Hospital Harm - Acute Kidney Injury (HH-AKI) Electronic Clinical Quality Measure (eCQM)

Hospital-Specific Report User Guide

CY2025 eCQM Reporting Period

Contents

Tables

Acronyms

AKI	acute kidney injury
bpm	beats per minute
br/min	breaths per minute
BSA	body surface area
C	Celsius
CCN	CMS Certification Number
CMS	Centers for Medicare & Medicaid Services
CRRT	continuous renal replacement therapy
CSV	comma-separated values
CY	calendar year
DOB	date of birth
ECMO	extracorporeal membrane oxygenation
ED	emergency department
eCQI	Electronic Clinical Quality Improvement
eCQM	Electronic Clinical Quality Measure
eGFR	estimated glomerular filtration rate
EHR	electronic health record
FY	fiscal year
HARP	HCQIS Access Roles and Profile
HCQIS	Health Care Quality Information Systems
HH	hospital harm
HIPAA	Health Insurance Portability and Accountability Act of 1996
HQR	Hospital Quality Reporting
HSR	Hospital-Specific Report
HUS	hemolytic uremic syndrome
IP	Initial population
IQR	Inpatient Quality Reporting
mg/dL	milligrams per deciliter
mL/min	milliliters per minute
mm Hg	millimeters of mercury
N/A	not applicable
OHCA	out of hospital cardiac arrest
PDF	Portable Document Format
PHI	protected health information
PII	personally identifiable information
POA	present on admission
REBOA	resuscitative endovascular balloon occlusion of the aorta

Overview

This document accompanies the Hospital-Specific Report (HSR) for the calendar year (CY) 2025 electronic clinical quality measure (eCQM) reporting of the Hospital Harm – Acute Kidney Injury eCQM, hereafter referred to as HH-AKI. The HSR includes electronic health record (EHR)-extracted hospitalization-level data that the Centers for Medicare & Medicaid Services (CMS) will use to calculate your facility's HH-AKI measure results. Each HSR includes facility-level performance data displayed on the *Measure detail dashboard* of the Hospital Quality Reporting (HQR) system as well as downloadable portable document format (PDF) and comma-separated values (CSV) files with additional details and your facility's patient-level data. This user guide describes the *Measure detail dashboard* data tables and the patient-level downloadable CSV file, both of which CMS used to calculate facilities' measure results from the CY 2025 reporting period, which applies to the Fiscal Year (FY) 2027 payment determination in the Hospital Inpatient Quality Reporting (IQR) Program.

A. HH-AKI Measure

Only hospitals that have self-selected and reported patient-level data for HH-AKI occurring between January 1, 2025, to December 31, 2025 will receive an HH-AKI-level CSV file for the CY 2025 eCQM reporting period.

This measure is included in both the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare Promoting Interoperability Program.

B. Updates for Calendar Year 2025 Reporting Period

- Beginning with the CY 2025 reporting period, CMS adopted the HH-AKI measure as one of the self-selected eCQMs that facilities participating in the Hospital IQR and Medicare Promoting Interoperability Programs can choose to submit data on, impacting FY 2027 payment determination for eligible hospitals. CMS will publicly report the HH-AKI facility results, along with other self-selected and mandatory eCQMs, for October 2026 public reporting on the data catalog on Data.cms.gov. Table 1 provides the discharge dates included in the CY 2025 reporting period.

Table 1. CY 2025 Reporting Measurement Period

Measure	Measurement period
HH-AKI	January 1, 2025, to December 31, 2025

C. Accessing Your Hospital-Specific Report

HSRs can be accessed directly from the HQR system (log in required). Please refer to Appendix A for detailed HSR access instructions. You can also view a brief instructional video on how to access your reports.

NOTE: The accompanying patient-level downloadable CSV file contains hospitalization-level data protected by the Health Insurance Portability and Accountability Act (HIPAA) of

1996. Any disclosure of personally identifiable information (PII) or protected health information (PHI) should only be in accordance with, and to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable laws. When referring to the contents of the CSV file, ONLY use the ID Number associated with the hospitalization(s) in question. Do NOT send PII/PHI in your question.

Preview Period Process

CMS gives hospitals 30 days to preview their results and submit questions before reporting those results on the data catalog on Data.cms.gov (also known as the Provider Data Catalog) in 2026. This 30-day period is known as the Preview Period. CMS will notify hospitals of the exact dates of the 2026 Preview Period via email.

Please direct any questions or concerns regarding the Preview Period to the QualityNet Question and Answer Tool no later than 11:59 p.m. PT on the final day of the Preview Period. Select "Ask a Question" and choose "IQR-Inpatient Quality Reporting" in the Program list. Select "eCQM" in the Topic list and enter "Public Reporting Preview Period Inquiry" on the Subject line.

During the Preview Period, hospitals may not submit corrections to the underlying data or add new data to the data extract used to calculate the measure results.

D. Contacts and Additional Resources

For more information on the HH-AKI measure, please use the resources and contacts in Table 2.[1]

Table 2. HH-AKI resources and contacts

Type	Description and Access Instructions
Resources	• More information about HH-AKI, including measure calculation methodology and electronic specifications, can be found on the eCQI Resource Center.
Contacts	• Please send technical HH-AKI measure questions about measure calculation methodology (e.g., measure intent, cohort inclusions, measure exclusions, approach to risk adjustment, and assessment of the outcome) to the eCQM Jira Issue Tracker (log in required). Select "Create an Issue", then select "eCQM Issue Tracker (eCQM)" in the Project list, then select "Hosp Inpt eCQMs – Hospital Inpatient eCQMs", and then "Next". Fill out the "Summary", "Impact", and "Description" fields and then select the reporting period of implementation of the applicable eCQM(s). • Please send HH-AKI implementation and program questions to the QualityNet Question and Answer Tool. Select "Ask a Question" and choose "IQR - Inpatient Quality Reporting" in the program List and then select "eCQMs" from the Topic list and enter "HH-AKI" as the subtopic.

HH-AKI Measure: HSR Contents

This chapter describes the contents of your *Measure detail dashboard* and hospitalization-level CSV file for the HH-AKI measure. For more information on how the measure results are calculated, refer to the eCQI Resource Center.

[1] The accompanying CSV file contains hospitalization-level data protected by HIPAA. Any disclosure of PII or PHI should only be in accordance with, and to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law. When referring to the contents of the CSV file, ONLY use the ID Number associated with the hospitalization in question. Do NOT send PII/PHI in your question.

If a hospital has fewer than 25 eligible hospitalizations, measure performance cannot be reliably estimated. In these cases, CMS will not publicly report the applicable measure rates and interval estimates for that measure; however, CMS includes these data in hospitals' confidential HSR.

A hospitalization includes the emergency department (ED) encounter and/or observation encounter when the transition between discharge from these encounters and admission to the inpatient encounter are one hour or less of each other.

In the HSR, "--" indicates no available measure data because there are no available data or not enough available data associated with the facility. N/A indicates the data element is not applicable, and a value will never be displayed for that data element, independent of whether there is applicable data associated with the facility.

A. Performance Overview

The Performance Overview section of the *Measure detail dashboard* (which is also available as downloadable CSV and PDF files) displays facility and national results for the HH-AKI measure. Table 3 lists the data elements in the HH-AKI Performance Overview section.

Table 3. Performance information for the HH-AKI Measure

Data element	Description
Risk-Adjusted Harm Rate (displayed as a percentage)	Your facility: A rate of eligible hospitalizations with a qualifying harm adjusted for differences in case mix across facilities and a facility-specific effect. Lower facility rates indicate better performance. The national risk-adjusted rate is not calculated for this measure and will display N/A in your HSR.
Numerator	Total number of eligible hospitalizations that had a qualifying harm at your facility or in the nation. This is the numerator of the observed rate. This is not publicly reported but appears in your HSR as a reference.
Denominator	Total number of eligible hospitalizations at your facility or in the nation.
Observed Rate (displayed as a percentage)	Number of eligible hospitalizations at your facility or in the nation that had a qualifying harm, divided by the number of eligible hospitalizations at your facility*100. This rate is not risk-adjusted to account for case-mix differences across facilities. The observed rate is not publicly reported but appears in your HSR as a reference.

B. HH-AKI Hospitalization CSV File

Your facility's *HH-AKI Hospitalization* CSV file provides your facility's hospitalization-level data for all records submitted, regardless of inclusion in the initial population (IP). The IP is defined as inpatient hospitalizations that end during the measurement period for patients 18 years of age or older without an obstetrical or pregnancy-related condition, with a length of stay of 48

hours or longer, and with at least one serum creatinine value after 48 hours from the start of the hospitalization. Table 4 lists the data elements in this CSV file.[2]

Table 4. Hospitalization-level information for the HH-AKI measure

Data element	Description
ID Number	Unique identifier for each hospitalization included in the CSV file.
Provider ID	CMS Certification Number (CCN; 6-digit provider ID) for the facility where the qualifying harm occurred.
Patient ID	Facility submitted unique patient ID.
Patient DOB	Patient date of birth (DOB) (MM/DD/YYYY).
Admission Date	Admission Date for eligible hospitalization (MM/DD/YYYY).
Discharge Date	Discharge Date for eligible hospitalization (MM/DD/YYYY).
Inclusion/Exclusion Indicator	A value of 0 indicates that the hospitalization was included in the measure calculations (denominator); a value of 1 or 2 indicates that the hospitalization was not included in the measure calculation. Although information is provided for all patients (that is, those included in the measure and excluded), your facility's final cohort for the measure includes only those patients with an inclusion/exclusion indicator of 0. Note that a hospitalization may qualify for multiple denominator exclusions. For more information on the cohort inclusion and exclusion criteria, visit the eCQI Resource Center. 0. Admission is included in measure calculation 1. Patient is not in the IP* 2. Admission meets one or more denominator exclusion criteria * The Initial Population includes inpatient hospitalizations that end during the measurement period for patients who are aged ≥ 18 without an obstetrical or pregnancy-related condition, with a length of stay of 48 hours or longer, and who had at least one serum creatinine value after 48 hours from the hospitalization.
Numerator Inclusion Indicator (yes/no)	"Yes" indicates the patient had an AKI stage 2 or greater, as evidenced by either a subsequent increase in serum creatinine value at least 2 times higher than the lowest serum creatinine value, and the increased value is greater than the highest sex-specific normal value for serum creatinine, or kidney dialysis (CRRT, hemodialysis, or peritoneal dialysis) initiated more than 48 hours after the start of the hospitalization. Only one harm is counted per hospitalization.
Patient Age	Patient age in years at the start of the hospitalization (derived from date of birth).
Patient Sex	• F: Female • M: Male

[2] The accompanying CSV file contains hospitalization-level data protected by the HIPAA. Any disclosure of PII or PHI should only be in accordance with, and to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law. When referring to the contents of the CSV file, ONLY use the ID Number associated with the hospitalization(s) in question. Do NOT send PII/PHI in your question.

Data element	Description
Heart Rate	0 = No 1 = Yes First resulted value since the hospitalization start. "1" indicates that the first resulted vital sign value was present since the hospitalization start, which includes time in the emergency department (ED) and observation when the transition between these encounters (if they exist) and the inpatient encounter are within one hour of each other. The first resulted vital sign is included in the measure calculations if its value falls within the valid range. For heart rate, the valid range is greater than or equal to 30 beats per minute (bpm) and less than or equal to 250 bpm.
Heart Rate (bpm)	Heart rate measured in beats per minute (bpm).
Respiratory Rate	0 = No 1 = Yes First resulted value since the hospitalization start. "1" indicates that the first resulted vital sign value was present since the hospitalization start, which includes time in the emergency department (ED) and observation when the transition between these encounters (if they exist) and the inpatient encounter are within one hour of each other. The first resulted vital sign is included in the measure calculations if its value falls within the valid range. For respiratory rate, the valid range is greater than or equal to 6 breaths per minute (br/min) and less than or equal to 60 br/min.
Respiratory Rate (br/min)	Respiratory rate measured in breaths per minute (br/min).
Systolic Blood Pressure	0 = No 1 = Yes First resulted value since the hospitalization start. "1" indicates that the first resulted vital sign value was present since the hospitalization start, which includes time in the emergency department (ED) and observation when the transition between these encounters (if they exist) and the inpatient encounter are within one hour of each other. The first resulted vital sign is included in the measure calculations if its value falls within the valid range. For systolic blood pressure, the valid range is greater than or equal to 50 mm Hg and less than or equal to 250 mm Hg.
Systolic Blood Pressure (mm Hg)	Systolic blood pressure measured in millimeters of mercury (mm Hg).
Temperature	0 = No 1 = Yes First resulted value since the hospitalization start. "1" indicates that the first resulted vital sign value was present since the hospitalization start, which includes time in the emergency department (ED) and observation when the transition between these encounters (if they exist) and the inpatient encounter are within one hour of each other. The first resulted vital sign is included in the measure calculations if its value falls within the valid range. For temperature, the valid range is greater than or equal to 26.6667° Celsius (C) and less than or equal to 43.3333°C.
Temperature (C)	Temperature measured in degrees Celsius (C).

Data element	Description
Index eGFR	0 = No 1 = Yes "1" indicates that the resulting value was calculated since the hospitalization start, which includes time in the emergency department (ED) and observation when the transition between these encounters (if they exist) and the inpatient encounter are within one hour of each other. The first resulted value is included in the measure calculations if the value falls within the valid range. For index eGFR, the valid range is greater than or equal to 60 mL/min and less than or equal to 150 mL/min.
Length of Stay	Hospitalization length of stay in days (derived from Admission and Discharge Dates).

Appendix A. Accessing Your Hospital-Specific Report

HSRs can be accessed directly from the HQR system (log in required). Follow the steps below to access your HSR via the HQR system. You can view a brief instructional video on how to access your reports.

Step 1: Log in to the HQR system using a Health Care Quality Improvement System (HCQIS) Access Roles and Profile (HARP) account

- The HQR system now requires users to have a HARP account with access to Unified File Management, rather than Managed File Transfer to log in. If you have a HARP account, visit the HQR log in page and log in using your HARP user ID and password. If you do not have a HARP account, you may register for a HARP ID.

Step 2: Access your HSR in HQR

- Log into the HQR system using your HARP ID credentials and navigate through the steps listed below to download your HSR:
  - From the left-hand navigation menu, select "Program Reporting"
  - Then select "Measure Details"
  - Next, select the "Measure Detail Dashboard"
  - On the Measure Detail Dashboard, select the program in which you are interested (IQR/PR).
  - Select the report you are interested in (Patient safety measures)
  - Select the release year in which you are interested (2026). If applicable, select the name of the facility you are interested in and its CCN.
  - If applicable, select the measure in which you are interested (HH-AKI).
  - Your hospital's performance results will appear. Click on the header of each section to expand the data table within each section (e.g., click on "Performance Overview" to expand the Performance overview data table.)
  - To download your hospital's patient- or performance-level CSV file and performance-level PDF, select "Export," and then choose the option you are interested in. The files will be downloaded through your browser. Once downloaded, open the ZIP file to view your hospital's information.

If you have any issues accessing your HSR, please contact the Center for Clinical Standards and Quality Service Center at qnetsupport@cms.hhs.gov, or by calling, toll free, 866-288-8912 (TRS 711), weekdays from 8:00 a.m. to 8:00 p.m. ET. For questions related to HARP registration, please visit the HARP Help page or contact qnetsupport@cms.hhs.gov.