LHA FOUNDATION

Measure Quick Reference

Measure	Numerator	Denominator	Comments
Adverse Drug Events (ADE): 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.
ADE Hospital Harm - Severe Hyperglycemia *(HH_HYPER_eCQM)*	Inpatient hospitalizations with a hyperglycemic event within the first 10 days of the encounter minus the first 24 hours, and minus the last period before discharge from the hospital if less than 24 hours.	Inpatient hospitalizations for patients age 18 and older that end during the measurement period, as well as either: A diagnosis of diabetes that starts before the end of the encounter; **OR** Administration of at least one dose of insulin or any hypoglycemic medication that starts during the encounter; **OR** Presence of at least one glucose value >=200 mg/dL at any time during the encounter.	A hyperglycemic event is defined as: A day with at least one glucose value >300 mg/dL **OR** A day where a glucose test and result was not found, and it was immediately preceded by two contiguous, consecutive days where at least one glucose value during each of the two days was >=200 mg/dL.
ADE Hospital Harm - Severe Hypoglycemia *(HH_HYPO_eCQM)*	Inpatient hospitalizations where a severe hypoglycemic event occurred during the encounter.	Inpatient hospitalizations that end during the measurement period for patients age 18 and older and at least one hypoglycemic medication administration starts during the encounter.	• A severe hypoglycemic event is: A glucose test with a result less than 40 mg/dL **AND** a hypoglycemic medication was administered within 24 hours before the start of the severe hypoglycemic event (i.e., the glucose test with a result less than 40 mg/dL) **AND** there was no subsequent repeat test for glucose with a result greater than 80 mg/dL within five minutes or less from the start of the initial glucose test with a result less than 40 mg/dL. The 24-hour and 5-minute timeframes are based on the time the glucose was drawn, as this reflects the time the patient was experiencing that specific glucose level. • Only one qualifying severe hypoglycemic event is counted in the numerator, and only one severe hypoglycemic event is counted per encounter.
ADE: 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)*	Number of observed CAUTI infections, all units.	Number of predicted infections.	Not applicable for hospitals that do NOT report into NHSN; Excludes NICU.

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Measure	Numerator	Denominator	Comments
CAUTI Infection Rate *(CAUTI_RATE_All)*	Number of healthcare associated CAUTIs among patients in bedded inpatient care locations during the calendar month, all units.	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)*	Number of indwelling urinary catheter days for bedded inpatient care locations during the calendar month, all units.	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)*	Number of observed CLABSI infections, all units.	Number of predicted infections.	Not applicable for hospitals that do NOT report into NHSN.
CLABSI Infection Rate *(CLABSI_Rate_All)*	Number of healthcare associated CLABSIs among patients in bedded inpatient care locations during the calendar month, all units.	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)*	Number of central line days in bedded inpatient care locations during the calendar month, all units.	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.
CDI SIR – All Units (CDI_SIR)	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 (CDI_LabID)	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 (Falls_Injury)	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.
Hospital Harm – Falls with Injury (HH_FI_eCQM)	Inpatient hospitalizations where the patient has a fall that results in a major or moderate injury during the encounter.	Inpatient hospitalizations for patients age 18 and older with a length of stay less than or equal to 120 days that ends during the measurement period.	Exclusion: Inpatient hospitalizations where the patient has a fall diagnosis present on admission. The diagnosis of a major or moderate injury must not be present on admission.

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Measure Quick Reference

Measure	Numerator	Denominator	Comments
MRSA Bacteremia SIR *(MRSA_SIR)*	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 *(MRSA_Rate)*	Number of hospital-onset *MRSA* bacteremia events.	Patient days.	Per 1,000 patient days.
Opioid Stewardship, Concurrent Opioids (*Opioid_Concurrent_eCQM)*	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.
Hospital Harm - Opioid-Related Adverse Events (HH_ORAE_eCQM)	Inpatient hospitalizations where a non-enteral opioid antagonist administration starts during the hospitalization outside of the operating room and 12 hours or less following an opioid medication administered outside of the operating room.	Inpatient hospitalizations for patients age 18 and older during which at least one opioid medication was administered outside of the operating room.	The route of administration of the opioid antagonist must be by intranasal spray, inhalation, intramuscular, subcutaneous, or intravenous injection. Only one numerator event is counted per encounter.
Pressure Injury, Hospital-Acquired HAPI Rate, Stage 3+ *(HAPI_PSI03)*	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.
Hospital Harm - Pressure Injury (HH_PI_eCQM)	Inpatient hospitalizations for patients with a new deep tissue pressure injury (DTPI) or stage 2, 3, 4, or unstageable pressure injury, as evidenced by **any** of the following: A diagnosis of DTPI with the DTPI not present on admission, i.e., the diagnosis of DTPI has a present on admission Indicator; A diagnosis of stage 2, 3, 4 or unstageable pressure injury with the pressure injury diagnosis not present on admission; A DTPI found on exam greater than 72 hours after the start of the encounter. A stage 2, 3, 4 or unstageable pressure injury found on exam greater than 24 hours after the start of the encounter.	Inpatient hospitalizations for patients aged 18 and older.	Per 100 inpatient hospitalizations. Present on Admission Indicators: • N: Diagnosis was not present at time of inpatient admission; or • U: Documentation insufficient to determine if the condition was present at the time of inpatient admission.

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Readmissions 30-day, Hospital-Wide, All Cause *(READ-1)*	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 *(SEPSIS_Mortality)*	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: SEP-1 *(SEP-1)*	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. performed.	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 *(SSI_Colon_SIR)* *(SSI_AbHyst_SIR)*	Number of observed surgical site infections. *Note: Two measures: Colon Surgeries and Abdominal Hysterectomies*	Number of predicted infections.	Not applicable for hospitals that do NOT report into NHSN; Excludes outpatient surgery.
Surgical Site Infection (SSI) Rate Measures *(SSI_Colon_Rate)* *(SSI_AbHyst_Rate)*	Total number of surgical site infections based on CDC NHSN definition. *Note: Two measures: Colon Surgeries and Abdominal Hysterectomies*	All patients having any of the procedures included in the selected NHSN operative procedure category.	Per 100 procedures; Excludes outpatient surgery.

Source: Encyclopedia of Measures LHAF EOM 2025 (11/01/2024)