Measure Specification Manual

Version 6.0

6.23.2023

Hospital Quality Improvement Program

Version History		
Date	**Version Number**	**Update History**
February 2021	Version 1.0	• Initial release
March 2021	Version 2.0	• Added data source information • Updated AHRQ PSI-12 – removed medical discharges from numerator and denominator • Added MRSA Rate measure • Added Antimicrobial Utilization measure • Updated codes for ADE measures • Updated exclusions for CAUTI SIR • Removed exclusions for CAUTI Rate
August 2021	Version 3.0	• Added definition of select denominators • Updated measure titles to include CDS measure identifiers • Update to Opioid Prescribing Practices measure – expanded numerator and denominator
December 2021	Version 4.0	• Added 30-Day Sepsis Mortality measure • Added All-Cause Unplanned Readmissions measure • Added CAUTI Rate ICU Only measure • Added CLABSI Rate ICU Only measure • Added 2020/2021 Healthcare Personnel Influenza Vaccination Rate • Added 2021/2022 Healthcare Personnel Influenza Vaccination Rate • Added Healthcare Personnel COVID-19 Vaccination Rate
September 2022	Version 5.0	• Added Adult Inpatient Sepsis Mortality
June 2023	Version 6.0	• Added ADE Rate Version 3.0 • Added Anticoagulation Related ADEs Version 3.0 • Added Glycemic Related ADEs Version 3.0 • Added Opioid Related ADEs Version 3.0

Introduction

As a Centers for Medicare & Medicaid Services (CMS) Hospital Quality Improvement Contractor (HQIC), the Telligen HQIC will work with hospitals to reduce opioid related adverse events, including deaths by 7%, all-cause harm by 9%, and readmissions by 5% from a 2019 baseline by 2024. Telligen HQIC is tasked with collecting quality improvement metrics for participating hospitals and subsequently engaging hospitals, providers, patients and families, and broader caregiver communities to quickly implement well-tested and measured best practices. The Telligen HQIC will focus on the following patient safety

areas to reduce harm:
- Adverse Drug Events (ADE)
- Catheter-Associated Urinary Tract Infection (CAUTI)
- Central Line-Associated Bloodstream Infection (CLABSI)
- *Clostridioides difficile* Infection (*C. diff*)
- Falls and Immobility
- Multi-Drug Resistant Organisms (MDRO) Infection including Methicillin Resistant Staphylococcus Aureus
- Pressure Ulcers
- Readmissions
- Sepsis
- Surgical Site Infection (SSI)
- Venous Thromboembolism (VTE)

Data Sources

Data sources for this program include:
- Medicare FFS Claims
- NHSN
- Self-reported

Medicare FFS claims will be captured, analyzed, and uploaded to CDS by Telligen HQIC data analytics staff. Hospital staff are not responsible for reporting any of the Telligen CORE measure claims measures.

NHSN reporting and conferring of rights to the Telligen Hospital Group is the preferred method for reporting infection data. Telligen HQIC data analytics staff will pull data from NHSN each month on the first business day of the month. This data will then be analyzed and uploaded to CDS on your behalf. If a hospital chooses not to report to NHSN or not to confer rights to the Telligen Hospital Group, they will be expected to self-report all applicable infection measures. Please see the NHSN Confer Rights to Telligen document located on the portal for additional information.

Self-reported data is optional (unless you are not reporting to NHSN). If there is a measure you would like to track, utilize the CDS platform to report the data and compare your performance to other hospitals.

Denominators

Acute care discharged patients - inpatient hospitalization discharges from acute PPS and critical access hospitals.

Opioid Prescribing Practices denominator only - inpatient hospitalization discharges, ED visits and observation stays from acute PPS and critical access hospitals.

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Tell_Core_ADE1 or Tell_SR_ADE1 Adverse Drug Events (ADE) Rate

Acute Care Discharged Patients That Have Experienced an ADE While Hospitalized	
Measure Type	**Outcome**
Numerator	Number of discharges in the denominator, with one or more Adverse Drug Events
Denominator	Number of acute care discharged patients
Exclusions	Present on Admission
Rate Calculation	*(Numerator / Denominator) x 1000*
Specifications/Definitions	See code list below
Data Source(s)	Medicare FFS Claims, may also self-report
Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_Core_ADE1 (Medicare FFS Claims). Telligen to calculate and enter into CDS Tell_SR_ADE1 (self-reported)

This data will be calculated and reported by Telligen monthly for all hospitals. Hospitals may also choose to self-report this measure.

Anticoagulant ADE Code List	
ICD Code	**Description**
T45.5	Poisoning by adverse effect of and underdosing of anticoagulants and antithrombotic drugs
T45.6	Poisoning by adverse effect of and underdosing of fibrinolysis-affecting drugs
T45.7	Poisoning by adverse effect of and underdosing of anticoagulant antagonists, vitamin K and other coagulants
T45.8	Poisoning by adverse effect of and underdosing of other primarily systemic and hematological agents
T45.9	Poisoning by adverse effect of and underdosing of unspecified primarily systemic and hematological agent
D68.32	Hemorrhagic disorder due to extrinsic circulating anticoagulants
Y44.2	Drugs, medicaments, and biological substances causing adverse effects in therapeutic use - Agents primarily affecting blood constituents, Anticoagulants
Q86.2	Dysmorphism due to warfarin

Opioid ADE Code List	
ICD Code	**Description**
T40.0	Poisoning by adverse effect of and underdosing of opium
T40.1	Poisoning by and adverse effect of heroin
T40.2	Poisoning by adverse effect of and underdosing of other opioids
T40.3	Poisoning by adverse effect of and underdosing of methadone
T40.4	Poisoning by adverse effect of and underdosing of other synthetic narcotics
T40.6	Poisoning by adverse effect of and underdosing of other and unspecified narcotics
F11	Opioid related disorders

Glycemic ADE Code List	
ICD Code	**Description**
T38.3	Poisoning by adverse effect of and underdosing of insulin and oral hypoglycemic [antidiabetic] drugs
E15	Nondiabetic hypoglycaemic coma
E16.0	Drug-induced hypoglycaemia without coma

Includes all codes that begin with the included ICD code characters listed in the table. (Example: T45.9 would imply inclusion of all "sub-codes" such as T45.91XA)

Measure Resources
- National Action Plan for ADE Prevention | health.gov
- About Medication Errors | NCC MERPPSF030G Pie chart (nccmerp.org)
- Guidelines | Institute for Safe Medication Practices (ismp.org)
- NCCMERP National Coordinating Council for Medication Error Reporting and Prevention (https://www.nccmerp.org/vision-and-mission)

Tell_Core_ADE3 Adverse Drug Events (ADE) Rate Version 3.0

Acute Care Discharged Patients That Have Experienced an ADE While Hospitalized	
Measure Type	**Outcome**
Numerator	Number of discharges in the denominator, with one or more version 3.0 diagnosis codes for Adverse Drug Events
Denominator	Number of acute care discharged patients
Exclusions	Present on Admission
Rate Calculation	*(Numerator / Denominator) x 1000*
Specifications/Definitions	See code list below
Data Source(s)	Medicare FFS Claims
Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_Core_ADE3 (Medicare FFS Claims). Telligen to calculate and enter into CDS

This data will be calculated and reported by Telligen monthly for all hospitals.

Anticoagulant ADE Code List	
ICD Code	**Description**
T45511A	Poisoning by anticoagulants, accidental (unintentional), initial encounter
T45514A	Poisoning by anticoagulants, undetermined, initial encounter
T45515A	Poisoning by anticoagulants, initial encounter

Opioid ADE Code List	
ICD Code	**Description**
T402X1A	Poisoning by other opioids, accidental (unintentional), initial encounter
T402X4A	Poisoning by other opioids, undetermined, initial encounter
T402X5A	Adverse effect of other opioids, initial encounter
T403X1A	Poisoning by methadone, accidental (unintentional), initial encounter
T403X4A	Poisoning by methadone, undetermined, initial encounter
T403X5A	Adverse effect of methadone, initial encounter
T40411A	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), initial encounter

Opioid ADE Code List	
T40414A	Poisoning by fentanyl or fentanyl analogs, undetermined, initial encounter
T40415A	Adverse effect of fentanyl or fentanyl analogs, initial encounter
T40421A	Poisoning by tramadol, accidental (unintentional), initial encounter
T40424A	Poisoning by tramadol, undetermined, initial encounter
T40425A	Adverse effect of tramadol, initial encounter
T40491A	Poisoning by other synthetic narcotics, accidental (unintentional), initial encounter
T40494A	Poisoning by other synthetic narcotics, undetermined, initial encounter
T40495A	Adverse effect of other synthetic narcotics, initial encounter
T404X1A	Poisoning by other synthetic narcotics, accidental (unintentional), initial encounter
T404X4A	Poisoning by other synthetic narcotics, undetermined, initial encounter
T404X5A	Adverse effect of other synthetic narcotics, initial encounter
T40601A	Poisoning by unspecified narcotics, accidental (unintentional), initial encounter
T40604A	Poisoning by unspecified narcotics, undetermined, initial encounter
T40605A	Adverse effect of unspecified narcotics, initial encounter
T40691A	Poisoning by other narcotics, accidental (unintentional), initial encounter
T40694A	Poisoning by other narcotics, undetermined, initial encounter
T40695A	Adverse effect of other narcotics, initial encounter

Glycemic ADE Code List	
ICD Code	Description
T383X1A	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional), initial encounter
T383X4A	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, undetermined, initial encounter
T383X5A	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, initial encounter

Measure Resources
- National Action Plan for ADE Prevention | health.gov
- About Medication Errors | NCC MERPPSF030G Pie chart (nccmerp.org)
- Guidelines | Institute for Safe Medication Practices (ismp.org)
- NCCMERP National Coordinating Council for Medication Error Reporting and Prevention (https://www.nccmerp.org/vision-and-mission)

Tell_Core_ADE1a or Tell_SR_ADE1a Anticoagulation Related ADEs

Inpatients Experiencing Excessive Anticoagulation While Hospitalized	
Measure Type	**Outcome**
Numerator	Number of discharges in the denominator, with one or more Anticoagulation ADEs, including deaths
Denominator	Number of acute care discharged patients
Exclusions	Present on admission
Rate Calculation	*(Numerator / Denominator) x 1000*
Specifications/Definitions	See code list below
Data Source(s)	Medicare FFS Claims, may also self-report
Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_Core_ADE1a (Medicare FFS claims, Telligen to calculate and enter into CDS. Tell_SR_ADE1a (Self-reported into CDS)

This data will be calculated and reported by Telligen monthly for all hospitals. Hospitals may also choose to self-report this measure.

Anticoagulant ADE Code List	
ICD Code	**Description**
T45.5	Poisoning by adverse effect of and underdosing of anticoagulants and antithrombotic drugs
T45.6	Poisoning by adverse effect of and underdosing of fibrinolysis-affecting drugs
T45.7	Poisoning by adverse effect of and underdosing of anticoagulant antagonists, vitamin K and other coagulants
T45.8	Poisoning by adverse effect of and underdosing of other primarily systemic and hematological agents
T45.9	Poisoning by adverse effect of and underdosing of unspecified primarily systemic and hematological agent
D68.32	Hemorrhagic disorder due to extrinsic circulating anticoagulants
Y44.2	Drugs, medicaments, and biological substances causing adverse effects in therapeutic use - Agents primarily affecting blood constituents, Anticoagulants
Q86.2	Dysmorphism due to warfarin

Includes all codes that begin with the included ICD code characters listed in the table. (Example: T45.9 would imply inclusion of all "sub-codes" such as T45.91XA)

Measure Resources

- [Medication Safety Self-Assessment® for Antithrombotic Therapy | Institute for Safe Medication Practices (ismp.org)](ismp.org)

Tell_Core_ADE3a Anticoagulation Related ADEs Version 3.0

Inpatients Experiencing Excessive Anticoagulation While Hospitalized	
Measure Type	**Outcome**
Numerator	Number of discharges in the denominator, with one or more version 3.0 diagnosis codes for Anticoagulation ADEs, including deaths
Denominator	Number of acute care discharged patients
Exclusions	Present on admission
Rate Calculation	*(Numerator / Denominator) x 1000*
Specifications/Definitions	See code list below
Data Source(s)	Medicare FFS Claims
Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_Core_ADE3a (Medicare FFS claims, Telligen to calculate and enter into CDS.

This data will be calculated and reported by Telligen monthly for all hospitals.

Anticoagulant ADE Code List	
ICD Code	**Description**
T45511A	Poisoning by anticoagulants, accidental (unintentional), initial encounter
T45514A	Poisoning by anticoagulants, undetermined, initial encounter
T45515A	Poisoning by anticoagulants, initial encounter

Measure Resources
- Medication Safety Self-Assessment® for Antithrombotic Therapy | Institute for Safe Medication Practices (ismp.org)

Tell_Core_ADE1b or Tell_SR_ADE1b Glycemic Management ADEs

Inpatients Experiencing Hypoglycemia Related to Antidiabetic Drugs While Hospitalized	
Measure Type	**Outcome**
Numerator	Number of discharges in the denominator, with one or more Glycemic ADEs, including deaths
Denominator	Number of acute care discharged patients
Exclusions	Present on admission
Rate Calculation	*(Numerator / Denominator) x 1000*
Specifications/Definitions	See code list below
Data Source(s)	Medicare FFS Claims, may also self-report
Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_Core_ADE1b (Medicare FFS Claims; Telligen to calculate and enter into CDS) Tell_SR_ADE1b (self-reported into CDS)

This data will be calculated and reported by Telligen monthly for all hospitals. Hospitals may also choose to self-report this measure.

Glycemic ADE Code List	
ICD Code	**Description**
T38.3	Poisoning by adverse effect of and underdosing of insulin and oral hypoglycemic [antidiabetic] drugs
E15	Nondiabetic hypoglycaemic coma
E16.0	Drug-induced hypoglycaemia without coma

Includes all codes that begin with the included ICD code characters listed in the table. (Example: T45.9 would imply inclusion of all "sub-codes" such as T45.91XA)

Measure Resources
- Guidelines for Optimizing Safe Subcutaneous Insulin Use in Adults | Institute for Safe Medication Practices (ismp.org)

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Tell_Core_ADE3b Glycemic Management ADEs Version 3.0

Inpatients Experiencing Hypoglycemia Related to Antidiabetic Drugs While Hospitalized	
Measure Type	**Outcome**
Numerator	Number of discharges in the denominator, with one or more version 3.0 diagnosis codes for Glycemic ADEs, including deaths
Denominator	Number of acute care discharged patients
Exclusions	Present on admission
Rate Calculation	*(Numerator / Denominator) x 1000*
Specifications/Definitions	See code list below
Data Source(s)	Medicare FFS Claims
Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_Core_ADE3b (Medicare FFS Claims; Telligen to calculate and enter into CDS)

This data will be calculated and reported by Telligen monthly for all hospitals.

Glycemic ADE Code List	
ICD Code	**Description**
T383X1A	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional), initial encounter
T383X4A	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, undetermined, initial encounter
T383X5A	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, initial encounter

Measure Resources
- [Guidelines for Optimizing Safe Subcutaneous Insulin Use in Adults | Institute for Safe Medication Practices (ismp.org)](ismp.org)

Tell_Core_ADE1c or Tell_SR_ADE1c Opioid Related ADEs

Inpatients Experiencing an Adverse Event Related to Opioids While Hospitalized	
Measure type	**Outcome**
Numerator	Number of discharges in the denominator, with one or more Opioid ADEs, including deaths
Denominator	Number of acute care discharged patients
Exclusions	Present on admission
Rate Calculation	*(Numerator / Denominator) x 1000*
Specifications/Definitions	See code list below
Data Source(s)	Medicare FFS Claims, may also self-report
Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_Core_ADE1c (Medicare FFS Claims, Telligen to calculate and enter in CDS) Tell_SR_ADE1c (self-reported in CDS)

This data will be calculated and reported by Telligen monthly for all hospitals. Hospitals may also choose to self-report this measure.

Opioid ADE Code List	
ICD Code	**Description**
T40.0	Poisoning by adverse effect of and underdosing of opium
T40.1	Poisoning by and adverse effect of heroin
T40.2	Poisoning by adverse effect of and underdosing of other opioids
T40.3	Poisoning by adverse effect of and underdosing of methadone
T40.4	Poisoning by adverse effect of and underdosing of other synthetic narcotics
T40.6	Poisoning by adverse effect of and underdosing of other and unspecified narcotics
F11	Opioid related disorders

Includes all codes that begin with the included ICD code characters listed in the table. (Example: T45.9 would imply inclusion of all "sub-codes" such as T45.91XA)

Measure Resources
- Stem The Tide: Addressing the Opioid Epidemic
- Opioid Safety | Clinical Topics | Society of Hospital Medicine

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Tell_Core_ADE3c Opioid Related ADEs Version 3.0

	Inpatients Experiencing an Adverse Event Related to Opioids While Hospitalized
Measure type	**Outcome**
Numerator	Number of discharges in the denominator, with one or more version 3.0 diagnosis codes for Opioid ADEs, including deaths
Denominator	Number of acute care discharged patients
Exclusions	Present on admission
Rate Calculation	*(Numerator / Denominator) x 1000*
Specifications/Definitions	See code list below
Data Source(s)	Medicare FFS Claims
Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_Core_ADE3c (Medicare FFS Claims, Telligen to calculate and enter in CDS)

This data will be calculated and reported by Telligen monthly for all hospitals.

Opioid ADE Code List	
ICD Code	**Description**
T402X1A	Poisoning by other opioids, accidental (unintentional), initial encounter
T402X4A	Poisoning by other opioids, undetermined, initial encounter
T402X5A	Adverse effect of other opioids, initial encounter
T403X1A	Poisoning by methadone, accidental (unintentional), initial encounter
T403X4A	Poisoning by methadone, undetermined, initial encounter
T403X5A	Adverse effect of methadone, initial encounter
T40411A	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), initial encounter
T40414A	Poisoning by fentanyl or fentanyl analogs, undetermined, initial encounter
T40415A	Adverse effect of fentanyl or fentanyl analogs, initial encounter
T40421A	Poisoning by tramadol, accidental (unintentional), initial encounter
T40424A	Poisoning by tramadol, undetermined, initial encounter
T40425A	Adverse effect of tramadol, initial encounter
T40491A	Poisoning by other synthetic narcotics, accidental (unintentional), initial encounter

Opioid ADE Code List	
T40494A	Poisoning by other synthetic narcotics, undetermined, initial encounter
T40495A	Adverse effect of other synthetic narcotics, initial encounter
T404X1A	Poisoning by other synthetic narcotics, accidental (unintentional), initial encounter
T404X4A	Poisoning by other synthetic narcotics, undetermined, initial encounter
T404X5A	Adverse effect of other synthetic narcotics, initial encounter
T40601A	Poisoning by unspecified narcotics, accidental (unintentional), initial encounter
T40604A	Poisoning by unspecified narcotics, undetermined, initial encounter
T40605A	Adverse effect of unspecified narcotics, initial encounter
T40691A	Poisoning by other narcotics, accidental (unintentional), initial encounter
T40694A	Poisoning by other narcotics, undetermined, initial encounter
T40695A	Adverse effect of other narcotics, initial encounter

Measure Resources
- Stem The Tide: Addressing the Opioid Epidemic
- Opioid Safety | Clinical Topics | Society of Hospital Medicine

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Tell_Core_OP1 or Tell_SR_OP1 Opioid Prescribing Practices

Opioid Prescribing Practices for Opioids to be Less than 90 MME/Day	
Measure Type	**Outcome**
Numerator	Patients discharged (inpatient, ED, and OBS) who filled a prescription on the date of discharge or within 7 days after hospital discharge, for an opioid with > 90 MME/day, prescribed by the attending or operating NPI. If self-reporting, numerator would be patients who received the prescription upon discharge.
Denominator	Total discharged patients per month (inpatient, ED, and OBS)
Exclusions	Present on admission
Rate Calculation	*(Numerator / Denominator) x 100*
Specifications/Definitions	https://www.cdc.gov/drugoverdose/index.html
Data Source(s)	Medicare FFS Claims, may also self-report If self-reporting, utilize CDC information to calculate the MME
Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_Core_OP1 (Medicare FFS Claims, Telligen to calculate and enter in CDS) Tell_SR_OP1 (self-reported in CDS)

This data will be calculated and reported by Telligen monthly for all hospitals. Hospitals may also choose to self-report this measure.

Measure Resources
- Stem The Tide: Addressing the Opioid Epidemic
- Opioid Safety | Clinical Topics | Society of Hospital Medicine

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Tell_Core_CAU1 and Tell_Core_CAU1a Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratio (SIR)

NHSN Reporting Facilities ONLY

Catheter-associated Urinary Tract Infection (CAUTI) Standardized Infection Ratio (SIR) All: ICUs + Other Inpatient Units	
Measure Type	**Outcome**
Numerator	Number of observed infections
Denominator	Number of predicted infections
Exclusions	NICUs and nurseries
SIR Calculation	*Numerator / Denominator*
Specifications/Definitions	CDC NHSN NQF: National Quality Forum (NQF) 0138 Additional resources: CDC
Data Source(s)	Data elements to calculate these ratios will be extracted from NHSN for hospitals that confer rights to the Telligen group. NHSN-conferring rights required. Hospitals not reporting to NHSN will not self-report these measures.
Data Entry/Transfer	NHSN calculates – No work needed if rights conferred NHSN – conferring rights to Telligen group highly recommended No self-reporting allowed, NHSN conferring rights required
Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_Core_CAU1: ICUs (excluding NICUs) + Other Inpatient Units (NHSN; Telligen to extract and enter into CDS). Tell_Core_CAU1a: ICUs excluding NICUs (NHSN; Telligen to calculate and enter into CDS)

This measure utilizes the CDC NHSN definition.

Measure Resources

- Toolkit for Reducing CAUTI in Hospitals | Agency for Healthcare Research and Quality (ahrq.gov)
- https://www.nursingworld.org/practice-policy/work-environment/health-safety/infection-prevention/ana-cauti-prevention-tool
- The American Nurses Association (ANA) has published a CAUTI prevention tool
- Project Firstline

Tell_Core_CAU2 or Tell_SR_CAU2 Catheter-Associated Urinary Tract Infection (CAUTI) Rate

Catheter-associated Urinary Tract Infection (CAUTI) Rate All: ICUs + Other Inpatient Units	
Measure Type	**Outcome**
Numerator	Total number of observed healthcare associated CAUTI among patients in bedded inpatient care locations
Denominator	Total number of indwelling urinary catheter days for each location under surveillance for CAUTI during the data period
Rate Calculation	*(Numerator / Denominator) x 1000*
Specifications/Definitions	CDC NHSN Additional resources: CDC
Data Source(s)	NHSN-conferring rights recommended, or may self-report
Data Entry/Transfer	NHSN – conferring rights to Telligen group is highly recommended If not possible to enter into NHSN, enter into CDS
Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_Core_CAU2 Tell_SR_CAU2

This measure utilizes the CDC NHSN definition. Utilize the definition per NHSN specifications that apply at the discharge date of the patient.

For hospitals reporting this measure in NHSN and conferring rights to Telligen group these data elements will be extracted from NHSN and uploaded. Hospitals that **do not report to NHSN**, or hospitals that have **NOT conferred rights to their NHSN data** must report the numerators and denominators for ICUs + Other Inpatient Units excluding NICUs following the CDC specifications to define CAUTI. If a hospital does not have an ICU, report for all other hospital inpatient units.

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Tell_Core_CAU2a or Tell_SR_CAU2a Catheter-Associated Urinary Tract Infection (CAUTI) Rate ICU Only

Catheter-associated Urinary Tract Infection (CAUTI) Rate ICU Only, excluding NICUs	
Measure Type	**Outcome**
Numerator	Total number of observed healthcare associated CAUTI among patients in ICU locations, excluding NICUs
Denominator	Total number of indwelling urinary catheter days for each ICU location under surveillance for CAUTI during the data period, excluding NICUs
Exclusions	NICUs and nurseries
Rate Calculation	*(Numerator / Denominator) x 1000*
Specifications/Definitions	CDC NHSN Additional resources: CDC
Data Source(s)	NHSN-conferring rights recommended, or may self-report
Data Entry/Transfer	NHSN – conferring rights to Telligen group is highly recommended If not possible to enter into NHSN, enter into CDS
Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_Core_CAU2a Tell_SR_CAU2a

This measure utilizes the CDC NHSN definition. Utilize the definition per NHSN specifications that apply at the discharge date of the patient.

For hospitals reporting this measure in NHSN and conferring rights to Telligen group these data elements will be extracted from NHSN and uploaded. Hospitals that **do not report to NHSN**, or hospitals that have **NOT conferred rights to their NHSN data** will report the numerators and denominators for ICUs (excluding NICUs) following the CDC specifications to define CAUTI. If a hospital does not have an ICU, do not report.

Tell_Core_CAU3 or Tell_SR_CAU3 Urinary Catheter Utilization Ratio

Urinary Catheter Utilization Ratio	
Measure Type	**Process**
Numerator	Total number of indwelling urinary catheter days for bedded inpatient care locations under surveillance
Denominator	Total number of patient days for bedded inpatient care locations under surveillance
Calculation	*(Numerator / Denominator) x 100*
Specifications/Definitions	CDC NHSN Additional resources: CDC
Data Source(s)	NHSN – conferring rights recommended, or may self-report
Data Entry/Transfer	NHSN – conferring rights to Telligen is highly recommended If not possible to enter into NHSN, enter into CDS
Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_Core_CAU3 (NHSN; Telligen to extract and enter into CDS) Tell_SR_CAU3 (self-reported into CDS)

This measure utilizes the CDC NHSN definition. Utilize the definition per NHSN specifications that apply at the discharge date of the patient.

For hospitals in an NHSN group, these data elements will be extracted from NHSN and uploaded. Hospitals that **do not report to NHSN**, or hospitals that have **NOT conferred rights to their NHSN data to Telligen,** must report the numerators and denominators for ICUs + Other Inpatient Units, following the CDC specifications to define CAUTI. If a hospital does not have an ICU, report for all other hospital inpatient units.

Tell_Core_CLAB1 and Tell_Core_CLAB1a Central Line-Associated Blood Stream Infection (CLABSI) Standardized Infection Ratio (SIR)

NHSN Reporting Facilities ONLY

Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratio (SIR) All: ICUs + Other Inpatient Units	
Measure Type	**Outcome**
Numerator	Number of observed infections
Denominator	Number of predicted infections
SIR Calculation	*Numerator / Denominator*
Specifications/Definitions	CDC NHSN NQF information: NQF 0139 Additional resources: CDC
Data Source(s)	Data elements to calculate these ratios will be extracted from NHSN for hospitals that confer rights to the Telligen group. NHSN-conferring rights required. Hospitals not reporting to NHSN will not self-report these measures.
Data Entry/Transfer	NHSN calculates – No work needed if rights conferred NHSN – conferring rights to Telligen is highly recommended
Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_Core_CLAB1: ICUs (including NICUs) + Other Inpatient Units (NHSN; Telligen to extract and enter into CDS) Tell_Core_CLAB1a: All ICUs (NHSN; Telligen to extract and enter into CDS)

This measure utilizes the CDC NHSN definition. Utilize the definition per NHSN specifications that apply at the discharge date of the patient.

Measure Resources
- Centers for Disease Control and Prevention (CDC) Targeted Assessment for Prevention (TAP) Tool
- CDC STRIVE Infection Control Training
- AHRQ Safety Program for Intensive Care Units (ICUs): Preventing CLABSI and CAUTI
- APIC Resources

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Tell_Core_CLAB2 or Tell_SR_CLAB2 Central Line-Associated Blood Stream Infection (CLABSI) Rate

Central Line-Associated Bloodstream Infection (CLABSI) Rate	
Measure Type	**Outcome**
Numerator	Total number of observed healthcare associated CLABSI among patients in bedded inpatient care locations
Denominator	Total number of central line days for each location under surveillance for CLABSI during the data period
Rate Calculation	*(Numerator / Denominator) x 1000*
Specifications/Definitions	CDC NHSN Additional resources: CDC
Data Source(s)	NHSN-conferring rights recommended, or may self-report
Data Entry/Transfer	NHSN – conferring rights to Telligen is highly recommended If not possible to enter into NHSN, enter into CDS
Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_Core_CLAB2: ICUs (including NICUs) + Other Inpatient Units Tell_SR_CLAB2

This measure utilizes the CDC NHSN definition. Utilize the definition per NHSN specifications that apply at the discharge date of the patient.

For hospitals in an NHSN group, these data elements will be extracted from NHSN and uploaded. Hospitals that **do not report to NHSN**, or hospitals that have **NOT conferred rights to their NHSN data to Telligen**, must report the numerators and denominators for All Inpatient Units following the CDC specifications to define CLABSI.

Tell_Core_CLAB2a or Tell_SR_CLAB2a Central Line-Associated Blood Stream Infection (CLABSI) Rate – ICU Only

Central Line-Associated Bloodstream Infection (CLABSI) Rate ICU Only	
Measure Type	**Outcome**
Numerator	Total number of observed healthcare associated CLABSI among patients in ICU locations, including NICUs
Denominator	Total number of central line days for ICU each location under surveillance, including NICUs
Rate Calculation	*(Numerator / Denominator) x 1000*
Specifications/Definitions	CDC NHSN Additional resources: CDC
Data Source(s)	NHSN-conferring rights recommended, or may self-report
Data Entry/Transfer	NHSN – conferring rights to Telligen is highly recommended If not possible to enter into NHSN, enter into CDS
Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_Core_CLAB2a: ICU Only (including NICUs) Tell_SR_CLAB2a

Tell_Core_CLAB3 or Tell_SR_CLAB3 Central Line Utilization Ratio

Central Line Utilization Ratio	
Measure Type	**Process**
Numerator	Total number of central line days for bedded inpatient care locations under surveillance
Denominator	Total number of patient days for bedded inpatient care locations under surveillance
Calculation	*(Numerator / Denominator) x 100*
Specifications/Definitions	CDC NHSN Additional resources: CDC
Data Source(s)	NHSN-conferring rights recommended, or may self-report
Data Entry/Transfer	NHSN – conferring rights to Telligen is highly recommended If not possible to enter into NHSN, enter into CDS
Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_Core_CLAB3 (NHSN; Telligen to extract and enter into CDS) Tell_SR_CLAB3 (self-reported into CDS)

This measure utilizes the CDC NHSN definition. Utilize the definition per NHSN specifications that apply at the discharge date of the patient.

For hospitals in an NHSN group, these data elements will be extracted from NHSN and uploaded. Hospitals that **do not report to NHSN**, or hospitals that have **NOT conferred rights to their NHSN data to Telligen** must report the numerators and denominators for All Inpatient Units following the CDC specifications to define CLABSI.

Tell_Core_CDI1 *Clostridioides difficile* Standardized Infection Ratio (SIR)
NHSN Reporting Facilities ONLY

C .diff Lab Identified Standardized Infection Ration All Units	
Measure Type	**Outcome**
Numerator	Total number of observed hospital-onset *C. difficile* lab identified events among all inpatients facility-wide
Denominator	Predicted cases of patients with *C. difficile*
SIR Calculation	*Numerator / Denominator*
Specifications/Definitions	CDC NHSN
Data Source(s)	Data elements to calculate this ratio will be extracted from NHSN for hospitals that confer rights to Telligen. NHSN-conferring rights required. Hospitals not reporting to NHSN will not self- report this measure.
Data Entry/Transfer	NHSN calculates – No work needed if rights conferred NHSN – conferring rights to Telligen is highly recommended
Monitoring Period	Quarterly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_Core_CDI1 (NHSN; Telligen to extract and enter into CDS)

Additional Resources
This measure utilizes the CDC NHSN definition. Utilize the definition per NHSN specifications that apply at the discharge date of the patient.
- The Centers for Disease Control and Prevention (CDC) provides extensive *C. difficile* resources for patients, clinicians, as well as different types of facilities, and settings.
- AHRQ Toolkit for Reduction of *Clostridium difficile* Infections Through Antimicrobial Stewardship
- APIC Guide to Preventing *Clostridium difficile* Infections for HCP and Consumers

Tell_Core_CDI2 or Tell_SR_CDI2 *Clostridioides difficile* Rate

C. diff Lab Identified Events at Facility-Wide Inpatient Level	
Measure Type	**Outcome**
Numerator	Total number of observed hospital-onset *C. difficile* lab identified events among all inpatients facility-wide
Denominator	Patient days (facility-wide)
Rate Calculation	*(Numerator / Denominator) x 10000*
Specifications/Definitions	CDC NHSN
Data Source(s)	NHSN-conferring rights recommended, or may self-report
Data Entry/Transfer	NHSN – conferring rights to Telligen is highly recommended If not possible to enter into NHSN, enter into CDS
Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen Measure ID(s)	Tell_Core_CDI2 (NHSN; Telligen to extract and enter into CDS) Tell_SR_CDI2 (self-reported into CDS)

This measure utilizes the CDC NHSN definition. Utilize the definition per NHSN specifications that apply at the discharge date of the patient.

For hospitals in an NHSN group, these data elements will be extracted from NHSN and uploaded. Hospitals that **do not report to NHSN**, or hospitals that have **NOT conferred rights to their NHSN data to Telligen,** must report the numerators and denominators, following the CDC specifications to define C. *difficile*.

The Centers for Disease Control and Prevention (CDC) provides extensive *C. difficile* resources for patients, clinicians, facilities, and settings.

Tell_Core_Fall1 or Tell_SR_Fall1 Falls Resulting in Fracture or Dislocation (CMS HAC)

Fall Rate Resulting in Fracture or Dislocation (CMS HAC)	
Measure Type	**Outcome**
Numerator	Number of discharges in the denominator with one or more occurrences of the following diagnosis codes as a secondary diagnosis (diagnoses 2-25 on a claim) with a POA code of 'N' or 'U' and designated as a 2010 Complication or Comorbidity (CC) or Major Complication or Comorbidity (MCC): Fracture 800-829 (CC/MCC) Dislocation 830-839 (CC/MCC) Intracranial injury 850-854 (CC/MCC) Crushing injury 925-929 (CC/MCC)
Denominator	Number of acute inpatient FFS discharges during time period
Exclusions	Electric shock 991-994 (CC/MCC) Burn 940-949 (CC/MCC)
Rate Calculation	*(Numerator / Denominator) x 1000*
Specifications/Definitions	N/A
Data Source(s)	Medicare FFS claims, may also self-report
Data Entry/Transfer	Enter into CDS
Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_Core_Fall1 (Medicare FFS Claims; Telligen to calculate and enter into CDS) Tell_SR_Fall1 (self-reported into CDS)

Measure Resources
- The Agency for Healthcare Research & Quality (AHRQ) has developed a comprehensive resource for measuring fall rates and fall prevention practices.
- The American Nurses Association (ANA) has published an article about measuring fall program outcomes.
- Transforming Care at the Bedside How-to Guide: Reducing Patient Injuries from Falls | IHI - Institute for Healthcare Improvement
- ICD-10 HAC List | CMS

Tell_SR_NEFALL Fall Rate

Nebraska Hospitals Only	
Measure Type	**Outcome**
Numerator	Total number of assisted and unassisted falls with or without injury, among bedded patients
Denominator	Number of patient days
Rate Calculation	*(Numerator / Denominator) x 1000*
Specifications/Definitions	See Capture program resources.
Data Source(s)	Self-reported
Data Entry/Transfer	Enter in CDS
Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_SR_NEFall (self-reported into CDS)

Measure Resources

These data elements can be submitted by all hospitals. The total patient days can be collected from billing systems. The number of patient falls could be collected from electronic clinical data or medical records, fall surveillance systems, injury reports, event tracking systems, or other similar sources.

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The Agency for Healthcare Research & Quality (AHRQ) has developed a comprehensive resource for measuring fall rates and fall prevention practices.

The American Nurses Association (ANA) has published an article about measuring fall program outcomes.

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Tell_Core_MRSA1 MRSA Bacteremia - Standardized Infection Ratio (SIR)
NHSN Reporting Facilities ONLY

Methicillin-resistant Staphylococcus aureus (MRSA): Telligen Measure	
Measure Type	**Outcome**
Numerator	Number MRSA LabID Events in inpatient location >3 days after admission to the facility
Denominator	Predicted cases of patients with MRSA bacteremia
SIR Calculation	*Numerator / Denominator*
Specifications/Definitions	CDC NHSN
Data Source(s)	Data elements to calculate this ratio will be extracted from NHSN for hospitals that confer rights to Telligen. NHSN-conferring rights required. Hospitals not reporting to NHSN will not report this measure.
Data Entry/Transfer	NHSN calculates – No work needed if rights conferred NHSN – conferring rights to Telligen group highly recommended
Monitoring Period	Quarterly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_Core_MRSA1 (NHSN; Telligen to extract and enter into CDS)

Measure Resources
This measure utilizes the CDC NHSN definition. Utilize the definition per NHSN specifications that apply at the discharge date of the patient.

Tell_Core_MRSA2 or Tell_SR_MRSA2 MRSA Bacteremia - Rate

Methicillin-resistant Staphylococcus aureus (MRSA): Telligen Measure	
Measure Type	**Outcome**
Numerator	Total number of observed hospital-onset unique blood source MRSA lab identified events among all inpatients in the facility.
Denominator	Total patient days
Rate Calculation	*(Numerator / Denominator) x 1000*
Specifications/Definitions	CDC NHSN
Data Source(s)	NHSN-conferring rights recommended, or may self-report
Data Entry/Transfer	NHSN – conferring rights to Telligen is highly recommended If not possible to enter into NHSN, enter into CDS
Monitoring Period	Quarterly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_Core_MRSA2 (NHSN; Telligen to extract and enter into CDS) Tell_SR_MRSA2 (self-reported into CDS)

Measure Resources

This measure utilizes the CDC NHSN definition. Utilize the definition per NHSN specifications that apply at the discharge date of the patient.

For hospitals in an NHSN group, these data elements will be extracted from NHSN and uploaded. Hospitals that **do not report to NHSN**, or hospitals that have **NOT conferred rights to their NHSN data to Telligen,** must report the numerators and denominators, following the CDC specifications to define MRSA.

Tell_Core_PRU1 or Tell_SR_PRU1 Pressure Ulcer Rate, Stage 3+

Pressure Ulcer Rate, Stage 3+ (AHRQ)	
Measure Type	**Outcome**
Numerator	Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary diagnosis codes for pressure ulcer and any secondary diagnosis codes for pressure ulcer stage III or IV (or unstageable)
Denominator	Surgical or medical discharges
Calculation	*(Numerator / Denominator) x 1000*
Specifications/Definitions	AHRQ PSI 03 (navigate to PSI 03 Pressure Ulcer Rate) modifying to not exclude < 3-day stays
Data Source(s)	Medicare FFS claims, may also self-report, if self-reporting
Data Entry/Transfer	Enter into CDS
Monitoring Period	Monthly, January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_Core_PRU1 (Medicare FFS Claims; Telligen to calculate and enter into CDS) Tell_SR_PRU1 (self-reported into CDS)

These data elements shall be submitted by all hospitals. Data can be collected through incident reporting, hospital discharge or Medicare FFS Claims data.

Tell_SR_PRU2 Acquired Pressure Hospital Ulcer Prevalence, Stage 2+

Hospital-acquired Pressure Ulcer Prevalence, Stage 2+ (NQF 0201) Pressure Ulcer Prevalence, Hospital-Acquired-Stage 2+	
Measure Type	**Outcome**
Numerator	Patients that have at least one category/stage II or greater hospital-acquired pressure ulcer on the day of the prevalence measurement episode
Denominator	All patients, 18 years of age or greater, surveyed for the measurement period
Rate Calculation	*(Numerator / Denominator) x 1000*
Specifications/Definitions	NQF 0201
Data Source(s)	Self-Report
Data Entry/Transfer	Enter into CDS
Monitoring Period	Monthly, January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_SR_PRU2 (self-reported into CDS)

Measure Resources

The AHRQ has developed a comprehensive resource for measuring pressure ulcer rates and prevention practices.

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Tell_Core_Read1 or Tell_SR_Read1 All Cause Readmission Rate

Inpatients Returning As An Acute Care Inpatient Within 30 Days Of Date of An Inpatient Discharge	
Measure Type	**Outcome**
Numerator	Inpatients returning as an acute care inpatient within 30 days of date of an inpatient discharge, to any facility within the same state
Denominator	All Medicare patients discharged from the hospital (excluding discharges due to death)
Exclusions	Discharges due to death or transfers
Rate Calculation	*(Numerator / Denominator) x 100*
Specifications/Definitions	Facilities self-reporting should follow the CMS definition of a readmission. Readmission Measures Overview (cms.gov) Readmission Measures Methodology (cms.gov)
Data Source(s)	Medicare FFS, may also self-report
Data Entry/Transfer	Enter into CDS
Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_Core_Read1 (Medicare FFS Claims; Telligen to calculate and enter into CDS) Tell_SR_Read1 (self-reported into CDS)

Measure Resources
- Readmissions and Adverse Events After Discharge | PSNet (ahrq.gov)
- Care Transitions | Clinical Topics | Society of Hospital Medicine

Tell_Core_Read2 or Tell_SR_Read2 All Cause Unplanned Readmission Rate

Hospital-wide, All cause, unplanned hospital 30-day readmissions (NQF 1789*)	
Measure Type	**Outcome**
Numerator	Inpatients returning as an acute care inpatient within 30 days of date of an inpatient discharge, to any facility, with the exception of certain planned admissions
Denominator	Patients, age 65+, discharged alive from the hospital, with continuous Medicare FFS Coverage.
Exclusions	Excludes psych, cancer and rehab admissions, as well as patients discharged AMA, deaths or transfers
Rate Calculation	*(Numerator / Denominator) x 100*
Specifications/Definitions	NQF1789
Data Source(s)	Medicare FFS, may also self-report
Data Entry/Transfer	Enter into CDS
Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_Core_Read2 (Medicare FFS Claims; Telligen to calculate and enter into CDS) Tell_SR_Read2 (self-reported into CDS)

*NQF 1789 – Risk adjustment is not done for this measure

Measure Resources
- Readmissions and Adverse Events After Discharge | PSNet (ahrq.gov)
- Care Transitions | Clinical Topics | Society of Hospital Medicine

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Tell_SR_ED1 Emergency Department Transfer Communication (EDTC)

EDTC MBQIP- ED Transfer Communication All or None	
Measure Type	**Outcome**
Numerator	Number of ED patients transferred to another healthcare facility where all relevant elements for each of the 7 sub-measures were documented and communicated to the receiving facility within 60 minutes of discharge. EDTC Measure Data Elements: 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 Procedure Results
Denominator	Patients admitted to the emergency department and transferred from the emergency department to another health care facility (e.g., other hospital, nursing home, hospice, etc.)
Rate Calculation	*(Numerator / Denominator) x 100*
Specifications/Definitions	ED Transfer Data Specifications Manual (mhanet.com) Emergency Department Transfer Communication - Stratis Health
Data Source(s)	Self-Reported
Data Entry/Transfer	Enter into CDS
Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_SR_ED1 (also report Tell_SR_ED2 – ED9)

Measure Resources

https://stratishealth.org/toolkit/emergency-department-transfer-communication

EDTC-Data-Specs-Ma
nual-2019.pdf

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Tell_Core_Sep1 or Tell_SR_Sep1 Post-Operative Sepsis Rate - Facilities That Perform Inpatient Surgeries

Elective Surgical Patients that Develop Sepsis Post Operatively (AHRQ PSI-13)	
Measure Type	**Outcome**
Numerator	Discharges among cases meeting the inclusion and exclusion rules for the denominator, with any AHRQ designated secondary ICD-10 diagnosis codes for sepsis.
Denominator	Elective surgical discharges for patients ages 18 years and older, with any listed ICD-10-PCS procedure codes for an operating room procedure. These codes are listed here.
SIR Calculation	*(Numerator / Denominator) x 1000*
Specifications/Definitions	AHRQ PSI 13 (navigate to PSI 13 Postoperative Sepsis Rate)
Data Source(s)	Medicare FFS, may also self-report, if self-reporting, ensure consistency across all claims measures.
Data Entry/Transfer	Enter into CDS
Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_Core_Sep1 Tell_SR_Sep1

Measure Resources
- Sepsis Perspective 2020 | The Journal of Infectious Diseases | Oxford Academic (oup.com)
- SCCM | SSC Adult Patients
- Clinical Information | Sepsis | CDC

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Tell_Core_Sep2 or Tell_SR_Sep2 Sepsis Mortality Rate

30-day Sepsis Mortality Rate	
Measure Type	**Outcome**
Numerator	Number of patients in the denominator with death date less than or equal to 30 days after the latest sepsis diagnosis in the month
Denominator	Number of Patients in a hospital with a sepsis diagnosis in a month
Rate Calculation	*(Numerator / Denominator) x 1000*
Specifications/Definitions	For a list of included diagnosis codes, please contact your Quality Improvement Facilitator
Data Source(s)	Medicare FFS, may also self-report, if self-reporting, ensure consistency across all claims measures.
Data Entry/Transfer	Enter into CDS
Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_Core_Sep2 Tell_SR_Sep2

Measure Resources
- Sepsis Perspective 2020 | The Journal of Infectious Diseases | Oxford Academic (oup.com)
- SCCM | SSC Adult Patients
- Clinical Information | Sepsis | CDC

Tell_Core_Sep3 Adult Inpatient Sepsis Mortality

Adult Inpatient Sepsis Mortality Rate	
Measure Type	**Outcome**
Numerator	Number of adult patients (18 and over) admitted to an acute care hospital with a diagnosis of severe sepsis or septic shock or who develop severe sepsis or septic shock during their hospital stay and were discharged as expired in the hospital. Excludes transfers, and patients who refused treatment
Denominator	All adult patient discharges (18 and over) in a calendar year with a diagnosis of severe sepsis or septic shock on admission or at any time during their hospital stay
Rate Calculation	*(Numerator / Denominator) x 1000*
Specifications/Definitions	For a list of included diagnosis codes, please contact your Quality Improvement Facilitator
Data Source(s)	Medicare FFS
Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_Core_Sep3

Measure Resources
- Sepsis Perspective 2020 | The Journal of Infectious Diseases | Oxford Academic (oup.com)
- SCCM | SSC Adult Patients
- Clinical Information | Sepsis | CDC

Tell_Core_HPRO1, Tell_Core_KPRO1, and Tell_Core_COLO1 Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)

NHSN Reporting Facilities ONLY

SSI – Colon Surgeries, Total Knee Replacements, and Total Hip Replacements	
Surgical Site Infection (SSI) Standardized Infection Ratio (SIR) – separately for each procedure • **Measure 1a: Colon surgeries** • **Measure 1b: Total knee replacements** • **Measure 1c: Total hip replacements**	
Measure Type	**Outcome**
Numerator	Number of observed infections
Denominator	Number of predicted infections
SIR calculation	*Numerator / Denominator*
Specifications/Definitions	CDC NHSN Additional resources: CDC
Data Source(s)	Data elements to calculate these ratios will be extracted from NHSN for hospitals that confer rights to the Telligen NHSN group-conferring rights required. Hospitals not reporting to NHSN will not report these measures.
Data Entry/Transfer	NHSN calculates – No work needed if rights conferred NHSN – conferring rights to Telligen group highly recommended
Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Measure 1a: Tell_Core_COLO1 (NHSN; Telligen to extract and enter into CDS) Measure 1b: Tell_Core_KPRO1 (NHSN; Telligen to extract and enter into CDS) Measure 1c: Tell_Core_HPRO1 (NHSN; Telligen to extract and enter into CDS)

This measure utilizes the CDC NHSN definition. Utilize the definition per NHSN specifications that apply at the discharge date of the patient.

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Tell_Core_HPRO2, Tell_Core_KPRO2, and Tell_Core_COLO2 or Tell_SR_HPRO2, Tell_SR_KPRO2, and Tell_SR_COLO2 Surgical Site Infection (SSI) Rate - Facilities That Perform Inpatient Surgeries

SSI Infection Rates	
SSI Rate – separately for each procedure: • **Colon surgeries** • **Total knee replacements** • **Total hip replacements**	
Measure Type	**Outcome**
Numerator	Total number of observed surgical site infections based on CDC NHSN definition
Denominator	Number of specific operative procedures included in the selected NHSN operative procedure category(s)
Rate Calculation	*(Numerator / Denominator) x 100*
Specifications/Definitions	CDC NHSN Additional resources: CDC
Data Source(s)	NHSN-conferring rights recommended, self-reported
Data Entry/Transfer	NHSN – conferring rights to Telligen group highly recommended If NHSN reporting is not possible, enter into CDS
Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_Core_COLO2 (NHSN; Telligen to extract and enter into CDS) Tell_Core_KPRO2 (NHSN; Telligen to extract and enter into CDS) Tell_Core_HPRO2 (NHSN; Telligen to extract and enter into CDS) Tell_SR_COLO2 (self-reported into CDS) Tell_SR_KPRO2 (self-reported into CDS) Tell_SR_HPRO2 (self-reported into CDS)

This measure utilizes the CDC NHSN definition. Utilize the definition per NHSN specifications that apply at the discharge date of the patient.

For hospitals in an NHSN group, these data elements will be extracted from NHSN and uploaded. Hospitals that **do not report to NHSN**, or hospitals that have **NOT** **conferred rights to their NHSN data to Telligen's group** must report the numerators and denominators for these three specific surgeries separately, following the CDC specifications to define SSI.

Tell_Core_DVT1 or Tell_SR_DVT1 PE/DVT Rate

Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	
Measure Type	**Outcome**
Numerator	Number of patients meeting inclusion and exclusion rules for the denominator, with a secondary ICD-10 -CM diagnosis code for proximal deep vein thrombosis or a secondary ICD-10-CM diagnosis code for pulmonary embolism.
Denominator	All surgical discharges age 18 and older defined by specific DRGs or MS-DRGs and a procedure code for an operating room procedure.
Rate Calculation	*(Numerator / Denominator) x 1000*
Specifications/Definitions	AHRQ PSI-12
Data Source(s)	Medicare FFS Claims, may also self-report
Data Entry/Transfer	Enter into CDS
Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_Core_DVT1 (Medicare FFS Claims; Telligen to calculate and enter into CDS) Tell_SR_DVT1 (self-reported into CDS)

Tell_SR_AU1 Antimicrobial Utilization

Antimicrobial Utilization	
Measure Type	**Outcome**

Numerator	Total days of therapy (DOT) of select antibiotics
	
	1. Fluoroquinolones
	    • Ciprogloxacin
	    • Levofloxacin
	    • Moxifloxacin
	2. Clindamycin
	3. Penicillins (broad spectrum)
	    • Piperacillin/Tazobactam
	    • Ampicillin/Sulbactam
	    • Amoxicillin/Clavulanate
	4. Cephalosporins (3rd and 4th generation, broad spectrum)
	    • Ceftriaxone
	    • Cefotaxime
	    • Ceftazidime
	    • Cefepime
	    • Ceftaroline
	    • Combo Cephalosporins:
	        ○ Ceftazidime/Avibactam
	        ○ Ceftolozane/Tazobactam
	5. Carbapenems
	    • Meropenem
	    • Imipenem/cilistatin
	    • Doripenem
	    • Ertapenem
	    • Combo Carbapenems:
	        ○ Meropenem-vaborbactam
	        ○ Imipenem-cilastatin-relebactam
	6. Glycopeptides
	    • IV Vancomycin

Denominator	Patient days (total acute inpatient, observation and rehab days)
Rate Calculation	*(Numerator / Denominator) x 1000*
Inclusion Criteria	Patients of all ages, who are admitted to hospital bed regardless of status (e.g., include observation, rehab and swing bed patients) All routes (oral, IV, IM)
Exclusion Criteria	Well newborns not admitted to a pediatric unit or NICU Doses given to patients in the Emergency Department or Ambulatory Surgery
Data Entry/Transfer	Enter into CDS

Monitoring Period	Monthly, beginning January 2021
Baseline Period	CY 2019
Telligen CDS Measure ID(s)	Tell_SR_AU1 (Also report Tell_SR_AU2-7)

A Day of Therapy (DOT) will be defined as at least one dose of a selected antibiotic given on a calendar day to a patient in an inpatient unit (Med/Surg, ICU/Tele, PICU, NICU, OB). A patient on multiple antibiotics on the selected list would be counted for each separate antibiotic given each calendar day. For medications with 48-hour dosing intervals, a day of therapy will be documented only on a calendar day in which the antibiotic was administered (for e.g., levofloxacin).

Tell_Core_HCWCovid Healthcare Personnel COVID-19 Vaccination Rate

Healthcare Personnel COVID-19 Vaccination Rate	
Measure Type	**Outcome**
Numerator	Current healthcare personnel who have received a completed series of a COVID-19 vaccination or a single-dose vaccination
Denominator	Total number of current healthcare personnel
Rate Calculation	*(Numerator / Denominator) x 100*
Specifications/Definitions	HHS Protect; COVID-19 Guidance for Hospital Reporting and FAQs For Hospitals, Hospital Laboratory, and Acute Care Facility Data Reporting
Data Source(s)	HHS Protect
Data Entry/Transfer	Enter into HHS Protect
Monitoring Period	Monthly, beginning January 2021
Baseline Period	N/A
Telligen CDS Measure ID(s)	Tell_Core_HCWCovid

Tell_Core_HCWFlu_20_21 Healthcare Personnel Influenza Vaccination Rate

2020/2021 Healthcare Personnel Influenza Vaccination Rate	
Measure Type	**Outcome**
Numerator	Total number of healthcare personnel (including contract personnel) vaccinated for Influenza for the 2020/2021 season
Denominator	Total Number of healthcare personnel (including contract personnel) working
Rate Calculation	*(Numerator / Denominator) x 100*
Specifications/Definitions	NHSN
Data Source(s)	NHSN
Data Entry/Transfer	NHSN
Monitoring Period	10/1/2020 – 3/31/2021
Baseline Period	N/A
Telligen CDS Measure ID(s)	Tell_Core_HCWFlu_20_21

Measure Resources

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html

Tell_Core_HCWFlu_21_22 Healthcare Personnel Influenza Vaccination Rate

2021/2022 Healthcare Personnel Influenza Vaccination Rate	
Measure Type	**Outcome**
Numerator	Total number of healthcare personnel (including contract personnel) vaccinated for Influenza for the 2021/2022 season
Denominator	Total Number of healthcare personnel (including contract personnel) working
Rate Calculation	*(Numerator / Denominator) x 100*
Specifications/Definitions	NHSN
Data Source(s)	NHSN
Data Entry/Transfer	NHSN
Monitoring Period	10/1/2021 – 3/31/2022
Baseline Period	N/A
Telligen CDS Measure ID(s)	Tell_Core_HCWFlu_21_22

Measure Resources

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html

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