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### INPATIENT Current

#### Measures Collected and Submitted by Hospital

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>HIQRP</th>
<th>VBP</th>
<th>HITECH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acute Myocardial Infarction (AMI)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMI-1 Aspirin at arrival</td>
<td>Currently suspended</td>
<td>Remove after FY 2016</td>
<td></td>
</tr>
<tr>
<td>AMI-2 Aspirin prescribed at discharge</td>
<td>Jan 2015</td>
<td>FY 2017 Voluntary eCQM</td>
<td>2014</td>
</tr>
<tr>
<td>AMI-3 ACEI or ARB for LVSD</td>
<td>Currently suspended</td>
<td>Remove after FY 2016</td>
<td></td>
</tr>
<tr>
<td>AMI-5 Beta blocker prescribed at discharge</td>
<td>Currently suspended</td>
<td>Remove after FY 2016</td>
<td></td>
</tr>
<tr>
<td>AMI-7a Fibrinolytic (thrombolytic) agent received within 30 minutes of hospital arrival</td>
<td>Ongoing</td>
<td>Ongoing</td>
<td>July 2011 FY 2013 2014</td>
</tr>
<tr>
<td>AMI-10 Statin prescribed at discharge</td>
<td>Jan 2015</td>
<td>FY 2017 Voluntary eCQM</td>
<td>2014</td>
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<tr>
<td><strong>Emergency Department (ED)</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>ED-1 Median time from ED arrival to ED departure for admitted ED Patients</td>
<td>Jan 2012</td>
<td>FY 2014</td>
<td>Stage 1 and 2014</td>
</tr>
<tr>
<td>ED-2 Admit decision time to ED departure time for admitted patients</td>
<td>Jan 2012</td>
<td>FY 2014</td>
<td>Stage 1 and 2014</td>
</tr>
<tr>
<td>ED-3 Median time from ED arrival to ED departure for discharged ED patients</td>
<td></td>
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<td>2014</td>
</tr>
<tr>
<td><strong>Immunization</strong></td>
<td></td>
<td></td>
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</table>

*HITECH Meaningful Use 2014 and forward: Participate in 16 measures from a menu of 29 measures Proposed for FY 2017 APU*
### Current and Proposed Quality Measures for Reporting in 2014 through 2019

*Revised 08/22/2014*

<table>
<thead>
<tr>
<th>Heart Failure (HF)</th>
<th>End after Dec 2013</th>
<th>Remove after FY 2015</th>
<th>End after Dec 2013</th>
<th>Remove after FY 2015</th>
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<tbody>
<tr>
<td>HF-1 Discharge instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>HF-2 Left ventricular function assessment</td>
<td>Ongoing End after Dec 2014</td>
<td>Ongoing Remove after FY 2016</td>
<td></td>
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</tr>
<tr>
<td>HF-3 ACEI or ARB for left ventricular systolic dysfunction</td>
<td>End after Dec 2013</td>
<td>Remove after FY 2015</td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</tr>
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<tbody>
<tr>
<td>PN-3b Blood culture performed before first antibiotic received in hospital</td>
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<td></td>
<td></td>
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<tr>
<td>PN-6 Appropriate initial antibiotic selection</td>
<td>Ongoing Chart abstraction to end after 12/31/2014</td>
<td>Ongoing Change to Voluntary eCQm FY 2017</td>
<td>July 2011 End after Dec 2014</td>
<td>FY 2013 Remove after FY 2016</td>
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<table>
<thead>
<tr>
<th>Sepsis and Septic Shock</th>
<th>Jan 2015 Suspended</th>
<th>FY2017? Suspended</th>
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<tbody>
<tr>
<td>Severe Sepsis and Septic Shock: Management Bundle Measure</td>
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<table>
<thead>
<tr>
<th>Stroke</th>
<th>Jan 2013</th>
<th>FY2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>STK-1 VTE Prophylaxis for patients with ischemic or hemorrhagic stroke</td>
<td></td>
<td></td>
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<tr>
<td>STK-2 Ischemic stroke patients discharged on antithrombotic therapy</td>
<td>Jan 2013 Chart abstraction to end after 12/31/2014</td>
<td>FY2015 Change to Voluntary eCQm FY 2017</td>
</tr>
<tr>
<td>STK-3 Anticoagulation therapy for atrial fibrillation/flutter</td>
<td>Jan 2013 Chart abstraction to end after 12/31/2014</td>
<td>FY 2015 Change to Voluntary eCQm FY 2017</td>
</tr>
<tr>
<td>STK-4 Thrombolytic Therapy for Acute ischemic stroke patients</td>
<td>Jan 2013</td>
<td>FY2015</td>
</tr>
<tr>
<td>STK-5 Antithrombotic therapy by the end of hospital day two</td>
<td>Jan 2013 Chart abstraction to end after 12/31/2014</td>
<td>FY2015 Change to Voluntary eCQm 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 2017 APU*
<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Start Date</th>
<th>Reporting Year</th>
<th>Stage 1 and 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>STK-6 Discharged on statin medication</td>
<td>Jan 2013</td>
<td>FY2015</td>
<td></td>
</tr>
<tr>
<td>STK-8 Stroke education</td>
<td>Jan 2013</td>
<td>FY2015</td>
<td></td>
</tr>
<tr>
<td>STK-10 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>Reporting Year</th>
<th>Stage 1 and 2014</th>
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</thead>
<tbody>
<tr>
<td>SCIP-Infection-1 Prophylactic antibiotic received within 1 hour prior to surgical incision</td>
<td>Ongoing</td>
<td>Ongoing</td>
<td>July 2011 End after Dec 2013 FY 2013 Remove after FY 2015 2014</td>
</tr>
<tr>
<td>SCIP-Infection-4 Cardiac surgery patients with controlled 6AM postoperative serum glucose 01/2014 revise to controlled glucose 18-24 hours post-cardiac surgery</td>
<td>Ongoing</td>
<td>Ongoing</td>
<td>July 2011 End after Dec 2013 FY 2013 Remove after FY 2015 2014</td>
</tr>
<tr>
<td>SCIP-Infection-6 Surgery patients with appropriate hair removal</td>
<td>Currently suspended</td>
<td>Remove after FY 2016</td>
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<tr>
<td>SCIP-Infection-9 Postoperative urinary catheter removal on post operative day 1 or 2</td>
<td>Ongoing Chart abstraction to end after Dec 2014 discharges</td>
<td>Ongoing Change to Voluntary eCQm FY 2017</td>
<td>April 2012 End after Dec 2014 discharges FY2014 Remove after FY 2016 2014</td>
</tr>
<tr>
<td>SCIP-Infection-10 Perioperative temperature management</td>
<td>End after Dec 2013</td>
<td>Remove after FY 2015</td>
<td></td>
</tr>
<tr>
<td>SCIP-Cardiovascular-2 Surgery patients on a beta blocker prior to arrival who received a beta blocker during the perioperative period</td>
<td>Ongoing End after Dec 2014 discharges</td>
<td>Ongoing Remove after FY 2016</td>
<td>July 2011 End after Dec 2014 discharges FY 2013 Remove after FY 2016 2014</td>
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</table>

*HITECH Meaningful Use 2014 and forward: Participate in 16 measures from a menu of 29 measures
Proposed for FY 2017 APU
<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Start Date</th>
<th>End Date</th>
<th>Remove Date</th>
<th>Remove Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCIP-VTE-1 Venous thromboembolism (VTE) prophylaxis ordered for surgery patients</td>
<td>Jan 2013</td>
<td>End after 12/31/2012</td>
<td>Remove after FY 2014</td>
<td>End after 12/31/2012 Remove after FY 2014</td>
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</table>

### Venous Thromboembolism (VTE)

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Start Date</th>
<th>End Date</th>
<th>Remove Date</th>
<th>Remove Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>VTE-1 Venous thromboembolism Prophylaxis</td>
<td>Jan 2013</td>
<td>FY 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VTE-2 Intensive care unit venous thromboembolism prophylaxis</td>
<td>Jan 2013</td>
<td>FY 2015</td>
<td></td>
<td></td>
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<tr>
<td>VTE-3 Venous thromboembolism patients with anticoagulation overlap therapy</td>
<td>Jan 2013</td>
<td>FY 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VTE-4 Venous thromboembolism patients receiving unfractionated heparin with dosages/platelet count monitoring by protocol or nomogram</td>
<td>Jan 2013 Chart abstraction to end after Dec 2014 discharges</td>
<td>FY 2015 Change to Voluntary eCQM FY 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VTE-5 Venous thromboembolism discharge instructions</td>
<td>Jan 2013</td>
<td>FY 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VTE-6 Incidence of potentially-preventable venous thromboembolism</td>
<td>Jan 2013</td>
<td>FY 2015</td>
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</tbody>
</table>

### Perinatal Care (PC)

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Start Date</th>
<th>End Date</th>
<th>Remove Date</th>
<th>Remove Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC-05 Exclusive breast milk feeding</td>
<td>Jan 2015</td>
<td>FY 2017 Voluntary eCQM</td>
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</table>

### Pediatric Measures

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Start Date</th>
<th>End Date</th>
<th>Remove Date</th>
<th>Remove Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home management plan of care document given to pediatric asthma patient/caregiver</td>
<td>Jan 2015</td>
<td>FY 2017 Voluntary eCQM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy term newborn</td>
<td>Jan 2015</td>
<td>FY 2017 Voluntary eCQM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing screening prior to hospital discharge for newborns</td>
<td>Jan 2015</td>
<td>FY 2017 Voluntary eCQM</td>
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</table>
## Healthcare Associated Infections Reported to NHSN

<table>
<thead>
<tr>
<th>Infection</th>
<th>Start Date</th>
<th>Target Year 1</th>
<th>Target Year 2</th>
<th>Target Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand to include some non-ICU wards</td>
<td>Jan 2015</td>
<td>Expand FY 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical Site Infection</td>
<td>Jan 2012</td>
<td>FY 2014</td>
<td>Jan 2014</td>
<td>FY 2016</td>
</tr>
<tr>
<td>Expand to include some non-ICU wards</td>
<td>Jan 2015</td>
<td>Expand FY 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MRSA Bacteremia</td>
<td>Jan 2013</td>
<td>FY2015</td>
<td>Jan 2015</td>
<td>FY 2017</td>
</tr>
<tr>
<td>Clostridium Difficile (C. Diff)</td>
<td>Jan 2013</td>
<td>FY2015</td>
<td>Jan 2015</td>
<td>FY 2017</td>
</tr>
<tr>
<td>Healthcare Personnel Influenza Vaccination</td>
<td>Jan 2013</td>
<td>FY2015</td>
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</table>

## Structural Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Status 1</th>
<th>Status 2</th>
<th>Status 3</th>
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</thead>
<tbody>
<tr>
<td>Participation in a systematic database for cardiac surgery</td>
<td>Ongoing</td>
<td>Remove 2015</td>
<td>Remove FY 2016</td>
</tr>
<tr>
<td>Participation in a systematic clinical database registry for stroke care</td>
<td>Ongoing</td>
<td>Ongoing</td>
<td>Remove FY 2015</td>
</tr>
<tr>
<td>Participation in a systematic clinical database registry for nursing sensitive care</td>
<td>Ongoing</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Participation in a systematic clinical database registry for general surgery</td>
<td>2012 Data Reported 2013</td>
<td>FY 2014</td>
<td></td>
</tr>
<tr>
<td>Safe Surgery checklist use</td>
<td>2014 Data Reported 2015</td>
<td>FY 2016</td>
<td></td>
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</table>

## Patients’ Experience of Care

<table>
<thead>
<tr>
<th>Measure</th>
<th>Status 1</th>
<th>Status 2</th>
<th>Status 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCAHPS survey</td>
<td>Ongoing</td>
<td>Ongoing 2 items + 1 measure added FY 2015</td>
<td>July 2011</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>FY 2013</td>
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</table>

To begin the alignment of quality measure reporting under the Hospital IQR and Medicare EHR Incentive Programs, CMS is offering 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. 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 up to 16 of the measures, or (2) continue reporting all of these measures using chart-abstracted data for all four quarters of CY 2014.

For **FY 2017 payment determination** hospitals that elect to voluntarily submit electronic measures to meet the Hospital IQR program requirements must submit one quarter of electronic clinical quality measure data from Q1, Q2, or Q3 of CY 2015. Hospitals must use the 2014 version of the measure specifications and submit 16 measures covering three NQS domains from the 28 available electronically specified measures.
# Claims Based Measures Calculated by CMS (Inpatient)

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>HIQRP</th>
<th>VBP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mortality Measures (Medicare Patients)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital 30-day, all-cause, risk-standardized mortality rate following AMI hospitalization for patients 18 and older</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Hospital 30-day, all-cause, risk-standardized mortality rate following heart failure hospitalization for patients 18 and older</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Hospital 30-day, all-cause, risk-standardized mortality rate following pneumonia hospitalization</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Hospital 30-day, all-cause, risk-standardized mortality rate following COPD hospitalization</td>
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</tr>
<tr>
<td>Stroke 30-day mortality rate</td>
<td>FY 2016</td>
<td></td>
</tr>
<tr>
<td>Hospital 30-day, all-cause, risk-standardized mortality rate following CABG surgery</td>
<td>FY 2017</td>
<td></td>
</tr>
<tr>
<td><strong>Readmission Measures (Medicare Patients)</strong></td>
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<tr>
<td>Hospital 30-day, all-cause, risk-standardized readmission rate following AMI hospitalization</td>
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<td>Ongoing</td>
</tr>
<tr>
<td>Hospital 30-day, all-cause, risk-standardized readmission rate following heart failure hospitalization</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Hospital 30-day, all-cause, risk-standardized readmission rate following pneumonia hospitalization</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Hospital-level 30-day, all-cause, risk-standardized readmission rate following elective primary total hip/total knee arthroplasty</td>
<td>FY 2015</td>
<td></td>
</tr>
<tr>
<td>Hospital-wide all-cause unplanned readmission (HWR)</td>
<td>FY 2015</td>
<td></td>
</tr>
<tr>
<td>Hospital 30-day, all-cause, risk-standardized readmission rate following COPD hospitalization</td>
<td>FY 2016</td>
<td></td>
</tr>
<tr>
<td>Stroke 30-day risk standardized readmission</td>
<td>FY 2016</td>
<td></td>
</tr>
<tr>
<td>Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate following CABG surgery</td>
<td>FY 2017</td>
<td></td>
</tr>
<tr>
<td><strong>Surgical Complications</strong></td>
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<tr>
<td>Hip/Knee: Hospital-level risk standardized complication rate (RSCR) following elective primary total hip/total knee arthroplasty</td>
<td>FY 2015</td>
<td>Jan 2015</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 2017 APU
### AHRQ Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>End Date</th>
<th>Remove After</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>
</tr>
<tr>
<td>PSI 90 Complication/patient safety for selected indicators (composite)</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td>IQI 91 Mortality for selected medical conditions (composite)</td>
<td>End 2012</td>
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</table>

### AHRQ and Nursing Sensitive Care

<table>
<thead>
<tr>
<th>Measure</th>
<th>End Date</th>
<th>Remove After</th>
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</thead>
<tbody>
<tr>
<td>PSI-4 Death among surgical inpatients with serious, treatable complications</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

### Hospital Acquired Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>End Date</th>
<th>Remove After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreign object retained after surgery</td>
<td>End 2012</td>
<td>Remove after FY 2014</td>
</tr>
<tr>
<td>Air embolism</td>
<td>End 2012</td>
<td>Remove after FY 2014</td>
</tr>
<tr>
<td>Blood incompatibility</td>
<td>End 2012</td>
<td>Remove after FY 2014</td>
</tr>
<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>
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</table>

### Cost Efficiency

<table>
<thead>
<tr>
<th>Measure</th>
<th>End Date</th>
<th>Remove After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare spending per beneficiary</td>
<td>05/15/2012</td>
<td>FY2014</td>
</tr>
<tr>
<td>Add RRB beneficiaries for FY 2016</td>
<td>05/15/2012</td>
<td>May 2013</td>
</tr>
<tr>
<td>AMI payment per episode of care</td>
<td></td>
<td>FY 2016</td>
</tr>
<tr>
<td>Hospital-level, risk-standardized 30-day episode-of-care payment measure for heart failure</td>
<td></td>
<td>FY 2017</td>
</tr>
<tr>
<td>Hospital-level, risk-standardized 30-day episode-of-care payment measure for pneumonia</td>
<td></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 2017 APU
# Current and Proposed Quality Measures for Reporting in 2014 through 2019

*Revised 08/22/2014*

## 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>End after 2015</td>
<td>Ongoing Remove after CY 2016</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-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>End after 2015</td>
<td>Ongoing Remove after CY 2016</td>
</tr>
<tr>
<td>OP-7 Prophylactic antibiotic selection for surgical patients</td>
<td>End after 2015</td>
<td>Ongoing Remove after CY 2016</td>
</tr>
<tr>
<td><strong>Chart-Abstracted Measures with Aggregate Data Submission 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>OP-29 Endoscopy/Poly surveillance: Appropriate follow-up interval for normal colonoscopy in average risk patients</td>
<td>April 1, 2014</td>
<td>CY 2016</td>
</tr>
<tr>
<td>OP-30 Endoscopy/Poly Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use</td>
<td>April 1, 2014</td>
<td>CY 2016</td>
</tr>
<tr>
<td>OP-31 Cataracts – Improvement in patients’ visual function within 90 days following cataract surgery</td>
<td>January 1, 2015</td>
<td>CY 2016 Remove for CY 2016 Voluntary beginning CY2017</td>
</tr>
<tr>
<td><strong>Measures Reported via NHSN</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*HITECH Meaningful Use 2014 and forward: Participate in 16 measures from a menu of 29 measures Proposed for FY 2017 APU*
### Structural Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
<th>Reporting Period</th>
<th>Reporting Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>OP-12</td>
<td>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</td>
<td>Jan-Jun 2011 Data Reported Jul-Aug 2011</td>
<td>CY 2012</td>
</tr>
<tr>
<td>OP-17</td>
<td>Tracking clinical results between visits</td>
<td>Jan-Jun 2012 Data Reported Jul-Aug 2012</td>
<td>CY 2013</td>
</tr>
<tr>
<td>OP-25</td>
<td>Safe Surgery Checklist Use</td>
<td>2012 Data Reported in 2013</td>
<td>CY 2014</td>
</tr>
<tr>
<td>OP-26</td>
<td>Hospital Outpatient Volume Data on Selected Outpatient Surgical Procedures</td>
<td>2012 Data Reported in 2013</td>
<td>CY 2014</td>
</tr>
</tbody>
</table>

### 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>Imaging Efficiency Measures</td>
<td></td>
<td></td>
</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>Deferred</td>
<td>Deferred</td>
</tr>
<tr>
<td>Endoscopy Measure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OP-32 Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy</td>
<td>CY 2015</td>
<td>CY 2017</td>
</tr>
</tbody>
</table>

*HITECH Meaningful Use 2014 and forward: Participate in 16 measures from a menu of 29 measures
Proposed for FY 2017 APU
<table>
<thead>
<tr>
<th>MEASURE</th>
<th>Reporting effective date</th>
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</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

**Chart-Abstracted Measures with Aggregate Data Submission by Web-Based Tool (QualityNet)**

<table>
<thead>
<tr>
<th>MEASURE</th>
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</thead>
<tbody>
<tr>
<td>ASC-9 Endoscopy/Poly surveillance: Appropriate follow-up interval for normal colonoscopy in average risk patients</td>
<td>April 1, 2014</td>
<td>CY 2016</td>
</tr>
<tr>
<td>ASC-10 Endoscopy/Poly Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use</td>
<td>April 1, 2014</td>
<td>CY 2016</td>
</tr>
<tr>
<td>ASC-11 Cataracts – Improvement in patient’s visual function within 90 days following cataract surgery</td>
<td>January 1, 2015</td>
<td>CY 2016 Remove for CY2016 Voluntary beginning CY 2017</td>
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</table>

**Healthcare Associated Infections Reported to NHSN**

<table>
<thead>
<tr>
<th>MEASURE</th>
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</tr>
</thead>
</table>

**Structural Measures**

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>Reporting effective date</th>
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</thead>
<tbody>
<tr>
<td>ASC-6 Safe Surgery Checklist Use</td>
<td>2012</td>
<td>2015</td>
</tr>
<tr>
<td>ASC-7 ASC Facility Volume Data on Selected ASC Surgical Procedures</td>
<td>2012</td>
<td>2015</td>
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</table>

**Claims Based Measures Calculated by CMS**

<table>
<thead>
<tr>
<th>MEASURE</th>
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</thead>
<tbody>
<tr>
<td>ASC-12 Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy</td>
<td>CY 2015</td>
<td>CY 2017</td>
</tr>
</tbody>
</table>

*HITECH Meaningful Use 2014 and forward: Participate in 16 measures from a menu of 29 measures Proposed for FY 2017 APU*
### Current and Proposed Quality Measures for Reporting in 2014 through 2019

**Revised 08/22/2014**

**LONG-TERM CARE HOSPITAL**  
**Current**

**Measures Collected and Submitted by Hospital**

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>Reporting effective date</th>
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</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 Residents or Patients with Pressure Ulcers that are New or Worsened (Short-Stay)</td>
<td>Oct 2012</td>
<td>FY 2014</td>
</tr>
<tr>
<td>Percent of residents or patients who were assessed and appropriately given the seasonal Influenza Vaccine (Short-Stay)</td>
<td>Oct 2014</td>
<td>FY 2016</td>
</tr>
<tr>
<td>Percent of Residents Experiencing One or More Falls with Major Injury</td>
<td>April 2016</td>
<td>FY 2018</td>
</tr>
<tr>
<td>Percent of LTCH Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function</td>
<td>April 2016</td>
<td>FY 2018</td>
</tr>
<tr>
<td>Change in Mobility among LTCH Patients Requiring Ventilator Support</td>
<td>April 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>Oct 2014</td>
<td>FY 2016</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>
<tr>
<td>Ventilator-Associated Event Outcome Measure</td>
<td>Jan 2016</td>
<td>FY 2018</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 LTCH</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 2017 APU
# INPATIENT PSYCHIATRIC FACILITIES  Current

## 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>TOB-1 Tobacco Use Screening</td>
<td>Jan 2015</td>
<td>FY 2017</td>
</tr>
<tr>
<td>TOB-2 Tobacco Use Treatment Provided or Offered</td>
<td>Jan 2015</td>
<td>FY 2017</td>
</tr>
<tr>
<td>IMM-2 Influenza Immunization</td>
<td>Oct 2015</td>
<td>FY 2017</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>Oct 2015</td>
<td>FY 2017</td>
</tr>
<tr>
<td><strong>Structural Measure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IPF Assessment of Patient Experience of Care Request for Voluntary Information</td>
<td>Jan 2014</td>
<td>Does not affect payment determination</td>
</tr>
<tr>
<td>Assessment of Patient Experience of Care</td>
<td>Reported Jul/Aug 2015</td>
<td>FY 2016</td>
</tr>
<tr>
<td>Use of an Electronic Health Record (EHR)</td>
<td>Reported Jul/Aug 2015</td>
<td>FY 2016</td>
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## Claims Based Measures Calculated by CMS

<table>
<thead>
<tr>
<th>MEASURE</th>
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<tbody>
<tr>
<td><strong>Clinical Quality of Care Measure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow-up After Hospitalization for Mental Illness</td>
<td>July 2013</td>
<td>FY 2016</td>
</tr>
</tbody>
</table>

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### INPATIENT REHABILITATION FACILITY  Current

#### Measures Collected and Submitted by Hospital

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>Reporting effective date</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Chart-Abstracted Measures Reported Through IRF-Patient Assessment Instrument (IRF-PAI)</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>Quality Measures Reported to NHSN</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>
<tr>
<td>NHSN Facility-wide Inpatient Hospital-Onset MRSA Bacteremia Outcome Measure (NQF1716)</td>
<td>Jan 2015</td>
<td>FY 2017</td>
</tr>
<tr>
<td>NHSN Facility-wide Inpatient Hospital-Onset Clostridium difficile Infection (CDI) Outcome Measure (NQF1717)</td>
<td>Jan 2015</td>
<td>FY 2017</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>MEASURE</th>
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</thead>
<tbody>
<tr>
<td>Readmission Measures (Medicare Patients)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities (NQF#2502)</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 2017 APU*
**END-STAGE RENAL DISEASE FACILITY**  
**Current and Proposed Quality Measures for Reporting in 2014 through 2019**  
*Revised 08/22/2014*

### Measures Collected and Submitted by Facility

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<tr>
<th>MEASURE</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Associated Infections Reported through NHSN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dialysis Event Reporting Measure replace with NHSN Bloodstream Infection in Hemodialysis Outpatients</td>
<td>2012</td>
<td>PY 2014</td>
</tr>
<tr>
<td></td>
<td>Revise Jan 2014</td>
<td>Revise PY 2016</td>
</tr>
<tr>
<td>Measures Reported through CROWNWeb</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICH CAHPS Beginning in 2014 requires submission to CMS via CMS approved ICH CAHPS survey vendor</td>
<td>2012</td>
<td>PY 2014</td>
</tr>
<tr>
<td></td>
<td>2014</td>
<td>PY 2016</td>
</tr>
<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>
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</table>

### Claims Based Measures Calculated by CMS

<table>
<thead>
<tr>
<th>MEASURE</th>
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</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 Remove after PY 2016</td>
</tr>
<tr>
<td>URR hemodialysis adequacy</td>
<td>Jan 2010</td>
<td>PY 2012 Remove after PY 2014</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>
<tr>
<td>Minimum spKt/V for Pediatric Hemodialysis Patients (NQF#1423)</td>
<td>CY 2013</td>
<td>PY 2015</td>
</tr>
<tr>
<td>Standardized Readmission Ratio</td>
<td>CY 2015</td>
<td>CY 2017</td>
</tr>
</tbody>
</table>

### Reporting Measures

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>Reporting effective date</th>
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</tr>
</thead>
<tbody>
<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 2017 APU*
## PPS – EXEMPT CANCER HOSPITALS  Current

### Measures Collected and Submitted by Facility

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<tr>
<th>MEASURE</th>
<th>Reporting effective date</th>
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</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>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>External Beam Radiotherapy for Bone Metastases</td>
<td>Jan 2015</td>
<td>FY 2017</td>
</tr>
</tbody>
</table>

### Surgical Care Improvement Project (SCIP)

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>Reporting effective date</th>
<th>Affects Reimbursement</th>
</tr>
</thead>
<tbody>
<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>

### Patients’ Experience of Care

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>Reporting effective date</th>
<th>Affects Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCAHPS survey</td>
<td>April 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 2017 APU
**Healthcare Associated Infections Reported through NHSN**

<table>
<thead>
<tr>
<th>Infection</th>
<th>Start Date</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catheter Associated Urinary Tract Infection</td>
<td>Jan 2013</td>
<td>FY 2014</td>
</tr>
<tr>
<td>Central Line Associated Bloodstream Infection</td>
<td>Jan 2013</td>
<td>FY 2014</td>
</tr>
<tr>
<td>Surgical Site Infection</td>
<td>Jan 2014</td>
<td>FY 2015</td>
</tr>
</tbody>
</table>

Prepared by the Indiana Hospital Association  
08/22/2014