

Measure Quick Reference

Measure	Numerator	Denominator	Comments
Adverse Drug Events: Anticoagulation Safety (INR3.5) (INR4) (INR5) (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) (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: this is 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: this is 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: this is 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: this is 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: this is 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: this is 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.

Measure Quick Reference

Measure	Numerator	Denominator	Comments
CLABSI Central Line Standard Utilization Ratio SUR <i>(CLABSI_SUR_All)</i>	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 <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 and patients under 18 years of age, with active cancer, with sickle cell disease or 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 orthopedic surgeries such as total hip, total knees or back reconstructions and patients under 18 years of age, with active cancer, with sickle cell disease or discharged from hospital to hospice.
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 and patients with LOS<3 days.
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.



Measure Quick Reference

Measure	Numerator	Denominator	Comments
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.
Surgical Site Infection (SSI) SIR Measures <i>(SSI_Colon_SIR)</i> <i>(SSI_AbHyst_SIR)</i>	Number of observed surgical site infections. <i>Note: this is two measures: Colon Surgeries and Abdominal Hysterectomies</i>	Number of predicted infections.	Not applicable for hospitals that do NOT report into NHSN.
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: this is 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.
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 [LHAREF EOM V2021.2](#) (08/23/2021)