Volume	Lab	LOINC

	Data Element	Data Capture Workflow	Code Type
Exclusions	0.3 mg dL or More Increase in Creatinine	Lab	LOINC
	Index eGFR Less Than 60	Calculated Value per spec	N/A
	Creatinine Mass Per Volume	Lab	LOINC
	Creatinine Index	Lab	LOINC
	Hospital Based Dialysis Services	Coding Surgical Documentation Clinical Documentation	ICD SNOMED
	High Risk Diagnosis for AKI	Coding Problem List	ICD
	High Risk Procedures for AKI	Coding Surgical Documentation Clinical Documentation	ICD SNOMED

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CMS 832 / HH-AKI

	Data Element	Data Capture Workflow	Code Type
Numerator	Hospital Based Dialysis Services	Coding Surgical Documentation Clinical Documentation	ICD SNOMED
	Creatinine Mass Per Volume	Lab	LOINC

	Data Element	Data Capture Workflow	Code Type
Risk Variables	All Encounter Diagnoses w/Present On Admission Indicator	Coding	ICD SNOMED POA
	Creatinine Mass Per Volume	Lab	LOINC
	First Vital Signs (Temperature, Heart Rate, Respiratory Rate, Systolic Blood Pressure)	Clinical Documentation	LOINC
	Estimated Glomerular Filtration Rates (Male / Female)	Calculated Value per spec	N/A

Notes:
Dates/times are significant to data capture and will impact measure results.
eGFR is calculated during the data evaluation process per specification logic

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CMS 826 / HH-PI
Hospital Harm Pressure Injury

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Hospital Harm – Pressure Injury

HH-PI

This measure focuses on Pressure Injury as an outcome in the hospital inpatient setting:

- The incidence of pressure injuries in hospitalized patients has been estimated at 5.4 per 10,000 patient-days
- The rate of hospital-acquired pressure injuries has been estimated at 8.4%.
- Over 50% of reported pressure injuries in hospitals were stage 2 or higher.
- Pressure injuries cause local infection, osteomyelitis, anemia, and sepsis, in addition to causing significant depression, pain, and discomfort to patients.

The measure assesses the number of inpatient hospitalizations for patients aged 18 and older who suffer the harm of developing a new stage 2, stage 3, stage 4, deep tissue, or unstageable pressure injury.

Inverse Measure: Yes
Risk Adjusted: No
Required: 2028

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CMS 826 / HH-PI

Initial Population/Denominator

- Inpatient encounter
- Age ≥ 18 years

Exclusions

- Deep Tissue Pressure Injury (DTPI) or stage 2, 3, 4 or unstageable pressure injury diagnosis present on admission
- DTPI found on exam within 72 hours after the start of the encounter
- Stage 2, 3, 4, or unstageable pressure injury found on exam within 24 hours after the start of the encounter
- Diagnosis of a COVID-19 infection during the encounter

Numerator

New deep tissue pressure injury (DTPI) or stage 2, 3, 4, or unstageable pressure injury, as evidenced by any of the following:

- Diagnosis of DTPI with the DTPI not present on admission
- Diagnosis of stage 2, 3, 4 or unstageable pressure injury not present on admission
- DTPI found on exam greater than 72 hours after the start of the encounter
- Stage 2, 3, 4 or unstageable pressure injury found on exam greater than 24 hours after the start of the encounter

New eCQMs (available to submit to CMS in 2026)

- Hospital Harm – Falls with Injury
- Hospital Harm – Postoperative Respiratory Failure

HH-Falls (CMS 1017)
Hospital Harm – Falls with Injury

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Hospital Harm – Falls with Injury

HH-FI

This measure focuses on Falls with Injury as an outcome in the hospital inpatient setting:

- Falls are among the most common incidents reported in hospitals
- Can increase length of stay and costs and are considered a Serious Reportable Event.
- Falls can result in injury ranging from minor abrasion or bruising to death.
- Major injuries have the biggest impact on patient outcomes, but data shows 41.8% of falls resulted in moderate injuries such as skin tear, avulsion, hematoma, significant bruising, dislocations and lacerations requiring suturing.

This measure assesses the number of inpatient hospitalizations where at least one fall with a major or moderate injury occurred among the total qualifying inpatient hospitalizations 18 years and older.

Inverse Measure: Yes
Risk Adjusted: Yes
Required: TEAM 2027

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HH-FI

Initial Population/Denominator

- Inpatient Encounter
- ≥18 years of age
- LOS ≤ 120 days

Denominator/Numerator Exclusions

- Fall Diagnosis present on admission or clinically undetermined

Numerator

Inpatient Fall Event/Diagnosis during encounter with

- Major injury (not present on admission, documentation insufficient to determine, POA indicator NULL)

or

- Moderate injury (not present on admission, documentation insufficient to determine, POA indicator NULL)

Measure Observations:

- Observation 1 = Total number of hospital days for all qualifying patients minus exclusions
- Observation 2 = Total number of numerator cases (number of patients with an inpatient fall with injury)

*Reported as the number of inpatient hospitalizations with falls with moderate or major injury per 1000 patient days

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HH-FI

Risk Variables

- Medications active on admission: - anticoagulants - antidepressants - antihypertensives - central nervous system depressant medications - diuretics – opioids
- Anticoagulant medications administered during the hospitalization
- Diagnoses present on admission which may increase the risk for a fall with injury: abnormal weight loss or malnutrition - coagulation disorders - delirium, dementia, or other psychosis - depression - epilepsy - leukemia or lymphoma - liver disease (moderate to severe) - malignant bone disease - neurologic movement and related disorders - obesity - osteoporosis - peripheral neuropathy - stroke - suicide attempt
- BMI
- All encounter diagnoses with rank (e.g., 1, 2, 3) and present on admission (POA) indicators

CMS 1218 / HH-RF Hospital Harm – Postoperative Respiratory Failure

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Hospital Harm – Postoperative Respiratory Failure

HH-RF

This measure focuses on Postoperative Respiratory Failure as an outcome in the hospital inpatient setting:

- PRF is defined as unplanned endotracheal reintubation, prolonged inability to wean from mechanical ventilation, or inadequate oxygenation and/or ventilation.
- Is the most common serious postoperative pulmonary complication, with an incidence of up to 7.5%.
- In-hospital mortality resulting from PRF estimated at 25% to 40%

This measure assesses the number of elective inpatient hospitalizations for patients aged 18 years and older without an obstetrical condition who have a procedure resulting in postoperative respiratory failure.

Inverse Measure: Yes
Risk Adjusted: Yes
Required: TEAM 2027

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HH-RF

Initial Population/Denominator

- Elective inpatient encounter (includes inpatient admissions from outpatient surgery – new encounter type that needs to be mapped like IN/OBS/ED)
- Encounter class elective qualifier value
- Without an ED visit
- ≥18 years of age
- Surgical Anesthesia Procedure within 3 days of encounter start (uses first procedure if more than one)
- Without OB Condition

Exclusions

- Degenerative Neurological Disorder
- High Risk to Airway
- Head Neck and Thoracic Surgery
- Mechanical Ventilation that Starts More than One Hour Prior to Start of First OR Procedure
- Neuromuscular Disorder
- PaCO2 Greater Than 50 and Arterial pH Less Than 7.30 within 48 Hours Prior to Start of First OR Procedure
- PaO2 Less Than 50 within 48 Hours Prior to Start of First OR Procedure
- Principal Diagnosis of Acute Respiratory Failure with Rank of 1
- Secondary Diagnosis of Acute Respiratory Failure Present on Admission with Rank ≥2
- Tracheostomy Present on Admission
- Tracheostomy Prior to or on the Same Day of First OR Procedure

HH-RF

Numerator – Patient qualifies on any of the following:

Mechanical ventilation (MV) initiated within 30 days after first OR procedure, as evidenced by:

- Intubation *outside of procedural area** ***and*** within 30 days after the end of the first OR procedure time (based on anesthesia end time)

or

- MV that occurs *outside of procedural area** within 30 days after the end of the first OR procedure **and**
  - is preceded by a period of non-invasive oxygen therapy between the end of the OR procedure and the MV occurrence and
  - without a subsequent OR procedure between the non-invasive oxygen therapy and the MV occurrence

or

MV with a duration of more than 48 hours after the first OR procedure, as evidenced by:

- Extubation outside of a procedural area more than 48 hours after the end of an OR procedure **and**
  - Is within 30 days after the end of the first OR procedure **and**
    - Is not preceded by period of non-invasive oxygen therapy **or**
    - Is not extubated during general anesthesia

or

- Mechanical ventilation between 48 and 72 hours after the end of an OR procedure **and**
  - Within 30 days after the end of the first OR procedure **and**
    - Is not preceded by a non-invasive oxygen therapy or
    - a subsequent OR procedure between the end of the OR procedure and the MV occurrence

HH-RF

Risk Variables:

First resulted vital sign values:

- **Body temperature Cel, [degF]**
- **Heart rate {Beats}/min**
- **Respiratory rate {Breaths}/min**
- **Systolic blood pressure: mm[Hg]**

First resulted laboratory test values:

- **Albumin g/dL, umol/L**
- **Aspartate aminotransferase (AST/SGOT) U/L, IU/L**
- **Bicarbonate mmol/L**
- **Bilirubin mg/dL, umol/L**
- **Blood urea nitrogen (BUN) mg/dL, umol/L**
- **Carbon dioxide (partial pressure) mm[Hg]**
- **Creatinine mg/dL, umol/L**
- **Hematocrit %**
- **Hemoglobin g/dL, mmol/L**
- **Leukocyte count {cells}/uL, 10*3/uL, 10*9/L, /mm3**
- **Oxygen (partial pressure) mm[Hg]**
- **pH of arterial blood [pH]**
- **Platelet count 10*3/uL, 10*9/L, /mm3**
- **Sodium meq/L, mmol/L**
- **White blood cell count {cells}/uL, 10*3/uL, 10*9/L, /mm3**

Additional variables used for risk adjustment:

- **American Society of Anesthesiologists (ASA) physical status class assessment**
- **First Body mass index (BMI), reported using UCUM unit: kg/m2**
- **All encounter diagnoses with their present on admission (POA) indicators + Rank**
- **All encounter procedures + Rank**
- **Most recent smoking status**

Units of Measure for HH-RF

Test	Units
Albumin	g/dL, umol/L
Aspartate aminotransferase (AST/SGOT)	U/L, IU/L
Bicarbonate	mmol/L
Bilirubin	Mg/dL, umol/L
Blood Urea Nitrogen (BUN)	Mg/dL, umol/L
Carbon dioxide (partial pressure)	mm[Hg]
Creatinine	mg/dL, umol/L
Hematocrit	%
Hemoglobin	G/dL, mmol/L
Leukocyte count	{cells}/uL, 10*3/uL, 10*9/L, /mm3
Oxygen (partial pressure)	mm[Hg]
pH of arterial blood	[pH]
Platelet count	10*3/uL, 10*9/L, /mm3
Sodium	meq/L, mmol/L
White blood cell count	{cells}/uL, 10*3/uL, 10*9/L, /mm3
BMI	kg/m2
Body temperature	Cel, [degF]
Heart rate	{Beats}/min
Respiratory rate	{Breaths}/min
Systolic blood pressure	mm[Hg]

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Understanding Fallouts

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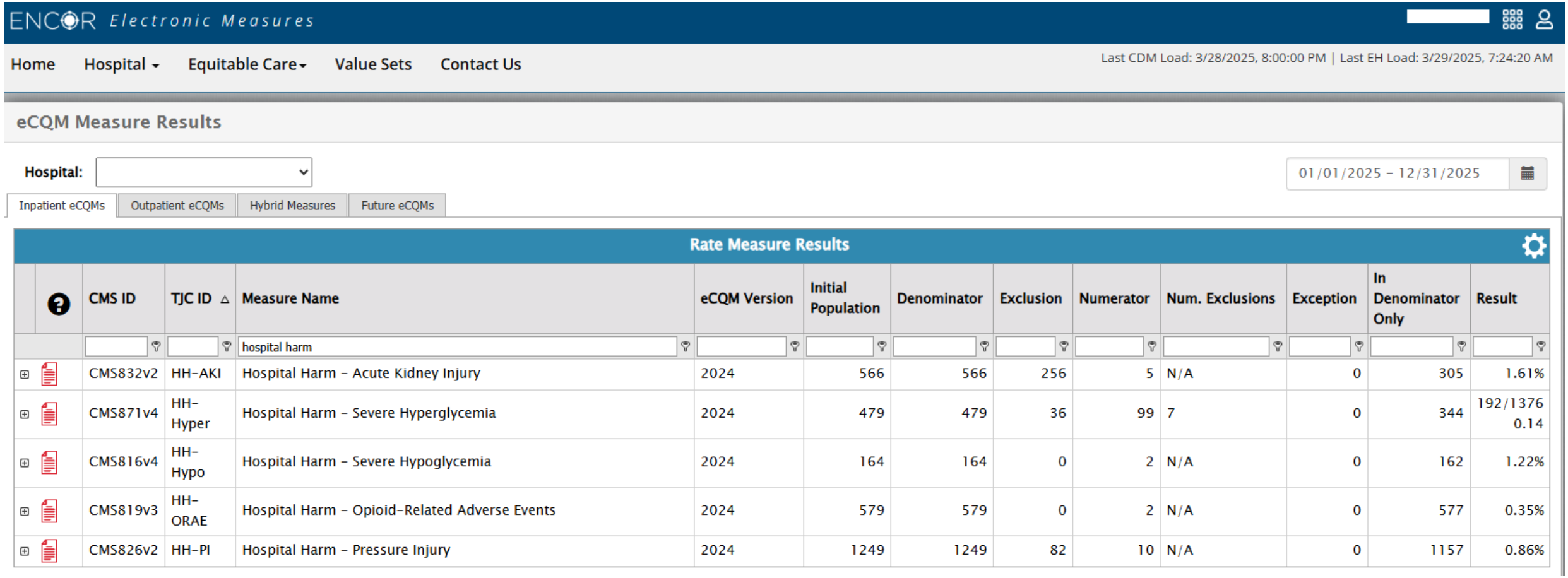


CMS ID	TJC ID	Measure Name	eCQM Version	Initial Population	Denominator	Exclusion	Numerator	Num. Exclusions	Exception	In Denominator Only	Result
CMS832v2	HH-AKI	Hospital Harm – Acute Kidney Injury	2024	566	566	256	5	N/A	0	305	1.61%
CMS871v4	HH-Hyper	Hospital Harm – Severe Hyperglycemia	2024	479	479	36	99	7	0	344	192/1376 0.14
CMS816v4	HH-Hypo	Hospital Harm – Severe Hypoglycemia	2024	164	164	0	2	N/A	0	162	1.22%
CMS819v3	HH-ORAE	Hospital Harm – Opioid-Related Adverse Events	2024	579	579	0	2	N/A	0	577	0.35%
CMS826v2	HH-PI	Hospital Harm – Pressure Injury	2024	1249	1249	82	10	N/A	0	1157	0.86%

⊟	CMS871v3	HH-Hyper	Hospital Harm – Severe Hyperglycemia	2023	44	44	0	7	0	37	13/168 0.08

Rate Measure Results Details

Drag a column header here to group by that column

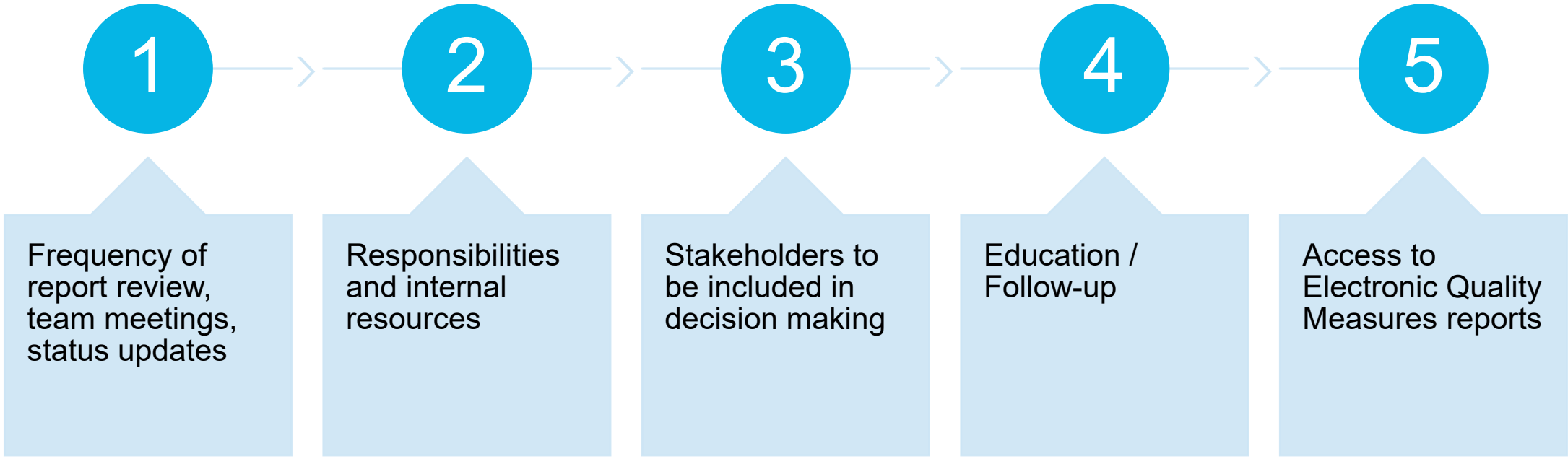
Patient Name	Medisolv Identifier	Case Identifier	Result	Admit	Discharge	Age	Discharge Location	Discharge Disposition	Qualifying Encounter LOS	Measure Observation
			numerator							
Roach, Raymond	667346a89913801884424b67	AC10000279975	In Numerator	2/24/2024 10:39:00 AM	2/27/2024 3:23:00 PM	79	Location 726	Discharge to acute care hospital (procedure)	3	2:1
Travis, Simone	6673470a991380188450d578	AC10000251022	In Numerator	1/1/2024 3:25:00 PM	1/6/2024 10:00:00 PM	66	Location 726	Discharge to acute care hospital (procedure)	5	4:1
Cipolla, Armine	6673475e99138018845faa69	AC10000274378	In Numerator	1/8/2024 3:19:00 PM	1/12/2024 12:00:00 PM	80	Location 726		4	2:2
Hyman, Lorraine	667346ae9913801884440d92	AC10000256967	In Numerator	1/12/2024 11:47:00 PM	1/22/2024 4:05:00 PM	89	Location 726		10	8:1
Mirsky, Stanley	6673478f991380188468401a	AC10000273487	In Numerator	12/29/2023 4:05:00 PM	1/4/2024 1:55:00 PM	62	Location 726		6	4:2

Codes	Description	Collection Time	Status	Documentation	Result	Unit	Used
	glucose						
Loinc:41653-7	Glucose [Mass/volume] in Capillary blood by Glucometer	1/28/2025 9:16:00 PM	performed	CDM.LabTestComponents, DataSource: laboratory_results, TOM107_CHILD_ORDER, TLB800_TEST_CODE_MST, Code:41653-7	346.0	mg/dL	
Loinc:41653-7	Glucose [Mass/volume] in Capillary blood by Glucometer	1/29/2025 8:55:00 PM	performed	CDM.LabTestComponents, DataSource: laboratory_results, TOM107_CHILD_ORDER, TLB800_TEST_CODE_MST, Code:41653-7	305.0	mg/dL	

Codes	Description	Status	Start Time
		admin	
RxNorm:855312	warfarin sodium 2.5 MG Oral Tablet	administered	1/30/2025 2:31:00 PM
RxNorm:835603	tramadol hydrochloride 50 MG Oral Tablet	administered	1/30/2025 11:19:00 PM
RxNorm:835603	tramadol hydrochloride 50 MG Oral Tablet	administered	1/31/2025 7:50:00 AM
RxNorm:855312	warfarin sodium 2.5 MG Oral Tablet	administered	1/31/2025 1:26:00 PM
RxNorm:835603	tramadol hydrochloride 50 MG Oral Tablet	administered	1/31/2025 4:03:00 PM

Plan for Improvement

NEED TO DETERMINE



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