**Alliant HQIC Data Dictionary**

**Version 1.15 – 11/09/23**

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Administrative Measures from Medicare Fee-for-Service Claims

ADE – Anticoagulant

|  |  |
| --- | --- |
| **Measure Name** | Anticoagulant Related Adverse Drug Events per 1,000 Acute Inpatient Admissions |
| **Flat File Measure Name** | ADE\_ANTICOAG |
| **Measure Type** | Outcome |
| **Measure Description** | Adverse Drug Events (ADEs) related to Anticoagulants found in an inpatient claim not present on admission (POA) |
| **Numerator** | Number of admissions with an ICD-10 code for an Anticoagulant ADE documented that was not present on admission |
| **Denominator** | Number of Medicare FFS discharges |
| **Denominator Exclusions** |  |
| **Rate Calculation** | (number of admissions with an Anticoagulant ADE not POA /  number of Medicare FFS discharges) x 1000 |
| **Data Sources** | Medicare FFS part A claims |
| **Specifications/Definitions/**  **Recommendations** | See HQIC\_ICD10\_Codes.xlsx for list of Anticoagulant ADEs |
| **Baseline Period** | Calendar Year 2019 |
| **Reporting Period** | Monthly beginning Oct 2021 |

ADE – Diabetes

|  |  |
| --- | --- |
| **Measure Name** | Hypoglycemic Related Adverse Drug Events per 1,000 Acute Inpatient Admissions with Diabetes |
| **Flat File Measure Name** | ADE\_DIABETES |
| **Measure Type** | Outcome |
| **Measure Description** | Adverse Drug Events (ADEs) related to Hypoglycemia found in an inpatient diabetic claim not present on admission (POA) |
| **Numerator** | Number of admissions with a Hypoglycemic ADE documented not present on admission |
| **Denominator** | Number of Medicare FFS discharges |
| **Denominator Exclusions** |  |
| **Rate Calculation** | (number of diabetic admissions with a Hypoglycemic ADE not POA /  number of Medicare FFS discharges with a dx of diabetes) x 1000 |
| **Data Sources** | Medicare FFS part A claims |
| **Specifications/Definitions/**  **Recommendations** | See HQIC\_ICD10\_Codes.xlsx for list of Hypoglycemic ADEs and Diagnosis Codes for Diabetes |
| **Baseline Period** | Calendar Year 2019 |
| **Reporting Period** | Monthly beginning Oct 2021 |

ADE – Opioids

|  |  |
| --- | --- |
| **Measure Name** | Opioid Related Adverse Drug Events per 1,000 Acute Inpatient Admissions |
| **Flat File Measure Name** | ADE\_OPIOID\_RATE |
| **Measure Type** | Outcome |
| **Measure Description** | Adverse Drug Events (ADEs) related to Opioids found in an inpatient claim not present on admission |
| **Numerator** | Number of admissions with an Opioid ADE documented not present on admission (POA) |
| **Denominator** | Number of Medicare FFS discharges among Benes with a part D Opioid claim within the same or prior month |
| **Denominator Exclusions** | Benes with no part D Opioid claim within the same or prior month |
| **Rate Calculation** | (number of admissions with an Opioid ADE not POA /  number of Medicare FFS discharges among Benes with a part D Opioid claim within the same or prior month) x 1000 |
| **Data Sources** | Medicare FFS part A and part D claims |
| **Specifications/Definitions/**  **Recommendations** | See HQIC\_ICD10\_Codes.xlsx for list of Opioid ADEs |
| **Baseline Period** | Calendar Year 2019 |
| **Reporting Period** | Monthly beginning Oct 2021 |

Readmissions

|  |  |
| --- | --- |
| **Measure Name** | 30-Day Readmissions |
| **Flat File Measure Name** | READM\_30D\_HW |
| **Measure Type** | Outcome |
| **Measure Description** | Hospital-wide, All cause, unplanned hospital 30-day readmissions |
| **Numerator** | Number of All-Cause 30-day readmissions |
| **Denominator** | Number of eligible Medicare FFS discharges |
| **Denominator Exclusions** | Benes who are transferred, discharged to death or AMA, less than 65 years old, discharges with codes for Cancer, Psych, or Rehab |
| **Rate Calculation** | (number of all-cause 30-day readmissions /  number of eligible Medicare FFS discharges) |
| **Data Sources** | Medicare FFS part A claims |
| **Specifications/Definitions/**  **Recommendations** | See HQIC\_ICD10\_Codes.xlsx for list of READM\_30DAY\_HW ICD10 exclusion codes |
| **Baseline Period** | Calendar Year 2019 |
| **Reporting Period** | Monthly beginning Oct 2021 |

SEPSIS and Septic Shock (PSI-13)

|  |  |
| --- | --- |
| **Measure Name** | Post-operative sepsis and septic shock (PSI-13) |
| **Flat File Measure Name** | SEPSIS\_SHOCK |
| **Measure Type** | Outcome |
| **Measure Description** | Sepsis developing in hospital after elective surgery |
| **Numerator** | Number of admissions where sepsis, not present on admission, develops after an elective surgery |
| **Denominator** | Number of eligible Medicare FFS discharges that include an elective surgery |
| **Denominator Exclusions** | Primary (or secondary POA) Sepsis, Primary (or secondary POA) Infection, Less than 18 years old, Inpatient stay not including an elective surgery |
| **Rate Calculation** | (number of admissions with Sepsis developing after elective surgery /  number of eligible Medicare FFS discharges that include an elective surgery) |
| **Data Sources** | Medicare FFS part A claims |
| **Specifications/Definitions/**  **Recommendations** | See HQIC\_ICD10\_Codes.xlsx for list of Sepsis ICD-10 codes and AHRQ PSI-13 |
| **Baseline Period** | Oct 2020 – Sep 2021 |
| **Reporting Period** | Monthly beginning Oct 2021 |

Sepsis Mortality

|  |  |
| --- | --- |
| **Measure Name** | 30-Day Sepsis Mortality Rate |
| **Flat File Measure Name** | SEPSIS\_MORT\_2 |
| **Measure Type** | Outcome |
| **Measure Description** | 30-Day mortality rate for Admissions with a claim for Sepsis |
| **Numerator** | Number of admissions with and ICD-10 code of Sepsis who die within 30 days of discharge |
| **Denominator** | Number of Medicare FFS discharges with an ICD-10 code for Sepsis |
| **Denominator Exclusions** | None |
| **Rate Calculation** | (number of admissions with an dx of Sepsis who die within 30 days /  number of Medicare FFS discharges with a dx of Sepsis) |
| **Data Sources** | Medicare FFS part A claims and Medicare Beneficiary Table |
| **Specifications/Definitions/**  **Recommendations** | See HQIC\_ICD10\_Codes.xlsx for list of Sepsis ICD-10 codes |
| **Baseline Period** | Oct 2020 – Sep 2021 |
| **Reporting Period** | Monthly beginning Oct 2021 |

Pressure Ulcer Rate (PSI-03)

|  |  |
| --- | --- |
| **Measure Name** | Pressure Ulcer Rate (AHRQ PSI-03) |
| **Flat File Measure Name** | PU\_STAGE3 |
| **Measure Type** | Outcome |
| **Measure Description** | Stage 3 or 4 pressure ulcers (or unstageable) secondary diagnosis |
| **Numerator** | Number of admissions with Stage 3 or 4 (or unstageable) pressure ulcer as a secondary diagnosis |
| **Denominator** | Number of Medicare FFS surgical or medical discharges over age 18 |
| **Denominator Exclusions** | Benes with no Surgical or Medical DRG, less than 18 years old, LOS of <3 days, a primary (or secondary POS) diagnosis of stage 3 or 4 PU or deep tissue injury, or any diagnosis of burns or exfoliative disorders, or a missing DRG |
| **Rate Calculation** | (number of admissions with a stage 3 or 4 pressure ulcer (or unstageable) as a secondary diagnosis /  number of eligible Medicare FFS discharges at least 18 years old) |
| **Data Sources** | Medicare FFS part A claims |
| **Specifications/Definitions/**  **Recommendations** | See AHRQ PSI-03 |
| **Baseline Period** | Oct 2020 – Sep 2021 |
| **Reporting Period** | Monthly beginning Oct 2021 |

High-Dose Opioid Prescribing Upon Discharge

|  |  |
| --- | --- |
| **Measure Name** | High-Dose Opioid Prescribing Upon Discharge |
| **Flat File Measure Name** | OPIOID\_DOSE\_DC |
| **Measure Type** | Outcome |
| **Measure Description** | Beneficiaries discharged with an opioid prescription with > 90 MME daily |
| **Numerator** | Number of beneficiaries discharged with an opioid prescription with >90 MME daily |
| **Denominator** | Number of Medicare FFS beneficiaries discharged from inpatient or observation stay with an opioid prescription within 3 days and with no opioid within 60 days prior to admission |
| **Denominator Exclusions** | Any beneficiary without an opioid prescription within 3 days or with an ICD-10 code for palliative care (Z515) |
| **Rate Calculation** | (number of Benes discharged with an opioid prescription >90 MME /  number of Medicare FFS inpatient and observation stay discharges with an opioid prescription within 3 days) |
| **Data Sources** | Medicare FFS part A and part D claims |
| **Specifications/Definitions/**  **Recommendations** |  |
| **Baseline Period** | Calendar Year 2019 |
| **Reporting Period** | Monthly beginning Oct 2021 |
|  |  |

Naloxone Upon Discharge

|  |  |
| --- | --- |
| **Measure Name** | Naloxone Upon Discharge |
| **Flat File Measure Name** | NARCAN\_DC |
| **Measure Type** | Outcome |
| **Measure Description** | Naloxone dispensed to patients who have been prescribed opioids |
| **Numerator** | Number of doses of a reversal agent (e.g. Naloxone) dispensed |
| **Denominator** | Number of inpatient and observation Benes discharged with an opioid prescription within 3 days |
| **Denominator Exclusions** | Inpatients and Observations Stays without an opioid prescription within 3 days |
| **Rate Calculation** | (number of doses of a reversal agent (e.g. Naloxone) dispensed /  number of Medicare FFS Benes with a discharge from an inpatient or observation stay) |
| **Data Sources** | Medicare FFS part A and part D claims |
| **Specifications/Definitions/**  **Recommendations** |  |
| **Baseline Period** | Calendar Year 2019 |
| **Reporting Period** | Monthly beginning Oct 2021 |

COVID Measures from HHS Protect

COVID-19 Vaccinations among Hospital Clinicians

|  |  |
| --- | --- |
| **Measure Name** | COVID-19 vaccinations among hospital clinicians – vaccination complete |
| **Flat File Measure Name** | COVID\_VAC\_COMP |
| **Measure Type** | Outcome |
| **Measure Description** | COVID-19 vaccinations among hospital clinicians who have worked at least one day at the facility and who have completed the vaccine series |
| **Numerator** | Number of hospital clinicians who have completed the vaccine series (total\_pers\_covid\_vacc\_doses\_all) |
| **Denominator** | Number of hospital clinicians who have worked at least one day at the facility (total\_personnel) |
| **Denominator Exclusions** | If not registered or LP nurse, physician, attending fellow, advanced practice nurse, PA, respiratory therapist, pharmacist, or pharmacy tech |
| **Rate Calculation** | (number of hospital clinicians having completed the vaccine series) /  number of hospital clinicians) |
| **Data Sources** | HHS\_Protect |
| **Specifications/Definitions/**  **Recommendations** | This measure is voluntary and not all hospitals report |
| **Baseline Period** | Calendar Year 2019 |
| **Reporting Period** | Monthly beginning Oct 2021 |

ED Utilization Related to COVID – Ventilated Patients

|  |  |
| --- | --- |
| **Measure Name** | ED utilization related to COVID – ventilated patients |
| **Flat File Measure Name** | COVID\_ED\_VENT |
| **Measure Type** | Outcome |
| **Measure Description** | Percentage of COVID related ED admissions who were ventilated |
| **Numerator** | Number of ventilated patients with suspected or lab-confirmed COVID in the ED overflow awaiting an inpatient bed (overflow\_vent\_used\_covid) |
| **Denominator** | Number of COVID related admissions through the ED (prev\_day\_adm\_adult\_covid\_conf)+(prev\_day\_adm\_adult\_covid\_susp) |
| **Denominator Exclusions** | None |
| **Rate Calculation** | (number of ventilated patients with suspected or lab-confirmed COVID in the ED overflow awaiting an inpatient bed /  number of COVID related admissions through the ED) |
| **Data Sources** | HHS\_Protect |
| **Specifications/Definitions/**  **Recommendations** | Due to data limitations within HHS\_Protect the measure is not actually restricted to admissions through the ED but includes all admissions |
| **Baseline Period** | Sep 2020 |
| **Reporting Period** | Monthly beginning Oct 2021 |

ED Utilization Related to COVID – Non-Ventilated Patients

|  |  |
| --- | --- |
| **Measure Name** | ED utilization related to COVID – non-ventilated patients |
| **Flat File Measure Name** | COVID\_ED\_VENT |
| **Measure Type** | Outcome |
| **Measure Description** | Percentage of COVID related ED admissions who were not ventilated |
| **Numerator** | Number of non-ventilated patients with suspected or lab-confirmed COVID in the ED overflow awaiting an inpatient bed ((overflow\_covid)-( overflow\_vent\_used\_covid)) |
| **Denominator** | Number of COVID related admissions through the ED (prev\_day\_adm\_adult\_covid\_conf)+(prev\_day\_adm\_adult\_covid\_susp) |
| **Denominator Exclusions** | None |
| **Rate Calculation** | (number of non-ventilated patients with suspected or lab-confirmed COVID in the ED overflow awaiting an inpatient bed /  number of COVID related admissions through the ED) |
| **Data Sources** | HHS\_Protect |
| **Specifications/Definitions/**  **Recommendations** | Due to data limitations within HHS\_Protect the measure is not actually restricted to admissions through the ED but includes all admissions |
| **Baseline Period** | Sep 2020 |
| **Reporting Period** | Monthly beginning Oct 2021 |

Hospital Onset of COVID-19

|  |  |
| --- | --- |
| **Measure Name** | Hospital onset of COVID-10 |
| **Flat File Measure Name** | COVID\_HOSP\_ONSET |
| **Measure Type** | Outcome |
| **Measure Description** | Percentage of non-COVID admissions acquiring COVID while hospitalized |
| **Numerator** | Number of patients with onset of suspected or laboratory-confirmed COVID-19 fourteen or more days after admission for a condition other than COVID-19 (hospital\_onset\_covid) |
| **Denominator** | Number of admissions (adult\_hosp\_inpt\_bed\_occupied) |
| **Denominator Exclusions** | None |
| **Rate Calculation** | (number of patients with hospital onset of COVID-19 /  number of admissions) |
| **Data Sources** | HHS\_Protect |
| **Specifications/Definitions/**  **Recommendations** | Due to data limitations within HHS\_Protect the measure is actually the sum of days for patients with hospital onset COVID / the sum of adult hospital beds occupied as a close proxy |
| **Baseline Period** | Sep 2020 |
| **Reporting Period** | Monthly beginning Oct 2021 |

Hospital-Acquired Infection Measures as reported by NHSN

CDIFF SIR

|  |  |
| --- | --- |
| **Measure Name** | CDiff SIR |
| **Flat File Measure Name** | CDIFF\_SIR |
| **Measure Type** | Outcome |
| **Measure Description** | Laboratory-identified Hospital Onset Clostriodioides difficile Standardized Infection Ratio (SIR) |
| **Numerator** | Number of hospital onset CDiff infections (CDIF\_facIncHOCount) |
| **Denominator** | Number of predicted lab-confirmed CDiff infections (numpred) |
| **Denominator Exclusions** | None |
| **Rate Calculation** | (number of hospital onset CDiff infections) /  (number of predicted hospital onset CDiff infections) |
| **Data Sources** | NHSN TAP Reports |
| **Specifications/Definitions/**  **Recommendations** | NQF 1717 |
| **Baseline Period** | Calendar Year 2019 |
| **Reporting Period** | Quarterly beginning Oct 2021 |

CDIFF Rate

|  |  |
| --- | --- |
| **Measure Name** | CDiff Rate |
| **Flat File Measure Name** | CDIFF\_RATE |
| **Measure Type** | Outcome |
| **Measure Description** | Laboratory-identified Hospital Onset Clostridioides difficile rate |
| **Numerator** | Number of hospital onset CDiff infections (CDIF\_facIncHOCount) |
| **Denominator** | Number of patient days (numpatdays) |
| **Denominator Exclusions** | None |
| **Rate Calculation** | (number of hospital onset CDiff infections) /  (number of patient days) |
| **Data Sources** | NHSN CMS Reports |
| **Specifications/Definitions/**  **Recommendations** |  |
| **Baseline Period** | Calendar Year 2019 |
| **Reporting Period** | Monthly beginning Oct 2021 |

MRSA SIR

|  |  |
| --- | --- |
| **Measure Name** | MRSA SIR |
| **Flat File Measure Name** | MRSA \_SIR |
| **Measure Type** | Outcome |
| **Measure Description** | Laboratory-identified Hospital Onset Methicillin-Resistant Staphylococcus Aureus (MRSA) Standardized Infection Ratio (SIR) |
| **Numerator** | Number of observed lab-confirmed MRSA infections (MRSA\_ bldinccount) |
| **Denominator** | Number of predicted lab-confirmed MRSA infections (numpred) |
| **Denominator Exclusions** | None |
| **Rate Calculation** | (number of observed lab-confirmed MRSA infections) /  (number of predicted lab-confirmed MRSA infections) |
| **Data Sources** | NHSN TAP Reports |
| **Specifications/Definitions/**  **Recommendations** | NQF 1718 |
| **Baseline Period** | Oct 2020 – Sep 2021 |
| **Reporting Period** | Quarterly beginning Oct 2021 |

MRSA Rate

|  |  |
| --- | --- |
| **Measure Name** | MRSA Rate |
| **Flat File Measure Name** | MRSA \_RATE |
| **Measure Type** | Outcome |
| **Measure Description** | Laboratory-identified Hospital Onset Methicillin-Resistant Staphylococcus Aureus (MRSA) rate |
| **Numerator** | Number of lab-confirmed MRSA infections (MRSA \_bldinccount) |
| **Denominator** | Number of patient days (numpatdays) |
| **Denominator Exclusions** | None |
| **Rate Calculation** | (number of lab-confirmed MRSA infections) /  (number of patient days) |
| **Data Sources** | NHSN CMS Reports |
| **Specifications/Definitions/**  **Recommendations** |  |
| **Baseline Period** | Oct 2020 – Sep 2021 |
| **Reporting Period** | Monthly beginning Oct 2021 |

Catheter-Associated Urinary Tract Infection (CAUTI) SIR – ICU Only

|  |  |
| --- | --- |
| **Measure Name** | NHSN CAUTI SIR – ICU, excluding NICU |
| **Flat File Measure Name** | CDC\_CAUTI\_ICU\_I |
| **Measure Type** | Outcome |
| **Measure Description** | NHSN CAUTI SIR restricted to ICU excluding NICU |
| **Numerator** | Number of observed CAUTIs (infcount) |
| **Denominator** | Number of predicted CAUTIs (numpred) |
| **Denominator Exclusions** | Non-ICU units and NICUs |
| **Rate Calculation** | (number of observed CAUTIs (infcount) /  number of predicted CAUTIs (numpred)) |
| **Data Sources** | NHSN TAP Reports |
| **Specifications/Definitions/**  **Recommendations** | NQF 0138 |
| **Baseline Period** | Oct 2020 – Sep 2021 |
| **Reporting Period** | Monthly beginning Oct 2021 |

Catheter-Associated Urinary Tract Infection (CAUTI) SIR – All Units

|  |  |
| --- | --- |
| **Measure Name** | NHSN CAUTI SIR – All Units |
| **Flat File Measure Name** | CDC\_CAUTI\_ICU\_P |
| **Measure Type** | Outcome |
| **Measure Description** | NHSN CAUTI SIR for all units |
| **Numerator** | Number of observed CAUTIs (infcount) |
| **Denominator** | Number of predicted CAUTIs (numpred) |
| **Denominator Exclusions** | None |
| **Rate Calculation** | (number of observed CAUTIs (infcount) /  number of predicted CAUTIs (numpred)) |
| **Data Sources** | NHSN TAP Reports |
| **Specifications/Definitions/**  **Recommendations** | NQF 0138 |
| **Baseline Period** | Oct 2020 – Sep 2021 |
| **Reporting Period** | Monthly beginning Oct 2021 |

Catheter-Associated Urinary Tract Infection (CAUTI) Utilization Ratio

|  |  |
| --- | --- |
| **Measure Name** | NHSN CAUTI Utilization Ratio |
| **Flat File Measure Name** | CDC\_CAUTI\_UR |
| **Measure Type** | Outcome |
| **Measure Description** | NHSN CAUTI utilization ratio for all units |
| **Numerator** | Number of catheter days (numucathdays) |
| **Denominator** | Number of patient days (numpatdays) |
| **Denominator Exclusions** | None |
| **Rate Calculation** | (number of catheter days (numucathdays) /  number of patient days (numpatdays)) |
| **Data Sources** | NHSN TAP Reports |
| **Specifications/Definitions/**  **Recommendations** |  |
| **Baseline Period** | Oct 2020 – Sep 2021 |
| **Reporting Period** | Monthly beginning Oct 2021 |

Central Line-Associated Blood Stream Infection (CLABSI) SIR – ICU Only

|  |  |
| --- | --- |
| **Measure Name** | NHSN CLABSI SIR – ICU, excluding NICU |
| **Flat File Measure Name** | CDC\_CLABSI\_ICU\_I |
| **Measure Type** | Outcome |
| **Measure Description** | NHSN CLABSI SIR restricted to ICU excluding NICU |
| **Numerator** | Number of observed CLABSIs (infcount) |
| **Denominator** | Number of predicted CLABSIs (numpred) |
| **Denominator Exclusions** | Non-ICU units and NICUs |
| **Rate Calculation** | (number of observed CLABSIs (infcount) /  number of predicted CLABSIs (numpred)) |
| **Data Sources** | NHSN TAP Reports |
| **Specifications/Definitions/**  **Recommendations** | NQF 0139 |
| **Baseline Period** | Oct 2020 – Sep 2021 |
| **Reporting Period** | Monthly beginning Oct 2021 |

Central Line-Associated Blood Stream Infection (CLABSI) SIR – All Units

|  |  |
| --- | --- |
| **Measure Name** | NHSN CLABSI SIR – All Units |
| **Flat File Measure Name** | CDC\_CLABSI\_ICU\_P |
| **Measure Type** | Outcome |
| **Measure Description** | NHSN CLABSI SIR for all units |
| **Numerator** | Number of observed CLABSIs (infcount) |
| **Denominator** | Number of predicted CLABSIs (numpred) |
| **Denominator Exclusions** | None |
| **Rate Calculation** | (number of observed CLABSIs (infcount) /  number of predicted CLABSIs (numpred)) |
| **Data Sources** | NHSN TAP Reports |
| **Specifications/Definitions/**  **Recommendations** | NQF 0139 |
| **Baseline Period** | Oct 2020 – Sep 2021 |
| **Reporting Period** | Monthly beginning Oct 2021 |

Central Line-Associated Blood Stream Infection (CLABSI) Utilization Ratio

|  |  |
| --- | --- |
| **Measure Name** | NHSN CLABSI Utilization Ratio |
| **Flat File Measure Name** | CDC\_CLABSI\_UR |
| **Measure Type** | Outcome |
| **Measure Description** | NHSN CLABSI utilization ratio for all units |
| **Numerator** | Number of central line days (numCLdays) |
| **Denominator** | Number of patient days (numpatdays) |
| **Denominator Exclusions** | None |
| **Rate Calculation** | (number of central line days (numCLdays) /  number of patient days (numpatdays)) |
| **Data Sources** | NHSN TAP Reports |
| **Specifications/Definitions/**  **Recommendations** |  |
| **Baseline Period** | Oct 2020 – Sep 2021 |
| **Reporting Period** | Monthly beginning Oct 2021 |

Revisions

Version 1.2: Updated numerator and rate for Naloxone Upon Discharge to say “dispensed” rather than “administered”

Version 1.3: Updated numerator and rate for CDiff\_SIR and CDiff\_Rate. For both measures numerator was changed from CDIF\_labidcount to CDIF\_facIncHOCount to capture only hospital onset CDiff.

Version 1.4: Updated denominator exclusion for High-Dose Opioid Prescribing Upon Discharge to include an exclusion if an ICD-10 code for palliative care (Z515)

\*Renamed Version 1.4 to Version 1.6 to match Excel document.

Version 1.7: Updated denominator exclusion for ADE-Anticoagulants, ADE-Diabetes, and Readmissions to exclude claims with a primary or secondary diagnosis of COVID.

Version 1.8: Updated denominator exclusion for ADE-Anticoagulants, ADE-Diabetes, and Readmissions to keep claims with a primary or secondary diagnosis of COVID.

Version 1.9: No Changes. Updated to match version of Excel file.

Version 1.10: Changes to reflect updates to HQIC contract measures (some updated baselines and three measures split out for Covid and Non-Covid patients).

Version 1.11: Updated ADE\_Diabetes (denominator no longer restricted to Benes with dx of diabetes)

Version 1.12: Removed the Covid and Non-Covid split added in version 1.10 and updated baseline time period for CAUTI, CLABSI, and MRSA

Version 1.13: No Changes. Updated to match version of Excel file where list of ADE ICD-10s was updated by the DVAC

Version 1.14: Modified High Opioid Dosage at D/C to exclude patients with an opioid prescription within 60 days prior to admission

Version 1.15: Updated Sepsis Shock, Sepsis Mortality, and Pressure Ulcer baseline time periods to match TDL#4 of Oct20-Sep21.