2022 QCDR Measure IDs	Measure Title	Measure Description	Denominator	Numerator	Denominator Exclusions	Denominator Exceptions	Numerator Exclusions P	NOF ID	NGS Domain	High Priority Measure	High Priority Type	Measure Type	includes Telehealth?	Meaningful Measure Ama	inverse i	Proportional Measure	Continuous Variable Measure	Ratio Measure	Number of performance rates to be calculated and submitted	Rick-Adjusted Status	Gare Setting
ACEP19	Emergency Department Littlination of CT	Percentage of emergency department visits for patients aged 18 years and older who presented with a mileor blust head	All emergency department visits for patients aged 18 years and older who presented with a minor blust 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: Vertricular shunt-Brain Tumor- Multisystem trauma-Currently taking antiplatelet medications	None	None	N/A	Efficiency and Cost Reduction	Yes	Appropriate Use	Process	No	Appropriate use of Healthcare	No	Yes	No	No	1	No	Emergency Department and Services
	for Minor Blust Head Trauma for Patients Aged 18 Years and Older	visits for patients aged 18 years and older who presented with a minor blant head traums who had a head CT for traums ordered by an emergency care provider who have an indication for a head CT	who had a head CT for trauma ordered by an emergency care provider	who have an indication for a head CT																	
AGEP21	Coagulation Studies in Patients Presenting with Chest Pain with No Coagulopathy or Bleeding	Fracestage of energy-cy department, while the publishes aged Lill years and didde with an energeach department discharge diagnosis of cheet pain during which coagulation intelles were ordered by an emergeacy care provider	All energyory department with for patients aged 18 years and older with an energyacy department discharge diagnosis of chest pain	Georgeony department with during which comparation mades (PT, PT, or NR tent), were ordered by an energeony care provider	Patients with any of the following clinical indications for ordering congulation control of the following congulation consists of the control	COVID-19	None	N/A	Efficiency and Cost Reduction	Yes	Appropriate Use	Process	No	Appropriate use of Healthcane	Yes	Yes	No	No	1	No	Emergency Organization and Services
ACEP22	Appropriate Emergency Department Utilization of CT for Pulmonary Embolism	Percentage of emagency department with studies during which patients aged 18 years and doke had a CT pulmonary ampligaram (CTPA) ordered by an energency care provider, regardess of discharge disposition, with either moderate or high per-less clinical probability for pulmonary embolium CR positive result or elevated Edward or the control of the contr	regardless of discharge disposition	Emergency department visits for patients with either I. Moderate or high pre-test clinical probability for pulmonary embolism/DR2. Elevated D-dimer level	Pregnancy	a Medical muson for ordering a CIPA without nodestor or high pre-test clinical probability for pulmonary embolism AND no positive result or elevated 0-dimer level (e.g., C ordered for acric dissection) o Patients who had CI pulmonary angiogram (CIPA) ordered during an emergency department with for toward or dangerous mechanism of lojury	None	N/A	Efficiency and Cost Reduction	Yes	Appropriate Use	Process	No	Appropriate use of Healthcane	No	Yes	No	No	1	No	Emergency Department and Services
ACEP2S	Tobacco Use: Screening and Gessation Intervention for Patients with Asthma and COPD	older with a diagnosis of asthma or CDPD seen in the ED and discharged who were screened for tobacco use during any ED encounter AND who received tobacco cessation intervention if identified as a	All patients aged 18 years and older with a diagnosis of authma or COPD seen in the ED and discharged	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 essarion intervention for patients identified as tobacco users (e.g., limited life expectancy, other medical reasons)	None	N/A	Community/Population Health	No	N/A	Process	No	Prevention and Treatment of Opioid and Substance Use Disorders	No	Yes	No	No	1	No	Emergency Department and Services
ACEP30	Sepuis Management: Septic Stock Lactate Clearance Rate of 2+30	hadaco user Personage of emergency department with the patients aged at ayears and close with wayor backware and close admission to transfer jo to applial admission to transfer with build an elevated error lactor enail (Chiene Qill). Resourced error lactor enail (Chiene Qill) and consumer and patients of closes on the elevated error lactor enail of the patients of classons and a VDI of during the emergency department with		Emergency department visits for patients with a lactate clearance rate of >=10% during the emergency department visit	Patients with any of the following: Transferred to the amougnous department from somble acide and facility or death or parises hospital writing-left before transmers and parises and facility or death or transmers was complete. Good during the emergency department with Casidac arrest the emergency department with Casidac arrest platent or surgeages decision makes declined care. Advanced care directives present in pasients reducin record or conflort care. Softwar playelow Recording to the conflort care. Softwar playelow Recording with decompensation of the fallow-facility with decompensation of the fallow-facility of Casidachies with the decision of Acute transmers. Carlot of degradies	None	None	N/A	Effective Clinical Care	Yes	Outcome	Outcome	No	Patient-Focused Episode of Cure	No	Yes	No	No	1	No	Georges; (Appartment and Services
ACEPRE	Appropriate Folly catheter use in the emergency department	Percentage of en engency department (EC) with for admitted gatients aged fill years and older where as indeeding Suly: cather is cedent and the partier that of least one indication for an indeeding Folly catheter	All energency department with for admitted patients upod 18 years and olders where an indextiling Fary catheter is ordered	Emergency department violts where the patient had at least one of the following individual and interest one of the following feeling individual and individu	Patients who had an existing indwelling Foley carbeter at CD arrival	None	None	N/A	Patient Safety	Yes	Patient Safety	Process	No	Multhcare-associated infections	No	Yes	No	No.	1	No	Emergency Department and Services
ACEPHB	Septih Monagement, Septis Chack Lecture Level Measurement, Arabitation Ordered, and Fluid Resuscitation	Percentage of emergency department viota resulting in hospital admission or souther for patients aged \$1 years and for all the following the emergency days after following the emergency daystened viota serum lactate level, archeolis, and >11 of crystaloids	All emergency department vials resulting in hospital admission or transfers for patients aged 25 may and other with supple shock.	Emergency department viols for patients who had an order for all of the following who had an order for all of the following security located length and patients and a contract located length and a contract length and a con	Patients with any of the following- Transferred late the energency department from another state care facilities of the separation of the second second facilities of the separation second second facilities are second second second facilities are second second facilities are second facilities are second facilities present in parient medical second facilities are second facilities present in parient medical second facilities are second facilities are second facilities are second facilities are second facilities and facilities are second facilities are second facilities	PyEert is admitted within lite of CD Arrholl	None	N/A	Effective Cloical Care	No	N/A	Process	No	Appropriate use of Healthcare	No	Yes	No	No	1	No	Emergency (Augustinent and Services
ACEPSO	ED Median Time from ED arrival to ED departure for all Adult Patients	Time (in minutes) from ED arrival to ED departure for all Adult Patients	All Emergency Department encounters for patients aged 18 years and older with documented discharge disposition	Time (in minutes) from ED arrival to ED departure for discharged Adult patients	Transfers -Psychiatric and mental health patients -Patients who expired in the emergency department -Patients transferred to observation - Admissions Transfers -Psychiatric and mental health	None	None	N/A	Person and Caregiver Certened Experience and Outcomes	Yes	Outcome	Outcome	No	Patient's Experience of Care	Yes	No	Yes	No	1	Yes	Emergency Department and Services
ACEPS1	ED Median Time from ED arrival to ED departure for all Pediatric ED Patients	Time (in minutes) from ED arrival to ED departure for all Pediatric Patients Percentage of emergency department	All Emergency Department encounters for patients aged 17 years and younger with documented discharge disposition.	Time (in minutes) from ED arrival to ED departure for discharged Pediatric patients	Transfers -Psychiatric and mental health patients -patients who expired in the emergency department -patients transferred to observation - Admissions	None	None	N/A	Person and Caregiver Certered Experience and Outcomes	Yes	Outcome	Outcome	No	Patient's Experience of Care	Yes	No	Yes	No	1	Yes	Emergency Department and Services
ACEPS2	Appropriate Emergency Department Utilization of Lumbar Spine Imaging for Attraumatic Low Back Pain	Proceetage of emergency department whits during which patients aged 18 year and older had a CT or MRI of the Lumbar Spine ordered by an emergency care prouder, regardless of discharge disposition, presenting with a scale, non- complex low back pain.	All emergency department visits for patients aged III years and older who presented with scate, non-complex low back pack for whom a lumbar spine CT or MRI was ordered by an emergency care provider	Emergency department visits for patients who have an indication for a lumbar spine CT or MRI	None	None	None	N/A	Efficiency and Cost Reduction	Yes	Appropriate Use	Process	No	Appropriate use of Healthcare	No	Yes	No	No	1	No	Emergency Department and Services
ACEPSA	Appropriate Use of Imaging for Recurrent Renal Colic	Percentage of emergency department (ECD visits for patients aged 18-50 years presenting with flast pain with a history of kidney stores during within to might in crelend, OR appropriate imaging (J.e., plain FBm radiography or ultrasound) is ordered.	All en argency department visits for pulsents aged III - 52 years presenting with flank pain with any history of kidney stones	Energency department visits during which no imaging is ordered OR appropriate imaging (a., paint film radiography or ultrasound) is ordered	-derection frame, intensité a hibb bisson de count, libratories prodrimation de missay, tract infection)-Cancer-Rocean acute or troncir cend disease (E.e., trampliext, creations > 1.5 mg/dx, recei insufficiency, polycystic kidney disease, acute kidney falluni-)-Patient on and congularits-faces polycede cidneys > 120 hour-? Pepting Framer-Persistent pain that canced be controlled chaining with Visit-Undage procedure performed by pain 48 hour- EMIN-26.	None	None	N/A	Efficiency and Cost Reduction	Yes	Appropriate Use	Process	No	Appropriate use of Healthcane	No	Yes	No	No	1	No	Emergency Copartiment and Services
ACEPSA	Appropriate Utilization of Focused Assessment with Sonography for Tosuma (FAST) Exam in the Emergency Department	Percentage of emargeccy department whith for patients aged ER years and older presenting with hemodynamically writished built about 18 years of the trauma and a systolic blood pressure less than 90 mmilg or heart sea > 120 byon preventing because door and a FAST earn ordered and/or performed from the mergency department with 18 years of the percentage of emargency department with FP Percentage of emargency department.	All on argency department with for patients aged 18 years and older presenting with hem odynamically untable buts abdominal traums place traums and a systolic blood pressure less has 50 mile; heart are >100 bpm] or penetrating thors coabdominal trauma	Emergency department visits for patients, who had a FAST ware redeved and/or performed during the emergency department visit	Pasients who received emergent thoracotomyPasients who received emergent operative management	None	None	N/A	Efficiency and Cost Reduction	Yes	Appropriate Use	Process	No	Appropriate use of Healthcare	No	Yes	No	No	1	No	Emergency Department and Services
ACEPSS	Emergency Department Utilization of CT for Minor Blust Head Trauma for Patients Aged 2 Through 17 Years	Percentage of emagency department whits for patients aged 2 through 17 years who presented with a minor blunt head traums who had a head Cf for traum a critised by an emergency care proxider who are classified as high risk according to the PCARN prediction rules for traumation brain injury.	All emergency department visits for patients aged 2 through 17 years who presented with a minor blunt head traums who had a head CT for traums ordered by an emergency care provider	Emergency department visits for patients who are classified as high risk according to the Pediatric Emergency Care Applied Research Network (PSCARN) prediction rules for traumatic brain injury	Patients with any of the following: Ventricular Shurt-Brain Tumor- Coagulopathy-Multisystem Trauma	None	None	N/A	Efficiency and Cost Reduction	Yes	Appropriate Use	Process	No	Appropriate use of Healthcare	No	Yes	No	No	1	No	Emergency Department and Services
ACEPSA	Follow-Up Care Coordination Documented in Discharge Summary	Menorapy Percentage of patients aged III years and consistent will documented in Vesqual Dankage Sannay	Any pulsant 2-15 years of age and pulsant (OT or MCC), 80216, 90216, 90216, 90226, 90221, 90226, 90216, 90216, 90220	Patients disharged with communication to follow-up provider documental in the follow-up provider documental in charges unamany failures of follow-up and time of utubuled follow-up with and time of utubuled follow-up with providers Communication documental follow- powders Communication documental for follow-up consistent of many superfect follow-up providers follow-up consistent in old-unique parameter follow-up in old-unique fertiments with the follow-up provider documental follow-up provider fertiments follow-up provider fertiments follow-up provider fertiments follow-up provider fertiments follow-up provider fertiments follow-up provider documental in follow	Disposition of transformed, elogad or AMA partients.	None	None	N/A	Communication and Case Coordination	Yes	Care Coordination	Process	No	Transfer of likelih beformation, and interspenability	No	Yes	No	No	1	No	Energing Department and Energies, Roughal
ACEPS0	Chest Pain – Audidance of admission for adult patients with low-risk chest pain.	Percentage of adult patients who came to the Emergency Department with low-risk chest pain and were discharged	All adult patients 25-64 years of age with an ED diagnosis of chest pain	All adult patients 35-64 years of age with an ED diagnosis of chest pain who were discharged	 Diagnosis warranting admission: ME, pneumonia, PE, sortic dissection, PTX, dyurhythmia, eosphageal rupture, cholecystifis, parcneatisis - Other Diagnosis: Active cancer, SSSD, SSLD, SLE, AIDS, cardiomyopathy, coagulopathy, LBSB 	None	None	N/A	Effective Clinical Care	Yes	Outcome	Outcome	No	Admissions and Readmissions to Hospitals	No	Yes	No	No	1	No	Emergency Department and Services
ACEPGO	Syncope – Asoidance of admission for adult patients with low-risk syncope	Percentage of emergency department (ED white for patients aged IB-50 years with a diagnosis of low-risk systeps who were discharged			Heart Disease (coronary aftery disease, Myscardial Infarction, OLF, castiony-posthy, etc.) Heart Rhythm (Disorders (Arthythmias, Steas Nock Optianction, Uncoestabled Artial Filmillation, etc.) April: Diseasci on Pulmonary Embolism Gubarachoid Hemonthage Coagulation Disorder	Death, LAMA	None	N/A	Effective Ginical Care	Yes	Outcome	Outcome	No	Admissions and Readmissions to Hospitals	No	Yes	No	No	1	No	Emergency Department and Services
ACEP61	Aucidance of Chest X-ray in pediatric patients with Authma, Branchiolitis or Croup	Percentage of ED visits for pediatric patients with Authma, Bronchiolitis or Crosp for whom a Chest X-ray was ordered/performed. All acute encounters for patients aged 18	All patients aged III years or less coming to the Emergency Department with a diagnosis of Asthma, Bronchiolitis or Crosp All acute encounters for patients aged III	All patients aged 18 years and less with a diagnosis of Asthma, Bronchiolitis or Coup and for whom a chest x-ray was ordered/performed.	History of Cystic Fibrosis, Ainway Malformations, Immunodeficiency Syndromes, Pneumonia	None	None	N/A	Efficiency and Cost Reduction	Yes	Appropriate Use	Process	No	Appropriate use of Healthcare	Yes	Yes	No	No	1	No	Emergeocy Department and Services
ACEPG2 ECPR39	Avaidance of Opioid therapy for dental pain. Avaid Head CT for Patients with Uncomplicated Syncope	All acute eccounters for patients aged £18 years and older with, diagnosis of state pain, who were not prescribed Opioids or Opiates Percentage of Adult Syncope Pasients Who Did Mot Receive a Wead CT Scan Ordered by the Provider	was an dider evaluated by the Tilgible Professional with a diagnosis of dectal pain Any patient greater than or equal to 18, years of age evaluated by the Eligible Professional in the Emergency Department or Ligent Care Cision PLUS Elagnosis of Syncopy (Incl Including Transferred, elopse or PAMA patients)	All acute encounters for patients who were not prescribed Opicids or Opiates Syncope Patients Who Did Not Have a Head CT Ordered by the Provider	Parlents with active cancer, palliative care, end-of-life care. None	Opiate prescribed for acute dettail trauma (e.g., tooth or facial fracture, etc.) Patients who did have a head CT ordered for medical reason documented by the eligible professional [i.e., solume, alcoholyday inteolication; contribing; abred metals table; abnormal neutrologic sours; concern for interarrials unpurphene militage, stroke, or mass lesion) (supplymentmentage, troke, or mass lesion)	None None	N/A N/A	Effective Clinical Care Efficiency and Cost Reduction	Yes	Opioid-related Appropriate Use	Process Process	No Yes	Prevention and Treatment of Opticid and Substance Use Disorders Appropriate use of Healthcane	No No	Yes	No No	No No	1	No No	Emergency Department and Services Ambalatory Core: Urgent Care, Emergency Department and Services
ECPR41	Rh Status Evaluation and Treatmeet of Pregnant Women at Risk of Fetal Blood Exposure	Procestage of Women Aged 34-50 Years at Risk of Fetal Blood Supraces Who hind Their Rh Status Consisted in the Consequency Organizment (450) and Receive 50-bressing/bloom (Palagent) if Rh- negative		Percentage of Women at Risk of Fetal Blood Suppuser Who Had Their Rh Status Coulused in the Emergency Operation (CD) and Received Rh-Immunoplobulin (Rhogam) if Rh-negative	Name	Patients who did not have Rh status realizable or did not have Rh status realizable or did not receive as order of Rh immunoglobulin (Rhogam) if Rh-negative for documented medical reasons. Patients does not receive an order of Rh- immunoglobulin (Rhogam) if Rh-negative for documented patient reason() (i.e.g., patient relucable patient reason() (i.e.g., patient refused ht hereing or Rhogam).	None	N/A	Effective Ginical Care	No	N/A	Process	Yes	Preventive Care	No	Yes	No	No	1	No	Emergency Department and Services
ECPR46	Avoidance of Opiates for Low Back Pain or Migraines	Percentage of Patients with Low Back Pain and/or Migraines Who Were Not Precorbed an Opiate	Any patient greater than or equal to 18 years of age evaluated by the Eligible Professional PLUS Diagnosis of low back pain OR Diagnosis of migraine PLUS Disposition of Discharged	Passents who were not prescribed an opiate	Parlents with active cancer, palliative care, end-of-life care.	Opiate prescribed for medical reason documented by the Bigible Professional (e.g., suspected or diagnosed herniated disk, fracture, sciatica, radiculopathy)	None	N/A	Effective Cinical Care	Yes	Opioid-related	Process	Yes	Prevention and Treatment of Opioid and Substance Use Disorders	No	Ves	No	No	1	No	Ambulatory, Ambulatory Care: Clinician Office/Clinic, Ambulatory Care: Hospital, Ambulatory Care: Urgent Care, Energency Cepartment and Services, Hospital, Outpatient Services
ECPRSO	Door to Diagnostic Evaluation by a Provider Within 30 Minutes – Ungent Care Patients Discharge Prescription of Nationore after Opicid Polsoning or Overdose	Percentage of Urgent Care Patients Who Made Provider Cartact Within 20 Minutes of Urgent Care Clinic (UCC) Arrival Percentage of Opioid Poisconing or Overdoor Patients Presenting to An Acute Care Facility Who Ween Perce	Any Patient Evaluated by the Eligible Professional EMO(DO(PA/NP) in the Ungest Care Clinic Any patient evaluated by the Eligible Professional in the acute care setting PLUS diagnoses of epioid poisoning from hearin methadose, morphine, galaru, codeline, hydrocodose, or another opioid substance PLUS Chapsoins of Discharged New PLUS Chapsoins or Discharged Full Chapsoins or Discharged including transferred, eloped or AMA patients)	Urgent Care Patients Who Made Prouder (MO/DQ/PA/PP) Contact Within 3D Minutes of Urgent Care Disc Aerhul Patients Who Were Prescribed Nadoanne AND Educated About Utilization at Dischange	None None	None Nalisione was not prescribed at discharge due to medical reasons such as allergy	None None	N/A N/A	Patient Safety Effective Clinical Care	Yes	Patient Safety Opioid-related	Process Process	Yes	Preventable Healthcare Harm Prevention and Treatment of Opioid and Substance Use Disorders.	No No	Yes	No No	No No	1	No No	Ambulatory Care: Utgent Care Emergency Department and Services, Hospital, Hospital Inpatient.
ECPRS2	Appropriate Treatment of Psychosis and Agization in the Emergency Department	Percentage of Adult Patients With Psychosis or Agitation Who Weer Ordered an Oal Antipsychotic Medication in the Emergency Department	Any patient greater than or equal to 18 Any patient greater than or equal to 18 Post of age couland by the Bilgible Professional in the Emergency Department (CDS) PULS 010-010 diagnosis codes for more PULS (CD-10 diagnosis codes for psycholos), psycholotic disorder husburder schrögebens, schrodiffectus designer, agization due to psycholosis, psycholosis disorder husburdering eloped or AMA passions).	Patients who were ordered at least one oral dose of a typical or stypical antipsychotic or an antipsychotic combination medication	None	Oral dose of a typical or stypical antipsychotic or an antipsychotic combination medication not prescribed for medical reason documented by the sligible podressional (e.g., patient refusal, inability to othersa, allerge, the documented medical reason)	None	N/A	Effective Clinical Care	No	N/A	Process	Yes	Prevention, Treatment, and Management of Mental Health	No	Yes	No	No	1	No	Emergency Department and Services
ECPRSS	Avoidance of Long-Acting (LA) or Extended Release (ER) Opiate Prescriptions and Opiate Prescriptions for Greater Than 3 Days Duration for Acute Pain	Percentage of Adult Patients Who Were Not Prescribed an Opiase Who Were Not Prescribed a Long-Acting (LA) or Extended Release (EA) Formulation and for Whom the Prescription Euration Was Not Greate than 3 days for Act	eloped or AMA patients) Any patient greater than or equal to 18 years of age evaluated by the Digible Professional PLUS Opiate prescribed PLUS CO-10 diagnosis codes for pais, strains, sprains, lacerations, open wounds and fractures PLUS Disposition of Richarged	Patients who were not prescribed a long- acting (LA) or extended-release (ER) opiate, and not prescribed an opiate and any opiate prescription for greater than 3 days duration.	None	LA/ER formulation opiate prescribed for terminal (late-stage) cancer, comfort care measurer, palliative care, or coordinated plan of care for Medication Assisted Treatment (MAT)	None	N/A	Effective Clinical Care	Yes	Opioid-related	Process	Yes	Prevention and Treatment of Opicid and Substance Use Disorders	No	Yes	No	No	1	No	Ambulatory, Ambulatory Cave: Clinician Office/Clinic, Ambulatory Cave: Rispital, Ambulatory Care: Urgent Care, Emergency Department and Services, World Mospital Cutpatient, Outpatient Services
ECPRS7	Clinician Reporting of Loss of Consciousness to State Department of Public Health or Department of Motor Vehicles	than a days for Acide Vain Percentage of Patients At Risk for Recurrent Loss of Consciousness For Whom Loss of Consciousness Information Was Submitted to Department of Public Health or Department of Motor Vehicles	Any patient greater than or equal to 14 years of age evaluated by the Eligible Professional in the Emergency Department PLUS loss of consciousness PLUS ICO-10 diagnosis codes for seisure disorder, nanceloper, lynegripcensis due to diabetes, hypoglycemia due to diabetes,	Patients For Whom Loss of Consciousness Information Was Submitted to the State Department of Public Health (DRI) or Department of Motor Vehicles (DMV)	None	information was previously reported, patient does not drive, condition not recurrent or other medical exclusion	None	N/A	Communication and Care Coordination	Yes	Care Coordination	Process	Yes	Transfer of Health Information and Interoperability	No	Yes	No	No	1	No	Emergency Department and Services
HCPR24	Appropriate Utilization of Vancomycin for Cellulisis	Percentage of Patients with Cellulisis Who Did Not Receive Vancomycin Unless MRSA Infection or Risk for MRSA Infection Was identified	Any pasient greater than or equal to 18 years of age evaluated by the Eigible Professional PUIS Admitted or Placed in Observation Status PUIS PUIS Diagnosis of Celluitis (Transferred, eloped, AMA or expired patients are excluded)	Patients who did NOT have Vancomycin ordered unless known MRSA infection was identified or specific nisk for MRSA infection was indicated	None	None	None	N/A	Efficiency and Cost Reduction	Yes	Appropriate Use	Process	Yes	Appropriate use of Healthcare	No	Yes	No	No	1	No	Emergency Department and Services, Hospital, Hospital Ispatient