

CEDR QCDR Measures for 2019 MIPS Performance Year Reporting

Measure ID	Measure Title	Measure Description	Denominator	Numerator	Denominator Exclusions	Denominator Exceptions	NQS Domain	Measure Type	Meaningful Measure Area	NQF ID	High Priority	Traditional or Inverse	Scoring Method	Risk-Adjusted	Number of performance rates to be calculated and submitted
ACEP19	Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older	Percentage of emergency department visits for patients aged 18 years and older who presented with a minor blunt head trauma who had a head CT for trauma ordered by an emergency care provider who have an indication for a head CT	All emergency department visits for patients aged 18 years and older who presented with a minor blunt head trauma who had a head CT for trauma ordered by an emergency care provider	Emergency department visits for patients who have an indication for a head CT	Patients with any of the following: oVentricular shunt oBrain Tumor oMultisystem trauma oCurrently taking antiplatelet medications	None	Efficiency and Cost Reduction	Process	Appropriate use of Healthcare	N/A	Yes	Traditional	Proportional	No	1
ACEP20	Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 Through 17 Years	Percentage of emergency department visits for patients aged 2 through 17 years who presented with a minor blunt head trauma who had a head CT for trauma ordered by an emergency care provider who are classified as low risk according to the PECARN prediction rules for traumatic brain injury	All emergency department visits for patients aged 2 through 17 years who presented with a minor blunt head trauma who had a head CT for trauma ordered by an emergency care provider	Emergency department visits for patients who are classified as low risk according to the Pediatric Emergency Care Applied Research Network (PECARN) prediction rules for traumatic brain injury	Patients with any of the following: oVentricular Shunt oBrain Tumor oCoagulopathy	None	Efficiency and Cost Reduction	Process	Appropriate use of Healthcare	N/A	Yes	Inverse	Proportional	No	1
ACEP21	Coagulation Studies in Patients Presenting with Chest Pain with No Coagulopathy or Bleeding	Percentage of emergency department visits for patients aged 18 years and older with an emergency department discharge diagnosis of chest pain during which coagulation studies were ordered by an emergency care provider	All emergency department visits for patients aged 18 years and older with an emergency department discharge diagnosis of chest pain	Emergency department visits during which coagulation studies (PT, PTT, or INR tests) were ordered by an emergency care provider	Patients with any of the following clinical indications for ordering coagulation studies: oEnd stage liver disease oCoagulopathy oThrombocytopenia oCurrently taking or newly prescribed the following anticoagulant medications: apixaban, argatroban, bexiraban, bivalirudin, dabigatran, dalteparin, desirudin, edoxaban, enoxaparin, fondaparinux, heparin, rivaroxaban, warfarin oPregnancy oPulmonary or gastrointestinal hemorrhage oAtrial Fibrillation oInability to obtain medical history oTrauma oPatient who left before treatment completion oPulmonary embolism or deep vein thrombosis	None	Efficiency and Cost Reduction	Process	Appropriate use of Healthcare	N/A	Yes	Inverse	Proportional	No	1
ACEP22	Appropriate Emergency Department Utilization of CT for Pulmonary Embolism	Percentage of emergency department visits during which patients aged 18 years and older had a CT pulmonary angiogram (CTPA) ordered by an emergency care provider, regardless of discharge disposition, with either moderate or high pre-test clinical probability for pulmonary embolism OR positive result or elevated D-dimer level	All emergency department visits during which patients aged 18 years and older had a CT pulmonary angiogram (CTPA) ordered by an emergency care provider, regardless of discharge disposition	Emergency department visits for patients with either: 1. Moderate or high pre-test clinical probability for pulmonary embolism OR 2. Positive result or elevated D-dimer level	Pregnancy Patients who had CT of chest with IV contrast ordered at the same time as CT abdomen with IV contrast during emergency department visit	Medical reason for ordering a CTPA without moderate or high pre-test clinical probability for pulmonary embolism AND no positive result or elevated D-dimer level (eg, CT ordered for aortic dissection)	Efficiency and Cost Reduction	Process	Appropriate use of Healthcare	N/A	Yes	Traditional	Proportional	No	1
ACEP25	Tobacco Use: Screening and Cessation Intervention for Patients with Asthma and COPD	Percentage of patients aged 18 years and older with a diagnosis of asthma or COPD seen in the ED who were screened for tobacco use during any ED encounter AND who received tobacco cessation intervention if identified as a tobacco user	All patients aged 18 years and older with a diagnosis of asthma or COPD seen in the ED	Patients who were screened for tobacco use during any ED encounter AND who received tobacco cessation intervention if identified as a tobacco user	None	Documented medical reason(s) for not screening for tobacco use OR for not providing tobacco cessation intervention for patients identified as tobacco users (eg, limited life expectancy, other medical reasons)	Community/Population Health	Process	Prevention and Treatment of Opioid and Substance Use Disorders	N/A	No	Traditional	Proportional	No	1

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ACEP30	Sepsis Management: Septic Shock: Lactate Clearance Rate of ≥ 10%	Percentage of emergency department visits for patients aged 18 years and older with septic shock who had an elevated serum lactate result (>2mmol/L) and a subsequent serum lactate level measurement performed following the elevated serum lactate result with a lactate clearance rate of ≥ 10% during the emergency department visit	All emergency department visits resulting in hospital admission for patients aged 18 years and older with septic shock who had an elevated serum lactate result (>2mmol/L) and a subsequent serum lactate level measurement performed following the elevated serum lactate result	Emergency department visits for patients with a lactate clearance rate of ≥ 10% during the emergency department visit	<p>Patients with any of the following:</p> <ul style="list-style-type: none"> oTransferred to the emergency department from another acute care facility or other in-patient hospital setting oLeft before treatment was complete oDied during the emergency department visit oCardiac arrest within the emergency department visit oPatient or surrogate decision maker declined care oAdvanced care directives present in patient medical record for comfort care oStatus epilepticus oReceiving epinephrine oLiver dysfunction or cirrhosis with decompensation oLiver failure oEnd-stage liver disease oSecondary diagnosis of: <ul style="list-style-type: none"> oGastrointestinal bleeding oStroke oAcute myocardial infarction oAcute trauma 	None	Effective Clinical Care	Outcome	Patient-Focused Episode of Care	N/A	Yes	Traditional	Proportional	No	1
ACEP31	Appropriate Foley catheter use in the emergency department	Percentage of emergency department (ED) visits for admitted patients aged 18 years and older where an indwelling Foley catheter is ordered and the patient had at least one indication for an indwelling Foley catheter	All emergency department visits for admitted patients aged 18 years and older where an indwelling Foley catheter is ordered	Emergency department visits where the patient had at least one of the following indications for an indwelling Foley catheter: <ul style="list-style-type: none"> oAcute urinary retention or bladder outlet obstruction oNeed for accurate measurement of urinary output with no reasonable alternative oPre-operative use for selected surgical procedures oOpen sacral or perineal wounds in incontinent patients oPatient requires prolonged immobilization oComfort for end of life care oOther institution-specific indication 	Patients who had an existing indwelling Foley catheter at ED arrival	None	Patient Safety	Process	Healthcare-associated Infections	N/A	Yes	Traditional	Proportional	No	1

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ACEP48	Sepsis Management: Septic Shock: Lactate Level Measurement, Antibiotics Ordered, and Fluid Resuscitation	Percentage of emergency department visits resulting in hospital admission for patients aged 18 years and older with septic shock who had an order for all the following during the emergency department visit: a serum lactate level, antibiotics, and >1L of crystalloids	All emergency department visits resulting in hospital admission for patients aged 18 years and older with septic shock	Emergency department visits for patients who had an order for all of the following during the emergency department visit: a serum lactate level, antibiotics, and >1L of crystalloids	Patients with any of the following: <ul style="list-style-type: none"> o Transferred into the emergency department from another acute care facility or other in-patient hospital setting o Left before treatment was complete o Died during the emergency department visit o Cardiac arrest within the emergency department visit o Patient or surrogate decision maker declined care o Advanced directives present in patient medical record for comfort care o Severe Heart Failure (LVEF <20%) o Left Ventricular Assist Device (LVAD) o Acute Pulmonary Edema o Toxicological emergencies o Burn o Seizures o Anuria o End stage renal disease o Secondary diagnosis of: <ul style="list-style-type: none"> o Gastrointestinal bleeding o Stroke o Acute myocardial infarction o Acute trauma 	None	Effective Clinical Care	Process	Appropriate use of Healthcare	N/A	No	Traditional	Proportional	No	1
ACEP50	ED Median Time from ED arrival to ED departure for discharged ED patients for Adult Patients	Time (in minutes) from ED arrival to ED departure for discharged patients for Adult Patients	All Emergency Department encounters for patients aged 18 years and older discharged from the ED	Time (in minutes) from ED arrival to ED departure for discharged Adult patients	o Transfers <ul style="list-style-type: none"> o Psychiatric and mental health patients o Patients who expired in the emergency department o Patients transferred to observation 	None	Person and Caregiver Centered Experience and Outcomes	Outcome	Patient's Experience of Care	N/A	Yes	Inverse	Continuous	No	1
ACEP51	ED Median Time from ED arrival to ED departure for discharged ED patients for Pediatric Patients	Time (in minutes) from ED arrival to ED departure for discharged patients for Pediatric Patients	All emergency department encounters for patients aged 17 years and younger discharged from the ED	Time (in minutes) from ED arrival to ED departure for discharged Pediatric patients	o Transfers <ul style="list-style-type: none"> o Psychiatric and mental health patients o Patients who expired in the emergency department o Patients transferred to observation 	None	Person and Caregiver Centered Experience and Outcomes	Outcome	Patient's Experience of Care	N/A	Yes	Inverse	Continuous	No	1