

Meaningful Use Of Electronic Health Record

Stage 1

Eligible Professionals must complete:

- 15 core objectives
- 5 objectives out of 10 from Menu Set
- 6 total Clinical Quality Measures (3 core or alternate core, and 3 out of 38 from additional set)

Eligible Hospitals must complete:

- 14 core objectives
- 5 objectives out of 10 from Menu Set
- 15 Clinical Quality Measures

Stage 2

Eligible Professionals must complete:

- 17 core objectives
- 3 objectives out of 6 from Menu Set
- 9 total Clinical Quality Measures out of 64

Eligible Hospitals must complete:

- 16 core objectives
- 3 objectives out of 6 from Menu Set
- 16 Clinical Quality Measures out of 29

In addition, all providers must select Clinical Quality Measures from at least 3 out of 6 key health care policy domains recommended by the Department of Health and Human Services' National Quality Strategy:

1. Patient and Family Engagement
2. Patient Safety
3. Care Coordination
4. Population and Public Health
5. Efficient Use of Healthcare Resources
6. Clinical Processes/Effectiveness

Meaningful Use Objectives for Eligible Professionals

Core or Menu	Stage 1 Objective (from CMS)	Stage 1 Measure (from CMS)
Core	Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30 percent of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.
Core	Implement drug-drug and drug-allergy checks.	The eligible provider has enabled this functionality for the entire EHR reporting period.
Menu	Implement drug-formulary checks.	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.
Core	Maintain an up-to-date problem list of current and active diagnoses.	At least 80 percent of all unique patients seen by the eligible provider have at least one entry or an indication that no problems are known recorded as structured data.
Core	Generate and transmit permissible prescriptions electronically (eRx).	At least 40 percent of all permissible prescriptions written by the eligible provider are transmitted electronically using certified EHR technology. E-prescribing of controlled substances is not required for Stage 1 of Meaningful Use.
Core	Maintain active medication list.	At least 80 percent of all unique patients seen by the eligible provider have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.
Core	Maintain active medication allergy list.	At least 80 percent of all unique patients seen by the eligible provider have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.

Meaningful Use Objectives for Eligible Professionals

Core or Menu	Stage 1 Objective (from CMS)	Stage 1 Measure (from CMS)
Core	Record Demographics <ul style="list-style-type: none"> • Preferred language • Gender • Race • Ethnicity • Date of birth 	More than 50 percent of all unique patients seen by the EP have demographics recorded as structured data.
Core	Record and chart changes in vital signs: <ul style="list-style-type: none"> • Height • Weight • Blood pressure • Calculate and display BMI • Plot and display growth charts for children 2-20 years, including BMI 	For more than 50 percent of all unique patients age 2 and over seen by the EP, height, weight and blood pressure are recorded as structure data.
Core	Record smoking status for patients 13 years old or older.	At least 50 percent of all unique patients 13 years old or older seen by the eligible provider have "smoking status" recorded.
Menu	Incorporate clinical lab-test results into EHR as structured data.	At least 40 percent of all clinical lab tests results ordered by the eligible provider during the EHR reporting period whose results are in either a positive/negative or numerical format are incorporated in certified EHR technology as structured data.
Menu	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach.	Generate at least one report listing patients of the eligible provider with a specific condition.

Meaningful Use Objectives for Eligible Professionals

Core or Menu	Stage 1 Objective (from CMS)	Stage 1 Measure (from CMS)
Core	<p>Report ambulatory quality measures to CMS (or, for eligible providers (EPs) seeking the Medicaid incentive payment, the States).</p>	<p>For 2011, an eligible provider would provide the aggregate numerator and denominator through attestation. For 2012, an eligible provider would electronically submit the measures.</p>

Quality Measures for Eligible Professionals

Measure Number (from CMS)	Title (from CMS)	Description (from CMS)	Core, Alternate Core, or Menu (from CMS)
NQF 0001	Asthma assessment	Percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.	Menu
NQF 0002	Appropriate Testing for Children with Pharyngitis	Percentage of children aged 2 through 18 years with a diagnosis of pharyngitis, who were prescribed an antibiotic and who received a group A streptococcus (strep) test for the episode	Menu
NQF 0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement	Percentage of adolescents and adults aged 13 and over diagnosed with AOD abuse or dependence and receiving a related service who initiate treatment Assessment of the degree to which members engage in treatment with two additional AOD treatments within 30 days after initiating treatment.	Menu
NQF 0012	Prenatal Screening for Human Immunodeficiency Virus (HIV)	Percentage of patients who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit	Menu
NQF 0013	Blood pressure measurement	Percentage of patient visits with blood pressure measurement recorded among all patient visits for patients aged > 18 years with diagnosed hypertension.	Core
NQF 0014	Prenatal Anti-D Immune Globulin	Percentage of D-negative, unsensitized patients who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation	Menu
NQF 0018	Controlling High Blood Pressure	Percentage of patients with last BP < 140/80 mm Hg.	Menu
NQF 0024	Body Mass Index (BMI) 2 through 18 years of age	Percentage children, 2 through 18 years of age, whose weight is classified based on BMI percentile for age and gender	Alt. Core
NQF 0027	Preventive Care and Screening: Advising Smokers to Quit	Percentage of patients aged 18 years and older and are smokers who received advice to quit smoking	Menu

Quality Measures for Eligible Professionals

Measure Number (from CMS)	Title (from CMS)	Description (from CMS)	Core, Alternate Core, or Menu (from CMS)
NQF 0028	Preventive Care and Screening Measure Pair: a. Tobacco Use Assessment, b. Tobacco Cessation Intervention	a. Percentage of patients aged 18 years and older who have been seen for at least 2 office visits who were queried about tobacco use one or more times within 24 months. b. Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.	Core
NQF 0031	Preventive Care and Screening: Screening Mammography	Percentage of women aged 40 through 69 years who had a mammogram to screen for breast cancer within 24 months	Menu
NQF 0032	Cervical Cancer Screening	Percentage of women 18-64 years of age, who received one or more Pap tests during the measurement year or the 2 years prior to the measurement year.	Menu
NQF 0033	Chlamydia screening in women	Percentage of eligible women who were identified as sexually active who had at least one test for chlamydia during the measurement year.	Menu
NQF 0034	Preventive Care and Screening: Colorectal Cancer Screening	Percentage of patients aged 50 through 80 years who received the appropriate colorectal cancer screening	Menu
NQF 0036	Use of appropriate medications for people with asthma	Percentage of patients who were identified as having persistent asthma during the measurement year and the year prior to the measurement year and who were dispensed a prescription for either an inhaled corticosteroid or acceptable alternative medication during the measurement year.	Menu
NQF 0038	Childhood Immunization Status	Percentage of children 2 years of age who had four DtaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B, one chicken pox vaccine (VZV) and four pneumococcal conjugate vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates.	Alt. Core

Quality Measures for Eligible Professionals

Measure Number (from CMS)	Title (from CMS)	Description (from CMS)	Core, Alternate Core, or Menu (from CMS)
NQF 0041	Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old	Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February)	Alt. Core
NQF 0043	Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older	Percentage of patients aged 65 years and older who have ever received a pneumococcal vaccine	Menu
NQF 0047	Asthma: Pharmacologic Therapy	Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment	Menu
NQF 0052	Low back pain: use of imaging studies	Percentage of patients with new low back pain who received an imaging study (plain x-ray, MRI, CT scan) conducted on the episode start date or in the 28 days following the episode start date.	Menu
NQF 0055	Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient	Percentage of patients aged 18 through 75 years with a diagnosis of diabetes mellitus who had a dilated eye exam	Menu
NQF 0056	Diabetes Mellitus: Foot Exam	The percentage of patients aged 18 through 75 years with diabetes who had a foot examination	Menu
NQF 0059	Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus	Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent hemoglobin A1c greater than 9.0%	Menu
NQF 0061	Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus	Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent blood pressure in control (less than 140/80 mmHg)	Menu

Quality Measures for Eligible Professionals

Measure Number (from CMS)	Title (from CMS)	Description (from CMS)	Core, Alternate Core, or Menu (from CMS)
NQF 0062	Diabetes Mellitus: Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients	Percentage of patients aged 18 through 75 years with diabetes mellitus who received urine protein screening or medical attention for nephropathy during at least one office visit within 12 months	Menu
NQF 0064	Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus	Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/dl)	Menu
NQF 0067	Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD	Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy	Menu
NQF 0068	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) with documented use of aspirin or other antithrombotic	Menu
NQF 0070	Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)	Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy	Menu
NQF 0073	Ischemic Vascular Disease (IVD): Blood Pressure Management Control	Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) who had most recent blood pressure in control (less than 140/90 mmHg)	Menu
NQF 0074	Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol	Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines)	Menu

Quality Measures for Eligible Professionals

Measure Number (from CMS)	Title (from CMS)	Description (from CMS)	Core, Alternate Core, or Menu (from CMS)
NQF 0075	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C < 100 mg/dL.	Menu
NQF 0081	Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD who were prescribed ACE inhibitor or ARB therapy	Menu
NQF 0083	Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD and who were prescribed beta-blocker therapy	Menu
NQF 0084	Heart Failure: Warfarin Therapy for Patients with Atrial Fibrillation	Percentage of all patients aged 18 and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy	Menu
NQF 0086	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	Percentage of patients aged 18 years and older with a diagnosis of POAG who have an optic nerve head evaluation during one or more office visits within 12 months	Menu

Quality Measures for Eligible Professionals

Measure Number (from CMS)	Title (from CMS)	Description (from CMS)	Core, Alternate Core, or Menu (from CMS)
NQF 0088	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months	Menu
NQF 0089	Diabetic Retinopathy: Communication with the Physician Managing On- going Diabetes Care	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the on-going care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months	Menu
NQF 0105	Major Depressive Disorder (MDD): Antidepressant Medication During Acute Phase for Patients with MDD	Percentage of patients aged 18 years and older diagnosed with new episode of MDD and documented as treated with antidepressant medication during the entire 84-day (12-week) acute treatment phase	Menu
NQF 0385	Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients	Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period	Menu
NQF 0387	Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period	Menu

Quality Measures for Eligible Professionals

Measure Number (from CMS)	Title (from CMS)	Description (from CMS)	Core, Alternate Core, or Menu (from CMS)
NQF 0389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer	Menu
NQF 0421	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented Parameters: Age 65 and older BMI ≥ 30 or < 22 Age 18 – 64 BMI ≥ 25 or < 18.5	Core
NQF 0575	Diabetes: Hemoglobin A1c Control (<8.0%)	The percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c <8.0%.	Menu

Meaningful Use Objectives for Eligible Hospitals

Core or Menu	Stage 1 Objective (from CMS)	Stage 1 Measure (from CMS)
Core	Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30 percent of all unique patients with at least one medication in their medication list admitted to the eligible hospital or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.
Core	Implement drug-drug and drug-allergy checks.	The eligible hospital/CAH has enabled this functionality for the entire EHR reporting period.
Menu	Implement drug-formulary checks.	The eligible hospital/CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.
Core	Maintain an up-to-date problem list of current and active diagnoses.	More than 80 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.
Core	Maintain active medication list.	More than 80 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.
Core	Maintain active medication allergy list.	More than 80 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.

Meaningful Use Objectives for Eligible Hospitals

Code of Menu	Stage 1 Objective (from CMS)	Stage 1 Measure (from CMS)
Core	Record Demographics <ul style="list-style-type: none"> • Preferred language • Gender • Race • Ethnicity • Date of birth • Date and preliminary cause of death in the event of mortality in the eligible hospital or CAH 	More than 50 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data.
Core	Record and chart changes in vital signs: <ul style="list-style-type: none"> • Height • Weight • Blood pressure • Calculate and display BMI • Plot and display growth charts for children 2-20 years, including BMI. 	For more than 50 percent of all unique patients age 2 and over admitted to eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), height, weight and blood pressure are recorded as structure data.
Core	Record smoking status for patients 13 years old or older.	More than 50 percent of all unique patients 13 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have "smoking status" recorded.
Menu	Record advance directives for patient 65 years old or older.	More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded.
Menu	Incorporate clinical lab-test results into EHR as structured data.	More than 40 percent of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.
Menu	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.	Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.

Meaningful Use Objectives for Eligible Hospitals

Category/Measure	Stage 1 Objective (from OMS)	Stage 1 Measure (from OMS)
Core	Report hospital quality measures to CMS (or, for eligible hospitals seeking the Medicaid incentive payment, the States).	For 2011, an eligible hospital would provide the aggregate numerator and denominator through attestation as discussed in section II.A.3 of the proposed rule. For 2012, an eligible hospital would electronically submit the measures are discussed in section II.A.3. of the proposed rule.
Core	Implement one clinical decision support rule relevant to specialty or high clinical priority with the ability to track compliance to that rule.	Implement one clinical decision support rule.
Core	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies, discharge summary, procedures), upon request.	More than 50 percent of all patients of the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days.
Core	Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request.	More than 50 percent of all patients who are discharged from an eligible hospital or CAH's inpatient or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it.
Menu	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient specific education resources.
Core	Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically.	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.
Menu	The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23)

Meaningful Use Objectives for Eligible Hospitals

Code or Menu	Stage 1 Objective (from CMS)	Stage 1 Measure (from CMS)
Menu	The eligible hospital or CAH who transitions their patient to another setting of care or refers their patient to another provider of care should provide summary care record for each transition of care and referral.	The eligible hospital or CAH who transitions or refers their patient to another setting of care or provider of care should provide summary of care record for more than 50 percent of transitions of care and referrals.
Menu	Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission according to applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information have the capacity to receive the information electronically).
Menu	Capability to provide electronic submission of reportable (as required by state or local law) lab results to public health agencies and actual submission according to applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically).
Menu	Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information have the capacity to receive the information electronically).
Core	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.

Quality Measures for Eligible Hospitals

Measure ID (from CMS)	Title (from CMS)	Description (from CMS)
NQF 0371	VTE prophylaxis within 24 hours of arrival	This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission.
NQF 0372	ICU VTE prophylaxis	This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer).
NQF 0373	Anticoagulation overlap therapy	This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy. For patients who received less than five days of overlap therapy, they must be discharged on both medications. Overlap therapy must be administered for at least five days with an international normalized ratio (INR) ≥ 2 prior to discontinuation of the parenteral anticoagulation therapy or the patient must be discharged on both medications.
NQF 0374	Platelet monitoring on unfractionated heparin	This measure assesses the number of patients diagnosed with confirmed VTE who received intravenous (IV) UFH therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol.

Quality Measures for Eligible Hospitals

Measure ID (from CMS)	Title (from CMS)	Description (from CMS)
NQF 0375	VTE discharge instructions	This measure assesses the number of patients diagnosed with confirmed VTE that are discharged to home, to home with home health, home hospice or discharged/transferred to court/law enforcement on warfarin with written discharge instructions that address all four criteria: compliance issues, dietary advice, follow-up monitoring, and information about the potential for adverse drug reactions/interactions.
NQF 0376	Incidence of potentially preventable VTE	This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present on arrival) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date.
NQF 0435	Ischemic stroke – Discharge on anti-thrombotics	Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.
NQF 0436	Ischemic stroke – Anticoagulation for A-fib/flutter	Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.
NQF 0437	Ischemic stroke – Thrombolytic therapy for patients arriving within 2 hours of symptom onset	Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well and for whom IV t-PA was initiated at this hospital within 3 hours of time last known well.
NQF 0438	Ischemic or hemorrhagic stroke – Antithrombotic therapy by day 2	Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2.
NQF 0439	Ischemic stroke – Discharge on statins	Ischemic stroke patients with LDL > 100 mg/dL, or LDL not measured, or, who were on a lipid-lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge.
NQF 0440	Ischemic or hemorrhagic stroke – Stroke education	ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke.

Quality Measures for Eligible Hospitals

Measure ID (from CMS)	Title (from CMS)	Description (from CMS)
NQF 0441	Ischemic or hemorrhagic stroke – Rehabilitation assessment	Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services.
NQF 0495	Emergency Department Throughput – admitted patients Median time from ED arrival to ED departure for admitted patients	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.
NQF 0497	Emergency Department Throughput – admitted patients Admission decision time to ED departure time for admitted patients	Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status.