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<th>HIQRP</th>
<th>VBP</th>
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<tr>
<td>Bolded measures must be manually abstracted and submitted to HQR site quarterly.</td>
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<td><strong>Emergency Department (ED)</strong></td>
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<tr>
<td>ED-2 Admit decision time to ED departure time for admitted patients eCQM</td>
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<td>Yes End reporting after CY 2023</td>
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<tr>
<td><strong>Medication-Related Adverse Events</strong></td>
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<tr>
<td>HH-01 Hospital Harm – Severe Hypoglycemia eCQM</td>
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<td>Available for reporting CY 2023</td>
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<tr>
<td>HH-02 Hospital Harm – Severe Hyperglycemia eCQM</td>
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<td>Available for reporting CY 2023</td>
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<tr>
<td><strong>Opioid-Related Measures</strong></td>
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<tr>
<td>Safe Use of Opioids - Concurrent Prescribing eCQM</td>
<td>Required CY 2022</td>
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<tr>
<td>HH-ORAE Hospital Harm - Opioid Related Adverse Events eCQM</td>
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<tr>
<td><strong>Sepsis and Septic Shock</strong></td>
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<tr>
<td>Severe Sepsis and Septic Shock: Management Bundle Measure</td>
<td>Oct 2015</td>
<td>FY 2017</td>
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<tr>
<td><strong>Stroke</strong></td>
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<tr>
<td>STK-2 Ischemic stroke patients discharged on antithrombotic therapy eCQM</td>
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<tr>
<td>STK-3 Anticoagulation therapy for atrial fibrillation/flutter eCQM</td>
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<td>STK-5 Antithrombotic therapy by the end of hospital day two eCQM</td>
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<td>STK-6 Discharged on statin medication eCQM</td>
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<td><strong>Venous Thromboembolism (VTE)</strong></td>
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<td>VTE-1 Venous thromboembolism Prophylaxis eCQM</td>
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<td>VTE-2 Intensive care unit VTE prophylaxis eCQM</td>
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### Perinatal Care (PC)

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<th>End Date</th>
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<tr>
<td>PC-01 Elective delivery prior to 39 completed weeks of gestation (Aggregate data submission)</td>
<td>Jan 2013</td>
<td>FY 2015</td>
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<tr>
<td>ePC-02 Cesarean Birth</td>
<td>Voluntary CY 2023 Mandatory CY 2024</td>
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<tr>
<td>ePC-07 Severe Obstetric Complications</td>
<td>Voluntary CY 2023 Mandatory CY 2024</td>
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<tr>
<td>PC-05 Exclusive breast milk feeding eCQM</td>
<td>Yes</td>
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### Other Process Measures

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<tr>
<td>Global Malnutrition Composite Score eCQM</td>
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<td>SDOH-1 Screening for Social Drivers of Health</td>
<td>Voluntary CY 2023 Mandatory CY 2024</td>
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<tr>
<td>SDOH-2 Screen Positive Rate for Social Drivers of Health</td>
<td>Voluntary CY 2023 Mandatory CY 2024</td>
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### Structural Measure

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<thead>
<tr>
<th>Measure</th>
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<th>End Date</th>
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<tr>
<td>Maternal Morbidity</td>
<td>Oct 2021</td>
<td>FY 2023</td>
</tr>
<tr>
<td>Hospital Commitment to Health Equity</td>
<td>CY 2023</td>
<td>CY 2025</td>
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</table>

### Healthcare Associated Infections Reported to NHSN

<table>
<thead>
<tr>
<th>Measure</th>
<th>Start Date</th>
<th>End Date</th>
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<tbody>
<tr>
<td>Central Line Associated Bloodstream Infection Expand to include some non-ICU wards</td>
<td>Feb 2013 Expand Jan 2017</td>
<td>FY 2015 Expand FY 2019</td>
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<tr>
<td>Surgical Site Infection</td>
<td>Jan 2014</td>
<td>FY 2016</td>
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<tr>
<td>Catheter-Associated Urinary Tract Infection Expand to include some non-ICU wards</td>
<td>Jan 2014 Expand Jan 2017</td>
<td>FY 2016 Expand FY 2019</td>
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<tr>
<td>MRSA Bacteremia</td>
<td>Jan 2015</td>
<td>FY 2017</td>
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<tr>
<td>Clostridium Difficile (C. Diff)</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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### Patients' Experience of Care

<table>
<thead>
<tr>
<th>Measure</th>
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<th>End Date</th>
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<tbody>
<tr>
<td>HCAHPS survey</td>
<td>Ongoing</td>
<td>Ongoing</td>
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### Patient-Reported Outcome Performance Measures

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Reporting Period</th>
<th>Voluntary</th>
<th>Required for procedures performed</th>
<th>Required for FY2028 APU</th>
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<tbody>
<tr>
<td>THA/TKA PRO-PM Hospital-Level Total Hip Arthroplasty and/or Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure</td>
<td>1/2023-6/2023 Voluntary for procedures performed</td>
<td></td>
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<tr>
<td></td>
<td>7/2023-6/2024 Required for procedures performed</td>
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<tr>
<td>Voluntary data submission will not affect APU.</td>
<td></td>
<td></td>
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</tbody>
</table>

### Reporting eCQMs

**For FY 2023 payment determination** hospitals will be required to report on at least 4 electronic clinical quality measures from the available electronic inpatient clinical quality measures to meet the requirements of the Hospital IQR Program. Hospitals must submit data electronically for 2 self-selected quarters of 2021 by February 28, 2022. Meeting this requirement for the HIQRP will also meet the CMS Promoting Interoperability Program’s requirement for eCQM reporting.

**For FY 2024 payment determination** hospitals will be required to report on the Safe Use of Opioid – Concurrent Prescribing eCQM and an additional 3 self-selected eCQMs from the available electronic inpatient clinical quality measures to meet the requirements of the Hospital IQR Program. Hospitals must submit data electronically for 3 self-selected quarters of 2022 by February 28, 2023. Meeting this requirement for the HIQRP will also meet the CMS Promoting Interoperability Program’s requirement for eCQM reporting.

**For FY 2025 payment determination** hospitals will be required to report on the Safe Use of Opioid – Concurrent Prescribing eCQM and an additional 3 self-selected eCQMs from the available electronic inpatient clinical quality measures to meet the requirements of the Hospital IQR Program. Hospitals must submit data electronically for 4 calendar quarters of 2023 by February 28, 2024. Meeting this requirement for the HIQRP will also meet the CMS Promoting Interoperability Program’s requirement for eCQM reporting.

**For FY 2026 payment determination** hospitals will be required to report on the Safe Use of Opioid – Concurrent Prescribing eCQM, ePC-07 Severe Obstetric Complications, ePC-02 Cesarean Birth and an additional 3 self-selected eCQMs from the available electronic inpatient clinical quality measures to meet the requirements of the Hospital IQR Program. Hospitals must submit data electronically for 4 calendar quarters of 2024 by February 28, 2025. Meeting this requirement for the HIQRP will also meet the CMS Promoting Interoperability Program’s requirement for eCQM reporting.
<table>
<thead>
<tr>
<th>MEASURE</th>
<th>HIQRP</th>
<th>VBP</th>
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<tbody>
<tr>
<td><strong>Mortality Measures (Medicare Patients)</strong></td>
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<tr>
<td>Hospital 30-day, all-cause, risk-standardized mortality rate</td>
<td>Reporting effective date: 7/1/11</td>
<td>FY 2014</td>
</tr>
<tr>
<td>mortality rate following AMI hospitalization for patients 18 and older</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital 30-day, all-cause, risk-standardized mortality rate</td>
<td>Reporting effective date: 7/1/11</td>
<td>FY 2014</td>
</tr>
<tr>
<td>mortality rate following heart failure hospitalization for patients</td>
<td></td>
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<tr>
<td>18 and older</td>
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<tr>
<td>Hospital 30-day, all-cause, risk-standardized mortality rate</td>
<td>Reporting effective date: 7/1/11</td>
<td>FY 2014</td>
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<tr>
<td>mortality rate following pneumonia hospitalization</td>
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<tr>
<td>Hospital 30-day, all-cause, risk-standardized mortality rate</td>
<td>Reporting effective date: 7/1/16</td>
<td>FY 2021</td>
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<tr>
<td>mortality rate following COPD hospitalization</td>
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<tr>
<td>Hospital 30-day, all-cause, risk-standardized mortality rate</td>
<td>Reporting effective date: 7/1/15</td>
<td>FY 2022</td>
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<tr>
<td>mortality rate following acute ischemic stroke</td>
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<tr>
<td>Hybrid Hospital-Wide All-Cause Mortality (Hybrid HWM)</td>
<td>Voluntary 7/2022-6/2023 Required 7/2023-6/2024</td>
<td>FY2026</td>
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<tr>
<td>Hybrid Hospital-Wide Readmission Measure with Claims and Electronic</td>
<td>End after June 2023</td>
<td>Remove after FY 2025</td>
</tr>
<tr>
<td>Health Record Data</td>
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<tr>
<td>Hospital 30-day, all-cause, risk-standardized mortality rate</td>
<td>Reporting effective date: 7/1/2017 – 6/30/2020</td>
<td>FY 2022</td>
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<tr>
<td>mortality rate following CABG surgery</td>
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<tr>
<td><strong>Readmission Measures (Medicare Patients)</strong></td>
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<tr>
<td>Hospital-wide all-cause unplanned readmission (HWR)</td>
<td>End after June 2023</td>
<td>Remove after FY 2025</td>
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<tr>
<td>Hybrid Hospital-Wide Readmission Measure with Claims and Electronic</td>
<td>Voluntary 7/2021-6/2022 Required 7/2023-6/2024</td>
<td>Voluntary data submission will not affect APU.</td>
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<tr>
<td>Health Record Data</td>
<td>Voluntary 7/2021-6/2022 Required 7/2023-6/2024</td>
<td>Required for FY2026 APU</td>
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<tr>
<td><strong>Surgical Complications</strong></td>
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<tr>
<td>Hip/Knee: Hospital-level risk standardized</td>
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<tr>
<td>complication rate (RSCR) following elective primary total hip/total</td>
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<tr>
<td>knee arthroplasty</td>
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<tr>
<td>updated up to interfering time</td>
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<tr>
<td>Hip/Knee: Hospital-level risk standardized</td>
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<tr>
<td>complication rate (RSCR) following elective primary total hip/total</td>
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<tr>
<td>knee arthroplasty</td>
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<tr>
<td>updated to interfering time</td>
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<tr>
<td>AHRQ and Nursing Sensitive Care</td>
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<td>PSI-4 Death among surgical inpatients with serious, treatable</td>
<td>Ongoing</td>
<td>Ongoing</td>
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<tr>
<td>complications</td>
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<td><strong>Cost Efficiency</strong></td>
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<tr>
<td>Medicare spending per beneficiary</td>
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<td>Add RRB beneficiaries for FY 2016</td>
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<td>Measure</td>
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<td>------------------------------------------------------------------------</td>
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<tr>
<td>UPDATED Medicare spending per beneficiary (MSPB) Hospital Measure</td>
<td>FY 2024</td>
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<td>Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for AMI</td>
<td>FY 2016</td>
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<tr>
<td>Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for heart failure</td>
<td>FY 2017</td>
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<tr>
<td>Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for pneumonia</td>
<td>FY 2017</td>
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<tr>
<td>Hospital-Level, Risk-Standardized Payment Associated with an Episode-of-Care for Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty Revised for FY 2024 payment determination</td>
<td>CY 2016 FY 2018</td>
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<tr>
<td>Excess Days in Acute Care after Hospitalization for AMI Revised for FY 2024 payment determination</td>
<td>FY 2018</td>
<td></td>
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<tr>
<td>Excess Days in Acute Care after Hospitalization for Heart Failure</td>
<td>FY 2018</td>
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<tr>
<td>Excess Days in Acute Care after Hospitalization for Pneumonia</td>
<td>July 2014 – June 2017 FY 2019</td>
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<td>MEASURE</td>
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<td>Affects APU</td>
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<tr>
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<tr>
<td><strong>Cardiac Care Measures</strong></td>
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<tr>
<td>OP-2 Fibrinolytic therapy received within 30 minutes of ED arrival</td>
<td>Ongoing End after 1Q2023</td>
<td>Ongoing Remove after CY 2024</td>
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<tr>
<td>OP-3 Median time to transfer to another facility for acute coronary intervention</td>
<td>Ongoing End after 1Q2023</td>
<td>Ongoing Remove after CY 2024</td>
</tr>
<tr>
<td>OP-40 ST-Segment Elevation Myocardial Infarction (STEMI) eCQM</td>
<td>Voluntary CY 2023 Mandatory CY 2024</td>
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<tr>
<td><strong>ED Throughput</strong></td>
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<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>
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<tr>
<td><strong>Stroke</strong></td>
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<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>
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<tr>
<td><strong>Chart-Abstracted Measures with Aggregate Data Submission by Web-Based Tool (QualityNet)</strong></td>
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<tr>
<td>OP-22 ED patient left without being seen</td>
<td>Jan–Jun 2012 Data</td>
<td>CY 2013</td>
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<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>
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<tr>
<td>OP-31 Cataracts – Improvement in patients’ visual function within 90 days following cataract surgery</td>
<td>Voluntary CY2015 Mandatory CY2025 Proposed to remain voluntary.</td>
<td>CY 2027 Will not affect APU if it remains voluntary</td>
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<tr>
<td><strong>Healthcare Associated Infections Reported to NHSN</strong></td>
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<tr>
<td><strong>Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems</strong></td>
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<tr>
<td>OP-37a OAS CAHPS—About Facilities and Staff</td>
<td>Voluntary CY 2023 Mandatory CY 2024</td>
<td>CY 2026</td>
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<tr>
<td>OP-37b OAS CAHPS—Communication about Procedure</td>
<td>Voluntary CY 2023 Mandatory CY 2024</td>
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<tr>
<td>OP-37c OAS CAHPS—Preparation for Discharge and Recovery</td>
<td>Voluntary CY 2023 Mandatory CY 2024</td>
<td>CY 2026</td>
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<tr>
<td>OP-37d OAS CAHPS—Overall Rating of Facility</td>
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<tr>
<td>OP-37e OAS CAHPS—Recommendation of Facility</td>
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## Claims Based Measures Calculated by CMS (Outpatient)

<table>
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<tbody>
<tr>
<td><strong>Outcome Measures</strong></td>
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<tr>
<td>OP-32 Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy</td>
<td>CY 2016</td>
<td>CY 2018</td>
</tr>
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<td>OP-35 Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy</td>
<td>CY 2018</td>
<td>CY 2020</td>
</tr>
<tr>
<td>OP-36 Hospital Visits after Hospital Outpatient Surgery</td>
<td>CY 2018</td>
<td>CY 2020</td>
</tr>
<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-10 Abdomen computed tomography (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-39 Breast Screening Recall Rates</td>
<td>July 2020 – June 2021</td>
<td>CY 2023</td>
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## 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>
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</thead>
<tbody>
<tr>
<td><strong>Measures Submitted through the CMS Web-Based Tool (HQR System)</strong></td>
<td></td>
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</tr>
<tr>
<td>ASC-1 Patient Burn</td>
<td>CY 2023</td>
<td>CY 2025</td>
</tr>
<tr>
<td>ASC-2 Patient Fall</td>
<td>CY 2023</td>
<td>CY 2025</td>
</tr>
<tr>
<td>ASC-3 Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant</td>
<td>CY 2023</td>
<td>CY 2025</td>
</tr>
<tr>
<td>ASC-4 Hospital Transfer/Admission</td>
<td>CY 2023</td>
<td>CY 2025</td>
</tr>
<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-11 Cataracts – Improvement in patient’s visual function within 90 days following cataract surgery</td>
<td>Voluntary CY 2015, Mandatory CY 2025, Proposed to remain voluntary.</td>
<td>CY 2027 Will not affect APU if it remains voluntary</td>
</tr>
<tr>
<td>ASC-13 Normothermia Outcome</td>
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<td>ASC-14 Unplanned Anterior Vitrectomy</td>
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<tr>
<td><strong>Healthcare Associated Infections Reported to NHSN</strong></td>
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<tr>
<td>ASC-20 COVID-19 Vaccination Coverage among Healthcare Personnel</td>
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<tr>
<td><strong>Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems</strong></td>
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<tr>
<td>ASC-15a OAS CAHPS–About Facilities and Staff</td>
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<tr>
<td>ASC-15b OAS CAHPS–Communication about Procedure</td>
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<tr>
<td>ASC-15c OAS CAHPS–Preparation for Discharge and Recovery</td>
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<tr>
<td>ASC-15d OAS CAHPS–Overall Rating of Facility</td>
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<tr>
<td>ASC-15e OAS CAHPS–Recommendation of Facility</td>
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<tr>
<td>ASC-12 Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy</td>
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<td>ASC-17 Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures</td>
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<tr>
<td>ASC-18 Hospital Visits after Urology Ambulatory Surgical Center Procedures</td>
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<tr>
<td>ASC-19 Facility-Level 7-Day Hospital Visit after General Surgery Procedures Performed at ASC.</td>
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<td>Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury</td>
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<tr>
<td>Percent of Residents Experiencing One or More Falls with Major Injury</td>
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<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>Application of Percent of LTCH Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function</td>
<td>April 2016</td>
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<tr>
<td>Change in Mobility among LTCH Patients Requiring Ventilator Support</td>
<td>April 2016</td>
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<tr>
<td>Drug Regimen Review Conducted with Follow-Up for Identified Issues</td>
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<tr>
<td>Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay.</td>
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<tr>
<td>Ventilator Liberation Rate</td>
<td>July 2018</td>
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<tr>
<td>Transfer of Health Information to the Provider, Post-Acute Care</td>
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<tr>
<td>Transfer of Health Information to the Patient, Post-Acute Care</td>
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<tr>
<td><strong>Healthcare Associated Infections Reported to NHSN</strong></td>
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<tr>
<td>Influenza Vaccination coverage among healthcare personnel</td>
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<tr>
<td>Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure</td>
<td>Jan 2015</td>
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<tr>
<td>Resource Use and Other Measures (IMPACT)</td>
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<tr>
<td>Potentially Preventable 30-day Post-Discharge Readmission Measure</td>
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<tr>
<td>Medicare Spending Per Beneficiary</td>
<td>CY 2016 and 2017</td>
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<tr>
<td>Discharge to Community – PAC LTCH QRP</td>
<td>CY 2016 and 2017</td>
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</tbody>
</table>
## INPATIENT PSYCHIATRIC FACILITIES Current Measures Collected and Submitted by Hospital

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<tbody>
<tr>
<td><strong>Hospital Based Inpatient Psychiatric Services</strong></td>
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<tr>
<td>HBIPS-2 Hours of physical restraint use</td>
<td>Oct 2012</td>
<td>FY 2014</td>
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<tr>
<td>HBIPS-3 Hours of seclusion use</td>
<td>Oct 2012</td>
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</tr>
<tr>
<td>HBIPS-5 Patients discharged on multiple antipsychotic medications with appropriate justification</td>
<td>Oct 2012</td>
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<tr>
<td><strong>Substance Use</strong></td>
<td></td>
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<tr>
<td>SUB-2 Alcohol Use Brief Intervention Provided or Offered</td>
<td>Jan 2016</td>
<td>FY 2018</td>
</tr>
<tr>
<td>SUB-2a Alcohol Use Brief Intervention</td>
<td>Jan 2016</td>
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<tr>
<td>SUB-3 Alcohol and Drug Use Disorder Treatment Provided or Offered at Discharge</td>
<td>Jan 2017</td>
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<tr>
<td>SUB-3a Alcohol and Drug Use Disorder Treatment at Discharge</td>
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<tr>
<td><strong>Tobacco Treatment</strong></td>
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<tr>
<td>TOB-2 Tobacco Use Treatment Provided or Offered</td>
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<tr>
<td>TOB-2a Tobacco Use Treatment</td>
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<tr>
<td>TOB-3 Tobacco Treatment Provided or Offered at Discharge</td>
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<tr>
<td>TOB-3a Tobacco Treatment at Discharge</td>
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<tr>
<td><strong>Immunization</strong></td>
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<tr>
<td>IMM-2 Influenza Immunization</td>
<td>Oct 2015</td>
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<tr>
<td><strong>Transition of Care</strong></td>
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<tr>
<td>Transition Record with Specified Elements Received by Discharged Patients</td>
<td>Jan 2017</td>
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</tr>
<tr>
<td>Timely Transmission of Transition Record</td>
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<td>Remove after FY 2023</td>
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<tr>
<td><strong>Metabolic Disorders</strong></td>
<td></td>
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<tr>
<td>Screening for Metabolic Disorders</td>
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</tr>
<tr>
<td><strong>Non-Measure Data</strong></td>
<td></td>
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</tr>
<tr>
<td>Submit aggregate population counts by diagnostic group</td>
<td>CY 2015</td>
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<tr>
<td>Submit aggregate population counts by payer</td>
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<tr>
<td><strong>Measures Reported to NHSN</strong></td>
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<th>MEASURE</th>
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<tbody>
<tr>
<td><strong>Clinical Quality of Care Measure</strong></td>
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<tr>
<td>Follow-up After Hospitalization for Mental Illness</td>
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<tr>
<td>Follow-up After Psychiatric Hospitalization</td>
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<tr>
<td>Medication Continuation following Discharge from an IPF</td>
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<tr>
<td><strong>Readmission Measure</strong></td>
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<tr>
<td>30 Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an IPF</td>
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## INPATIENT REHABILITATION FACILITY Current

**Measures Collected and Submitted by Hospital**

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<th>Affects APU</th>
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<tbody>
<tr>
<td><strong>Chart-Abstracted Measures Reported Through IRF-Patient Assessment Instrument (IRF-PAI)</strong></td>
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<tr>
<td>Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury</td>
<td>Oct 2018</td>
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<tr>
<td>Percent of Residents Experiencing One or More Falls with Major Injury (Application of NQF#0674)</td>
<td>Oct 2016</td>
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<tr>
<td>Percent of LTCH Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (Application of NQF#2631)</td>
<td>Oct 2016</td>
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<tr>
<td>Change in Self-Care Score for Medical Rehabilitation Patients (NQF#2633)</td>
<td>Oct 2016</td>
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<tr>
<td>Change in Mobility Score for Medical Rehabilitation Patients (NQF#2634)</td>
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<tr>
<td>Discharge Self-Care Score for Medical Rehabilitation Patients (NQF#2635)</td>
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<tr>
<td>Discharge Mobility Score for Medical Rehabilitation Patients (NQF#2636)</td>
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<tr>
<td>Drug Regimen Review Conducted with Follow-Up for Identified Issues</td>
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<tr>
<td>Transfer of Health Information to the Provider, Post-Acute Care</td>
<td>Oct 2020</td>
<td>FY2022</td>
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<tr>
<td>Transfer of Health Information to the Patient, Post-Acute Care</td>
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<tr>
<td><strong>Quality Measures Reported to NHSN</strong></td>
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<tr>
<td>Influenza Vaccination Coverage among Healthcare Personnel (NQF#0431)</td>
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<tr>
<td>NHSN Facility-wide Inpatient Hospital-Onset Clostridium Difficile Infection (CDI) Outcome Measure (NQF#1717)</td>
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## Claims Based Measures Calculated by CMS (Inpatient Rehab Facilities)

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<tbody>
<tr>
<td>Discharge to Community</td>
<td>CY 2016 and 2017</td>
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<tr>
<td>Medicare Spending Per Beneficiary</td>
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<tr>
<td>Potentially Preventable 30-day Post-Discharge Readmission Measure for IRFs</td>
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<tr>
<td>Potentially Preventable Within Stay Readmission Measure for IRFs</td>
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## Current and Proposed CMS Quality Measures for Reporting in 2022 through 2028

**Revised 8/19/2022**

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<td>Bloodstream Infection in Hemodialysis Outpatients</td>
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<tr>
<td>Dialysis Event Reporting</td>
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<tr>
<td>COVID-19 Vaccination Coverage among Healthcare Personnel</td>
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<tr>
<td><strong>Measures Reported through CROWNWeb</strong></td>
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<tr>
<td>ICH CAHPS</td>
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<tr>
<td>Hypercalcemia (NQF#1454)</td>
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<tr>
<td>Ultrafiltration Rate</td>
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<tr>
<td>Hemodialysis Vascular Access: Standardized Fistula Rate (NQF#2977)</td>
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<tr>
<td>Hemodialysis Vascular Access: Long-Term Catheter Rate (NQF#2978)</td>
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<td>Oncology: Plan of Care for Pain</td>
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<td>Remove after FY 2023</td>
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<td><strong>Patients’ Experience of Care</strong></td>
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<tr>
<td>HCAHPS survey</td>
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<tr>
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<td>Catheter Associated Urinary Tract Infection</td>
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<td>Surgical Site Infection</td>
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<td>Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure</td>
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<td>Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure</td>
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<tr>
<td>Influenza Vaccination Coverage Among Healthcare Personnel</td>
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<tr>
<td>EOL-Chemo: Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life (NQF#0210)</td>
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<tr>
<td>EOL-Hospice: Proportion of Patients Who Died from Cancer Not Admitted to Hospice (NQF#0215)</td>
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<tr>
<td>EOL-ICU: Proportion of Patients Who Died from Cancer Admitted to the ICU in the Last 30 Days of Life (NQF#0213)</td>
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<td>EOL-3DH: Proportion of Patients Who Died from Cancer Admitted to Hospice for Less than Three Days (NQF#0216)</td>
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<tr>
<td>30-Day Unplanned Readmissions for Cancer Patients (NQF #3188)</td>
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<td>Surgical Treatment Complications for Localized Prostate Cancer</td>
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Prepared by the Indiana Hospital Association 8/19/2022