

Requirement Type	Key
Required , self-reported	RS
Required , comes from other data sources	RO
Optional , self-reported	OS

Measure Type	Key
Outcome	O
Process	P

Compass Measure Set

State: Kansas

Data Sources	Key
Self-Reported	*
Administrative Claims	**
NHSN	***

Focus Area	Measure Name	Measure Type	Numerator Description	Denominator Description	Data Source for KS
Adverse Drug Events <i>For adults age 18+.</i>					
<i>ADE Overall</i>					
RS	Adverse Drug Event Rate	O	Number of Acute Care, SNF, Swing Bed and Observation adverse drug events that reach the patient (NCC MERP Scale categories D-I)	Number of Acute Care, SNF, Swing Bed and Observation patient days	*
<i>Opioid Safety</i>					
RO	Opioid Mortality	O	Number of opioid-related deaths (include opioid toxicity in a primary or secondary diagnosis)	Number of discharges for Acute Care patients, ≥ 18 y/o	**
RO	Opioid-Related Adverse Drug Event Rate	O	Number of patients with non-POA secondary ICD10 code(s) for opioid-related adverse drug event	Number of discharges for Acute Care patients, ≥ 18 y/o	**
OS	Stat Naloxone Administration – Emergency Department	O	Number of doses a reversal agent (e.g., Naloxone) is administered to a patient in the Emergency Department	Number of Emergency Department visits	*
OS	Stat Naloxone Administration – Inpatient	O	Number of doses of a reversal agent (e.g. Naloxone) administered to Acute Care, SNF, Swing Bed and Observation patients	Number of Acute Care, SNF, Swing Bed and Observation patients prescribed opioids	*
OS	High-Dose Opioid Prescribing Upon Discharge	P	Number of patients discharged with an opioid prescription with >90 MME daily	Number of Acute Care, SNF, Swing Bed and Observation patients discharged with an opioid prescription	*
<i>Glycemic Management</i>					
RS	Blood Glucose Less Than 50	O	Number of blood glucose measurements (per lab reports, FSBG, EMR, Charge Data, etc.) for Acute Care, SNF, Swing Bed and Observation patients where blood glucose < 50	Number of blood glucose measurements (per lab reports, FSBG, EMR, Charge Data, etc.) for Acute Care, Skilled Nursing Care, Swing Bed and Observation patients	*
<i>Anticoagulation Safety</i>					
RS	INRs Greater Than 5	O	Number of lab measurements for Acute Care, SNF, Swing Bed and Observation patients on Warfarin where documented INR > 5	Number of INR lab measurements for Acute Care, SNF, Swing Bed and Observation patients on Warfarin	*

Focus Area	Measure Name	Measure Type	Numerator Description	Denominator Description	Data Source for KS
Antibiotic Stewardship					
RO	Carbapenem-resistant Enterobacteriaceae (CRE) Prevalence	O	Number of LabID CRE events	Number of Acute Care Inpatient days	***
RO	Standardized Antimicrobial Administration Ratio (SAAR)	O	Number of observed days of antimicrobial therapy reported by a healthcare facility for a specified category of antimicrobial agents used in a patient care location or group of locations	Number of days of antimicrobial therapy predicted for a health care facility's use of a specified category of antimicrobial agents in a patient care location or group of locations, calculated by applying negative binomial regression modeling to nationally aggregated AU data	***
OS	Core Elements	P	Number of core elements met by the hospital as documented in the NHSN annual facility survey	Total number of core elements (7)	*
OS	Antimicrobial Days of Therapy (DOT)	O	Aggregate sum of antimicrobial days for which any amount of a specific antimicrobial agent was administered to individual patients as documented in the patient record for acute, SNF, Swing beds and OB inpatient days	Days present defined as the aggregate number of patients housed in a patient care location or facility anytime throughout a day during a calendar month	*
Clostridium difficile					
RO	ACS-CDC-CDIFF SIR	O	Observed number of <i>C. difficile</i> infections based on NHSN aggregate data	Expected number of <i>C. difficile</i> infections based on NHSN aggregate data	***
RO	Healthcare Facility-Onset Clostridium difficile Infection Rate	O	Total number of observed hospital-onset <i>C. difficile</i> lab-identified events among all inpatients facility-wide, excluding well-baby nurseries and NICUs	Patient days facility wide	***
RO	Clostridium difficile Prevalence	O	Number of <i>C. difficile</i> Lab ID events	Number of Acute Care inpatient admissions	***
RS	Hand Hygiene Compliance	P	Number of observations where proper handwashing technique was applied	Number of handwashing observations	*
Catheter-Associated Urinary Tract Infection					
RO	NHSN CAUTI SIR - ICU Units excluding NICU, (NQF 0138)	O	Observed number of CAUTI infections for ICU units excluding NICU based on NHSN aggregate data	Expected number of CAUTI infections for ICU units excluding NICU based on NHSN aggregate data	***
RO	NHSN CAUTI SIR - ICU Units + Other Units, (NQF 0138)	O	Observed number of CAUTI infections for ICU units plus other units based on NHSN aggregate data	Expected number of CAUTI infections for ICU units plus other units based on NHSN aggregate data	***
RO	Catheter-Associated Urinary Tract Infection Rate	O	Number of hospital-acquired urinary tract infections	Number of Acute Care urinary catheter days	***
RO	Catheter Utilization Ratio - ICU	P	Number of ICU inpatient days with urinary catheter in place	Number of ICU inpatient days	***

Focus Area	Measure Name	Measure Type	Numerator Description	Denominator Description	Data Source for KS
RO	Catheter Utilization Ratio - All Units	P	Number of Acute Care, SNF and Swing Bed inpatient days with urinary catheter in place	Number of Acute Care, SNF and Swing Bed inpatient days	***
OS	Unnecessary Urinary Catheters	P	Number of Acute Care, SNF and Swing Bed inpatients with new indwelling urinary catheters inserted without appropriate indication	Number of Acute Care, SNF and Swing Bed inpatients with new indwelling urinary catheter insertions	*
Central Line Associated Blood Stream Infection <i>Focus area optional depending on hospital services.</i>					
RO	NHSN CLABSI SIR - ICU Units including NICU, (NQF 0139)	O	Observed number of CLABSI infections for ICU units including NICU based on NHSN aggregate data	Expected number of CLABSI infections for ICU units including NICU based on NHSN aggregate data	***
RO	NHSN CLABSI SIR - ICU Units + Other Units, (NQF 0139)	O	Observed number of CLABSI infections for ICU units plus other units based on NHSN aggregate data	Expected number of CLABSI infections for ICU units plus other units based on NHSN aggregate data	***
RO	Central Line Associated Blood Stream Infection (CLABSI) Rate	O	Number of hospital-acquired, central line associated bloodstream infections	Number of Acute Care central line catheter days	***
RO	CLABSI Utilization Ratio - ICU	P	Number of ICU central line days	Number of ICU inpatient days	***
RO	CLABSI Utilization Ratio - All Units	P	Number of central line days	Number of Acute Care, SNF and Swing Bed inpatient days	***
Patient and Family Engagement					
RS	Patient and Family Engagement		1. Implementation of a planning checklist for patients known to have a planned admission to the hospital (e.g., for elective surgery) 2. Implementation of a discharge planning checklist 3. Conducting shift change huddles and bedside reporting with patients and families 4. Designation of an accountable leader in the hospital who is responsible for Patient and Family Engagement (PFE) 5. Hospitals having an active PFE or other committees where patients are represented and report to the Board		
Pressure Ulcer					
RO	Pressure Ulcer Rate, Stage 3+, (AHRQ PSI-03)	O	Number of patients with non-POA secondary ICD10 code(s) for pressure ulcer AND secondary ICD10 diagnosis code(s) for Stage III, Stage IV or unstageable pressure ulcer	Number of discharges for Acute Care, Skilled Nursing and Swing Bed patients	**
RO	Acute Inpatients with a Hospital-Acquired Pressure Ulcer Stage II	O	Hospitalized patients with a Secondary ICD-10 diagnosis code of a Stage II pressure ulcer and a POA indicator value of 'N' or 'U'	Acute care inpatients ≥ 18 years old discharged	**

Focus Area	Measure Name	Measure Type	Numerator Description	Denominator Description	Data Source for KS
RS	Risk Assessment within 24 hours	P	Number of inpatients with completed and documented pressure injury risk assessment within 24 hours of admission	Total number of patient admissions	*
OS	Skin Assessment within 24 hours	P	Number of patients with a complete and documented skin assessment within 24 hours of admission	Total number of patient admissions	*
Readmissions					
RS	Post-Hospital Follow Up Appointment	P	Number of Acute Care, SNF and Swing Bed inpatient discharges with follow-up appointment scheduled before discharge in accordance with risk assessment	Number of discharges for Acute Care, Skilled Nursing Care and Swing Bed inpatient discharges	*
RS	Unplanned All-Cause, 30-Day Readmissions Same Hospital	O	Number of Acute Care inpatient discharges that meet criteria inclusion as a readmission to same hospital using unplanned, 30-day, all-cause, all-payer methodology	Number of Acute Care inpatient discharges meeting eligibility for inclusion as an index admission	*
Severe Sepsis and Septic Shock					
RS	Severe Sepsis and Septic Shock 3-Hour Management Bundle Compliance (NQF 0500)	P	Number of patients in the denominator population who receive all elements of the 3-hour Severe Sepsis and Septic Shock Management Bundle	Number of patients presenting with severe shock or septic shock (exclude patients comfort care only, where central line cannot be placed or is contraindicated, or where clinical condition precludes total measure completion)	*
RO	Postoperative Sepsis Rate (AHRQ PSI 13)	O	Number of Acute Care elective surgical inpatient discharges with any secondary ICD-10 diagnosis code for sepsis	Number of Acute Care elective surgical inpatient discharges with any listed ICD-10 procedure code for an operating room procedure and admission type recorded as elective	**
RO	Sepsis Mortality	O	Number of deaths in patient diagnosed with Sepsis or Septic Shock	Patients with diagnosis of Sepsis or Septic Shock	**

Additional Areas of Focus	Measure Name	Measure Type	Numerator Description	Denominator Description	Data Source for KS
Surgical Site Infection <i>Focus area optional depending on hospital services.</i>					
RO	CDC Harmonized Procedure-Specific SSI SIR - Colon Surgeries, (NQF 0753)	O	Observed number of Colon SSI infections based on NHSN aggregate data	Expected number of Colon SSI infections based on NHSN aggregate data	***
RO	CDC Harmonized Procedure-Specific SSI SIR - Abdominal Hysterectomies, (NQF 0753)	O	Observed number of Abdominal Hysterectomy SSI infections based on NHSN aggregate data	Expected number of Abdominal Hysterectomy SSI infections based on NHSN aggregate data	***
RO	CDC Harmonized Procedure-Specific SSI SIR - Total Hip Replacements, (NQF 0753)	O	Observed number of Total Hip SSI infections based on NHSN aggregate data	Expected number of Total Hip SSI infections based on NHSN aggregate data	***
RO	CDC Harmonized Procedure-Specific SSI SIR - Total Knee Replacements, (NQF 0753)	O	Observed number of Total Knee SSI infections based on NHSN aggregate data	Expected number of Total Knee SSI infections based on NHSN aggregate data	***
RO	Colon Surgical Site Infection Rate	O	Number of hospital-acquired colon surgical site infections	Number colon surgical episodes	***
RO	Abdominal Hysterectomy Surgical Site Infection Rate	O	Number of hospital-acquired abdominal hysterectomy surgical site infections	Number abdominal hysterectomy surgical episodes	***
RO	Hip Replacement Surgical Site Infection Rate	O	Number of hospital-acquired hip replacement surgical site infections	Number hip replacement surgical episodes	***
RO	Knee Replacement Surgical Site Infection Rate	O	Number of hospital-acquired knee replacement surgical site infections	Number knee replacement surgical episodes	***
OS	Surgical Safety Checklist Compliance	P	Number of surgical inpatient procedures in which the surgical safety checklist was used	Number of surgical inpatient operating procedures	*

Additional Areas of Focus	Measure Name	Measure Type	Numerator Description	Denominator Description	Data Source for KS
Venous Thromboembolism					
RO	Post-Operative Pulmonary Embolism (PE) or Deep Venous Thrombosis (DVT) Rate, (AHRQ PSI-12), (NQF 0450)	O	Number of Acute Care surgical inpatients with secondary ICD-10 code(s) for DVT or PE that were not present on admission	Number of Acute Care surgical inpatient discharges	**
OS	VTE Appropriate Prophylaxis	P	Number of Acute Care, SNF, Swing Bed and Observation patients who received appropriate VTE prophylaxis or have documentation why no VTE prophylaxis was given	Number of patients admitted to Acute Care, Skilled Nursing Care or Swing Bed with stays of > 48 hours	*
Falls					
RS	Falls with Injury	O	Total number of patient falls with an injury level of minor or greater (whether or not assisted by a staff member). (Specifications: NQF 0202)	Patient days by eligible units during the measurement period	*
RO	Fall Rate Resulting in Fracture or Dislocation (CMS HAC)	O	Number of Acute Care inpatient discharges with ICD-10 fracture or dislocation code(s) not present on admission	Number of Acute Care discharges	**
OS	Falls with or without injury	O	Number of patient falls (Specifications: NQF 0141)	Patient days by eligible units during the measurement period	*
OS	Fall Risk Assessment on Admission	P	Number of Acute Care, SNF, Swing Bed and Observation patients assessed for fall risk on admission	Number of admitted Acute Care, Skilled Nursing Care, Swing Bed and Observation patients	*
Ventilator-Associated Events <i>Focus area optional depending on hospital services</i>					
RO	Ventilator-Associated Conditions (VAC)	O	Number of events that meet VAC criteria	Number of ventilator days	***
RO	Infection-Related Ventilator-Associated Complication (IVAC)	O	Number of events that meet IVAC criteria	Number of ventilator days	***
RO	Possible/Probable Ventilator-Associated Pneumonia	O	Number of events that meet possible/probable Ventilator-Associated Pneumonia criteria	Number of ventilator days	***
OS	Ventilator Bundle Compliance	P	Number of ICU patients on mechanical ventilation with full ventilator-associated prevention bundle compliance	Number of ICU patients on mechanical ventilation on day of week sample	*

Note:

Changes that were made from V1.1 to 1.2:

- Patient and Family Engagement (PFE) – Requirement type updated to RS
- NHSN CLABSI SIR - ICU Units including NICU, (NQF 0139) numerator and denominator changed to including NICU
- Unplanned All-Cause, 30-Day Readmissions Same Hospital – Requirement type updated to RS