**Current and Proposed Quality Measures for Reporting in 2013 through 2018**

*Revised 7/19/2013*

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<tr>
<td>AMI-1 Aspirin at arrival</td>
<td>Suspend after 12/31/2011</td>
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<td>Suspend after FY 2013</td>
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<td>AMI-2 Aspirin prescribed at discharge</td>
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<td>Ongoing Remove after FY 2015</td>
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<td>AMI-3 Angiotensin Converting Enzyme Inhibitor (ACE-I) or Angiotensin II Receptor Blocker (ARB) for left ventricular systolic dysfunction</td>
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<td>Suspend after FY 2013</td>
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<tr>
<td>AMI-4 Adult smoking cessation advice/counseling</td>
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<td></td>
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<tr>
<td>AMI-5 Beta blocker prescribed at discharge</td>
<td>Suspend after 12/31/2011</td>
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<td>Suspend after FY 2013</td>
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<tr>
<td>AMI-7a Fibrinolytic (thrombolytic) agent received within 30 minutes of hospital arrival</td>
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<td></td>
<td>Ongoing July 2011 FY 2013</td>
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<tr>
<td>AMI-8a Timing of Receipt of Primary Percutaneous Coronary Intervention (PCI)</td>
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<td></td>
<td>Ongoing July 2011 FY 2013</td>
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<td>2014</td>
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<tr>
<td>AMI-10 Statin prescribed at discharge</td>
<td>Jan 2011 End after Dec 2013</td>
<td></td>
<td>FY 2013 Remove after FY 2015</td>
<td></td>
<td>2014</td>
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<tr>
<td><strong>Emergency Department (ED)</strong></td>
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<td></td>
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<tr>
<td>ED-1 Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department</td>
<td>Jan 2012</td>
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<td></td>
<td>Stage 1 and 2014</td>
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<tr>
<td>ED-2 Median time from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status</td>
<td>Jan 2012</td>
<td>FY 2014</td>
<td></td>
<td>Stage 1 and 2014</td>
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</tbody>
</table>

*HITECH Meaningful Use 2014 and forward: Participate in 16 measures from a menu of 29 measures

**Proposed for FY 2015**
**Proposed for FY 2016**
**Proposed for FY 2017**
**Proposed for FY 2018**
**Proposed for CY 2015**
**Proposed for CY 2016 or PY 2016**
### Current and Proposed Quality Measures for Reporting in 2013 through 2018

**Revised 7/19/2013**

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<th>Year of Start</th>
<th>End Date</th>
<th>Action</th>
<th>Year of End Date</th>
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<tbody>
<tr>
<td>ED-3 Median time from ED arrival to ED departure for discharged ED patients</td>
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<tr>
<td><strong>Immunization</strong></td>
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<tr>
<td>IMM-1 Pneumococcal Immunization</td>
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<td>End after Dec 2013</td>
<td>FY 2014</td>
<td>Remove after FY 2015</td>
</tr>
<tr>
<td><strong>Heart Failure (HF)</strong></td>
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<tr>
<td>HF-1 Discharge instructions</td>
<td>Ongoing</td>
<td>Ongoing</td>
<td>July 2011</td>
<td>FY 2013</td>
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<tr>
<td>HF-2 Left ventricular function assessment</td>
<td>Ongoing</td>
<td>Ongoing</td>
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<tr>
<td>HF-3 ACEI or ARB for left ventricular systolic dysfunction</td>
<td>Ongoing</td>
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<tr>
<td>HF-4 Adult smoking cessation advice/counseling</td>
<td>End after 12/31/2011</td>
<td>Retire after FY 2013</td>
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<tr>
<td><strong>Pneumonia (PN)</strong></td>
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<tr>
<td>PN-2 Pneumococcal vaccination status</td>
<td>End after 12/31/2011</td>
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<tr>
<td>PN-3b Blood culture performed before first antibiotic received in hospital</td>
<td>Ongoing</td>
<td>Ongoing</td>
<td>July 2011</td>
<td>FY 2013</td>
</tr>
<tr>
<td>PN-4 Adult smoking cessation advice/counseling</td>
<td>End after 12/31/2011</td>
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<tr>
<td>PN-5c Timing of receipt of initial antibiotic following hospital arrival</td>
<td>End after 12/31/2011</td>
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<tr>
<td>PN-6 Appropriate initial antibiotic selection</td>
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<td>Ongoing</td>
<td>July 2011</td>
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</tr>
<tr>
<td>PN-7 Influenza vaccination status</td>
<td>End after 12/31/2011</td>
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<tr>
<td><strong>Stroke</strong></td>
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<tr>
<td>STK-1 Venous Thromboembolism (VTE) Prophylaxis for patients with ischemic or</td>
<td>Jan 2013</td>
<td>FY2015</td>
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<tr>
<td>hemorrhagic stroke</td>
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<tr>
<td>STK-2 Ischemic stroke patients discharged on antithrombotic therapy</td>
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<td>Stage 1 and 2014</td>
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</table>

*HITECH Meaningful Use 2014 and forward: Participate in 16 measures from a menu of 29 measures*
<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Start Date</th>
<th>Fiscal Year</th>
<th>Stage 1 and 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticoagulation therapy for atrial fibrillation/flutter</td>
<td>Jan 2013</td>
<td>FY2015</td>
<td></td>
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<tr>
<td>Thrombolytic Therapy for Acute ischemic stroke patients</td>
<td>Jan 2013</td>
<td>FY2015</td>
<td></td>
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<tr>
<td>Antithrombotic therapy by the end of hospital day two</td>
<td>Jan 2013</td>
<td>FY2015</td>
<td></td>
</tr>
<tr>
<td>Discharged on statin medication</td>
<td>Jan 2013</td>
<td>FY2015</td>
<td></td>
</tr>
<tr>
<td>Stroke education</td>
<td>Jan 2013</td>
<td>FY2015</td>
<td></td>
</tr>
<tr>
<td>Assessed for rehabilitation services</td>
<td>Jan 2013</td>
<td>FY2015</td>
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</table>

**Surgical Care Improvement Project (SCIP)**

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Start Date</th>
<th>Fiscal Year</th>
<th>End Date</th>
<th>Stage 1 and 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prophylactic antibiotic received within 1 hour prior to surgical incision</td>
<td>Ongoing</td>
<td>Ongoing</td>
<td>July 2011 FY 2013</td>
<td>2014</td>
</tr>
<tr>
<td>Prophylactic antibiotic selection for surgical patients</td>
<td>Ongoing</td>
<td>Ongoing</td>
<td>July 2011 FY 2013</td>
<td>2014</td>
</tr>
<tr>
<td>Prophylactic antibiotics discontinued within 24 hours after surgery end time</td>
<td>Ongoing</td>
<td>Ongoing</td>
<td>July 2011 FY 2013</td>
<td></td>
</tr>
<tr>
<td>Cardiac surgery patients with controlled 6AM postoperative serum glucose revise to controlled glucose 18-24 hours post-cardiac surgery</td>
<td>Ongoing Revise Jan 2014</td>
<td>Ongoing</td>
<td>July 2011 FY 2013</td>
<td></td>
</tr>
<tr>
<td>Surgery patients with appropriate hair removal</td>
<td>Suspend after 12/31/2011</td>
<td>Suspend after FY 2013</td>
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</tr>
<tr>
<td>Postoperative urinary catheter removal on post operative day 1 or 2</td>
<td>Ongoing</td>
<td>Ongoing</td>
<td>April 2012 FY 2014</td>
<td>2014</td>
</tr>
<tr>
<td>Perioperative temperature management</td>
<td>Ongoing End after Dec 2013</td>
<td>Ongoing Remove after FY 2015</td>
<td></td>
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</tr>
<tr>
<td>Surgery patients on a beta blocker prior to arrival who received a beta blocker during the perioperative period</td>
<td>Ongoing</td>
<td>Ongoing</td>
<td>July 2011 FY 2013</td>
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<tr>
<td>Venous thromboembolism (VTE) prophylaxis ordered for surgery patients</td>
<td>End after 12/31/2012</td>
<td>Remove after FY 2014</td>
<td>End after 12/31/2012</td>
<td>Remove after FY 2014</td>
</tr>
<tr>
<td>VTE prophylaxis within 24 hours pre/post surgery</td>
<td>Ongoing</td>
<td>Ongoing</td>
<td>July 2011 FY 2013</td>
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</tbody>
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### Venous Thromboembolism (VTE)

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Start Year</th>
<th>Reporting Years</th>
<th>Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>VTE-1 Venous thromboembolism Prophylaxis</td>
<td>Jan 2013</td>
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<td>Stage 1 and 2014</td>
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<tr>
<td>VTE-2 Intensive care unit venous thromboembolism prophylaxis</td>
<td>Jan 2013</td>
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<tr>
<td>VTE-3 Venous thromboembolism patients with anticoagulation overlap therapy</td>
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<tr>
<td>VTE-4 Venous thromboembolism patients receiving unfractionated heparin with dosages/platelet count monitoring by protocol or nomogram</td>
<td>Jan 2013</td>
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<td>Stage 1 and 2014</td>
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<tr>
<td>VTE-5 Venous thromboembolism discharge instructions</td>
<td>Jan 2013</td>
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<tr>
<td>VTE-6 Incidence of potentially-preventable venous thromboembolism</td>
<td>Jan 2013</td>
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</tbody>
</table>

### Perinatal Care (PC)

<table>
<thead>
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<th>Year</th>
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<tbody>
<tr>
<td>PC-01 Elective delivery prior to 39 completed weeks of gestation</td>
<td>Jan 2013</td>
<td>FY 2015</td>
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<tr>
<td>PC-05 Exclusive breast milk feeding</td>
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### Pediatric Measures

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<th>Start Year</th>
<th>Reporting Year</th>
<th>Year</th>
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<tbody>
<tr>
<td>Home management plan of care document given to pediatric asthma patient/caregiver</td>
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<td>2014</td>
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<tr>
<td>Healthy term newborn</td>
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<td>2014</td>
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<tr>
<td>Hearing screening prior to hospital discharge for newborn</td>
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<td>2014</td>
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### Healthcare Associated Infections Reported to NHSN

<table>
<thead>
<tr>
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<th>Start Year</th>
<th>Reporting Year</th>
<th>Year</th>
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<tbody>
<tr>
<td>Central Line Associated Bloodstream Infection Expand to include some non-ICU wards</td>
<td>Ongoing</td>
<td>Ongoing</td>
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<tr>
<td>Surgical Site Infection</td>
<td>Jan 2012</td>
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<td>Jan 2014</td>
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<tr>
<td>Catheter-Associated Urinary Tract Infection Expand to include some non-ICU wards</td>
<td>Jan 2012</td>
<td>FY 2014</td>
<td>Jan 2014</td>
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<tr>
<td>MRSA Bacteremia</td>
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<tr>
<td>Clostridium Difficile (C. Diff)</td>
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<tr>
<td>Healthcare Personnel Influenza Vaccination</td>
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### Structural Measures

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<th>Start Year</th>
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<th>Year</th>
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<tbody>
<tr>
<td>Participation in a systematic database for cardiac surgery</td>
<td>Ongoing</td>
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*HITECH Meaningful Use 2014 and forward: Participate in 16 measures from a menu of 29 measures*
### Current and Proposed Quality Measures for Reporting in 2013 through 2018

**Revised 7/19/2013**

<table>
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<tr>
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<th>Ongoing</th>
<th>Ongoing Remove after FY 2015</th>
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<tbody>
<tr>
<td>Participation in a systematic clinical database registry for nursing sensitive care</td>
<td>Ongoing</td>
<td>Ongoing</td>
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<tr>
<td>Participation in a systematic clinical database registry for general surgery</td>
<td>2012 Data Reported 2013</td>
<td>FY 2014</td>
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<tr>
<td>Safe Surgery checklist use</td>
<td>2014 Data Reported 2015</td>
<td>FY 2016</td>
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</tbody>
</table>

#### Patients’ Experience of Care

| HCAHPS survey | Ongoing | Ongoing 2 items + 1 measure added FY 2015 | July 2011 | FY 2013 |

To begin the alignment of quality measure reporting under the Hospital IQR and Medicare EHR Incentive Programs, CMS is proposing to give hospitals two options to meet FY 2016 IQR reporting requirements for the VTE, Stroke, ED and PC measure sets. These four sets are included in both programs. The proposal states, “Under the Hospital IQR Program for the FY 2016 payment determination, hospitals may choose to either (1) electronically report at least one quarter of CY 2014 quality measure data for each measure in each of four Hospital IQR measure sets (STK, VTE, ED and PC), or (2) to continue reporting all of these measures using chart-abstracted data for all four quarters of CY 2014.”

### Claims Based Measures Calculated by CMS (Inpatient)

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>HIQRP</th>
<th>VBP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting effective date</td>
<td>Affects APU</td>
<td>Reporting effective date</td>
</tr>
</tbody>
</table>

#### Mortality Measures (Medicare Patients)

- **AMI 30-day mortality rate**: Ongoing | Ongoing | 7/1/11 | 2014
- **Heart Failure (HF) 30-day mortality rate**: Ongoing | Ongoing | 7/1/11 | 2014
- **Pneumonia (PN) 30-day mortality rate**: Ongoing | Ongoing | 7/1/11 | 2014
- **COPD 30-day risk-standardized mortality rate**: Ongoing | Ongoing | 7/1/11 | 2014
- **Stroke 30-day risk-standardized mortality rate**: Ongoing | FY 2016

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**Proposed for FY 2015**
**Proposed for FY 2016**
**Proposed for FY 2017**
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**Proposed for CY 2016 or PY 2016**
## Readmission Measures (Medicare Patients)

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<tr>
<th>Measure</th>
<th>2015</th>
<th>2016</th>
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<tbody>
<tr>
<td>AMI 30-day risk standardized readmission</td>
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<tr>
<td>Heart Failure (HF) 30-day risk standardized readmission</td>
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<td>Ongoing</td>
</tr>
<tr>
<td>Pneumonia (PN) 30-day risk standardized readmission</td>
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<tr>
<td>30-day risk standardized readmission following total hip/knee arthroplasty</td>
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<tr>
<td>Hospital-wide all-cause unplanned readmission (HWR)</td>
<td>FY 2015</td>
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<tr>
<td>COPD 30-day risk standardized readmission</td>
<td>FY 2016</td>
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</tr>
<tr>
<td>Stroke 30-day risk standardized readmission</td>
<td>FY 2016</td>
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## Surgical Complications

<table>
<thead>
<tr>
<th>Measure</th>
<th>Fiscal Year</th>
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</thead>
<tbody>
<tr>
<td>Hip/Knee Complication: Hospital-level risk standardized complication rate (RSCR) following elective primary total hip arthroplasty and total knee arthroplasty</td>
<td>FY 2015</td>
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</table>

## AHRQ Measures

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<th>End Date</th>
<th>Fiscal Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSI 06 Iatrogenic pneumothorax, adult</td>
<td>End 2012</td>
<td>Remove after FY 2014</td>
</tr>
<tr>
<td>PSI 11 Post operative respiratory failure</td>
<td>End 2012</td>
<td>Remove after FY 2014</td>
</tr>
<tr>
<td>PSI 12 Post operative PE or DVT</td>
<td>End 2012</td>
<td>Remove after FY 2014</td>
</tr>
<tr>
<td>PSI 14 Post operative wound dehiscence</td>
<td>End 2012</td>
<td>Remove after FY 2014</td>
</tr>
<tr>
<td>PSI 15 Accidental puncture or laceration</td>
<td>End 2012</td>
<td>Remove after FY 2014</td>
</tr>
<tr>
<td>IQI 11 Abdominal aortic aneurysm (AAA) mortality rate (with or without volume)</td>
<td>End 2012</td>
<td>Remove after FY 2014</td>
</tr>
<tr>
<td>IQI 19 Hip fracture mortality rate</td>
<td>End 2012</td>
<td>Remove after FY 2014</td>
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<tr>
<td>PSI 90 Complication/patient safety for selected indicators (composite)</td>
<td>Ongoing</td>
<td>10/15/2012 FY 2015</td>
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<tr>
<td>IQI 91 Mortality for selected medical conditions (composite)</td>
<td>End 2012</td>
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## AHRQ and Nursing Sensitive Care

<table>
<thead>
<tr>
<th>Measure</th>
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<tbody>
<tr>
<td>Death among surgical inpatients with serious, treatable complications</td>
<td>Ongoing</td>
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</table>

## Hospital Acquired Conditions

<table>
<thead>
<tr>
<th>Measure</th>
<th>Fiscal Year</th>
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<tbody>
<tr>
<td>Foreign object retained after surgery</td>
<td>End 2012</td>
</tr>
<tr>
<td>Air embolism</td>
<td>End 2012</td>
</tr>
<tr>
<td>Blood incompatibility</td>
<td>End 2012</td>
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</table>

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Proposed for FY 2015
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Proposed for FY 2017
Proposed for FY 2018
Proposed for CY 2015
Proposed for CY 2016 or FY 2016
### Current and Proposed Quality Measures for Reporting in 2013 through 2018

*Revised 7/19/2013*

<table>
<thead>
<tr>
<th>Measure</th>
<th>End Date</th>
<th>Removal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure Ulcer stages III &amp; IV</td>
<td>End 2012</td>
<td>Remove after FY 2014</td>
</tr>
<tr>
<td>Falls and Trauma (Includes: fracture, dislocation, intracranial injury, crushing injury, burn, electric shock)</td>
<td>End 2012</td>
<td>Remove after FY 2014</td>
</tr>
<tr>
<td>Vascular catheter-associated infection</td>
<td>End 2012</td>
<td>Remove after FY 2014</td>
</tr>
<tr>
<td>Catheter-associated urinary tract infection (UTI)</td>
<td>End 2012</td>
<td>Remove after FY 2014</td>
</tr>
<tr>
<td>Manifestations of poor glycemic control</td>
<td>End 2012</td>
<td>Remove after FY 2014</td>
</tr>
</tbody>
</table>

### Cost Efficiency

<table>
<thead>
<tr>
<th>Measure</th>
<th>End Date</th>
<th>Removal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare spending per beneficiary</td>
<td>05/15/2012</td>
<td>FY2014</td>
</tr>
<tr>
<td>AMI payment per episode of care</td>
<td></td>
<td>FY 2016</td>
</tr>
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</table>

*HITECH Meaningful Use 2014 and forward: Participate in 16 measures from a menu of 29 measures*
### OUTPATIENT Current and Proposed

**Measures Collected and Submitted by Hospital**

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>Reporting effective date</th>
<th>Affects APU</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cardiac Care (AMI and CP) Measures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OP-1 Median time to fibrinolysis</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td>OP-2 Fibrinolytic therapy received within 30 minutes of ED arrival</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td>OP-3 Median time to transfer to another facility for acute coronary intervention</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td>OP-4 Aspirin at arrival</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td>OP-5 Median time to ECG</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td><strong>ED Throughput</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OP-18 Median time from ED arrival to ED departure for discharged ED patients</td>
<td>Jan 2012</td>
<td>CY 2013</td>
</tr>
<tr>
<td>OP-19 Transition record with specified elements received by discharged patients</td>
<td>Suspended Remove after CY 2013</td>
<td>Suspended Remove after CY2014</td>
</tr>
<tr>
<td>OP-20 Door to diagnostic evaluation by a qualified medical professional</td>
<td>Jan 2012</td>
<td>CY 2013</td>
</tr>
<tr>
<td><strong>Pain Management</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OP-21 Median time to pain management for long bone fracture</td>
<td>Jan 2012</td>
<td>CY 2013</td>
</tr>
<tr>
<td><strong>Stroke</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OP-23 Head CT or MRI scan results for acute ischemic stroke or hemorrhagic stroke patients who received head CT or MRI scan interpretation within 45 minutes of ED arrival</td>
<td>Jan 2012</td>
<td>CY 2013</td>
</tr>
<tr>
<td><strong>Surgery Measures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OP-6 Timing of antibiotic prophylaxis</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td>OP-7 Prophylactic antibiotic selection for surgical patients</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td><strong>Other Chart-Abstracted Measures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OP-24 Cardiac rehabilitation Patient Referral From an Outpatient Setting</td>
<td>Jan 2014 Remove after 2013</td>
<td>CY2015 Remove after CY 2014</td>
</tr>
<tr>
<td><strong>Chart-Abstracted Measures with Data Collection by Web-Based Tool (QualityNet)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OP-22 ED patient left without being seen</td>
<td>Jan-Jun 2012 Data Reported Jul-Aug 2012</td>
<td>CY 2013</td>
</tr>
<tr>
<td><strong>OP-28 Complications within 30 days following cataract surgery requiring additional surgical procedures</strong></td>
<td>CY 2014 Data Reported in 2015</td>
<td>CY 2016</td>
</tr>
</tbody>
</table>

*HITECH Meaningful Use 2014 and forward: Participate in 16 measures from a menu of 29 measures*

- Proposed for FY 2015
- Proposed for FY 2016
- Proposed for FY 2017
- Proposed for FY 2018
- Proposed for FY 2019
- Proposed for CY 2015
- Proposed for CY 2016 or PY 2016
### Current and Proposed Quality Measures for Reporting in 2013 through 2018

**Revised 7/19/2013**

**OP-29 Endoscopy/Poly surveillance: Appropriate follow-up interval for normal colonoscopy in average risk patients**
- CY 2014 Data Reported in 2015
- CY 2016

**OP-30 Endoscopy/Poly Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use**
- CY 2014 Data Reported in 2015
- CY 2016

**OP-31 Cataracts – Improvement in patients’ visual function within 90 days following cataract surgery**
- CY 2014 Data Reported in 2015
- CY 2016

#### Measures Reported via NHSN

**OP-27 Influenza vaccination coverage among healthcare personnel**
- CY 2016

#### Structural Measures

**OP-12 The ability for providers with health information technology (HIT) to receive laboratory data electronically directly into their qualified/certified electronic health record (EHR) system as discrete searchable data**
- Jan- Jun 2011 Data Reported Jul-Aug 2011
- CY 2012

**OP-17 Tracking clinical results between visits**
- Jan-Jun 2012 Data Reported Jul-Aug 2012
- CY 2013

**OP-25 Safe Surgery Checklist Use**
- 2012 Data Reported in 2013
- CY 2014

**Op-26 Hospital Outpatient Volume Data on Selected Outpatient Surgical Procedures**
- 2012 Data Reported in 2013
- CY 2014

### Claims Based Measures Calculated by CMS (Outpatient)

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>Reporting effective date</th>
<th>Affects APU</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Imaging Efficiency Measures</strong></td>
<td></td>
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</tr>
<tr>
<td>OP-8 MRI lumbar spine for low back pain</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td>OP-9 Mammography follow-up rates</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td>OP-10 Abdomen computed tomography (CT) use of contrast material</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td>OP-11 Thorax CT use of contrast material</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td>OP-13 Cardiac imaging for preoperative risk assessment for non-cardiac low-risk surgery</td>
<td>CY 2010</td>
<td>CY 2012</td>
</tr>
<tr>
<td>OP-14 Simultaneous use of brain CT and sinus CT</td>
<td>CY 2010</td>
<td>CY 2012</td>
</tr>
<tr>
<td>OP-15 Use of brain CT in the ED for atraumatic headache</td>
<td>At earliest July 2013</td>
<td>At earliest CY2015</td>
</tr>
</tbody>
</table>

*HITECH Meaningful Use 2014 and forward: Participate in 16 measures from a menu of 29 measures

Proposed for FY 2015
Proposed for FY 2016
Proposed for FY 2017
Proposed for FY 2018
Proposed for CY 2015
Proposed for CY 2016 or PY 2016
## AMBULATORY SURGERY CENTER  
### Current and Proposed

#### Measures Collected and Submitted by Hospital

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>Reporting effective date</th>
<th>Affects APU</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chart-Abstracted Measures Reported Through Quality Data Codes on Part B Claims</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASC-1 Patient Burn</td>
<td>Oct 2012</td>
<td>CY 2014</td>
</tr>
<tr>
<td>ASC-2 Patient Fall</td>
<td>Oct 2012</td>
<td>CY 2014</td>
</tr>
<tr>
<td>ASC-3 Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant</td>
<td>Oct 2012</td>
<td>CY 2014</td>
</tr>
<tr>
<td>ASC-4 Hospital Transfer/Admission</td>
<td>Oct 2012</td>
<td>CY 2014</td>
</tr>
<tr>
<td><strong>Chart-Abstracted Measures with Data Collection by Web-Based Tool (QualityNet)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complications within 30 days following cataract surgery requiring additional surgical procedures</td>
<td>CY 2014 Data Reported in 2015</td>
<td>CY 2016</td>
</tr>
<tr>
<td>Endoscopy/Poly surveillance: Appropriate follow-up interval for normal colonoscopy in average risk patients</td>
<td>CY 2014 Data Reported in 2015</td>
<td>CY 2016</td>
</tr>
<tr>
<td>Endoscopy/Poly Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use</td>
<td>CY 2014 Data Reported in 2015</td>
<td>CY 2016</td>
</tr>
<tr>
<td>Cataracts – Improvement in patient’s visual function within 90 days following cataract surgery</td>
<td>CY 2014 Data Reported in 2015</td>
<td>CY 2016</td>
</tr>
<tr>
<td><strong>Healthcare Associated Infections Reported to NHSN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Structural Measures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASC-6 Safe Surgery Checklist Use</td>
<td>2012 Data Reported in 2013</td>
<td>2015</td>
</tr>
<tr>
<td>ASC-7 ASC Facility Volume Data on Selected ASC Surgical Procedures</td>
<td>2012 Data Reported in 2013</td>
<td>2015</td>
</tr>
</tbody>
</table>

*HITECH Meaningful Use 2014 and forward: Participate in 16 measures from a menu of 29 measures

**Proposed for FY 2015**

**Proposed for FY 2016**

**Proposed for FY 2017**

**Proposed for FY 2018**

**Proposed for CY 2015**

**Proposed for CY 2016 or CY 2016**
## Current and Proposed Quality Measures for Reporting in 2013 through 2018

**Revised 7/19/2013**

### Long-Term Care Hospital: Current and Proposed Measures Collected and Submitted by Hospital

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>Reporting effective date</th>
<th>Affects APU</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chart-Abstracted Measures Reported Using the LTCH CARE Data Set (QIES ASAP)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of patients with new or worsened pressure ulcers</td>
<td>Oct 2012</td>
<td>FY 2014</td>
</tr>
<tr>
<td>Percent of Residents or Patients with Pressure Ulcers that are New or Worsened (Short-Stay)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>name change proposed for FY2015</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of nursing home residents who were assessed and appropriately given the seasonal</td>
<td>Jan 2014</td>
<td>FY 2016</td>
</tr>
<tr>
<td>Influenza Vaccine (Short-Stay)</td>
<td>Apr 2014</td>
<td></td>
</tr>
<tr>
<td>Percent of Residents Experiencing One or More Falls with Major Injury</td>
<td>Jan 2016</td>
<td>FY 2018</td>
</tr>
<tr>
<td><strong>Healthcare Associated Infections Reported to NHSN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza Vaccination coverage among healthcare personnel</td>
<td>Jan 2014</td>
<td>FY 2016</td>
</tr>
<tr>
<td>Oct 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility-Wide Inpatient Hospital-onset MRSA Bacteremia Outcome Measure</td>
<td>Jan 2015</td>
<td>FY 2017</td>
</tr>
<tr>
<td>Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure</td>
<td>Jan 2015</td>
<td>FY 2017</td>
</tr>
</tbody>
</table>

### Claims Based Measures Calculated by CMS (Long-Term Care Hospitals)

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>Reporting effective date</th>
<th>Affects APU</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Readmission Measures (Medicare Patients)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All-cause Unplanned Readmission Measure for 30 days Post-Discharge from Long-term Care Hospitals</td>
<td>Jan 2013</td>
<td>FY 2017</td>
</tr>
</tbody>
</table>

*HITECH Meaningful Use 2014 and forward: Participate in 16 measures from a menu of 29 measures

Proposed for FY 2015
Proposed for FY 2016
Proposed for FY 2017
Proposed for FY 2018
Proposed for CY 2015
Proposed for CY 2016 or PY 2016
## INPATIENT PSYCHIATRIC FACILITIES  
### Current and Proposed Measures for Reporting in 2013 through 2018  
Revised 7/19/2013

#### Measures Collected and Submitted by Hospital

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>Reporting effective date</th>
<th>Affects APU</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital Based Inpatient Psychiatric Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HBIPS-2 Hours of physical restraint use</td>
<td>Oct 2012</td>
<td>FY 2014</td>
</tr>
<tr>
<td>HBIPS-3 Hours of seclusion use</td>
<td>Oct 2012</td>
<td>FY 2014</td>
</tr>
<tr>
<td>HBIPS-4 Patients discharged on multiple antipsychotic medications</td>
<td>Oct 2012</td>
<td>FY 2014</td>
</tr>
<tr>
<td>HBIPS-5 Patients discharged on multiple antipsychotic medications with appropriate justification</td>
<td>Oct 2012</td>
<td>FY 2014</td>
</tr>
<tr>
<td>HBIPS-6 Post-discharge continuing care plan created</td>
<td>Oct 2012</td>
<td>FY 2014</td>
</tr>
<tr>
<td>HBIPS-7 Post-discharge continuing care plan transmitted to next level of care provider upon discharge</td>
<td>Oct 2012</td>
<td>FY 2014</td>
</tr>
<tr>
<td>SUB-1 Alcohol Use Screening</td>
<td>Jan 2014</td>
<td>FY 2016</td>
</tr>
<tr>
<td>SUB-4 Alcohol &amp; Drug Use: Assessing Status After Discharge</td>
<td>Jan 2014</td>
<td>FY 2016</td>
</tr>
<tr>
<td>Follow-up After Hospitalization for Mental Illness</td>
<td>Jan 2014</td>
<td>FY 2016</td>
</tr>
</tbody>
</table>

*HITECH Meaningful Use 2014 and forward: Participate in 16 measures from a menu of 29 measures

**Proposed for FY 2015**
**Proposed for FY 2016**
**Proposed for FY 2017**
**Proposed for FY 2018**
**Proposed for CY 2015**
**Proposed for CY 2016 or PY 2016**
### INPATIENT REHABILITATION FACILITY  Current and Proposed Measures Collected and Submitted by Hospital

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>Reporting effective date</th>
<th>Affects APU</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chart-Abstracted Measures Reported Through IRF-Patient Assessment Instrument (IRF-PAI)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of Residents or Patients with Pressure Ulcers That are New or Worsened (Short-Stay) NQF#0678</td>
<td>Oct 2014</td>
<td>FY 2017</td>
</tr>
<tr>
<td>Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF#0680)</td>
<td>Oct 2014</td>
<td>FY 2017</td>
</tr>
<tr>
<td><strong>Quality Measures Reported to NHSN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza Vaccination Coverage among Healthcare Personnel (NQF#0431)</td>
<td>Oct 2014</td>
<td>FY 2016</td>
</tr>
</tbody>
</table>

### Claims Based Measures Calculated by CMS (Inpatient Rehab Facilities)

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>Reporting effective date</th>
<th>Affects APU</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Readmission Measures (Medicare Patients)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities</td>
<td>Reported in CY 2016 using CY 2013 and CY 2014 claims data</td>
<td>FY 2017</td>
</tr>
</tbody>
</table>

*HITECH Meaningful Use 2014 and forward: Participate in 16 measures from a menu of 29 measures

Proposed for FY 2015
Proposed for FY 2016
Proposed for FY 2017
Proposed for FY 2018
Proposed for CY 2015
Proposed for CY 2016 or PY 2016
## END-STAGE RENAL DISEASE FACILITY  
### Current and Proposed

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>Reporting effective date</th>
<th>Affects Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Associated Infections Reported through NHSN</td>
<td></td>
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</tr>
<tr>
<td>Measures Reported through CROWNWeb</td>
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<tr>
<td>Mineral Metabolism</td>
<td>2012</td>
<td>PY 2014</td>
</tr>
<tr>
<td>Proportion of patients with hypercalcemia (NQF#1454)</td>
<td>2014</td>
<td>PY 2016</td>
</tr>
<tr>
<td>Use of iron therapy for pediatric patients</td>
<td>2014</td>
<td>PY 2016</td>
</tr>
<tr>
<td>Comorbidity Reporting</td>
<td>2014</td>
<td>PY 2016</td>
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</table>

### Claims Based Measures Calculated by CMS

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>Reporting effective date</th>
<th>Affects Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Measures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hemoglobin greater than 12g/dL</td>
<td>Jan 2010</td>
<td>PY 2012</td>
</tr>
<tr>
<td>URR hemodialysis adequacy</td>
<td>Jan 2010</td>
<td>PY 2012 Remove after PY2014</td>
</tr>
<tr>
<td>Hemodialysis Vascular Access-Maximizing Placement of AVF (NQF#0257)</td>
<td>Jan 2012</td>
<td>PY 2014</td>
</tr>
<tr>
<td>Hemodialysis Vascular Access-Minimizing use of Catheters as Chronic Dialysis Access (NQF#0256)</td>
<td>Jan 2012</td>
<td>PY 2014</td>
</tr>
<tr>
<td>Hemodialysis Adequacy – Minimum Delivered Hemodialysis Dose (NQF#0249)</td>
<td>CY 2013</td>
<td>PY 2015</td>
</tr>
<tr>
<td>Peritoneal Dialysis Adequacy –Delivered Dose of Peritoneal Dialysis Above Minimum (NQF#0318)</td>
<td>CY 2013</td>
<td>PY 2015</td>
</tr>
</tbody>
</table>

*HITECH Meaningful Use 2014 and forward: Participate in 16 measures from a menu of 29 measures

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**Proposed for FY 2015**
**Proposed for FY 2016**
**Proposed for FY 2017**
**Proposed for FY 2018**
**Proposed for CY 2015**
**Proposed for CY 2016 or PY 2016**
### Reporting Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>CY 2013</th>
<th>PY 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum spKt/V for Pediatric Hemodialysis Patients (NQF#1423)</td>
<td>CY 2013</td>
<td>PY 2015</td>
</tr>
<tr>
<td>Anemia Management</td>
<td>CY 2013</td>
<td>PY 2015</td>
</tr>
</tbody>
</table>

*HITECH Meaningful Use 2014 and forward: Participate in 16 measures from a menu of 29 measures*

**Proposed for FY 2015**

**Proposed for FY 2016**

**Proposed for FY 2017**

**Proposed for FY 2018**

**Proposed for CY 2015**

**Proposed for CY 2016 or PY 2016**
**PPS – EXEMPT CANCER HOSPITALS**  
**Current and Proposed Measures Collected and Submitted by Facility**

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>Reporting effective date</th>
<th>Affects Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjuvant Chemotherapy is considered or administered within 4 months (120 days) of surgery to patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer</td>
<td>Jan 2013</td>
<td>FY 2014</td>
</tr>
<tr>
<td>Combination Chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c, or Stage II or III hormone receptor negative Breast Cancer</td>
<td>Jan 2013</td>
<td>FY 2014</td>
</tr>
<tr>
<td>Adjuvant Hormonal Therapy</td>
<td>Jan 2013</td>
<td>FY 2014</td>
</tr>
<tr>
<td>Multiple Myeloma-Treatment with Bisphosphonates</td>
<td>Jan 2015</td>
<td>FY 2016</td>
</tr>
<tr>
<td>Oncology-Radiation Dose Limits to Normal Tissues</td>
<td>Jan 2015</td>
<td>FY 2016</td>
</tr>
<tr>
<td>Oncology: Plan of Care for Pain</td>
<td>Jan 2015</td>
<td>FY 2016</td>
</tr>
<tr>
<td>Oncology: Pain Intensity Quantified</td>
<td>Jan 2015</td>
<td>FY 2016</td>
</tr>
<tr>
<td>Prostate Cancer-Adjuvant Hormonal Therapy for High-Risk Patients</td>
<td>Jan 2015</td>
<td>FY 2016</td>
</tr>
<tr>
<td>Prostate Cancer-Avoidance of Overuse Measure-Bone Scan for Staging Low-Risk Patients</td>
<td>Jan 2015</td>
<td>FY 2016</td>
</tr>
<tr>
<td>Surgical Care Improvement Project (SCIP)</td>
<td></td>
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</tr>
<tr>
<td>Prophylactic antibiotic received within 1 hour prior to surgical incision</td>
<td>Jan 2015</td>
<td>FY 2016</td>
</tr>
<tr>
<td>Prophylactic antibiotic selection for surgical patients</td>
<td>Jan 2015</td>
<td>FY 2016</td>
</tr>
<tr>
<td>Prophylactic antibiotics discontinued within 24 hours after surgery end time</td>
<td>Jan 2015</td>
<td>FY 2016</td>
</tr>
<tr>
<td>Postoperative urinary catheter removal on post operative day 1 or 2</td>
<td>Jan 2015</td>
<td>FY 2016</td>
</tr>
<tr>
<td>Surgery patients on beta blocker therapy prior to admission who received a beta blocker during the perioperative period</td>
<td>Jan 2015</td>
<td>FY 2016</td>
</tr>
<tr>
<td>Surgery patients who received appropriate VTE prophylaxis within 24 hrs prior to surgery to 24 hrs after surgery end time</td>
<td>Jan 2015</td>
<td>FY 2016</td>
</tr>
</tbody>
</table>

*HITECH Meaningful Use 2014 and forward: Participate in 16 measures from a menu of 29 measures

**Proposed for FY 2015**
**Proposed for FY 2016**
**Proposed for FY 2017**
**Proposed for FY 2018**
**Proposed for CY 2015**
**Proposed for CY 2016 or PY 2016**
<table>
<thead>
<tr>
<th>Patients’ Experience of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCAHPS survey</td>
</tr>
<tr>
<td>Healthcare Associated Infections Reported through NHSN</td>
</tr>
<tr>
<td>Catheter Associated Urinary Tract Infection</td>
</tr>
<tr>
<td>Central Line Associated Bloodstream Infection</td>
</tr>
<tr>
<td>Surgical Site Infection</td>
</tr>
</tbody>
</table>

Prepared by the Indiana Hospital Association
7/19/2013

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