



Measure	Numerator	Denominator	Comments
Adverse Drug Events: Anticoagulation Safety (INR3.5), (INR4), (INR5) or (INR6)	Number of inpatients experiencing excessive anticoagulation with warfarin (INR greater than hospital critical value of >3.5, >4, > 5 or >6).	Number of inpatients receiving warfarin anticoagulation therapy.	Per 100 inpatients ; Patients with more than one event during a hospital stay are only counted once; Excludes patients with INR greater than critical value or present on admission.
Adverse Drug Events: Glycemic Management (HYPO40), (HYPO50), or (HYPO70)	Number of patients receiving insulin who experience a hypoglycemic event (hypoglycemia defined as plasma glucose concentration determined by the hospital critical value <40, <50 or <70).	Number of inpatients receiving insulin.	Per 100 inpatients ; Patients with more than one event during a hospital stay are only counted once; Excludes patients with hypoglycemia present on admission and non-insulin receiving patients.
Adverse Drug Events: Naloxone Administration (NALOXONE)	Number of patients where an opioid was administered onsite (any route) and was subsequently administered a reversal agent.	Number of patients administered an opioid onsite (any route).	Per 100 patients ; Excludes Emergency Department, Obstetric patients, free-standing/independent surgery centers, and hospice/respite care patients.
CAUTI SIR (CAUTI_SIR_All) (CAUTI_SIR_ICU)	Number of observed CAUTI infections. <i>Note: Two measures: All Units and All Units including ICUs.</i>	Number of predicted infections.	Not applicable for hospitals that do NOT report into NHSN; Excludes NICU.
CAUTI Infection Rate (CAUTI_RATE_All) (CAUTI_RATE_ICU)	Number of healthcare associated CAUTIs among patients in bedded inpatient care locations during the calendar month. <i>Note: Two measures: All Units and All Units Including ICUs.</i>	Number of indwelling urinary catheter days for bedded inpatient care locations during the calendar month.	Per 1,000 catheter days; Excludes NICU; Rate denominator reported must match the utilization numerator reported in the same month.
CAUTI Device Utilization Rate (CAUTI_Util_All) (CAUTI_Util_ICU)	Number of indwelling urinary catheter days for bedded inpatient care locations during the calendar month. <i>Note: Two measures: All Units and All Units Including ICUs.</i>	Number of patient days for bedded inpatient care locations during the calendar month.	Per 100 patient days; Utilization measure numerator must match the rate denominator reported in the same month.
CAUTI Catheter Standard Utilization Ratio (SUR) (CAUTI_SUR_All)	Number of observed catheter device days.	Number of predicted device days.	Not applicable for hospitals that do NOT report into NHSN; Excludes NICU.
CLABSI SIR (CLABSI_SIR_All) (CLABSI_SIR_ICU)	Number of observed CLABSI infections. <i>Note: Two measures - All Units and All Units Including ICUs.</i>	Number of predicted infections.	Not applicable for hospitals that do NOT report into NHSN.
CLABSI Infection Rate (CLABSI_Rate_All) (CLABSI_Rate_ICU)	Number of healthcare associated CLABSIs among patients in bedded inpatient care locations during the calendar month. <i>Note: Two measures: All Units and All Units Including ICUs.</i>	Number of central line days in bedded inpatient care locations during the calendar month.	Per 1,000 line days; Includes NICU locations; Rate denominator reported must match the utilization numerator reported in the same month.
CLABSI Central Line Utilization Rate (CLABSI_Util_All) (CLABSI_Util_ICU)	Number of central line days in bedded inpatient care locations during the calendar month. <i>Note: Two measures: All Units and All Units Including ICUs.</i>	Number of patient days for bedded inpatient care locations during the calendar month.	Per 100 patient days. Utilization measure numerator must match the rate denominator reported in the same month.
CLABSI Central Line Standard Utilization Ratio SUR (CLABSI_SUR_All)	Number of observed central line device days.	Number of predicted device days.	Not applicable for hospitals that do NOT report into NHSN.



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CDI SIR – All Units <i>(CDI_SIR)</i>	Number of observed hospital-onset CDI infections.	Number of predicted infections.	Not applicable for hospitals that do NOT report into NHSN.
CDI Rate, Hospital Onset LabID Events <i>(CDI_LabID)</i>	Number of hospital-onset LabID CDI events.	Number of patient days.	Per 10,000 patient days; Excludes all NICU locations, and inpatient rehab or inpatient psychiatric facilities with separate CCN.
Falls with Injury <i>(Falls_Injury)</i>	Total number of patient falls with injury level minor or greater (including those assisted by a staff member) on eligible hospital units during the calendar month.	Patient days in eligible units during the calendar month.	Per 1,000 patient days; Excludes pediatric, psychiatric, OB units.
MRSA Bacteremia SIR <i>(MRSA_SIR)</i>	Number of observed MRSA infections.	Number of predicted infections.	Not applicable for hospitals that do NOT report into NHSN; Excludes NICU, predicted infection counts less than one, and inpatient rehab facilities or inpatient psychiatric facilities with a separate CCN.
MRSA Bacteremia Rate, Hospital Onset Events <i>(MRSA_Rate)</i>	Number of hospital-onset MRSA bacteremia events.	Patient days.	Per 1,000 patient days.
Opioid Stewardship, Surgical Discharges <i>(Opioid_Discharge)</i>	Number of surgical patients receiving opioid prescriptions at discharge with 12 pills or fewer.	Number of hospital surgical discharges.	Excludes orthopedic surgeries such as total hip, total knees or back reconstructions, patients under 18 years of age, patients with active cancer, patients with sickle cell disease, and patients discharged from hospital to hospice.
Opioid Stewardship, Opioid Use in the ED <i>(ED_Opioid)</i>	Total morphine milligram equivalents (MMEs) administered in the Emergency Department.	Number of Emergency Department (ED) visits.	Excludes patients under 18 years of age, with active cancer based on problem list (C-codes), with sickle cell disease based on problem list (D57 codes), enrolled in hospice, administered buprenorphine or methadone, and administered fentanyl for procedural sedation.
Opioid Stewardship, Concurrent Opioids <i>(Opioid_Concurrent_eCQM)</i>	Inpatients prescribed or continuing to take two or more opioids OR an opioid AND a benzodiazepine at discharge.	Inpatients, 18 years or older, with a length of stay less than or equal to 120 days, that are prescribed one or more new or continuing opioids or benzodiazepine at discharge	Per 100 inpatient discharges; excludes patients: under 18 years of age, inpatient stays greater than 120 days, patients with cancer that begins prior to or during the encounter; palliative or hospice care patients; patients discharged to another inpatient facility, or patients that expired during the inpatient stay.
Pressure Injury, Hospital-Acquired HAPI Rate, Stage 3+ <i>(HAPI_PSI03)</i>	Number of patients with Stage III, Stage IV, or Unstageable Pressure Ulcers.	Number of surgical or medical discharges, for patients ages 18 years and older.	Per 1,000 surgical or medical discharges; HAPI is defined in AHRQ PSI 03; Excludes OB cases, severe burns, present on admission, patients with exfoliative disorders of the skin, cases with a principal or secondary diagnosis of stage III or IV pressure injury or deep tissue injury pressure ulcer diagnosis, and patients with LOS <3 days.



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Preventable Harm <i>(Harm_Preventable)</i>	Numerators from measures CAUTI Rate All; CLABSI Rate All; CDI Lab ID; Falls Injury; HAPI PSI03; HYPO40 or HYPO 50 or HYPO70, INR3.5 or INR4 or INR5 or INR 6, MRSA Rate, and Naloxone.	Number of patient days (pulled from the denominator submitted for Falls_Injury).	Calculated by LHA Foundation using submitted data; per 1,000 patient days; data must be current for all measures to calculate.
Readmissions 30-day, Hospital-Wide, All Cause <i>(READ-1)</i>	Number of inpatients returning as an acute care inpatient within 30 days of date of discharge.	Patients discharged alive.	Per 100 patient discharges; Excludes patients that expired in the index stay or admitted to a different level of care; Measure is not risk-adjusted.
Sepsis Overall Mortality Rate <i>(SEPSIS_Mortality)</i>	Number of patients with sepsis diagnosis and discharge status of expired.	Number of patients with any principal or secondary diagnosis code from SEP-1 inclusion criteria listed in EOM.	Per 1,000 discharges; Excludes patients with COVID ICD-10 Code U071.
Sepsis Postoperative Rate <i>(SEPSIS_PSI13)</i>	Discharges among cases meeting the inclusion and exclusion rules for the denominator, with any AHRQ designated secondary ICD-10 diagnosis codes for sepsis, SEPT12D.	Elective surgical discharges for patients ages 18 years and older, with any listed ICD-10-PCS procedure codes for an operating room procedure.	Per 1,000 elective surgical discharges; Refer to AHRQ PSI13 for measure specifics.
Sepsis: SEP-1 <i>(SEP-1)</i>	Patients who receive Initial lactate level, broad spectrum or other antibiotics, and blood cultures within three hours; AND repeat lactate within six hours if initial lactate elevated; AND resuscitation with 30 mL/kg crystalloid fluids within three hours of initial hypotension or septic shock; AND within six hours of septic shock presentation, if hypotension persists after fluid administration, vasopressors are administered; AND within six hours of septic shock presentation, if hypotension persists after fluid administration or initial lactate ≥ 4 mmol/L, then repeat volume status and tissue perfusion assessment.	Inpatients age 18 and over, with a length of stay less than 120 days, with an ICD-10-CM Principal or Other Diagnosis Code of Sepsis, Severe Sepsis, or septic shock and not equal to U07.1 (COVID-19).	Per 100 sepsis patients; Excludes patients with principal or other COVID ICD-10 Code U071, comfort or palliative care within 6 hours of presentation, administrative contraindication to care within six hours of presentation, transfer in from another facility, clinical trials, patients receiving IV antibiotics for more than 24 hours prior to presentation, and patients discharged within six hours of presentation.
Surgical Site Infection (SSI) SIR Measures <i>(SSI_Colon_SIR)</i> <i>(SSI_AbHyst_SIR)</i>	Number of observed surgical site infections. <i>Note: Two measures: Colon Surgeries and Abdominal Hysterectomies</i>	Number of predicted infections.	Not applicable for hospitals that do NOT report into NHSN; Excludes outpatient surgery.
Surgical Site Infection (SSI) Rate Measures <i>(SSI_Colon_Rate)</i> <i>(SSI_AbHyst_Rate)</i>	Total number of surgical site infections based on CDC NHSN definition. <i>Note: Two measures: Colon Surgeries and Abdominal Hysterectomies</i>	All patients having any of the procedures included in the selected NHSN operative procedure category.	Per 100 procedures; Excludes outpatient surgery.



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Worker Safety: Workplace Violence <i>(WS_Violence)</i>	Number of worker harm events related to workplace violence.	Number of full-time equivalents (FTE).	Per 100 FTEs. Includes any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the worksite. It ranges from threats and verbal abuse to physical assault or even homicide.

Source: Encyclopedia of Measures [LHAF EOM 2024](#) (06/7/2024)