



Hospital IQR Program: Summary of FY 2023 IPPS/LTCH PPS Final Rule Changes

Adoption of Ten New Measures

Hospital Commitment to Health Equity Structural Measure

CMS finalized the addition of the Hospital Commitment to Health Equity Structural Measure that assesses the hospital’s commitment to health equity using a suite of equity-focused organizational competencies aimed at achieving health equity for racial and ethnic minority groups, people with disabilities, members of the LGBTQ+ community, individuals with limited English proficiency, rural populations, religious minorities, and people facing socioeconomic challenges.

To meet the Hospital Inpatient Quality Reporting (IQR) Program reporting requirements, hospitals will attest to each of the five domains and the elements within each of those domains. Each of the domains would be represented in the denominator as a point, for a total of 5 points (one per domain). The numerator would capture the total number of domain attestations that the hospital is able to affirm.

Attestation	Elements: Select All That Apply
Domain 1: Equity is a Strategic Priority	
<p>Hospital commitment to reducing healthcare disparities is strengthened when equity is a key organizational priority. Please attest that your hospital has a strategic plan for advancing healthcare equity and that it includes all the following elements.</p>	<p>(A) Our hospital strategic plan identifies priority populations who currently experience health disparities.</p> <p>(B) Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieving these goals.</p> <p>(C) Our hospital strategic plan outlines specific resources which have been dedicated to achieving our equity goals.</p> <p>(D) Our hospital strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.</p>
Domain 2: Data Collection	
<p>Collecting valid and reliable demographic and social determinant of health data on patients served in a hospital is an important step in identifying and eliminating health disparities. Please attest that your hospital engages in the following activities.</p>	<p>(A) Our hospital collects demographic information, including self-reported race and ethnicity including self-reported race and ethnicity and/or social determinant of health information on the majority of our patients.</p> <p>(B) Our hospital has training for staff in culturally sensitive collection of demographic and/or social determinant of health information.</p> <p>(C) Our hospital inputs demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using a certified EHR technology.</p>

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Domain 3: Data Analysis	
Effective data analysis can provide insights into which factors contribute to health disparities and how to respond. Please attest that your hospital engages in the following activities.	(A) Our hospital stratifies key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and includes this information on hospital performance dashboards.
Domain 4: Quality Improvement	
Health disparities are evidence that high-quality care has not been delivered equally to all patients. Engagement in quality improvement activities can improve quality of care for all patients.	(A) Our hospital participates in local, regional, or national quality improvement activities focused on reducing health disparities.
Domain 5: Leadership Engagement	
Leaders and staff can improve their capacity to address disparities by demonstrating routine and thorough attention to equity and setting an organizational culture of equity. Please attest that your hospital engages in the following activities.	(A) Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews our strategic plan for achieving health equity. (B) Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews key performance indicators stratified by demographic and/or social factors.

Hospitals will submit their response once a year via a web-based tool that will be located within the *Hospital Quality Reporting (HQR) Secure Portal*. The submission period will follow the annual reporting period calendar year and will be from April 1 through May 15. For calendar year (CY) 2023, which will affect the fiscal year (FY) 2025 payment determination, the reporting period will be January 1, 2023, through December 31, 2023. The submission period will be from April 1 through May 15, 2024.

Screening for Social Drivers of Health Measure

CMS finalized the adoption of the Screening for Social Drivers of Health measure. This measure assesses whether a hospital implements screening of all patients that are 18 years or older at time of admission for health-related social needs (HRSNs) including food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety.

To report on this measure, hospitals will provide:

- The number of inpatients admitted to hospital who are 18 years or older at time of admission and who are screened for each of the five HRSNs: Food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety; and
- The total number of patients who are admitted to the hospital who are 18 years or older on the date they are admitted.

The measure is calculated as the number of patients admitted to an inpatient hospital stay who are 18 years or older on the date of admission screened for each of the five HRSNs divided by the total number of patients 18 years or older on the date of admission admitted to the hospital.

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The five core HRSN domains to screen for social drivers of health include:

Domain	Description
Food Insecurity	Food insecurity is defined as limited or uncertain access to adequate quality and quantity of food at the household level. It is associated with diminished mental and physical health and increased risk for chronic conditions. Individuals experiencing food insecurity often have inadequate access to healthier food options which can impede self-management of chronic diseases like diabetes and heart disease, and require individuals to make personal trade-offs between food purchases and medical needs, including prescription medication refills and preventive health services. Food insecurity is associated with high-cost healthcare utilization including emergency department (ED) visits and hospitalizations.
Housing Instability	Housing instability encompasses multiple conditions ranging from inability to pay rent or mortgage, frequent changes in residence including temporary stays with friends and relatives, living in crowded conditions, and actual lack of sheltered housing in which an individual does not have a personal residence. Population surveys consistently show that people from some racial and ethnic minority groups constitute the largest proportion of the U.S. population experiencing unstable housing. Housing instability is associated with higher rates of chronic illnesses, injuries, and complications and more frequent utilization of high-cost healthcare services.
Transportation Needs	Unmet transportation needs include limitations that impede transportation to destinations required for all aspects of daily living. Groups disproportionately affected include older adults (aged >65 years), people with lower incomes, people with impaired mobility, residents of rural areas, and people from some racial and ethnic minority groups. Transportation needs contribute to postponement of routine medical care and preventive services which ultimately lead to chronic illness exacerbation and more frequent utilization of high-cost healthcare services including emergency medical services, EDs, and hospitalizations.
Utility Difficulties	Inconsistent availability of electricity, water, oil, and gas services is directly associated with housing instability and food insecurity. Specifically, interventions that increase or maintain access to such services have been associated with individual and population-level health improvements.
Interpersonal Safety	Interpersonal safety affects individuals across the lifespan, from birth to old age, and is directly linked to mental and physical health. Assessment for this domain includes screening for exposure to intimate partner violence, child abuse, and elder abuse. Exposure to violence and social isolation are reflective of individual-level social relations and living conditions that are directly associated with injury, psychological distress, and death in all age groups.

The measure will be implemented in a stepwise fashion:

- Voluntary reporting beginning with the CY 2023 reporting period.
- Mandatory reporting on an annual basis beginning with the CY 2024 reporting period/FY 2026 payment determination and for subsequent years.

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Hospitals will submit their response once a year via a web-based tool that will be located within the *HQR Secure Portal*. The submission period will follow the annual reporting period calendar year and will be from April 1 through May 15. For CY 2023 voluntary reporting, the reporting period will be January 1, 2023, through December 31, 2023. The submission period will be from April 1 through May 15, 2024.

Screen Positive Rate for Social Drivers of Health Measure

CMS also finalized the Screen Positive Rate for Social Drivers of Health measure that provides information on the percent of patients admitted for an inpatient hospital stay and who are 18 years or older on the date of admission, were screened for an HRSN, and who screen positive for one or more of the following five HRSNs: Food insecurity, housing instability, transportation needs, utility difficulties, or interpersonal safety.

Hospitals will report this measure as five separate rates.

- The numerator consists of the number of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, who were screened for an HRSN, and who *screen positive* for having a need in one or more of the following five HRSNs (calculated separately): Food insecurity, housing instability, transportation needs, utility difficulties or interpersonal safety.
- The denominator consists of the number of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission and are *screened* for an HRSN (food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety) during their hospital inpatient stay.

The measure will be implemented in a stepwise fashion:

- Voluntary reporting beginning with the CY 2023 reporting period.
- Mandatory reporting on an annual basis beginning with the CY 2024 reporting period/FY 2026 payment determination and for subsequent years.

Hospitals will submit their response once a year via a web-based tool that will be located within the *HQR Secure Portal*. The submission period will follow the annual reporting period calendar year and will be from April 1 through May 15. For CY 2023 voluntary reporting, the reporting period will be January 1, 2023, through December 31, 2023. The submission period will be from April 1 through May 15, 2024.

Cesarean Birth eCQM (ePC-02)

CMS finalized the Cesarean Birth eCQM which assesses the rate of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section birth.

The measure is calculated by dividing the number of cesarean sections to NTSV women divided by all live, term (≥ 37 weeks gestation) singleton deliveries to NTSV women.

- The measure numerator consists of the subset of patients delivering by cesarean section.
- The measure denominator consists of the number of nulliparous women with a singleton, vertex fetus at ≥ 37 weeks of gestation who deliver a liveborn infant.

For the CY 2023 reporting period/FY 2025 payment determination, hospitals will be able to include this measure as one of the self-selected eCQMs. Beginning with the CY 2024 reporting period/FY 2026 payment determination and for subsequent years, this measure will be reported

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by all hospitals, except those hospitals that do not have an obstetrics department and do not perform deliveries.

Severe Obstetrics Complications eCQM (ePC-07)

This eCQM assesses the proportion of patients with severe obstetric complications which occur during the inpatient delivery hospitalization.

- The numerator is the number of inpatient hospitalizations for patients with severe obstetric complications occurring during the delivery hospitalization, not present on admission, which include the following: Severe maternal morbidity *diagnoses*; severe maternal morbidity *procedures* (including blood transfusion, conversion of cardiac rhythm, hysterectomy, temporary tracheostomy, and ventilation); or a discharge disposition of expired.
- The denominator consists of inpatient hospitalizations for patients between eight years of age and less than 65 years of age admitted to the hospital for inpatient acute care who undergo a delivery procedure for a stillbirth or livebirth greater than or equal to 20 weeks' gestation, with a discharge date that ends during the measurement period.

This eCQM is intended to report two outcomes:

- Severe obstetric complications
- Severe obstetric complications but excluding delivery hospitalizations for which blood transfusion was the only numerator event

For the CY 2023 reporting period/FY 2025 payment determination, hospitals will be able to include this measure as one of the self-selected eCQMs. Beginning with the CY 2024 reporting period/FY 2026 payment determination and for subsequent years, this measure will be reported by all hospitals, except those hospitals that do not have an obstetrics department and do not perform deliveries.

Hospital Harm Opioid-Related Adverse Events eCQM (HH-ORAE)

The Hospital Harm Opioid-Related Adverse Events eCQM assesses the proportion of inpatient hospital encounters where patients 18 years of age or older have been administered an opioid medication, subsequently suffer the harm of an opioid-related adverse event and are administered an opioid antagonist (naloxone) within 12 hours. The measure includes all patients ages 18 years and older at the start of the encounter, and for whom at least one opioid medication was administered during the encounter.

- The numerator is the number of inpatient hospitalizations where an opioid antagonist (naloxone) was administered outside of the operating room and within 12 hours following administration of an opioid medication.
- The denominator includes inpatient hospitalizations for patients 18 years or older during which at least one opioid medication was administered.

For the CY 2023 reporting period/FY 2025 payment determination and for subsequent years, hospitals will be able to include this eCQM as one of the self-selected eCQMs.

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Global Malnutrition Composite Score eCQM (GMCS)

CMS finalized the Global Malnutrition Composite Score eCQM which assesses adults 65 years of age and older admitted to inpatient hospital service who received care appropriate to their level of malnutrition risk and malnutrition diagnosis, if properly identified.

The Global Malnutrition Composite Score eCQM includes four component measures, which are first scored separately, and then integrated into an overall composite score. Each measure component is a proportion with a possible performance score of 0% to 100%. After each component score is calculated individually, an unweighted average of all four scores is completed to determine the final composite score with a total score ranging from 0% to 100%.

The Global Malnutrition Composite Score eCQM components and data sources are as follows:

Component	Description	Data Sources
Completion of a Malnutrition Screening	Patients age 65 years and older who were screened for malnutrition	<ul style="list-style-type: none"> • Inpatient Admission Time • Inpatient Discharge Time • Birthdate • Completed Malnutrition Screening • Completed Malnutrition Screening Time Stamp
Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition	Patients age 65 years and older identified as at-risk for malnutrition based on a malnutrition screening who have a nutrition assessment documented in the medical record	<ul style="list-style-type: none"> • Inpatient Admission Time • Inpatient Discharge Time • Birthdate • Completed Malnutrition Screening • Malnutrition Screening Result • Completed Nutrition Assessment • Completed Nutrition Assessment Time Stamp
Appropriate Documentation of a Malnutrition Diagnosis	Patients age 65 years and older and found to be malnourished based on a completed nutrition assessment who have documentation of a malnutrition diagnosis	<ul style="list-style-type: none"> • Inpatient Admission Time • Inpatient Discharge Time • Birthdate • Completed Nutrition Assessment • Nutrition Assessment Result • Malnutrition Diagnosis
Nutrition Care Plan for Patients Identified as Malnourished after a Completed Nutrition Assessment	Patients age 65 years and older and found to be malnourished based on a completed nutrition assessment who have documentation of a documented nutrition care plan in the medical record	<ul style="list-style-type: none"> • Inpatient Admission Time • Inpatient Discharge Time • Birthdate • Completed Nutrition Assessment • Nutrition Assessment Result • Documented Nutrition Care Plan

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The numerator is comprised of the four component measures, that are individually scored for patients 65 years of age and older who are admitted to an acute inpatient hospital.

Component	Numerator
Completion of a Malnutrition Screening	Patients in the denominator who have a malnutrition screening documented in the medical record
Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition	Patients in the denominator who have a nutrition assessment documented in the medical record
Appropriate Documentation of a Malnutrition Diagnosis	Patients in the denominator with a diagnosis of malnutrition documented in the medical record
Nutrition Care Plan for Patients Identified as Malnourished after a Completed Nutrition Assessment	Patients in the denominator who have a nutrition care plan documented in the medical record

The measure denominator is the composite, or total, of the four component measures for patients aged 65 years and older who are admitted to an acute inpatient hospital.

Component	Denominator	Denominator Exclusions
Completion of a Malnutrition Screening	Patients age 65 years and older at time of admission who are admitted to an inpatient hospital	Patients with a length of stay of less than 24 hours
Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition	Patients age 65 years and older at time of admission who are admitted to an inpatient hospital and were identified as at-risk for malnutrition upon completing a malnutrition screening	Patients with a length of stay of less than 24 hours
Appropriate Documentation of a Malnutrition Diagnosis	Patients age 65 years and older at time of admission who are admitted to an inpatient hospital with findings of malnutrition upon completing a nutrition assessment	Patients with a length of stay of less than 24 hours
Nutrition Care Plan for Patients Identified as Malnourished after a Completed Nutrition Assessment	Patients age 65 years and older at time of admission who are admitted to an inpatient hospital with findings of malnutrition upon completing a nutrition assessment	Patients with a length of stay of less than 24 hours

This eCQM is designed to be calculated by the hospitals' CEHRT using the patient-level data and then submitted by hospitals to CMS. Beginning with the CY 2024 reporting period/FY 2026 payment determination and for subsequent years, hospitals will be able to include this eCQM as one of the self-selected eCQMs,

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Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA) Patient-Reported Outcome Performance Measure (PRO-PM)

The THA/TKA PRO-PM measure reports the hospital-level risk-standardized improvement rate (RSIR) in patient reported outcomes following elective primary THA/TKA for Medicare Fee For Service beneficiaries aged 65 years and older. The measure uses four sources of data, collected pre-operatively and post-operatively, for the calculation of the measure: (1) PRO data; (2) claims data; (3) Medicare enrollment and beneficiary data; and (4) U.S. Census Bureau survey data.

The denominator is Medicare Fee for Service beneficiaries aged 65 years and older undergoing elective primary THA/TKA procedures as inpatients in acute care hospitals. Claims data are used to identify eligible elective primary THA/TKA procedures for the measure cohort to which submitted PRO data can be matched. The numerator is the risk-standardized proportion of patients undergoing elective primary THA/TKA who meet or exceed a substantial clinical improvement threshold between pre-operative and post-operative assessments on two joint-specific PRO instruments.

PRO data would be collected 90 to zero days prior to surgery and 300 to 425 days following surgery. These PRO collection periods align with typical patient visits prior to and following surgery. The measure result is calculated by aggregating all patient-level results across the hospital. The following data will be collected and submitted:

Data Element Type	Pre-operative Data Elements	Post-operative Data Elements
Patient-Reported Outcome Measures	THA patients: HOOS, JR TKA patients: KOOS, JR	THA patients: HOOS, JR TKA patients: KOOS, JR
Patient- or Provider-Reported Risk Variables	<ul style="list-style-type: none"> • Mental Health Subscale items from either PROMIS-Global or VR-12 • Health Literacy (SILS2) • BMI or Height/Weight • Use of Chronic Narcotics • Total Painful Joint Count: Patient-Reported Pain in Non-Operative Lower Extremity Joint • Quantified Spinal Pain: Patient-Reported Back Pain, Oswestry Index Question 	N/A
Matching Variables	<ul style="list-style-type: none"> • Medicare Provider Number • MBI • Date of Birth • Date of Procedure • Procedure Type • Date of Admission 	<ul style="list-style-type: none"> • Medicare Provider Number • MBI • Date of Birth • Date of Procedure • Procedure Type • Date of Admission

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PROM-related Variables	<ul style="list-style-type: none"> • Date of PRO Data Collection • Mode of Collection • Person Completing the Survey • Generic PROM Version 	<ul style="list-style-type: none"> • Date of PRO Data Collection • Mode of Collection • Person Completing the Survey
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Hospitals will be able to utilize multiple approaches when submitting the data. Hospitals may choose to: (1) Send their data to CMS for measure calculation directly; or (2) utilize an external entity, such as through a vendor or registry, to submit data on behalf of the hospital to CMS for measure calculation. Furthermore, hospitals or vendors would use the HQR System as part of data submission for the THA/TKA PRO-PM by submitting an XML file, an CSV file, or entering the data directly into the on-line data form.

CMS finalized a phased implementation approach for adoption of this measure to the Hospital IQR Program, with two voluntary reporting periods prior to mandatory reporting in the Hospital IQR Program.

Reporting	Pre-Op Collection	Submission Period	Post-Op Collection	Submission Period	HSRs
Voluntary	Oct 3, 2022 – June 30, 2023	2023	Oct 28, 2023 – Aug 29, 2024	2024	2025
Voluntary	April 2, 2023 – June 30, 2024	2024	April 26, 2024 – Aug 29, 2025	2025	2026
Mandatory	April 2, 2024 – June 30, 2025	2025	April 27, 2025 – Aug 29, 2026	2026	2027

Medicare Spending Per Beneficiary (MSPB)

CMS finalized the adoption of the refined MSPB claims-based measure, that incorporated three changes, for the Hospital IQR Program.

Change	Description
Allow Readmissions to Trigger New Episodes	Refining the measure to allow readmissions to trigger new episodes to account for episodes and costs that are currently not included in the measure but that could be within the hospital’s reasonable influence.
Include a New Indicator Variable in the Risk Adjustment Model	Including an indicator variable in the risk adjustment model to indicate whether there was an inpatient stay in the 30 days prior to episode start date.
Update the MSPB Amount Calculation Methodology	Changing one step in the measure calculation from the sum of observed costs divided by the sum of expected costs (ratio of sums) to the mean of observed costs divided by expected costs (mean of ratios).

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Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total THA/TKA

CMS finalized the adoption of the reevaluated form of the THA/TKA Complication measure, with an expanded measure outcome. The reevaluated form of the measure expands the the measure outcome to include the 26 additional mechanical complication ICD-10 codes. The refined Hospital-Level RSCR Following Elective Primary THA/TKA measure uses index admission diagnoses and in-hospital comorbidity data from Medicare Part A claims.

Refinement of Two Current Measures

CMS finalized the refinement of two claims-based measures within the Hospital IQR Program:

Measure Name	Refinement
Hospital-Level, Risk-Standardized Payment Associated with an Episode-of-Care for Primary Elective THA and/or TKA	<ul style="list-style-type: none"> • Expanded the measure outcome to include 26 clinically vetted mechanism complication ICD-10 codes • The data sources, cohort, inclusion, and exclusion criteria, and risk adjustment remain substantively unchanged. • Finalized the measure refinement for April 1, 2019, through March 31, 2022, admissions that are associated with the FY 2024 payment determination and for subsequent years.
AMI Excess Days in Acute Care	<ul style="list-style-type: none"> • Increased the minimum case count of 25 to a minimum case count of 50 during the measurement period. • The remainder of the measure specifications, including the data sources, outcome, cohort, exclusion criteria, risk adjustment approach, and measure calculation would remain unchanged. • Finalized the increase in the AMI EDAC measure’s minimum case count reporting threshold with the FY 2024 payment determination using the reporting period July 1, 2019, through June 30, 2022, for which public display of the measure results would occur as part of a 2023 Care Compare website refresh (or as soon as operationally feasible thereafter), and for subsequent years.

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Establishment of a Publicly Reported Hospital Designation to Capture the Quality and Safety of Maternity Care

CMS finalized the proposal to establish a hospital quality designation that would be publicly-reported on a CMS website beginning Fall 2023.

This designation would be awarded to hospitals based on their attestation to the Maternal Morbidity Structural Measure, which we believe reflects their commitment to the quality and safety of the maternity care they furnish. This designation would initially be based only on data from hospitals reporting an affirmative attestation to the Maternal Morbidity Structural Measure.

Modified Reporting and Submission Requirements Related to eCQMs and Hybrid Measures

Overview of Finalized eCQM Reporting and Submission Requirement Changes

Beginning with the CY 2024 reporting period/FY 2026 payment determination, the number of eCQMs to be reported and the number of required eCQMs to be reported has increased.

Reporting Period	eCQM Data Publicly Reported	Total Number of eCQMs Reported	eCQMs Required to be Reported
CY 2024	Four Quarters of Data	Six	<ul style="list-style-type: none"> • Three self-selected eCQMs Plus • Three mandatory eCQMs <ul style="list-style-type: none"> ○ Safe Use of Opioids-Concurrent Prescribing ○ Cesarean Birth ○ Severe Obstetrics Complications

Reporting Period/ Payment Determination	Available eCQMs in Measure Set	Mandatory eCQMs
CY 2023/FY 2025	ED-2, PC-05, Safe Use of Opioids, STK-02, STK-03, STK-05, STK-06, VTE-1, VTE-2, HH-01, HH-02, ePC-02, ePC-07	Safe Use of Opioids
CY 2024/FY 2026	Safe Use of Opioids, STK-02, STK-03, STK-05, VTE-1, VTE-2, HH-01, HH-02, ePC-02, ePC-07, HH-ORAE, GMCS	Safe Use of Opioids, ePC-02, ePC-07

Modification of Hybrid Measure Reporting Requirements

CMS removed the zero denominator declarations and case threshold exemptions policies for hybrid measures beginning with the FY 2026 payment determination.

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Validation

Modification of eCQM Validation Medical Record Submission Requirements

CMS finalized the proposal to change the data submission threshold by increasing the submission requirement from 75% to 100% of requested medical records, beginning with CY 2022 data, affecting FY 2025 payment determination and subsequent years.

Validation Scoring for the FY 2025 Payment Determination and Subsequent Years		
COMBINED Process (Chart-Abstracted Measures and eCQM Validation): up to 200 Random Hospitals + up to 200 Targeted Hospitals	1Q 2022 – 4Q 2022	Chart-Abstracted Measures: at least 75% validation score (weighted at 100%) and eCQMs: Successful submission of 100% of requested medical records

Under CMS current policy, the accuracy of eCQM data submitted for validation does not affect a hospital's validation score and would not be impacted by this finalized update to the submission threshold.

Acronyms

AMI	Acute Myocardial Infarction	JR	joint replacement
BMI	body mass index	KOOS	knee disability and osteoarthritis outcome score
CEHRT	certified electronic health record technology	LGBTQ+	Lesbian, gay, bisexual, transgender, queer, and/or questioning
CMS	Centers for Medicare & Medicaid Services	MBI	Medicare Beneficiary Identifier
CSV	comma-separated values	MSPB	Medicare Spending Per Beneficiary
CY	calendar year	N/A	not applicable
eCQM	electronic clinical quality measure	NTSV	Nulliparous, Term, Singleton, Vertex
ED	emergency department	PC	perinatal care
EDAC	Excess Days in Acute Care	PM	Performance Measure
EHR	electronic health record	Post-op	post-operative
ePC	electronic perinatal care	Pre-op	pre-operative
FY	fiscal year	PRO	Patient-reported Outcome
GMCS	Global Malnutrition Composite Score	PROMIS	Patient-Reported Outcome Measurement Information System
HH	hospital harm	RSCR	Risk-Standardized Complication Rate
HH-ORAE	Hospital Harm – Opioid-related Adverse Event	RSIR	Risk-Standardized Improvement Rate

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HOOS	hip disability and osteoarthritis outcome score	SILS2	single-item literacy screening questions
HQR	Hospital Quality Reporting	STK	stroke
HRSNs	health-related social needs	THA	total hip arthroplasty
HSRs	Hospital Specific Reports	TKA	total knee arthroplasty
ICD	International Classification of Diseases	VR-12	Veterans RAND 12 Item Health Survey
IPPS	inpatient prospective payment system	VTE	venous thromboembolism
IQR	Inpatient Quality Reporting	XML	extensible markup language