

# Measurement Grid

Improvement area	EQIC measure	Numerator	Denominator	Measure type	Source collection/Strategy	Specifications <i>(see Data Methodology Guide for details)</i>	Submission frequency	Data submission deadline
Adverse drug events	ADE rate per 1,000 discharges	Number of discharges with ADEs	Number of discharges	Outcome	Claims	EQIC measure (code set available)	Monthly	< 3 month claim submission lag
	ADE rate per 1,000 discharges (Medicare FFS)	Number of discharges with ADEs (Medicare FFS)	Number of discharges (Medicare FFS)	Outcome	SAS VIYA (federal system)	EQIC measure (code set available)	Monthly	Not applicable
	Anticoagulant-related ADE rate per 1,000 discharges	Number of discharges with anticoagulant-related ADEs	Number of discharges	Outcome	Claims	EQIC measure (code set available)	Monthly	< 3 month claim submission lag
	Anticoagulant-related ADE rate per 1,000 discharges (Medicare FFS)	Number of discharges with anticoagulant-related ADEs (Medicare FFS)	Number of discharges (Medicare FFS)	Outcome	SAS VIYA (federal system)	EQIC measure (code set available)	Monthly	Not applicable
	Insulin-related ADE rate per 1,000 discharges	Number of discharges with insulin-related ADEs	Number of discharges	Outcome	Claims	EQIC measure (code set available)	Monthly	< 3 month claim submission lag
	Insulin-related ADE rate per 1,000 discharges (Medicare FFS)	Number of discharges with insulin-related ADEs (Medicare FFS)	Number of discharges (Medicare FFS)	Outcome	SAS VIYA (federal system)	EQIC measure (code set available)	Monthly	Not applicable
	Percentage of hyperglycemic POCT blood glucose episodes with results > 250 mg/dl	Number of POCT blood glucose episodes with results > 250 mg/dl	Number of POCT blood glucose episodes	Process	Pharmacy/Lab exchange	EQIC measure	Monthly	< 3 month claim submission lag
	Percentage of hyperglycemic POCT blood glucose episodes with results > 180 mg/dl	Number of POCT blood glucose episodes with results > 180 mg/dl	Number of POCT blood glucose episodes	Process	Pharmacy/Lab exchange	EQIC measure	Monthly	< 3 month claim submission lag
	Percentage of hypoglycemic POCT blood glucose episodes with results < 70 mg/dl	Number of POCT blood glucose episodes with results < 70 mg/dl	Number of POCT blood glucose episodes	Process	Pharmacy/Lab exchange	EQIC measure	Monthly	< 3 month claim submission lag
	Percentage of hypoglycemic POCT blood glucose episodes with results ≤ 40 mg/dl	Number of POCT blood glucose episodes with results ≤ 40 mg/dl	Number of POCT blood glucose episodes	Process	Pharmacy/Lab exchange	EQIC measure	Monthly	< 3 month claim submission lag
	Percentage of supratherapeutic INR results above normal range	Number of INR episodes with results > 5	Number of INR episodes	Process	Pharmacy/Lab exchange	EQIC measure	Monthly	< 3 month claim submission lag
	Percentage of subtherapeutic INR results below normal range	Number of INR episodes with results < 2	Number of INR episodes	Process	Pharmacy/Lab exchange	EQIC measure	Monthly	< 3 month claim submission lag
	Severe hypoglycemic ADE rate per 1,000 discharges	Number of discharges with hypoglycemic ADEs	Number of discharges	Outcome	Claims	EQIC measure (code set available)	Monthly	< 3 month claim submission lag
	Opioid-related ADE rate per 1,000 discharges	Number of opioid-related ADEs, including deaths	Number of discharges	Outcome	Claims	EQIC measure (code set available)	Monthly	< 3 month claim submission lag
	Opioid-related ADE rate per 1,000 discharges (Medicare FFS)	Number of opioid-related ADEs, including deaths (Medicare FFS)	Number of discharges (Medicare FFS)	Outcome	SAS VIYA (federal system)	EQIC measure (code set available)	Monthly	Not applicable
Opioid-related mortality rate per 1,000 discharges	Number of opioid-related deaths	Number of discharges	Outcome	Claims	EQIC measure	Monthly	< 3 month claim submission lag	

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<b>Adverse drug events</b>	Opioid-related mortality rate per 1,000 discharges (Medicare FFS)	Number of opioid-related deaths (Medicare FFS)	Number of discharges (Medicare FFS)	Outcome	SAS VIYA (federal system)	EQIC measure	Monthly	Not applicable
	Percentage of patients with daily opioid dosage of ≥ 90 MME during hospitalization	Number of patients with daily opioid dosage of ≥ 90 MME during hospitalization	Number of patients discharged that had an opioid prescribed during hospitalization	Process	Pharmacy/Lab exchange	EQIC measure	Monthly	< 3 month claim submission lag
	Percentage of patients prescribed ≥ 90 MME of opioid per day at discharge (Medicare FFS)	Number of patients prescribed ≥ 90 MME of opioid per day at discharge (Medicare FFS)	Number of discharges with an opioid prescription (Medicare FFS)	Process	SAS VIYA (federal system)	EQIC measure	Monthly	Not applicable
	Opioid reversal agent utilization rate per 1,000 discharges	Number of patients on opioids with naloxone ordered on inpatient care units	Number of discharges with an opioid prescription	Process	Pharmacy/Lab exchange	EQIC measure	Monthly	< 3 month claim submission lag
	Percentage of patients discharged on an opioid and a Narcan prescription (Medicare FFS)	Number of patients discharged on an opioid and a Narcan prescription (Medicare FFS)	Number of discharges with an opioid prescription (Medicare FFS)	Process	SAS VIYA (federal system)	EQIC measure	Monthly	Not applicable
	Percentage of patients prescribed co-occurring opioids and benzodiazepine during hospitalization	Number of patients prescribed co-occurring opioids and benzodiazepine during hospitalization	Number of patients discharged that had an opioid prescribed during hospitalization	Process	Pharmacy/Lab exchange	EQIC measure	Monthly	< 3 month claim submission lag
	Percentage of patients prescribed co-occurring opioids and benzodiazepines at discharge (Medicare FFS)	Number of patients discharged with opioid and benzodiazepine prescriptions (Medicare FFS)	Number of patients discharged with an opioid prescription (Medicare FFS)	Process	SAS VIYA (federal system)	EQIC measure	Monthly	Not applicable
	Percentage of patients prescribed two or more opioids during hospitalization	Number of patients prescribed two or more opioids during hospitalization	Number of patients discharged that had an opioid prescribed during hospitalization	Process	Pharmacy/Lab exchange	EQIC measure	Monthly	< 3 month claim submission lag
	Percentage of patients prescribed two or more opioids at discharge (Medicare FFS)	Number of patients prescribed two or more opioids at discharge (Medicare FFS)	Number of patients discharged with an opioid prescription (Medicare FFS)	Process	SAS VIYA (federal system)	EQIC measure	Monthly	Not applicable
	High-risk medication utilization in the elderly population per 10,000 discharges (Medicare FFS)	Number of patients 65 years of age or older discharged with a high-risk medication prescription (Medicare FFS)	Number of discharges for patients ≥65 y/o (Medicare FFS)	Outcome	SAS VIYA (federal system)	<a href="#">NQF #0022</a>	Monthly	Not applicable
	Percentage of POCT blood glucose tests within normal range (70-180) during hospitalization	Number of POCT blood glucose tests within normal range (70-180) during hospitalization	Number of POCT blood glucose tests	Outcome	Pharmacy/Lab exchange	EQIC measure	Monthly	< 3 month claim submission lag
<b>All-cause harm</b>	All-cause harm rate	Number of CAUTI, CLABSI, SSI, CDI, MRSA, Sepsis, PI, Falls, VTE and ADE events measured	Number of discharges	Outcome	Composite measure	EQIC measure	Monthly	Not applicable
<b><i>Clostridioides difficile</i></b>	<i>C. difficile</i> rate per 10,000 patient days	Number of hospital-onset <i>C. difficile</i> LabID events	Number of patient days (inpatient facility-wide)	Outcome	NHSN/Portal	<a href="#">CDC guidelines</a>	Monthly	Within 45 days of the close of the month

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<b><i>Clostridioides difficile</i></b>	<i>C. difficile</i> SIR	Number of hospital-onset <i>C. difficile</i> LabID events	Number of expected hospital-onset <i>C. difficile</i> LabID events	Outcome	NHSN	<a href="#">CDC guidelines</a>	Monthly	Within 45 days of the close of the month
	Percentage of discharges with prescription of a high-risk antibiotic (Medicare FFS)	Number of discharges with prescription of a high-risk antibiotic (Medicare FFS)	Number of discharges (Medicare FFS)	Process	SAS VIYA (federal system)	EQIC measure (code set available)	Monthly	Not applicable
<b>Methicillin-resistant Staphylococcus aureus</b>	MRSA rate per 10,000 patient days	Number of hospital-onset MRSA LabID events	Number of patient days (inpatient facility-wide)	Outcome	NHSN/Portal	<a href="#">CDC guidelines</a>	Monthly	Within 45 days of the close of the month
	MRSA SIR	Number of hospital-onset MRSA LabID events	Number of expected hospital-onset MRSA LabID events	Outcome	NHSN	<a href="#">CDC guidelines</a>	Monthly	Within 45 days of the close of the month
<b>Catheter-associated urinary tract infections</b>	CAUTI rate per 1,000 catheter days	Number of observed CAUTI infections	Number of catheter days	Outcome	NHSN/Portal	<a href="#">CDC CAUTI guidelines</a>	Monthly	Within 45 days of the close of the month
	CAUTI rate per 1,000 catheter days for ICU patients	Number of observed CAUTI infections for ICU patients	Number of catheter days for ICU patients	Process	NHSN	<a href="#">CDC CAUTI guidelines</a>	Monthly	Within 45 days of the close of the month
	CAUTI rate per 1,000 catheter days for non-ICU patients	Number of observed CAUTI infections for non-ICU patients	Number of catheter days for non-ICU patients	Outcome	NHSN	<a href="#">CDC CAUTI guidelines</a>	Monthly	Within 45 days of the close of the month
	CAUTI rate per 10,000 patient days (population rate)	Number of observed CAUTI infections	Number of patient days	Outcome	NHSN	EQIC measure	Monthly	Within 45 days of the close of the month
	CAUTI SIR	Number of observed CAUTI infections	Number of expected CAUTI infections	Outcome	NHSN	<a href="#">CDC CAUTI guidelines</a>	Monthly	Within 45 days of the close of the month
	CAUTI SIR for ICU patients	Number of observed CAUTI infections for ICU patients	Number of expected CAUTI infections for ICU patients	Outcome	NHSN	<a href="#">CDC CAUTI guidelines</a>	Monthly	Within 45 days of the close of the month
	CAUTI SIR for non-ICU patients	Number of observed CAUTI infections for non-ICU patients	Number of expected CAUTI infections for non-ICU patients	Outcome	NHSN	<a href="#">CDC CAUTI guidelines</a>	Monthly	Within 45 days of the close of the month
	CAUTI utilization ratio	Number of catheter days	Number of patient days	Process	NHSN/Portal	<a href="#">CDC CAUTI guidelines</a>	Monthly	Within 45 days of the close of the month
<b>Central line-associated bloodstream infections</b>	CLABSI rate per 1,000 central line days	Number of observed CLABSI infections	Number of central line days	Outcome	NHSN/Portal	<a href="#">CDC CLABSI guidelines</a>	Monthly	Within 45 days of the close of the month
	CLABSI rate per 1,000 central line days for ICU patients	Number of observed CLABSI infections for ICU patients	Number of central line days for ICU patients	Outcome	NHSN	<a href="#">CDC CLABSI guidelines</a>	Monthly	Within 45 days of the close of the month
	CLABSI rate per 1,000 central line days for non-ICU patients	Number of observed CLABSI infections for non-ICU patients	Number of central line days for non-ICU patients	Outcome	NHSN	<a href="#">CDC CLABSI guidelines</a>	Monthly	Within 45 days of the close of the month
	CLABSI rate per 10,000 patient days (population rate)	Number of observed CLABSI-infections	Number of patient days	Outcome	NHSN	EQIC measure	Monthly	Within 45 days of the close of the month
	CLABSI SIR	Number of observed CLABSI infections	Number of expected CLABSI infections	Outcome	NHSN	<a href="#">CDC CLABSI guidelines</a>	Monthly	Within 45 days of the close of the month
	CLABSI SIR for ICU patients	Number of observed CLABSI infections for ICU patients	Number of expected CLABSI infections for ICU patients	Outcome	NHSN	<a href="#">CDC CLABSI guidelines</a>	Monthly	Within 45 days of the close of the month

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<b>Central line-associated bloodstream infections</b>	CLABSI SIR for non-ICU patients	Number of observed CLABSI infections for non-ICU patients	Number of expected CLABSI infections for non-ICU patients	Outcome	NHSN	<a href="#">CDC CLABSI guidelines</a>	Monthly	Within 45 days of the close of the month
	CLABSI utilization ratio	Number of central line days	Number of patient days	Process	NHSN/Portal	<a href="#">CDC CLABSI guidelines</a>	Monthly	Within 45 days of the close of the month
<b>Falls</b>	Falls rate per 1,000 patient days	Number of falls	Number of patient days	Outcome	NDNQI/Portal	<a href="#">NQF #0141</a>	Monthly [Data received quarterly from NDNQI]	Within 45 days of the close of the month for portal data
	Falls with any harm rate per 1,000 patient days	Number of falls with any harm	Number of patient days	Outcome	NDNQI/Portal	<a href="#">NQF #0202</a>	Monthly [Data received quarterly from NDNQI]	Within 45 days of the close of the month for portal data
	Percentage of falls in which the patient had a fall risk assessment performed and documented within 24 hours of the fall	Number of falls with injury in which the patient had a fall risk assessment performed and documented within 24 hours of the fall	Number of falls	Process	NDNQI/Portal	NDNQI	Monthly [Data received quarterly from NDNQI]	Within 45 days of the close of the month for portal data
	Falls HAC rate per 1,000 patient days	Number of falls	Number of discharges	Outcome	Claims	EQIC measure (code set available)	Monthly [Data received quarterly from NDNQI]	< 3 month claim submission lag
	Falls HAC rate per 1,000 patient days (Medicare FFS)	Number of falls (Medicare FFS)	Number of discharges (Medicare FFS)	Outcome	SAS VIYA (federal system)	EQIC measure (code set available)	Monthly	Not applicable
<b>Patient and family engagement</b>	Patient and family engagement	<p>Please indicate level of participation for each PFE using the following legend:            0 - Hospital is not meeting this criteria            1 - Hospital is meeting criteria            U - Unknown            Z - Hospital does not provide services related to PFE1</p> <p>PFE 1: Implementation of a planning checklist for patients known to have a planned admission to the hospital (e.g., for elective surgery)            PFE 2: Implementation of a discharge planning checklist            PFE 3: Conducting shift-change huddles and bedside reporting with patients and families            PFE 4: Designation of an accountable leader in the hospital who is responsible for person and family engagement            PFE 5: Hospitals having an active PFE Committee or other committees where patients are represented and report to the board</p>				CMS	Monthly	Within 45 days of the close of the month
<b>Pressure injuries</b>	Percentage of patients with documentation of a pressure injury risk assessment within 24 hours of admission	Number of patients identified in the prevalence study with a facility-acquired stage II or greater pressure injury who had a risk assessment within 24 hours of admission	Number of patients identified in the prevalence study with a facility-acquired stage II or greater pressure injury	Process	NDNQI/Portal	EQIC measure	Quarterly (Monthly optional)	Within 45 days of the close of the month for portal data
	Prevalence rate of facility-acquired pressure injuries of stage II or greater per 100 patients	Number of patients identified in the prevalence study with a facility-acquired stage II or greater pressure injury	Number of patients identified in the prevalence study	Outcome	NDNQI/Portal	<a href="#">NQF #0201</a>	Quarterly (Monthly optional)	Within 45 days of the close of the month for portal data
	AHRQ PSI 3: Stage III or IV pressure injuries per 1,000 discharges	Number of discharges with a facility-acquired pressure injury of stage III, IV or unstageable	Number of discharges	Outcome	Claims	<a href="#">AHRQ PSI specifications</a>	Monthly	< 3 month claim submission lag

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<b>Readmissions</b>	30-day all-cause readmission rate back to the same facility	Number of readmissions within 30 days of discharge	Number of eligible discharges	Outcome	Claims	<a href="#">NQF #1789</a> Note that risk adjustment is not required	Monthly	< 3 month claim submission lag
	30-day all-cause readmission rate back to the same facility (Medicare FFS)	Number of readmissions within 30 days of discharge (Medicare FFS)	Number of eligible discharges (Medicare FFS)	Outcome	SAS VIYA (federal system)	<a href="#">NQF #1789</a> Note that risk adjustment is not required	Monthly	Not applicable
	Average inpatient medical-surgical length of stay, including ICU	Number of total medical-surgical patient days, including ICU	Number of total medical-surgical discharges, including ICU	Outcome	Claims	EQIC measure	Monthly	< 3 month claim submission lag
	Average inpatient medical-surgical length of stay, including ICU (Medicare FFS)	Number of total medical-surgical patient days, including ICU (Medicare FFS)	Number of total medical-surgical discharges, including ICU (Medicare FFS)	Outcome	SAS VIYA (federal system)	EQIC measure	Monthly	Not applicable
	Health equity readmission rate (Black) (Medicare FFS)	Number of readmissions for Black patients within 30 days of discharge (Medicare FFS)	Number of eligible Black discharges (Medicare FFS)	Process	SAS VIYA (federal system)	EQIC measure	Monthly	Not applicable
	Health equity readmission rate (Hispanic) (Medicare FFS)	Number of readmissions for Hispanic patients within 30 days of discharge (Medicare FFS)	Number of eligible Hispanic discharges (Medicare FFS)	Process	SAS VIYA (federal system)	EQIC measure	Monthly	Not applicable
	Health equity readmission rate (Asian) (Medicare FFS)	Number of readmissions for Asian patients within 30 days of discharge (Medicare FFS)	Number of eligible Asian discharges (Medicare FFS)	Process	SAS VIYA (federal system)	EQIC measure	Monthly	Not applicable
	Health equity readmission rate (White) (Medicare FFS)	Number of readmissions for White patients within 30 days of discharge (Medicare FFS)	Number of eligible White discharges (Medicare FFS)	Process	SAS VIYA (federal system)	EQIC measure	Monthly	Not applicable
	Health equity readmission rate (Native American) (Medicare FFS)	Number of readmissions for Native American patients within 30 days of discharge (Medicare FFS)	Number of eligible Native American discharges (Medicare FFS)	Process	SAS VIYA (federal system)	EQIC measure	Monthly	Not applicable
	Disease-specific readmission rate: COPD	Number of readmissions for COPD patients within 30 days of discharge	Number of eligible COPD discharges	Process	Claims	EQIC measure	Monthly	< 3 month claim submission lag
	Disease-specific readmission rate: Sepsis	Number of readmissions for sepsis patients within 30 days of discharge	Number of eligible sepsis discharges	Process	Claims	EQIC measure	Monthly	< 3 month claim submission lag
	Disease-specific readmission rate: Diabetes	Number of readmissions for diabetes patients within 30 days of discharge	Number of eligible diabetes discharges	Process	Claims	EQIC measure	Monthly	< 3 month claim submission lag
	Disease-specific readmission rate: Dual eligible	Number of readmissions for dual-eligible patients within 30 days of discharge	Number of eligible dual-eligible discharges	Process	Claims	EQIC measure	Monthly	< 3 month claim submission lag
	<b>Sepsis</b>	AHRQ PSI 13: Post-operative sepsis rate per 1,000 elective surgical discharges	Number of hospital-acquired sepsis cases in the defined surgical population	Number of elective surgical discharges	Outcome	Claims	<a href="#">AHRQ PSI specifications</a>	Monthly
Mortality rate per 100 sepsis discharges		Number of deaths among patients diagnosed with sepsis or septic shock	Number of discharges with a diagnosis of sepsis or septic shock	Outcome	Claims	EQIC measure	Monthly	< 3 month claim submission lag

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<b>Sepsis</b>	Mortality rate per 100 sepsis discharges (Medicare FFS)	Number of deaths among patients diagnosed with sepsis or septic shock (Medicare FFS)	Number of discharges with a diagnosis of sepsis or septic shock (Medicare FFS)	Outcome	SAS VIYA (federal system)	EQIC measure	Monthly	Not applicable
<b>Surgical site infections</b>	Colon surgery: SSI rate per 100 procedures	Number of observed SSIs for colon surgery procedures	Number of colon surgery procedures	Outcome	NHSN/Portal	<a href="#">CDC SSI guidelines</a>	Monthly	Within 45 days of the close of the month
	Colon surgery: SSI SIR	Number of observed SSIs for colon surgery procedures	Number of expected SSIs for colon surgery procedures	Outcome	NHSN	<a href="#">CDC SSI guidelines</a>	Monthly	Within 45 days of the close of the month
	Hip prosthesis: SSI rate per 100 procedures	Number of observed SSIs for hip prosthesis procedures	Number of hip prosthesis procedures	Outcome	NHSN/Portal	<a href="#">CDC SSI guidelines</a>	Monthly	Within 45 days of the close of the month
	Hip prosthesis: SSI SIR	Number of observed SSIs for hip prosthesis procedures	Number of expected SSIs for hip prosthesis procedures	Outcome	NHSN	<a href="#">CDC SSI guidelines</a>	Monthly	Within 45 days of the close of the month
	Abdominal hysterectomy: SSI rate per 100 procedures	Number of observed SSIs for abdominal hysterectomy procedures	Number of abdominal hysterectomy procedures	Outcome	NHSN/Portal	<a href="#">CDC SSI guidelines</a>	Monthly	Within 45 days of the close of the month
	Abdominal hysterectomy: SSI SIR	Number of observed SSIs for abdominal hysterectomy procedures	Number of expected SSIs for abdominal hysterectomy procedures	Outcome	NHSN	<a href="#">CDC SSI guidelines</a>	Monthly	Within 45 days of the close of the month
	MRSA rate per 100 discharges: Colon Surgery, hip prosthesis and abdominal hysterectomy	Number of colon surgery, hip prosthesis and abdominal hysterectomy discharges with MRSA	Number of colon surgery, hip prosthesis and abdominal hysterectomy discharges	Process	Claims	<a href="#">CDC guidelines</a>	Monthly	Not applicable
<b>Venous thromboembolism</b>	AHRQ PSI 12: perioperative pulmonary embolism or deep vein thrombosis (secondary diagnosis) per 1,000 surgical discharges	Number of surgical patients with hospital-acquired deep vein thrombosis or pulmonary embolism	Number of surgical discharges	Outcome	Claims	<a href="#">AHRQ PSI specifications</a>	Monthly	< 3 month claim submission lag
	VTE rate per 1,000 medical discharges	Number of medical discharges with facility-acquired VTE	Number of medical discharges	Outcome	Claims	EQIC measure	Monthly	< 3 month claim submission lag
	VTE rate per 1,000 medical discharges (Medicare FFS)	Number of medical discharges with facility-acquired VTE (Medicare FFS)	Number of medical discharges (Medicare FFS)	Outcome	SAS VIYA (federal system)	EQIC measure	Monthly	Not applicable
	VTE rate per 1,000 surgical discharges	Number of surgical discharges with facility-acquired VTE	Number of surgical discharges	Outcome	Claims	EQIC measure	Monthly	< 3 month claim submission lag
	VTE rate per 1,000 surgical discharges (Medicare FFS)	Number of surgical discharges with facility-acquired VTE (Medicare FFS)	Number of surgical discharges (Medicare FFS)	Outcome	SAS VIYA (federal system)	EQIC measure	Monthly	Not applicable
	VTE rate per 1,000 discharges	Number of discharges with facility-acquired VTE	Number of discharges	Outcome	Claims	EQIC measure	Monthly	< 3 month claim submission lag
	VTE rate per 1,000 discharges (Medicare FFS)	Number of discharges with facility-acquired VTE (Medicare FFS)	Number of discharges (Medicare FFS)	Outcome	SAS VIYA (federal system)	EQIC measure	Monthly	Not applicable