Pioneers in Quality Expert to Expert Webinar Series
eCQM Annual Update: STK, PC-05 Measures

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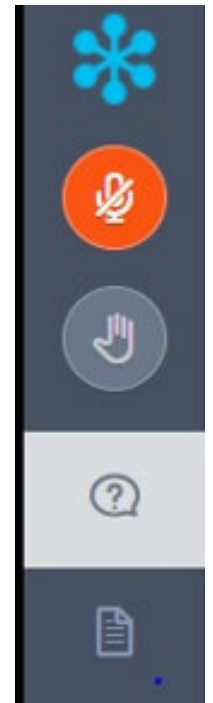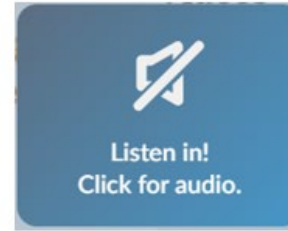
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01/18/2022

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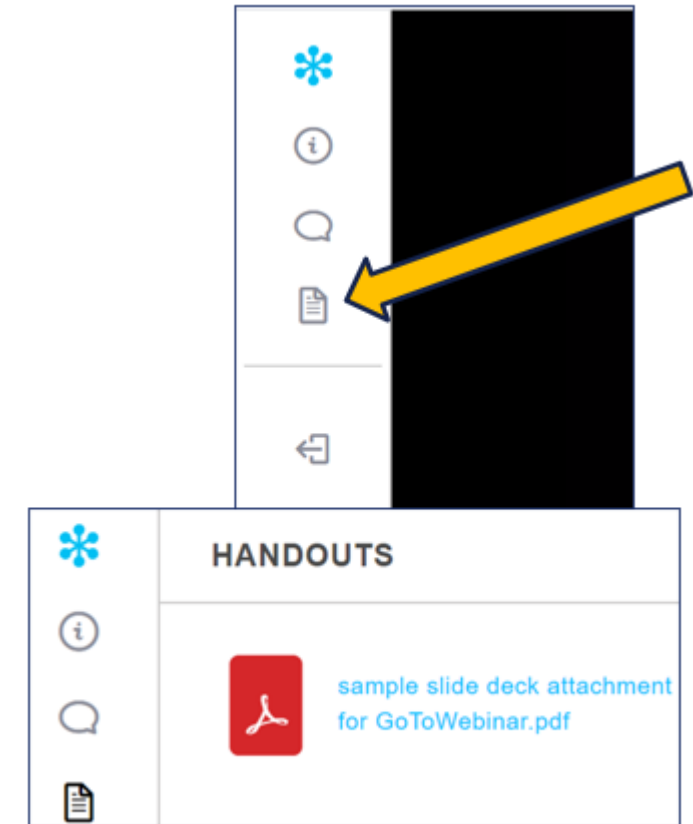
2

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sample slide deck attachment for GoToWebinar.pdf

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Expert to Expert Webinar Series

Upcoming 2021-2022 eCQM Annual Updates Webinars will address:

- VTE Measures (Broadcast Dec 9)
- Stroke Measures (Today – Jan 18)
- PC-05 Exclusive Breast Milk Feeding (Today – Jan 18)
- ED-2 Median Admit Decision Time to ED Departure Time
- Safe Use of Opioids- Concurrent Prescribing
- Joint Commission-only ePC measures

2021-2022 New Measure Review Webinars will address:

- Hospital Harm - Severe Hypoglycemia
- Hospital Harm - Severe Hyperglycemia
- Joint Commission-only PC-07 Severe Obstetric Complications eCQM

Expert to Expert Series webpage: https://www.jointcommission.org/measurement/pioneers-in-quality/pioneers-in-quality-expert-to-expert-series/
eCQI Resource Center: https://ecqi.healthit.gov/general-ecqm-and-ecqi-education

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6

At the end of this webinar, participants should be able to:

1. Apply concepts learned about the logic and intent for the STK/PC-05 eCQMs

2. Prepare to implement the STK/PC-05 eCQMs for the 2022 eCQM reporting period

3. Identify common issues and questions regarding the STK/PC-05 eCQMs

Disclosure Statement

These staff and speakers have disclosed that they do not have any financial arrangements or affiliations with corporate organizations that either provide educational grants to this program or may be referenced in this activity:

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8

Pioneers in Quality Expert to Expert Webinar Agenda: STK and PC-05 eCQMs

— Review broad technical changes made across eCQMs

— Explore similarities and differences between STK measures

— Review changes made to STK-2, STK-3, STK-5, STK-6 and PC-05

— FAQs

— Facilitated Audience Q&A Segment

Technical Overview –
Broad changes made across eCQMs

Global Common Function Library Updates

Added 'day of' to Global.Inpatient Encounter definition

– **Global.Inpatient Encounter**

  ▪ ["Encounter, Performed": "Encounter Inpatient"] EncounterInpatient
    where "LengthInDays"(EncounterInpatient.relevantPeriod)<= 120
      and EncounterInpatient.relevantPeriod ends during **day of**
    "Measurement Period"

1/1/2022
00:00:00am

Encounter relevantPeriod ends Any time during this
timeframe

12/31/2022
11:59:59pm
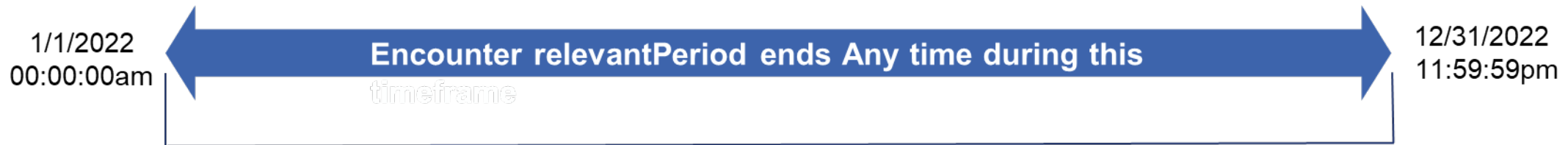
  ▪ This change was needed to account for timezone offset normalization performed by some receiving systems.

  ▪ With 'day of', the comparison is performed to the day only, ignoring the time components, and no timezone offset normalization is performed.

What is UTC?

UTC represents Coordinated Universal Time

- UTC is the primary time standard by which the world regulates clocks and times.

- It is the current time at 0 degrees longitude (runs through Greenwich, England).

- Time zone offsets for the United States are displayed below:

Time Zone	Standard Time	Daylight Savings Time
Eastern	UTC – 05:00	UTC – 04:00
Central	UTC – 06:00	UTC – 05:00
Mountain	UTC – 07:00	UTC – 06:00
Pacific	UTC – 08:00	UTC – 07:00

- A discharge date/time of 2022-12-31 20:00:00 –0600 would convert to 2023-01-01 02:00:00 for measure calculation.

- **Without 'day of'** → this case will NOT be within Measurement Period due to UTC applied and will unintentionally fall out of the Initial Population.

- **With 'day of'** → this case will be within the Measurement Period due to time and UTC ignored and will satisfy the Initial Population as expected.

Global.NormalizeInterval() function

Global.NormalizeInterval (pointInTime DateTime, period Interval<DateTime>)
- if pointInTime is not null then Interval[pointInTime, pointInTime]
    else if period is not null then period
        else null as Interval<DateTime>

– **QDM data types have both a relevantDatetime and relevantPeriod -**

- Assessment, Performed
- Device, Applied
- Diagnostic Study, Performed
- Intervention, Performed
- Laboratory Test, Performed
- Medication, Active

- Medication, Administered
- Medication, Dispensed
- Physical Exam, Performed
- Procedure, Performed
- Substance, Administered

Global.NormalizeInterval() function Cont.

Global.NormalizeInterval (pointInTime DateTime, period Interval<DateTime>)
- if pointInTime is not null then Interval[pointInTime, pointInTime]
  else if period is not null then period
    else null as Interval<DateTime>

- **A case with Procedure Performed -**

  - When relevantDatetime 2022-01-10 08:00:00 is available in the patient data → The function returns

    Interval[2022-01-10 08:00:00, 2022-01-10 08:00:00]

  - When relevantPeriod is available in the patient data as starts @ 2022-01-10 08:00:00 and ends @ 2022-01-10 11:00:00 → The function returns

    Interval[2022-01-10 08:00:00, 2022-01-10 11:00:00]

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Global.EarliestOf() function

Global.EarliestOf((pointInTime DateTime, period Interval<DateTime>)
- Earliest(NormalizeInterval(pointInTime, period)

  Global.Earliest(period Interval<DateTime>)
  - if (HasStart(period)) then start of period
      else
          end of period

  Global.HasStart(period Interval<DateTime>)
  - not (start of period is null
      or start of period = minimum DateTime)

Global.EarliestOf() function Cont.

Global.EarliestOf((pointInTime DateTime, period Interval<DateTime>)
- Earliest(NormalizeInterval(pointInTime, period)

- **A case with Assessment Performed –**

  - When relevantDatetime 2022-01-10 08:00:00 is available →

    Global.Earliest(Interval[2022-01-10 08:00:00, 2022-01-10 08:00:00]) → The function returns 2022-01-10 08:00:00

  - When relevantPeriod is available as starts @ 2022-01-10 08:00:00 and ends @ 2022-01-10 11:00:00 →

    Global.Earliest(Interval[2022-01-10 08:00:00, 2022-01-10 11:00:00]) → The function returns 2022-01-10 08:00:00

  - When start of relevantPeriod is NOT available as starts @ Null and ends @ 2022-01-10 11:00:00 →

    Global.Earliest(Interval[NULL, 2022-01-10 11:00:00]) → The function returns 2022-01-10 11:00:00

Global.LatestOf() function

Global.LatestOf((pointInTime DateTime, period Interval<DateTime>)
- Latest(NormalizeInterval(pointInTime, period)

Global.Latest(period Interval<DateTime>)
- if (HasEnd(period)) then end of period
  else
   start of period

Global.HasEnd(period Interval<DateTime>)
- not (end of period is null
        or end of period = maximum DateTime)

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Annual Updates for 2022 Reporting Year
STK-2, STK-3, STK-5, STK-6

Stroke Measures

The STK measures are designed to monitor optimal ischemic stroke care for hospitalized inpatients.

- Three measures (STK-2, STK-3, STK-6) focus on therapies for secondary stroke prevention which should be prescribed prior to hospital discharge.
- One measure (STK-5) addresses an early intervention that should be taken when acute ischemic stroke is diagnosed.
- Updated clinical practice guideline recommendations from the American Heart Association / American Stroke Association, (Kleindorfer, et al., July 2021), reinforce the importance of these measures.

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Initial Population – STK-2, STK-3, STK-5, STK-6

Inpatient hospitalizations for patients, ages 18 and older, discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less than or equal to 120 days that ends during the measurement period.

Initial Population: TJC."Encounter with Principal Diagnosis and Age"

TJC.Encounter with Principal Diagnosis and Age
  "All Stroke Encounter" AllStrokeEncounter
       with ["Patient Characteristic Birthdate"": "Birth Date"] BirthDate
         such that Global."CalendarAgeInYearsAt"(BirthDate.birthDatetime, start of AllStrokeEncounter.relevantPeriod) >= 18

  TJC.All Stroke Encounter
       "Non Elective Inpatient Encounter" NonElectiveEncounter
        where exists (NonElectiveEncounter.diagnoses Diagnosis
           where Diagnosis.rank = 1
             and (Diagnosis.code in "Hemorrhagic Stroke"
               or Diagnosis.code in "Ischemic Stroke"
)
)   **TJC.Non Elective Inpatient Encounter**
                ["Encounter, Performed": "Non-Elective Inpatient Encounter"] NonElectiveEncounter
                 where Global."LengthInDays" (NonElectiveEncounter.relevantPeriod) <= 120
                  and NonElectiveEncounter.relevantPeriod ends during **day of** "Measurement Period"

Denominator: What is the difference?

STK-2, STK-5, STK-6

All patients in the initial population

with a principal diagnosis of ischemic stroke

STK-3

All patients in the initial population

with a principal diagnosis of ischemic stroke

- and (history of atrial ablation

or current/history atrial fibrillation/flutter)

Denominator – STK-2, STK-5, STK-6

Inpatient hospitalizations for patients with a principal diagnosis of Ischemic stroke

Denominator: TJC."Ischemic Stroke Encounter"

TJC.Ischemic Stroke Encounter
  "**Encounter with Principal Diagnosis and Age**" EncounterWithAge
    where exists (EncounterWithAge.diagnoses Diagnosis
      where Diagnosis.code in "Ischemic Stroke"
        and Diagnosis.rank = 1
)

Initial Patient Population: TJC.Encounter with Principal Diagnosis and Age
    "All Stroke Encounter" AllStrokeEncounter
      with ["Patient Characteristic Birthdate"": "Birth Date"] BirthDate
      such that Global."CalendarAgeInYearsAt"(BirthDate.birthDatetime, start of AllStrokeEncounter.relevantPeriod) >= 18

TJC.All Stroke Encounter
    "Non Elective Inpatient Encounter" NonElectiveEncounter
    where exists (NonElectiveEncounter.diagnoses Diagnosis
        where Diagnosis.rank = 1
          and (Diagnosis.code in "Hemorrhagic Stroke"
            or Diagnosis.code in "Ischemic Stroke")
)

TJC.Non Elective Inpatient Encounter
    ["Encounter, Performed": "Non-Elective Inpatient Encounter"] NonElectiveEncounter
      where Global."LengthInDays" (NonElectiveEncounter.relevantPeriod) <= 120
      and NonElectiveEncounter.relevantPeriod ends during **day of** "Measurement Period"

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Denominator – STK-3

Inpatient hospitalizations for patients with a principal diagnosis of ischemic stroke, and a history of atrial ablation, or current or history of atrial fibrillation/flutter

> **Denominator (STK-3):**   **"Encounter with Atrial Ablation Procedure"**
>   union **"Encounter with a History of Atrial Fibrillation or Flutter"**
>   union **"Encounter with Current Diagnosis Code of Atrial Fibrillation or Flutter"**

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Denominator – STK-3 continued

Encounter with Atrial Ablation Procedure

TJC."**Ischemic Stroke Encounter**" IschemicStrokeEncounter
  with ["Procedure, Performed": "Atrial Ablation"] AtrialAblation
  such that **Global."NormalizeInterval" (AtrialAblation.relevantDatetime, AtrialAblation.relevantPeriod)**
starts before start of IschemicStrokeEncounter.relevantPeriod

union Encounter with a History of Atrial Fibrillation or Flutter

TJC."**Ischemic Stroke Encounter**" IschemicStrokeEncounter
  with ["Diagnosis": "Atrial Fibrillation/Flutter"] AtrialFibrillationFlutter
    such that AtrialFibrillationFlutter.prevalencePeriod starts on or before
    end of IschemicStrokeEncounter.relevantPeriod

union Encounter with Current Diagnosis Code of Atrial Fibrillation or Flutter

TJC."**Ischemic Stroke Encounter**" IschemicStrokeEncounter
  where exists (IschemicStrokeEncounter.diagnoses Diagnosis
    where (Diagnosis.code in "Atrial Fibrillation/Flutter")
)

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STK-3 ——— 17

STK-2 Discharged on Antithrombotic Therapy
(CMS104v10)

Denominator Exclusions – STK-2

- Inpatient hospitalizations for patients admitted for elective carotid intervention. This exclusion is implicitly modeled by only including non-elective hospitalizations.

- Inpatient hospitalizations for patients discharged to another hospital

- Inpatient hospitalizations for patients who left against medical advice

- Inpatient hospitalizations for patients who expired

- Inpatient hospitalizations for patients discharged to home for hospice care

- Inpatient hospitalizations for patients discharged to a health care facility for hospice care

- Inpatient hospitalizations for patients with comfort measures documented

Denominator Exclusions: TJC."Ischemic Stroke Encounters with Discharge Disposition"
union TJC."Encounter with Comfort Measures during Hospitalization"

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Denominator Exclusions – STK-2

Denominator Exclusions:

- Inpatient hospitalizations for patients discharged to another hospital
- Inpatient hospitalizations for patients who left against medical advice
- Inpatient hospitalizations for patients who expired
- Inpatient hospitalizations for patients discharged to home for hospice care
- Inpatient hospitalizations for patients discharged to a health care facility for hospice care

Denominator Exclusions: TJC."Ischemic Stroke Encounters with Discharge Disposition"

```
( ( "Ischemic Stroke Encounter" IschemicStrokeEncounter
    where IschemicStrokeEncounter.dischargeDisposition in "Discharge To Acute Care Facility"
      or IschemicStrokeEncounter.dischargeDisposition in "Left Against Medical Advice"
      or IschemicStrokeEncounter.dischargeDisposition in "Patient Expired"
      or IschemicStrokeEncounter.dischargeDisposition in "Discharged to Home for Hospice Care"
      or IschemicStrokeEncounter.dischargeDisposition in "Discharged to Health Care Facility for Hospice Care"
  )
)
```

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STK-2 ——— 20

Denominator Exclusions – STK-2 continued

Inpatient hospitalizations for patients with comfort measures documented

Denominator Exclusions:
union TJC."Encounter with Comfort Measures during Hospitalization"

TJC."Encounter with Comfort Measures during Hospitalization"
"Ischemic Stroke Encounter" IschemicStrokeEncounter
  with "Intervention Comfort Measures" ComfortMeasure
    such that Coalesce(start of **Global."NormalizeInterval"(ComfortMeasure.relevantDatetime,**
ComfortMeasure.relevantPeriod), ComfortMeasure.authorDatetime)during
Global."HospitalizationWithObservation" (IschemicStrokeEncounter)

TJC.Intervention Comfort Measures
["Intervention, Order": "Comfort Measures"]
  union ["Intervention, Performed": "Comfort Measures"]

STK-2 —— 21

Numerator – STK-2

Inpatient hospitalizations for patients prescribed or continuing to take antithrombotic therapy at hospital discharge

Numerator
TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
  with "Antithrombotic Therapy at Discharge" DischargeAntithrombotic
    such that DischargeAntithrombotic.authorDatetime during IschemicStrokeEncounter.relevantPeriod

Antithrombotic Therapy at Discharge
["Medication, Discharge": "Antithrombotic Therapy"]

Denominator Exceptions – STK-2

Inpatient hospitalizations for patients with a documented reason for not prescribing antithrombotic therapy at discharge.

Inpatient hospitalizations for patients who receive Ticagrelor or Prasugrel as an antithrombotic therapy at discharge.

Denominator Exceptions
"Encounter With No Antithrombotic At Discharge"
  union "Encounter With Pharmacological Contraindications for Antithrombotic Therapy at Discharge"

Encounter With No Antithrombotic At Discharge
TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
  with "Antithrombotic Not Given at Discharge" NoDischargeAntithrombotic
    such that NoDischargeAntithrombotic.authorDatetime during IschemicStrokeEncounter.relevantPeriod

>   **Antithrombotic Not Given at Discharge**
>   ["Medication, Not Discharged": "Antithrombotic Therapy"] NoAntithromboticDischarge
>   where NoAntithromboticDischarge.negationRationale in "Medical Reason"
>   or NoAntithromboticDischarge.negationRationale in "Patient Refusal"

Encounter With Pharmacological Contraindications for Antithrombotic Therapy at Discharge
TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
  with ["Medication, Discharge": "Pharmacological Contraindications For Antithrombotic Therapy"] Pharmacological
    such that Pharmacological.authorDatetime during IschemicStrokeEncounter.relevantPeriod

STK-5 Antithrombotic Therapy By End of Hospital Day 2

(CMS72v10)

Denominator Exclusions – STK-5

- Inpatient hospitalizations for patients who have a duration of stay less than 2 days.

- Inpatient hospitalization for patients with comfort measures documented day of or the day after arrival.

- Inpatient hospitalization for patients with intravenous or intra-arterial Thrombolytic (t-PA) Therapy administered within 24 hours prior to arrival or anytime during hospitalization.

Denominator Exclusions:
"Encounter Less Than Two Days"
  union "Encounter with Comfort Measures during Hospitalization"
  union "Encounter with Thrombolytic Therapy Given Prior To Arrival Or During Hospitalization"

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Denominator Exclusions – STK-5 continued

Denominator Exclusions:

- Inpatient hospitalizations for patients who have a duration of stay less than 2 days.

Denominator Exclusions:
"Encounter Less Than Two Days"

Encounter Less Than Two Days
TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
where Global."HospitalizationWithObservationLengthofStay" (IschemicStrokeEncounter) < 2

Denominator Exclusions – STK-5 continued

Inpatient hospitalization for patients with comfort measures documented day of or the day after arrival.

Denominator Exclusions:
union TJC."Encounter with Comfort Measures during Hospitalization"

TJC."Encounter with Comfort Measures during Hospitalization"
"Ischemic Stroke Encounter" IschemicStrokeEncounter
  with "Intervention Comfort Measures" ComfortMeasure
    such that Coalesce(start of **Global."NormalizeInterval"(ComfortMeasure.relevantDatetime, ComfortMeasure.relevantPeriod)**, ComfortMeasure.authorDatetime)during
Global."HospitalizationWithObservation" (IschemicStrokeEncounter)

  TJC.Intervention Comfort Measures
  ["Intervention, Order": "Comfort Measures"]
  union ["Intervention, Performed": "Comfort Measures"]

Denominator Exclusions – STK-5 continued

Inpatient hospitalization for patients with comfort measures documented day of or the day after arrival.

Denominator Exclusions:
union "Encounter with Thrombolytic Therapy Given Prior To Arrival Or During Hospitalization"

Encounter with Thrombolytic Therapy Given Prior To Arrival Or During Hospitalization
"Encounter with Thrombolytic Therapy Medication or Procedures"
  union "Encounter With Thrombolytic Therapy Prior to Arrival"
  union "Encounter With Thrombolytic Therapy Documented As Already Given"

Denominator Exclusions – STK-5 continued

Denominator Exclusions:
"Encounter with Thrombolytic Therapy Medication or Procedures"

Encounter with Thrombolytic Therapy Medication or Procedures
TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
  with "Thrombolytic Therapy Medication or Procedures" ThrombolyticTherapy
    such that **Global."NormalizeInterval" (ThrombolyticTherapy.relevantDatetime,**
ThrombolyticTherapy.relevantPeriod) starts during Interval[start of
Global."HospitalizationWithObservation" (IschemicStrokeEncounter) - 24 hours,
    end of Global."HospitalizationWithObservation" (IschemicStrokeEncounter))

  Thrombolytic Therapy Medication or Procedures
  ["Medication, Administered": "Thrombolytic (t-PA) Therapy"]
    union ["Procedure, Performed": "Intravenous or Intra-arterial Thrombolytic (t-PA) Therapy"]

Denominator Exclusions – STK-5 continued

Denominator Exclusions:
  union "Encounter With Thrombolytic Therapy Prior to Arrival"
  union "Encounter With Thrombolytic Therapy Documented As Already Given"

Encounter With Thrombolytic Therapy Prior to Arrival

TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
  where exists IschemicStrokeEncounter.diagnoses Diagnosis
    where Diagnosis.code in "Intravenous or Intra arterial Thrombolytic (tPA) Therapy Prior to Arrival"

Encounter With Thrombolytic Therapy Documented As Already Given

TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
  with [Diagnosis: "Intravenous or Intra arterial Thrombolytic (tPA) Therapy Prior to Arrival"] PriorTPA
    such that PriorTPA.authorDatetime during Global."HospitalizationWithObservation" (IschemicStrokeEncounter)

Numerator – STK-5

Inpatient hospitalization for patients who had antithrombotic therapy administered the day of or day after hospital arrival

Numerator:
"Encounter with Antithrombotic Therapy"

Encounter with Antithrombotic Therapy
TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
  with ["Medication, Administered": "Antithrombotic Therapy"] Antithrombotic
    such that **Global."NormalizeInterval" (Antithrombotic.relevantDatetime, Antithrombotic.relevantPeriod)** starts during TJC."CalendarDayOfOrDayAfter" (start of Global."HospitalizationWithObservation" (IschemicStrokeEncounter))

Denominator Exceptions – STK-5

- Inpatient hospitalization for patients with a documented reason for not administering antithrombotic therapy the day of or day after hospital arrival.

- Inpatient hospitalization for patients who receive Ticagrelor or Prasugrel as an antithrombotic therapy the day of or day after hospital arrival.

- Inpatient hospitalization for patients with an INR greater than 3.5.

Denominator Exceptions
"No Antithrombotic Ordered Day Of or Day After Hospital Arrival"
  union "Encounter With Pharmacological Contraindications for Antithrombotic Therapy Given Day Of or Day After Hospital Arrival"
  union "Encounter With An INR Greater Than 3.5"

Denominator Exceptions – STK-5 (continued)

No Antithrombotic Ordered Day Of or Day After Hospital Arrival
TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
  with "No Antithrombotic Ordered" NoAntithrombotic
    such that NoAntithrombotic.authorDatetime during TJC."CalendarDayOfOrDayAfter" (start of
Global."HospitalizationWithObservation" (IschemicStrokeEncounter))

  No Antithrombotic Ordered
"No Antithrombotic Ordered for Medical Reason or Patient Refusal"
  union "No Antithrombotic Administered"

      No Antithrombotic Ordered for Medical Reason or Patient Refusal
["Medication, Not Ordered": "Antithrombotic Therapy"] NoAntithromboticOrder
  where NoAntithromboticOrder.negationRationale in "Medical Reason"
    or NoAntithromboticOrder.negationRationale in "Patient Refusal"
No Antithrombotic Administered
["Medication, Not Administered": "Antithrombotic Therapy"] NoAntithromboticGiven
  where NoAntithromboticGiven.negationRationale in "Medical Reason"
    or NoAntithromboticGiven.negationRationale in "Patient Refusal"

Denominator Exceptions – STK-5 (continued)

Denominator Exceptions: union "Encounter With Pharmacological Contraindications for Antithrombotic Therapy Given Day Of or Day After Hospital Arrival"

Encounter With Pharmacological Contraindications for Antithrombotic Therapy Given Day Of or Day After Hospital Arrival
TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
  with ["Medication, Administered": "Pharmacological Contraindications For Antithrombotic Therapy"] PharmacologicalContraindications
    such that **Global."NormalizeInterval" (PharmacologicalContraindications.relevantDatetime, PharmacologicalContraindications.relevantPeriod)** starts during TJC."CalendarDayOfOrDayAfter" (start of Global."HospitalizationWithObservation" (IschemicStrokeEncounter))

Denominator Exceptions – STK-5 (continued)

Denominator Exceptions: union "Encounter With An INR Greater Than 3.5"

Encounter With An INR Greater Than 3.5
TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
  with ["Laboratory Test, Performed": "INR"] INR
    such that INR.resultDatetime during TJC."CalendarDayOfOrDayAfter" (start of Global."HospitalizationWithObservation" (IschemicStrokeEncounter))
      and INR.result > 3.5

STK-6 Discharged on Statin Medication
(CMS105v10)

Denominator Exclusions –STK-6 (same as STK-2)

- Inpatient hospitalizations for patients admitted for elective carotid intervention. This exclusion is implicitly modeled by only including non-elective hospitalizations.
- Inpatient hospitalizations for patients discharged to another hospital
- Inpatient hospitalizations for patients who left against medical advice
- Inpatient hospitalizations for patients who expired
- Inpatient hospitalizations for patients discharged to home for hospice care
- Inpatient hospitalizations for patients discharged to a health care facility for hospice care
- Inpatient hospitalizations for patients with comfort measures documented

Denominator Exclusions: TJC."Ischemic Stroke Encounters with Discharge Disposition"
union TJC."Encounter with Comfort Measures during Hospitalization"

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STK-6 ——— 37

Numerator – STK-6

Inpatient hospitalizations for patients prescribed or continuing to take statin medication at hospital discharge

Numerator:
TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
  with "Statin at Discharge" DischargeStatin
    such that DischargeStatin.authorDatetime during IschemicStrokeEncounter.relevantPeriod

        Statin at Discharge
        ["Medication, Discharge": "Statin Grouper"]

Denominator Exceptions – STK-6

- Inpatient hospitalizations for patients with a reason for not prescribing statin medication at discharge

- Inpatient hospitalizations for patients with a statin allergy

- Inpatient hospitalizations for patients with a maximum LDL-c result of less than 70 mg/dL

Denominator Exceptions
(TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
   with "Statin Not Given at Discharge" NoDischargeStatin
    such that NoDischargeStatin.authorDatetime during IschemicStrokeEncounter.relevantPeriod
)
  union (TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
   with "Statin Allergy" StatinAllergy
    such that StatinAllergy.prevalencePeriod starts on or before
    end of IschemicStrokeEncounter.relevantPeriod
)
  union "Encounter with Max LDL less than 70 mg per dL"

Denominator Exceptions – STK-6 (continued)

Inpatient hospitalizations for patients with a reason for not prescribing statin medication at discharge

Denominator Exceptions
(TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
    with "Statin Not Given at Discharge" NoDischargeStatin
     such that NoDischargeStatin.authorDatetime during IschemicStrokeEncounter.relevantPeriod
)

(TJC.**"Ischemic Stroke Encounter"** IschemicStrokeEncounter
   with "Statin Not Given at Discharge" NoDischargeStatin
    such that NoDischargeStatin.authorDatetime during IschemicStrokeEncounter.relevantPeriod
)

Statin Not Given at Discharge
["Medication, Not Discharged": "Statin Grouper"] NoStatinDischarge
  where NoStatinDischarge.negationRationale in "Medical Reason"
   or NoStatinDischarge.negationRationale in "Patient Refusal"

Denominator Exceptions – STK-6 (continued)

Inpatient hospitalizations for patients with a statin allergy

Denominator Exceptions
union (TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
    with "Statin Allergy" StatinAllergy
      such that StatinAllergy.prevalencePeriod starts on or before
      end of IschemicStrokeEncounter.relevantPeriod
)

union (TJC.**"Ischemic Stroke Encounter"** IschemicStrokeEncounter
    with "Statin Allergy" StatinAllergy
      such that StatinAllergy.prevalencePeriod starts on or before
      end of IschemicStrokeEncounter.relevantPeriod
)
Statin Allergy
["Allergy/Intolerance": "Statin Allergen"]

Denominator Exceptions – STK-6 (continued)

Inpatient hospitalizations for patients with a maximum LDL-c result of less than 70 mg/dL

Denominator Exceptions
union "Encounter with Max LDL less than 70 mg per dL"

union "**Encounter with Max LDL less than 70 mg per dL**"

Encounter with Max LDL less than 70 mg per dL
TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
  where Max(["Laboratory Test, Performed": "LDL-c"] Ldl
    where Ldl.resultDatetime during Interval[Global."ToDate"(start of
IschemicStrokeEncounter.relevantPeriod - 30 days),
      end of IschemicStrokeEncounter.relevantPeriod]
      return Ldl.result as Quantity
)< 70 'mg/dL'

STK-3
Anticoagulation Therapy for Atrial Fibrillation/Flutter

(CMS71v11)

Denominator Exclusions – STK-3

- Inpatient hospitalizations for patients admitted for elective carotid intervention. This exclusion is implicitly modeled by only including non-elective hospitalizations.

- Inpatient hospitalizations for patients discharged to another hospital

- Inpatient hospitalizations for patients who left against medical advice

- Inpatient hospitalizations for patients who expired

- Inpatient hospitalizations for patients discharged to home for hospice care

- Inpatient hospitalizations for patients discharged to a health care facility for hospice care

- Inpatient hospitalizations for patients with comfort measures documented

Denominator Exclusions: ("Denominator" Encounter
**   where Encounter.dischargeDisposition in "Discharge To Acute Care Facility"**
**   or Encounter.dischargeDisposition in "Left Against Medical Advice"**
**   or Encounter.dischargeDisposition in "Patient Expired"**
**   or Encounter.dischargeDisposition in "Discharged to Home for Hospice Care"**
**   or Encounter.dischargeDisposition in "Discharged to Health Care Facility for Hospice Care"**
)
** union "Encounter with Comfort Measures during Hospitalization"**

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Numerator – STK-3

Inpatient hospitalizations for patients prescribed or continuing to take anticoagulation therapy at hospital discharge

Numerator:
"Denominator" Encounter
  with "Anticoagulant Therapy at Discharge" DischargeAnticoagulant
    such that DischargeAnticoagulant.authorDatetime during Encounter.relevantPeriod

Anticoagulant Therapy at Discharge
["Medication, Discharge": "Anticoagulant Therapy"]

Denominator Exceptions – STK-3

Inpatient hospitalizations for patients with a documented reason for not prescribing anticoagulation therapy at discharge

Denominator Exceptions
"Denominator" Encounter
with "Reason for Not Giving Anticoagulant at Discharge" NoDischargeAnticoagulant
    such that NoDischargeAnticoagulant.authorDatetime during Encounter.relevantPeriod

"Reason for Not Giving Anticoagulant at Discharge" NoDischargeAnticoagulant
    such that NoDischargeAnticoagulant.authorDatetime during Encounter.relevantPeriod

Reason for Not Giving Anticoagulant at Discharge
    ["Medication, Not Discharged": "Anticoagulant Therapy"] NoAnticoagulant
    where NoAnticoagulant.negationRationale in "Medical Reason"
    or NoAnticoagulant.negationRationale in "Patient Refusal"

Frequently Asked Questions (FAQs)
Questions for this segment were obtained from common questions submitted to JIRA and other sources

Question: Why are lower heparin doses not captured in the STK-5 numerator if given within the 2-day time frame specified for the measure?

Answer:

- Lower doses of heparin are not included in the value set. The antithrombotic value set includes RX norm concepts that represent medications to reach a therapeutic dose.
- Anticoagulants at doses to prevent venous thromboembolism are insufficient antithrombotic therapy. One aspirin administered within 24-48 hours of stroke onset is recommended, although other antithrombotic medications including non-prophylactic doses of anticoagulants will also meet the measure.

Question: Are COVID patients excluded from the STK measures?

Answer: Only patients assigned a diagnosis of ischemic stroke, as ICD-10-CM Principal Diagnosis Code at discharge, will qualify for the measure. Patients with a secondary ischemic stroke diagnosis are excluded from the measure, e.g., COVID assigned as the Primary Diagnosis with an ischemic stroke ICD-10-CM Other Diagnosis Code.

Question: Would a patient with a history of atrial fibrillation and a left atrial appendage closure device be excluded from STK-3? The patient was discharged on aspirin and clopidogrel.

Answer: Patients with a history of or current finding/diagnosis of atrial fibrillation/flutter (AF/F) are included in the measure. Some patients with AF/F may be eligible for a left atrial appendage (LAA) closure device or procedure to decrease the risk of developing cardiac emboli; however, anticoagulation therapy may be indicated prior to and after such procedures for select patients. Therefore, patients who undergo these procedures are not excluded from the measure, unless the procedure is linked with negation rationale for the patient refusal or medical reason value sets. While aspirin and clopidogrel are considered antiplatelet/antithrombotic medications, they are not classified as anticoagulant medications or included in the anticoagulant value set.

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PC-05 Exclusive Breast Milk Feeding

- The intent of the measure is to increase the number of newborns who are exclusively fed breast milk during the birth hospitalization

- Breastfeeding/human milk is the recommended standard for infant feeding

- Well documented short- and long-term medical and developmental advantages of breastfeeding exist

- Healthy People, CDC and many other organizations actively promote this goal

- Continue to see an opportunity for improvement, the aggregate rate for organizations submitting the eCQM was 53% in 2020

- It is not anticipated or expected that measure rates will reach 100% numerator compliance. Evidence suggests that a 70% threshold is a more reasonable target for many organizations.

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Initial Population – PC-05

2021 Initial Population:

Inpatient hospitalizations for single newborns who were born in the hospital that ends during the measurement period, and with either of the following conditions:

- An estimated gestational age at birth of >= 37 weeks
- Birth weight >= 3000 grams without an estimated gestational age at birth

Initial Population: "Single Live Term Newborn Encounter During Measurement Period"

2022 Initial Population:

Inpatient hospitalizations for single newborns who were born in the hospital that ends during the measurement period, and with either of the following conditions:

- An estimated gestational age at birth of >= 37 weeks
- Birth weight >= 3000 grams without an estimated gestational age at birth

Initial Population: **PCNewborn.**"Single Live Term Newborn Encounter During Measurement Period"

Initial Population – PC-05 (CMS9v10)

Initial Population: PCNewborn."Single Live Term Newborn Encounter During Measurement Period"

PCNewborn. Single Live Term Newborn Encounter During Measurement Period

  ("Single Live Birth Encounter With Gestational Age 37 Weeks or More"

    union "Single Live Birth Encounter With Birth Weight 3000 grams or More Without Gestational Age")

        SingleLiveTermEncounter

  where SingleLiveTermEncounter.relevantPeriod ends during **day of** "Measurement Period"

    Single Live Birth Encounter With Gestational Age 37 Weeks or More

      ""Single Live Birth Encounter" SingleLiveBirthEncounter

        with ["Assessment, Performed": "Gestational age--at birth"] GestationalAge

        such that GestationalAge.result >= 37 weeks

          and Global."EarliestOf" (GestationalAge.relevantDatetime, GestationalAge.relevantPeriod) during SingleLiveBirthEncounter.relevantPeriod

    Single Live Birth Encounter With Birth Weight 3000 grams or More Without Gestational Age

      "Single Live Birth Encounter" SingleLiveBirthEncounter

       without ["Assessment, Performed": "Gestational age--at birth"] GestationalAge

       such that Global."EarliestOf" (GestationalAge.relevantDatetime, GestationalAge.relevantPeriod) during

           SingleLiveBirthEncounter.relevantPeriod

       and GestationalAge.result is not null

      with ["Assessment, Performed": "Birth Weight"] BirthWeight

       such that Global."EarliestOf" (BirthWeight.relevantDatetime, BirthWeight.relevantPeriod) during SingleLiveBirthEncounter.relevantPeriod

       and BirthWeight.result >= 3000 'g'

        Single Live Birth Encounter

           ["Encounter, Performed": "Encounter Inpatient"] InpatientEncounter

           where exists (**InpatientEncounter.diagnoses** EncounterDiagnoses

            where EncounterDiagnoses.**code** in "Single Live Born Newborn Born in Hospital"

Initial Population – PC-05 (CMS9v10)

Initial Population: PCNewborn."Single Live Term Newborn Encounter During Measurement Period"

Single Live Birth Encounter With Gestational Age 37 Weeks or More
    "Single Live Birth Encounter" SingleLiveBirthEncounter
       with ["Assessment, Performed": "Gestational age--at birth"] GestationalAge
       such that GestationalAge.result >= **37 weeks**
        and **Global."EarliestOf" (GestationalAge.relevantDatetime, GestationalAge.relevantPeriod)** during SingleLiveBirthEncounter.relevantPeriod

Initial Population – PC-05 (CMS9v10)

Initial Population: PCNewborn."Single Live Term Newborn Encounter During Measurement Period"

PCNewborn. Single Live Term Newborn Encounter During Measurement Period

("Single Live Birth Encounter With Gestational Age 37 Weeks or More"

  union "Single Live Birth Encounter With Birth Weight 3000 grams or More Without Gestational Age")

      SingleLiveTermEncounter

where SingleLiveTermEncounter.relevantPeriod ends during **day of** "Measurement Period"

  Single Live Birth Encounter With Gestational Age 37 Weeks or More
    ""Single Live Birth Encounter" SingleLiveBirthEncounter
     with ["Assessment, Performed": "Gestational age--at birth"] GestationalAge
     such that GestationalAge.result >= 37 weeks
      and Global."EarliestOf" (GestationalAge.relevantDatetime, GestationalAge.relevantPeriod) during SingleLiveBirthEncounter.relevantPeriod

  Single Live Birth Encounter With Birth Weight 3000 grams or More Without Gestational Age
    "Single Live Birth Encounter" SingleLiveBirthEncounter
     without ["Assessment, Performed": "Gestational age--at birth"] GestationalAge
     such that **Global."EarliestOf" (GestationalAge.relevantDatetime, GestationalAge.relevantPeriod)** during
        SingleLiveBirthEncounter.relevantPeriod
     and GestationalAge.result is not null
    with ["Assessment, Performed": "Birth Weight"] BirthWeight
     such that **Global."EarliestOf" (BirthWeight.relevantDatetime, BirthWeight.relevantPeriod)** during SingleLiveBirthEncounter.relevantPeriod
     and BirthWeight.result >= 3000 'g'

      Single Live Birth Encounter
         ["Encounter, Performed": "Encounter Inpatient"] InpatientEncounter
          where exists (**InpatientEncounter.diagnoses** EncounterDiagnoses
            where EncounterDiagnoses.**code** in "Single Live Born Newborn Born in Hospital"

Denominator – PC-05 (CMS9v10)

Denominator: "Initial Population"

Initial Population

PCNewborn."Single Live Term Newborn Encounter During Measurement Period"

PCNewborn."Single Live Term Newborn Encounter During Measurement Period
("Single Live Birth Encounter With Gestational Age 37 Weeks or More"
union "Single Live Birth Encounter With Birth Weight 3000 grams or More Without Gestational Age")
     SingleLiveTermEncounter
where SingleLiveTermEncounter.relevantPeriod ends during day of "Measurement Period"

Single Live Birth Encounter With Gestational Age 37 Weeks or More
""Single Live Birth Encounter" SingleLiveBirthEncounter
    with ["Assessment, Performed": "Gestational age--at birth"] GestationalAge
    such that GestationalAge.result >= 37 weeks
        and Global."EarliestOf" (GestationalAge.relevantDatetime, GestationalAge.relevantPeriod) during
            SingleLiveBirthEncounter.relevantPeriod

Single Live Birth Encounter With Birth Weight 3000 grams or More Without Gestational Age
"Single Live Birth Encounter" SingleLiveBirthEncounter
    without ["Assessment, Performed": "Gestational age--at birth"] GestationalAge
    such that Global."EarliestOf" (GestationalAge.relevantDatetime, GestationalAge.relevantPeriod) during
        SingleLiveBirthEncounter.relevantPeriod
          and GestationalAge.result is not null

Single Live Birth Encounter
    ["Encounter, Performed": "Encounter Inpatient"] InpatientEncounter
    where exists (InpatientEncounter.diagnoses EncounterDiagnoses
        where EncounterDiagnoses.code in "Single Live Born Newborn Born in Hospital"

Denominator Exclusions – PC-05 (CMS9v10)

2021 Denominator Exclusions :

"Single Live Term Newborn Encounter With Newborn to NICU or Discharge to Acute Care or Other Health Care Facility or Expired"

union "Single Live Term Newborn Encounter With Length of Stay More Than 120 days"

union "Single Live Term Newborn Encounter With Galactosemia or Parenteral Nutrition"

2022 Denominator Exclusions :

"Single Live Term Newborn Encounter With Newborn to NICU or Discharge to Acute Care or Other Health Care Facility or Expired"

union "Single Live Term Newborn Encounter With Length of Stay More Than 120 days"

union "Single Live Term Newborn Encounter With Galactosemia or Parenteral Nutrition"

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PC-05 —— 58

Denominator Exclusions – PC-05 (CMS9v10)

Inpatient hospitalizations for newborns who were with any of the following conditions:

- transferred to an acute care facility, or other health care facility
- expired during the hospitalization
- a length of stay greater than 120 days that ends during the measurement period
- a diagnosis of galactosemia
- subject to parenteral nutrition

Denominator Exclusions: "Single Live Term Newborn Encounter With Newborn to NICU or Discharge to Acute Care or Other Health Care Facility or Expired"

PCNewborn.Single Live Term Newborn Encounter With Newborn to NICU or Discharge to Acute Care or Other Health Care Facility or Expired

    PCNewborn."Single Live Term Newborn Encounter During Measurement Period" QualifyingEncounter

    where exists (QualifyingEncounter.**facilityLocations** Location

        where Location.**code** in "Neonatal Intensive Care Unit (NICU)"

          or Location.code in "Intensive Care Unit" //in case newborn was transferred to regular Intensive Care Unit for special care

)

      or QualifyingEncounter.**dischargeDisposition** in "Patient Expired"

      or QualifyingEncounter.**dischargeDisposition** in "Discharge To Acute Care Facility"

      or QualifyingEncounter.**dischargeDisposition** in "Other Health Care Facility"

Denominator Exclusions – PC-05 (CMS9v10)

Inpatient hospitalizations for newborns who were with any of the following conditions:

- transferred to an acute care facility, or other health care facility
- expired during the hospitalization
- a length of stay greater than 120 days that ends during the measurement period
- a diagnosis of galactosemia
- subject to parenteral nutrition

Denominator Exclusions: union "Single Live Term Newborn Encounter With Length of Stay More Than 120 days

Single Live Term Newborn Encounter With Length of Stay More Than 120 days

PCNewborn."Single Live Term Newborn Encounter During Measurement Period" QualifyingEncounter

where Global.**"LengthInDays"** (QualifyingEncounter.relevantPeriod) > 120

Global.LengthInDays(Value Interval<DateTime>)

difference in days between start of Value and end of Value

Denominator Exclusions – PC-05 (CMS9v10)

Inpatient hospitalizations for newborns who were with any of the following conditions:

- transferred to an acute care facility, or other health care facility
- expired during the hospitalization
- a length of stay greater than 120 days that ends during the measurement period
- a diagnosis of galactosemia
- subject to parenteral nutrition

Denominator Exclusions: union "Single Live Term Newborn Encounter With Galactosemia or Parenteral Nutrition"

Single Live Term Newborn Encounter With Galactosemia or Parenteral Nutrition
```
( PCNewborn."Single Live Term Newborn Encounter During Measurement Period" QualifyingEncounter
    with ( ["Procedure, Performed": "Parenteral Nutrition"]
        union ["Medication, Administered": "Total Parenteral Nutrition"] ) ParenteralNutrition
    such that Global."NormalizeInterval" ( ParenteralNutrition.relevantDatetime, ParenteralNutrition.relevantPeriod )
            starts during QualifyingEncounter.relevantPeriod
        )
    union ( PCNewborn."Single Live Term Newborn Encounter During Measurement Period" QualifyingEncounter
        where exists ( QualifyingEncounter.diagnoses BirthEncounterDiagnoses
            where BirthEncounterDiagnoses.code in "Galactosemia"
        )
    )
```

Numerator – PC-05 (CMS9v10)

Inpatient hospitalizations for newborns who were fed breast milk only since birth

Numerator: "Single Live Birth Encounter With Newborn Fed Breast Milk Only Since Birth"

Single Live Term Newborn Encounter With Newborn Fed Breast Milk Only Since Birth

     PCNewborn."Single Live Term Newborn Encounter During Measurement Period" QualifyingEncounter

with ["Substance, Administered": "Breast Milk"] BreastMilkFeeding

such that **Global."NormalizeInterval" (BreastMilkFeeding.relevantDatetime, BreastMilkFeeding.relevantPeriod)**

     starts during QualifyingEncounter.relevantPeriod

without ["Substance, Administered": "Dietary Intake Other than Breast Milk"] OtherFeeding

such that **Global."NormalizeInterval" (OtherFeeding.relevantDatetime, OtherFeeding.relevantPeriod)**

     starts during QualifyingEncounter.relevantPeriod   )

)

Frequently Asked Questions (FAQs)

Questions for this segment were obtained from common questions submitted to JIRA and other sources

Question: If the newborn is given glucose gel does that count as a feeding? Does that mean they won't qualify for the numerator?

Answer: If a newborn receives dextrose or glucose 40% gel, it is considered a medication, not a feeding. An inpatient hospitalization can still quality for the numerator if a newborn receives these medications.

PC-05

Resources

eCQI Resource Center – EH Measures:

https://ecqi.healthit.gov/eligible-hospital/critical-access-hospital-ecqms

Pioneers In Quality

https://www.jointcommission.org/measurement/pioneers-in-quality/

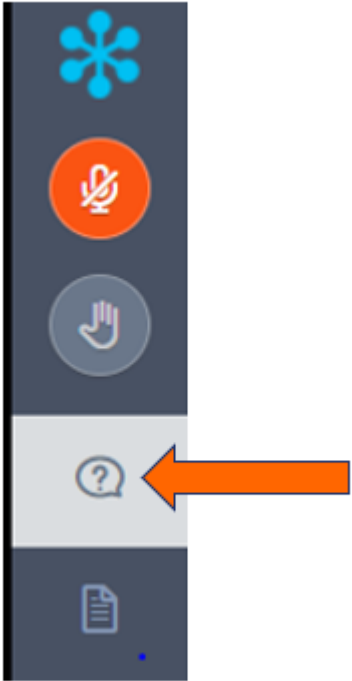ONC Issue Tracking System

https://oncprojectracking.healthit.gov/

Previous Webinars

https://www.jointcommission.org/measurement/quality-measurement-webinars-and-videos/

Live Q&A Segment

- Please submit questions via the question pane
- Click the Question mark icon in the audience toolbar
- A panel will open for you to type and submit your question
- Include slide reference number when possible
- All questions not answered verbally during the live event will be addressed in a written follow-up Q&A document
- The follow-up document will be posted to the Joint Commission website several weeks after the live event

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Webinar recording

All Expert to Expert webinar recording links, slides, transcripts, and Q&A documents can be accessed within several weeks of the live event on the Joint Commission's webpage via this link:

https://www.jointcommission.org/measurement/pioneers-in-quality/pioneers-in-quality-expert-to-expert-series/

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Home > Measurement > Pioneers in Quality > Expert to Expert Series

Pioneers in Quality Expert to Expert Series

The Joint Commission's Expert to Expert Webinar Series provides a deep-dive into measure intent, logic, and other clinical/technical aspects of electronic clinical quality measures (eCQMs) to assist hospitals and health systems in their efforts to improve eCQM data use for quality improvement. This series incorporates expertise from Joint Commission and other key stakeholders. Click the button below to be taken to additional information about current and previous Expert to Expert webinars.

Measurement webinars

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74

Coming Soon – Expert to Expert Webinars

- Webinar series began Dec 9 that incorporates expertise from The Joint Commission, Centers for Medicare & Medicaid Services, Mathematica, and Lantana to address the 2022 eCQM Annual Updates for: VTE, STK, PC, ED, and Safe Opioid Use measures.
- A new measure review webinar is also planned in February for new Hypoglycemia and Hyperglycemia eCQMs.
- Additional information will be available at this link as each webinar is offered:
  https://www.jointcommission.org/measurement/pioneers-in-quality/pioneers-in-quality-expert-to-expert-series/

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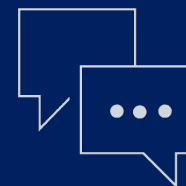We use your feedback to inform future content and assess the quality of our educational programs. The evaluation closes in 2 weeks.

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Thank you for attending!

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https://www.jointcommission.org/measurement/pioneers-in-quality/pioneers-in-quality-expert-to-expert-series/