

Maryland Health Care Commission's Inpatient Hospital Performance Measures Inventory
Updated June 30, 2016

Domain	Measure ID/Data Source	Performance Measure	Data Reporting Required by MHCC	HSCRC QBR CY2015 Performance Period	Public Reporting	
					MHCQR	Hospital Compare
Inpatient Clinical Process of Care Measures						
Acute Myocardial Infarction (AMI)	AMI-1	Percent of Heart Attack Patients Given Aspirin at Arrival	Retired 1Q2015 (Previously suspended)			
	AMI-2	Percent of Heart Attack Patients Given Aspirin at Discharge	Removed 1Q2014 (Retained as eCQM starting 1Q2015)			✓
	AMI-3	Percent of Heart Attack Patients Given ACE Inhibitor (ACE-I) or Angiotensin Receptor Blocker (ARBs) for Left Ventricular Systolic Dysfunction	Retired 1Q2015 (Previously suspended)			
	AMI-4	Percent of Heart Attack Patients Given Smoking Cessation Advice/Counseling	Retired 1Q2012			
	AMI-5	Percent of Heart Attack Patients Given Beta Blocker at Discharge	Retired 1Q2015 (Previously suspended)			
	AMI-6	Percent of Heart Attack Patients Given Beta Blocker at Arrival	Retired 2Q2009			
	AMI-7a	Percent of Heart Attack Patients Given Fibrinolytic Medication within 30 Minutes of Arrival	No			✓

Maryland Health Care Commission's Inpatient Hospital Performance Measures Inventory
Updated June 30, 2016

Domain	Measure ID/Data Source	Performance Measure	Data Reporting Required by MHCC	HSCRC QBR CY2015 Performance Period	Public Reporting	
					MHCQR	Hospital Compare
	AMI-8a	Percent of Heart Attack Patients Given PCI within 90 Minutes of Arrival	Retired 1Q2015 (Retained as eCQM starting 1Q2015)		✓	✓
	AMI-10	Statin Prescribed at Discharge	Removed 1Q2014 (Retained as eCQM starting 1Q2015)			✓
Heart Failure (HF)	HF-1	Percent of Heart Failure Patients Given Discharge Instructions	Removed 1Q2014			✓
	HF-2	Percent of Heart Failure Patients Given an Evaluation of Left Ventricular Systolic (LVS) Function	Retired 1Q2015		✓	✓
	HF-3	Percent of Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	Removed 1Q2014			✓
	HF-4	Percent of Heart Failure Patients Given Smoking Cessation Advice/Counseling	Retired 1Q2012			
Pneumonia (PN)	PN-1	Percent of Pneumonia Patients Given Oxygenation Assessment	2003 Retired 1Q2009			
	PN-2	Percent of Pneumonia Patients Assessed and Given Pneumococcal Vaccination	Retired 1Q2012			
	PN-3a	Blood Cultures Performed Within 24 Hours After Hospital Arrival for Patients who were Transferred or Admitted to the ICU within 24 Hours of Hospital Arrival	N/A		N/A	N/A
	PN-3b	Percent of Pneumonia Patients Whose Initial Emergency Room Blood Culture was Performed Prior to the Administration of the First Hospital Dose of Antibiotics	Removed 1Q2014			

Maryland Health Care Commission's Inpatient Hospital Performance Measures Inventory
Updated June 30, 2016

Domain	Measure ID/Data Source	Performance Measure	Data Reporting Required by MHCC	HSCRC QBR CY2015 Performance Period	Public Reporting	
					MHCQR	Hospital Compare
	PN-4	Percent of Pneumonia Patients Given Smoking Cessation Advice/Counseling	Retired 1Q2012			
	PN-5	Antibiotic Timing (Median)	N/A		N/A	N/A
	PN-5b	Initial Antibiotic Received within 4 hours of Hospital Arrival	2003 Retired 1Q2009			
	PN-5c	Percent of Pneumonia Patients Given Initial Antibiotic(s) within 6 hours After Arrival	Retired 1Q2012			
	PN-6	Percent of Pneumonia Patients Given the Most Appropriate Initial Antibiotic(s)	Retired 1Q2015 (Retained as eCQM starting 1Q2015)		✓	✓
	PN-7	Percent of Pneumonia Patients Assessed and Given Influenza Vaccination (Report by Flu Season ONLY)	Retired 1Q2012			
	Surgical Care Improvement Project (SCIP)	SCIP-Inf-1	Percent of Surgery Patients who Received Preventive Antibiotic(s) 1 hour Before Incision	Retired 1Q2015 (Retained as eCQM starting 1Q2015)		✓
SCIP-Inf-2		Percent of Surgery Patients who Received Prophylactic Antibiotic Selection for Surgical Patients	Retired 1Q2015 (Retained as eCQM starting 1Q2015)		✓	✓
SCIP-Inf-3		Percent of Surgery Patients whose Preventative Antibiotic(s) are Discontinued within 24 Hours After Surgery	Retired 1Q2015		✓	✓
SCIP-Inf-4		Cardiac Surgery w/Controlled 6 a.m. Postoperative Blood Glucose	Removed 1Q2016 1Q2009 Suspended as of 3Q2014 discharges			

Maryland Health Care Commission's Inpatient Hospital Performance Measures Inventory
Updated June 30, 2016

Domain	Measure ID/Data Source	Performance Measure	Data Reporting Required by MHCC	HSCRC QBR CY2015 Performance Period	Public Reporting	
					MHCQR	Hospital Compare
	SCIP-Inf-6	Surgery Patients w/Appropriate Hair Removal	Retired 1Q2015 (Previously suspended)			
	SCIP-Inf 9	Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with the Day of Surgery Being 0	Retired 1Q2015 (Retained as eCQM starting 1Q2015)		✓	✓
	SCIP-Inf 10	Surgery Patients with Perioperative Temperature Management	Removed 1Q2014			
	SCIP-Card-2	Surgery Patients on Beta-Blocker Therapy Prior to Admission who Received a Beta-Blocker During the Perioperative Period	Retired 1Q2015		✓	✓
	SCIP-VTE-1	Percent of Surgery Patients whose Doctors Ordered Treatments to Prevent Blood Clots (Venous Thromboembolism) for Certain Types of Surgeries	Retired 1Q2013			
	SCIP-VTE-2	Percent of Surgery Patients who Received Treatment to Prevent Blood Clots within 24 Hours Before or After Selected Surgeries to Prevent Blood Clots	Retired 1Q2015		✓	✓
Children's Asthma Care (CAC)	CAC-1	Relievers for Inpatient Asthma	Removed 1Q2014			
	CAC-2	Systemic Corticosteroids for Inpatient Asthma	Removed 1Q2014			
	CAC-3	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	Removed 1Q2014			✓

Maryland Health Care Commission's Inpatient Hospital Performance Measures Inventory
Updated June 30, 2016

Domain	Measure ID/Data Source	Performance Measure	Data Reporting Required by MHCC	HSCRC QBR CY2015 Performance Period	Public Reporting	
					MHCQR	Hospital Compare
Venous Thromboembolism (VTE)	VTE-1	Venous Thromboembolism Prophylaxis	Removed 1Q2016 (Retained as eCQM starting 1Q2016) 1Q2013			✓
	VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	Removed 1Q2016 (Retained as eCQM starting 1Q2016) 1Q2013			✓
	VTE-3	Venous Thromboembolism Patients with Anticoagulation Overlap Therapy	Removed 1Q2016 (Retained as eCQM starting 1Q2016) 1Q2013			✓
	VTE-4	Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol	Retired 1Q21015 (Retained as eCQM starting 1Q2015)			✓
	VTE-5	Venous Thromboembolism Discharge Instructions	1Q2013			✓
	VTE-6	Incidence of Potentially-Preventable Venous Thromboembolism	1Q2013		✓	✓

Maryland Health Care Commission's Inpatient Hospital Performance Measures Inventory
Updated June 30, 2016

Domain	Measure ID/Data Source	Performance Measure	Data Reporting Required by MHCC	HSCRC QBR CY2015 Performance Period	Public Reporting	
					MHCQR	Hospital Compare
AHA/ASA GWTG-Stroke	STK-1	Venous Thromboembolism (VTE) Prophylaxis	Removed 1Q2016 1Q2013			✓
	STK-2	Discharged on Antithrombotic Therapy	Retired 1Q2015 (Retained as eCQM starting 1Q2015)			✓
	STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter	Retired 1Q2015 (Retained as eCQM starting 1Q2015)			✓
	STK-4	Thrombolytic Therapy	1Q2013			✓
	STK-5	Antithrombotic Therapy By End of Hospital Day 2	Retired 1Q2015 (Retained as eCQM starting 1Q2015)			✓
	STK-6	Discharged on Statin Medication	Removed 1Q2016 (Retained as eCQM starting 1Q2016) 1Q2013			✓

Maryland Health Care Commission's Inpatient Hospital Performance Measures Inventory
Updated June 30, 2016

Domain	Measure ID/Data Source	Performance Measure	Data Reporting Required by MHCC	HSCRC QBR CY2015 Performance Period	Public Reporting	
					MHCQR	Hospital Compare
	STK-8	Stroke Education	Removed 1Q2016 (Retained as eCQM starting 1Q2016) 1Q2013			✓
	STK-10	Assessed for Rehabilitation	Retired 1Q2015 (Retained as eCQM starting 1Q2015)			✓
Emergency Department (ED)	ED-1	<u>Median Time from ED Arrival to ED Departure for Admitted ED Patients</u>				
		ED-1a: Overall Rate				
		ED-1b: Reporting Measure †	1Q2012		✓ 4Q2012	✓
		ED-1c: Observation Patients				
		ED-1d: Psychiatric/Mental Health Patients				
	ED-2	<u>Admit Decision Time to ED Departure Time for Admitted Patients</u>				
		ED-2a: Overall Rate				
		ED-2b: Reporting Measure †	1Q2012		✓ 4Q2012	✓
		ED-2c: Psychiatric/Mental Health Patients				
Global Immunization Measures (IMM)	PREV-Imm-1	<u>Immunization for Pneumonia</u>	Removed 1Q2016			
		IMM-1a: Overall Rate †	Suspended 1Q2014			
		IMM-1b: Age 65 and Older	Suspended 1Q2014			
		IMM-1c: High Risk Populations (Age 6 through 64 years)	Suspended 1Q2014			
	PREV-Imm-2	Immunization for Influenza	1Q2012	✓ (Q42014-1Q2015)	✓ 4Q2012	✓

Maryland Health Care Commission's Inpatient Hospital Performance Measures Inventory
Updated June 30, 2016

Domain	Measure ID/Data Source	Performance Measure	Data Reporting Required by MHCC	HSCRC QBR CY2015 Performance Period	Public Reporting	
					MHCQR	Hospital Compare
Patient Experience Measures						
Hospital-Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS)	HCAHPS	Communication with Nurses	1Q2009	✓**	✓	✓
	HCAHPS	Communication with Doctors	1Q2009	✓**	✓	✓
	HCAHPS	Responsiveness of Hospital Staff	1Q2009	✓**	✓	✓
	HCAHPS	Pain Management	1Q2009	✓**	✓	✓
	HCAHPS	Communication about Medicines	1Q2009	✓**	✓	✓
	HCAHPS	Cleanliness of Hospital Environment	1Q2009	✓**	✓	✓
	HCAHPS	Quietness of Hospital Environment	1Q2009	✓**	✓	✓
	HCAHPS	Discharge Information	1Q2009	✓**	✓	✓
	HCAHPS	Overall Hospital Rating	1Q2009	✓**	✓	✓
	HCAHPS	Recommend the Hospital to Family and Friends	1Q2009	✓**	✓	✓
	HCAHPS	Care Transition	1Q2013	✓**	✓	✓ October 2014
Healthcare Associated Infections (HAI)						
MHCC	MHCC	Active Surveillance Testing for MRSA Survey	Retired 3Q2012		✓	N/A
	MHCC	HCW Seasonal Influenza Vaccination	Ended 2012/2013 flu season 2009/10		✓	N/A
NHSN	NHSN	Central Line –Associated Blood Stream Infection-Adult Intensive Care Unit Patients * Expanded to Adult & Pediatric Medical, Surgical, & Medical/Surgical Wards, January 2015	3Q2008 Expanded Jan 2015	✓ ICU Only	✓ October 2010	✓
	NHSN	Central Line-Associated Blood Stream Infection-Neonatal Intensive Care Unit Patients * Expanded to Adult & Pediatric Medical, Surgical, & Medical/Surgical Wards, January 2015	3Q2008 Expanded Jan 2015	✓	✓ October 2010	

Maryland Health Care Commission's Inpatient Hospital Performance Measures Inventory
Updated June 30, 2016

Domain	Measure ID/Data Source	Performance Measure	Data Reporting Required by MHCC	HSCRC QBR CY2015 Performance Period	Public Reporting	
					MHCQR	Hospital Compare
	NHSN	Methicillin-Resistant Staphylococcus Aureus Bacteremia Measure	1Q2014		Jul-15	✓
	NHSN	Clostridium Difficile	3Q2013		Jul-15	✓
	NHSN	Surgical Site Infection-Coronary Artery Bypass Surgery	3Q2010		✓2012	
	NHSN	Surgical Site Infection-Total Knee Replacement Surgery	3Q2010		✓2012	
	NHSN	Surgical Site Infection-Total Hip Replacement Surgery	3Q2010		✓2012	
	NHSN	HCP Influenza Vaccination * Expanded to include outpatient facilities beginning 2014-2015 flu season	2013/14		✓	✓
	NHSN	Surgical Site Infection- Colon	Jan-14	✓	✓ 2014	✓ 4Q2012
	NHSN	Surgical Site Infection - Abdominal Hysterectomy	Jan-14	✓	✓ 2014	✓ 4Q2012
	NHSN	Catheter Associated Urinary Tract Infections (CAUTI) in ICUs * Expanded to Adult & Pediatric Medical, Surgical, & Medical/Surgical Wards, January 2015	1/1/2014 Expanded Jan 2015	✓ ICU Only	✓ 2014	✓ 4Q2012
Requiring Web-Based Hospital Data Entry						
Perinatal Care	PC-01	Elective Delivery Prior to 39 Completed Weeks Gestation	Jan-14		✓	✓
	PC-02 ¶	Cesarean Section				
	PC-03 ¶	Antenatal Steroids				
	PC-04 ¶	Health Care-Associated Bloodstream Infections in Newborns				
	PC-05 ¶	Exclusive Breast Milk Feeding				
Structural Measures		Participation in a Systematic Database for Cardiac Surgery	Retired 1Q2015			✓
		Participation in a Systematic Clinical Database Registry for Stroke Care	Removed 1Q2014		TBD	
		Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care	CY2013‡		TBD	✓
		Safe Surgery Checklist Use	CY2014‡			✓
		Multispecialty Surgical Registry	CY2014‡			✓
		Participation in a Systematic Clinical Database Registry for General Surgery	CY2013‡		TBD	✓
Data Accuracy and Completeness Acknowledgement		Data Accuracy and Completeness Acknowledgement	CY2013‡		N/A	N/A
Patient Safety Culture		Hospital Survey on Patient Safety Culture	CY2016			

Maryland Health Care Commission's Inpatient Hospital Performance Measures Inventory
Updated June 30, 2016

Domain	Measure ID/Data Source	Performance Measure	Data Reporting Required by MHCC	HSCRC QBR CY2015 Performance Period	Public Reporting	
					MHCQR	Hospital Compare
Claims-Based Measures						
30-Day Readmission Rates	READM-30 AMI	30-Day Readmission Rate for Heart Attack Patients	✓		✓	✓
	READM-30 HF	30-Day Readmission Rate for Heart Failure Patients	✓		✓	✓
	READM-30 PN	30-Day Readmission Rate for Pneumonia Patients	✓		✓	✓
	Hip/Knee Readmission	Hospital Level 30-Day All-Cause Risk-Standardized Readmission Rate (RSRR) Following Elective Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA)	✓		✓	✓
	HWR	Hospital-Wide All-Cause Unplanned Readmission (HWR)	✓		✓	✓
	READM-30-COPD	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Readmission Rate	✓		✓	✓
	CABG	30-Day Readmission Rate after CABG	✓		✓	
	READM-30-STK	Stroke (STK) 30-Day Readmission Rate	✓		✓	✓
30-Day Mortality Rates	MORT-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	✓		✓	✓
	MORT-30-HF	Heart Failure (HF) 30-Day Mortality Rate	✓		✓	✓
	MORT-30-PN	Pneumonia (PN) 30-Day Mortality Rate	✓		✓	✓
	MORT-30-COPD	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	✓		✓	✓
	CABG	CABG 30-Day Mortality Rate	✓		✓	
	MORT-30-STK	Acute Ischemic Stroke (STK) 30-Day Mortality Rate	✓		✓	✓
All-cause Inpatient Mortality		All Cause 3M-Risk of Mortality (Inpatient)		✓		
30-Day Episode of Care Payment	Pneumonia	30-Day Episode of Care Payment for Pneumonia	✓		TBD	
	Heart Failure	30-Day Episode of Care Payment for Heart Failure	✓		TBD	
Agency for Healthcare Research and Quality (AHRQ) Patient Safety, Inpatient Quality Indicators, and Composite Measures	PSI 02	Death Rate in Low-Mortality Diagnosis Related Groups (DRGs)			✓	
	PSI 05	Volume of Foreign Body Left During Procedure			✓	
	PSI 06	Iatrogenic Pneumothorax, adult			✓	
	PSI 11	Post-Operative Respiratory Failure			✓	
	PSI 12	Post-Operative Pulmonary Emboli or Deep Vein Thrombosis			✓	
	PSI 14	Postoperative Wound Dehiscence				
	PSI 15	Accidental Puncture or Laceration			✓	
	PSI 16	Transfusion Reaction Volume			✓	
	IQI 08	Esophageal Resection Mortality Rate			✓	
	IQI 09	Pancreatic Resection Mortality Rate			✓	

Maryland Health Care Commission's Inpatient Hospital Performance Measures Inventory
Updated June 30, 2016

Domain	Measure ID/Data Source	Performance Measure	Data Reporting Required by MHCC	HSCRC QBR CY2015 Performance Period	Public Reporting	
					MHCQR	Hospital Compare
	IQI 11	Abdominal Aortic Aneurysm (AAA) Repair Mortality Rate (with or without volume)				
	IQI 15	Acute Myocardial Infarction (AMI) Mortality Rate			✓	
	IQI 16	Congestive Heart Failure (CHF) Mortality Rate			✓	
	IQI 17	Acute Stroke Mortality Rate			✓	
	IQI 18	Gastrointestinal Hemorrhage Mortality Rate			✓	
	IQI 19	Hip Fracture Mortality Rate			✓	
	IQI 20	Pneumonia Mortality Rate			✓	
	IQI 91	Mortality for Selected Medical Conditions (Composite)			✓	
	PSI 90	Serious Complications (Complication/patient safety for selected indicators) (Composite; Calculated by HSCRC for QBR)			✓	✓
AHRQ PSI and Nursing Sensitive Care	PSI 04	Death Among Surgical Patients with Serious Treatable Complications			✓	✓
Surgical Complications	Hip/Knee Complications	Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and Total Knee Arthroplasty (TKA)				✓
Cost Efficiency Measures		Medicare Spending per Beneficiary (MSPB)				✓
		Acute Myocardial Infarction (AMI) Payment per Episode of Care				✓ July2014
Hospital-Acquired Condition Measures (HACs)		Foreign Object Retained After Surgery			TBD	✓
		Air Embolism			TBD	✓
		Blood Incompatibility			TBD	✓
		Pressure Ulcer Stages III and IV			TBD	✓
		Falls and Trauma: includes Fracture, Dislocation, Intracranial Injury, Crushing Injury, Burn, Electric Shock			TBD	✓
		Vascular Catheter-Associated Infections			TBD	✓
		Catheter-Associated Urinary Tract Infection (UTI)			TBD	✓
	Manifestations of Poor Glycemic Control			TBD	✓	
Excess Days	AMI Excess Days	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction	CY2016			
	HF Excess Days	Excess Days in Acute Care after Hospitalization for Heart Failure	CY2016			
THA/TKA Payment		Hospital-Level, Risk-Standardized Payment Associated with an Episode-of-Care for Primary Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty	CY2016			
Kidney/UTI Payment		Kidney/Urinary Tract Infection Clinical Episode-Based Payment measure	CY2016			
Cellulitis Payment		Cellulitis Clinical Episode-Based Payment measure	CY2016			
GI Payment		Gastrointestinal Hemorrhage Clinical Episode-Based Payment measure	CY2016			

Maryland Health Care Commission's Inpatient Hospital Performance Measures Inventory
Updated June 30, 2016

Domain	Measure ID/Data Source	Performance Measure	Data Reporting Required by MHCC	HSCRC QBR CY2015 Performance Period	Public Reporting	
					MHCQR	Hospital Compare
Cardiac Measures						
National Cardiovascular Data Registry (NCDR)	CathPCI Registry	The CathPCI Registry® is a comprehensive, nationwide data collection and management tool for cardiac catheterization and PCI procedures which helps identify quality gaps and implement new processes to improve patient care.	3Q2010		TBD	N/A
	ACTION Registry	ACTION Registry®-GWTG™ is risk-adjusted, outcomes-based, data collection tool, and quality improvement program that focuses exclusively on high-risk STEMI/NSTEMI patients.	3Q2010		TBD	N/A
Additional Chart Abstracted Measures						
Severe Sepsis and Septic Shock		Severe Sepsis and Septic Shock : Management Bundle	4Q2015		TBD	TBD

Source: Maryland Health Care Commission

NOTES:

All timeframes for data reporting are based on the calendar year.

Stroke data will be collected through the GWTG Stroke Registry
HSCRC Quality Based Reimbursement Program (QBR) Measures

✓Currently included in the initiative

Text in red indicates recent data collection policy changes to align with CMS collection policies.

TBD – Reporting date to be determined

† For ED-1 and ED-2 only the Reporting Measure (ED-1b and ED-2b) will be reported on the Hospital Guide and Hospital Compare.
For PREV-Imm-1, only the Overall Rate (IMM-1a) will be reported on the Hospital Guide and Hospital Compare.

Under the FY2016 Inpatient Prospective Payment System (IPPS) Final Rule, hospitals are required to submit a minimum of 4 out of 28 electronic clinical quality measures (eCQMs) to fulfill Meaningful Use requirements. Hospitals should submit either 3Q2016 or 4Q2016 by February 28, 2017.

HAC measures are utilized by HSCRC.

* Data posted on Hospital Compare and the Hospital Performance Evaluation Guide reflects a three-year reporting period and is updated annually. Currently, the 30-day risk adjusted mortality and 30-day readmission rates refer to the period July 1, 2011 - June 30, 2014.

‡ Inpatient Structural Measures for the reference period CY2014 must be entered through QualityNet.org between April 1, 2016 and May 15, 2016.

¶ MHCC requires PC-01 only. PC-02 through PC-05 are collected only for The Joint Commission for hospitals that have at least 1,100 births per year.

** HCAHPS measures used for Quality Based Reimbursement cover the time period of 4Q2014 through 3Q2015.