

Governor's Award of Excellence Measures - Critical Access Hospitals (CAHs)

Measure Topic	Measure Description	Data Source	Inclusion Criteria	Exclusion Criteria	Numerator	Denominator	Baseline Time Period	* Anticipated Final Evaluation Time Period	Improvement Rate Necessary for Governor's Award of Excellence
Adverse Drug Events: Anticoagulation-related	Anticoagulant-related adverse drug events (ADE) per 1,000 acute inpatient admissions.	Medicare Part A Inpatient Claims	Inpatient only	Anticoagulant ADE diagnosis present on admission; Patients still in the same facility (discharge status code = 30); Patients discharged to another acute care hospital (discharge status code = 02); Patients admitted to the same hospital (discharge status code = 09)	Number of inpatient discharges with a secondary ICD-10 diagnosis for an anticoagulant-related adverse drug event that was not present on admission.	All acute inpatient admissions in the measurement timeframe	January 1, 2019 - December 31, 2019	January 1, 2023 to December 31, 2023	Decrease: 15% Relative Improvement Rate (RIR) from Baseline
Adverse Drug Events: High-Dose Opioid Prescribing Upon Discharge	Percentage of patients discharged who received a high-dose opioid prescription within seven days of discharge.	Medicare Part A, B and D Claims	Methadone treatment for pain from Part D claims (note that addiction treatment is not billed through Part D). • Part A inpatient claims having a Type Code of 60 or 61.	<ul style="list-style-type: none"> • Patients still in the same facility (discharge status code = 30). • Patients discharged to another acute care hospitals (discharge status code = 02) • Patients admitted to the same hospital (discharge status code = 09). • Patients that left against medical advice (discharge status code = 07) • Patients with end-of-life care, cancer, and sickle cell disease within 180 days prior to and during the measurement period. ICD-10 codes include: <ul style="list-style-type: none"> o Z51.5 Palliative care. o C00-D49 Neoplasms. o Q85.0x Neurofibromatosis (nonmalignant). o D57.0 - D57.8 Sickle-cell disorders. 	Number of patients having an opioid prescription >=90 MME/day.	Number of patients who have a prescription for an opioid filled within seven days of discharge.	January 1, 2019 - December 31, 2019	January 1, 2023 to December 31, 2023	Decrease: 15% Relative Improvement Rate (RIR) from Baseline
Adverse Drug Events: Hypoglycemia	Hospital harm - severe hypoglycemia.	Medicare Part A Inpatient Claims	Inpatient only	Patients still in the same facility (discharge status code = 30). • Patients discharged to another acute care hospitals (discharge status code = 02) • Patients admitted to the same hospital (discharge status code = 09) • Patients with hypoglycemic medication related ADE indicated as present on admission.	Number of inpatient discharges with a secondary ICD-10 diagnosis for a hypoglycemic medication related adverse drug event that was not present on admission.	All acute inpatient admissions in the measurement timeframe.	January 1, 2019 - December 31, 2019	January 1, 2023 to December 31, 2023	Decrease: 15% Relative Improvement Rate (RIR) from Baseline
Adverse Drug Events: Opioid Related	Hospital acquired opioid related adverse drug events (ADEs) per 1,000 discharges among Medicare beneficiaries.	Medicare Part A Inpatient Claims	Inpatient only	<ul style="list-style-type: none"> • Opioid related ADE diagnosis present on admission. • Patients still in the same facility (discharge status code = 30). • Patients discharged to another acute care hospitals (discharge status code = 02) • Patients admitted to the same hospital (discharge status code = 09). • Patients with end-of-life care, cancer, and sickle cell disease within 180 days prior to and during the measurement period. ICD-10 codes include: <ul style="list-style-type: none"> o Z51.5 Palliative care. o C00-D49 Neoplasms. o Q85.0x Neurofibromatosis (nonmalignant). o D57.0 - D57.8 Sickle-cell disorders. 	Number of inpatient discharges with a secondary ICD-10 diagnosis for an opioid-related adverse drug event that was not present on admission.	Number of inpatient discharges.	January 1, 2019 - December 31, 2019	January 1, 2023 to December 31, 2023	Decrease: 10% Relative Improvement Rate (RIR) from Baseline
Infections: CAUTI Rate	Catheter-associated urinary tract infection (CAUTI) rate in ICUs, medical and surgical units, per 1,000 urinary catheter days, excluding NICUs.	NHSN or manual entry into KeyMetrics	Inpatient ICUs, medical and surgical units only.	Suprapubic catheters unless the patient also has an indwelling urinary catheter. • Condom catheters. • "In and out" catheterizations. • Nephrostomy tubes unless the patient also has an indwelling urinary catheter. • Level II or III neonatal ICU locations.	Number of observed infections	Number of catheter days	October 1, 2020 - September 30, 2021	January 1, 2023 to December 31, 2023	Decrease 12% Relative Improvement Rate (RIR) from Baseline

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Infections: CLABSI Rate	Central line-associated bloodstream infection (CLABSI) rate in ICUs, medical and surgical units, per 1,000 central line days, including NICUs.	NHSN or manual entry into KeyMetrics	Inpatient ICUs, medical and surgical units only	Pacemaker wires and other non-lumened devices inserted into central blood vessels or the heart. • Arterial catheters, fistula, or graft. • Extracorporeal membrane oxygenation (ECMO). • Hemodialysis reliable outflow (HERO) dialysis catheters. • Intra-aortic balloon pump (IABP) devices. • Central lines not accessed nor inserted during the hospitalization. • Peripheral IV or Midlines. • Ventricular Assist Device (VAD).	Number of observed infections	Number of central line days	October 1, 2020 - September 30, 2021	January 1, 2023 to December 31, 2023	Decrease 12% Relative Improvement Rate (RIR) from Baseline
Infections: MRSA Rate	Methicillin-resistant Staphylococcus aureus (MRSA) rate, facility wide, per 1,000 patient days.	NHSN or manual entry into KeyMetrics	Inpatient Only	Inpatient rehab facilities or inpatient psychiatric facilities reporting under a separate CCN.	Number of observed infections (MRSA blood events)	Number of patient days	October 1, 2020 - September 30, 2021	January 1, 2023 to December 31, 2023	Decrease 12% Relative Improvement Rate (RIR) from Baseline
Infections: C. Difficile Rate	Hospital onset Clostridioides difficile Infection (CDI) rate, facility wide, per 10,000 patient days.	NHSN or manual entry into KeyMetrics	Inpatient Only	• CDI present on admission. • Patients with CDI as principal diagnosis. • CDI positive culture within the first 3-days of hospital stay.	Number of observed hospital-onset infections	Number of patient days	January 1, 2019 - December 31, 2019	January 1, 2023 to December 31, 2023	Decrease 12% Relative Improvement Rate (RIR) from Baseline
Infections: Surgical Site Infections: Colon Surgery Rate	Surgical site infection (SSI) rate associated with colon surgeries, per 100 procedures.	NHSN or manual entry into KeyMetrics	Infection occurs within 30 days after procedure date. • Inpatient procedures only. • Only deep incisional primary or organ space SSIs. • SSIs identified on admission/readmission to facility where procedure was performed.	Patients with ASA score of 6. • Infection is present at the time of surgery. • Outpatient procedures.	Number of observed infections	Number of procedures performed	January 1, 2019 - December 31, 2019	January 1, 2023 to December 31, 2023	Decrease 12% Relative Improvement Rate (RIR) from Baseline
Infections: Surgical Site Infections: Hysterectomy Rate	Surgical site infection (SSI) rate associated with hysterectomies, per 100 procedures	NHSN or manual entry into KeyMetrics	Infection occurs within 30 days after procedure date. • Inpatient procedures only. • Only deep incisional primary or organ space SSIs. • SSIs identified on admission/readmission to facility where procedure was performed.	Patients with ASA score of 6. • Infection is present at the time of surgery. • Outpatient procedures.	Number of observed infections	Number of procedures performed	January 1, 2019 - December 31, 2019	January 1, 2023 to December 31, 2023	Decrease 11% Relative Improvement Rate (RIR) from Baseline
Infections: Surgical Site Infections: Knee Replacement Rate	Surgical site infection (SSI) rate associated with knee replacements, per 100 procedures.	NHSN or manual entry into KeyMetrics	Infection occurs within 30 days after procedure date. • Inpatient procedures only. • Only deep incisional primary or organ space SSIs. • SSIs identified on admission/readmission to facility where procedure was performed.	Patients with ASA score of 6. • Infection is present at the time of surgery. • Outpatient procedures.	Number of observed infections	Number of procedures performed	January 1, 2019 - December 31, 2019	January 1, 2023 to December 31, 2023	Decrease 11% Relative Improvement Rate (RIR) from Baseline

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Readmissions	Hospital-wide, all-cause, unplanned hospital 30-day readmissions (NQF 1789), non-risk-adjusted.	Medicare Part A Inpatient Claims	Inpatient Only	Admitted to Prospective Payment System (PPS)-exempt cancer hospitals. • Without at least 30 days post-discharge enrollment in Medicare FFS. • Discharged against medical advice. • Admitted for primary psychiatric diagnoses. • Admitted for rehabilitation. • Admitted for medical treatment of cancer.	Total number of inpatient admissions for any cause, except for certain planned readmissions, within 30 days from the date of discharge from an eligible index admission.	Total number of admissions for Medicare beneficiaries who are 65 years and older and discharged from all non-federal, acute care inpatient US hospitals with a complete claim history for the 12 months prior to admission.	January 1, 2019 - December 31, 2019	January 1, 2023 to December 31, 2023	Decrease 9% Relative Improvement Rate (RIR) from Baseline
Sepsis Mortality	Adult inpatient risk adjusted sepsis mortality rate (NQF 3215).	Medicare Part A Inpatient Claims	May include multiple admissions of the same patient during the measurement period. • Denominator includes all cases identified using Medicare claims that meet the international consensus definition (Sepsis- 2) of severe sepsis or septic shock.	Patients with advanced directives restricting any hospital specific sepsis protocol interventions or who decline (or their proxy declines) treatment for sepsis. • Patients who have been transferred from one acute care hospital to another.	Number of expired adult patients (18 and over) admitted to an acute care hospital.	Number of hospitalizations with a primary or secondary diagnosis of severe sepsis or septic shock.	October 1, 2020 - September 30, 2021	January 1, 2023 to December 31, 2023	Decrease 11% Relative Improvement Rate (RIR) from Baseline
Sepsis - Post Operative	Post-operative sepsis and septic shock (PSI-13).	Medicare Part A Inpatient Claims	Specified ICD-10-PCS procedure codes for an operating room procedure. • Elective surgical discharges defined by specific MS-DRG codes with admission type recorded as Elective.	A principal ICD-10-CM diagnosis code (or secondary diagnosis present on admission) for sepsis. • A principal ICD-10-CM diagnosis code (or secondary diagnosis present on admission) for infection. • Pregnancy, childbirth, and puerperium. • An ungroupable DRG (DRG=999). • Missing gender, age, quarter, year, or principal diagnosis.	Number of discharges meeting the inclusion and exclusion rules for the denominator, with any secondary ICD-10-CM diagnosis codes for sepsis.	Number of elective surgical discharges.	October 1, 2020 - September 30, 2021	January 1, 2023 to December 31, 2023	Decrease 11% Relative Improvement Rate (RIR) from Baseline
Immunizations: COVID-19	Increase percentage of Medicare Fee-for-Service (FFS) beneficiaries who are fully vaccinated for COVID-19	Claims and other clinical data sources for Part A and Part B (hospitals, clinician offices, outpatient facilities, etc.)	See Numerator and Denominator information	See Numerator and Denominator information	Medicare FFS beneficiaries who are fully vaccinated* for COVID-19 *Fully vaccinated is defined by the respective CDC vaccination criteria on the date of data collection	Medicare FFS beneficiaries	September 1, 2020 to August 31, 2021	January 1, 2023 to December 31, 2023	95% of Medicare FFS Beneficiaries fully vaccinated per CDC guidelines
Immunizations: Influenza	Increase percentage of Medicare FFS beneficiaries who received an influenza immunization	Claims	See Numerator and Denominator information	See Numerator and Denominator information	Medicare FFS beneficiaries who received an influenza immunization during the most recent influenza season (August-March)	Medicare FFS beneficiaries seen for a visit during the most recent influenza season of the measurement period (October-March)	July 1, 2020 to March 31, 2021	July 1, 2023 to March 31, 2024	Increase: 11% Relative Improvement Rate (RIR) from Baseline
Immunizations: Pneumococcal	Increase percentage of Medicare FFS beneficiaries 65 years of age and older who receive a pneumococcal vaccine	Claims	See Numerator and Denominator information	See Numerator and Denominator information	Medicare FFS beneficiaries aged 65 or older who have received the pneumococcal vaccine since age 65, within the measurement period or the previous five years	Medicare FFS beneficiaries aged 65 or older who were seen by a clinician during the measurement period	September 1, 2020 to August 31, 2021	January 1, 2023 to December 31, 2023	Increase: 11% Relative Improvement Rate (RIR) from Baseline
Utilization: Emergency Department (ED) Visits for Super Utilizers	Decrease Medicare FFS beneficiary ED visits (targeting super utilizers) at short-term hospitals, critical access hospitals and inpatient psychiatric facilities (including psychiatric hospital and psychiatric units) Note: "super utilizers" are Medicare FFS Beneficiaries who have at least 4 admissions or at least 5 ED visits, observation stays, and admissions combined in the 12 month period immediately preceding the performance period.	Part A Claims	See Numerator and Denominator information	See Numerator and Denominator information	Medicare FFS Beneficiaries who visit the ED at Short-term hospitals, CAHs, and inpatient psychiatric facilities	Person-years contributed by super-utilizers in the performance period (divide by 1,000)	October 1, 2018 to September 30, 2020	January 1, 2023 to December 31, 2023	Decrease: 13% Relative Improvement Rate (RIR) from Baseline

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Utilization	Decrease hospital utilization for Medicare FFS beneficiaries per 1,000 Beneficiary - Years with discharge date during the reporting time period	Part A Claims	See Numerator and Denominator information	See Numerator and Denominator information	ED, observation, and inpatient stays (to acute care or inpatient psychiatric facilities) in performance period.	Person years contributed by Medicare FFS beneficiaries in the performance period (divide by 1,000)	October 1, 2018 to September 30, 2020	January 1, 2023 to December 31, 2023	Decrease: 6% Relative Improvement Rate (RIR) from Baseline
Emergency Department Transfer Communication (EDTC)	Percentage of patients who are transferred from an ED to another health care facility that have all necessary communication made available to the receiving facility in a timely manner	MI Flex Program/HR SA Reports Provided by MI Flex Program	See Numerator and Denominator information		<p>Numerator Statement: Number of patients transferred to another healthcare facility whose medical record documentation indicated that all the following relevant elements were documented and communicated to the receiving hospital in a timely manner:</p> <ol style="list-style-type: none"> Home Medications Allergies and/or Reactions Medications Administered in ED ED Provider Note Mental Status/Orientation Assessment Reason for Transfer and/or Plan of Care Tests and/or Procedures Performed Tests and/or Procedures Results <p>For ALL data elements, the definition of 'sent' includes the following documentation:</p> <ul style="list-style-type: none"> Hard copy sent directly with the patient, or Communicated via fax or phone within 60 minutes of patient departure, or Immediately available via shared EHR or HIE 	<p>Denominator Statement: Transfers from an ED to another healthcare facility</p> <p>Included Population: All transfers from an ED to another healthcare facility</p> <p>Excluded Populations: None</p>	September 1, 2020 to August 31, 2021	April 2023-March 2024	Achieve a rate of 92% or higher
*The Anticipated Final Evaluation Time Period is based on our anticipated data availability. If data availability changes, we will update participants as soon as possible.									