

Hospital Inpatient Quality Reporting (IQR) Program Measures (Calendar Year 2012 Discharges)

The purpose of this document is to provide a reference guide on submission and *Hospital Compare* details for Quality Improvement Organizations (QIOs) and hospitals for the Hospital Inpatient Quality Reporting (IQR) Program measures.

Measure sets contained in the Specifications Manual for National Hospital Inpatient Quality Measures are listed.

The dates and quarters refer to Calendar Year (CY) unless otherwise indicated (for example 1Q 2012 would represent discharges Jan-Mar 2012).

The tables are grouped according to how the measure data is obtained:

- Measures Requiring Abstraction and Submission by the Hospital or its Vendor
- Measures Requiring Web-based Hospital Data Entry
- Measure Information Obtained from Claims-Based Data

Table Format:

- **First column** of the table contains the Measure Identifier followed by the Measure Title. **Rule References** have been added in parenthesis after the Measure Title and refer to the **Rule References** table on page 10. This table designates when measures became part of the Hospital IQR Program.
- **Second column** of the table identifies the quarter or date the measure became required to meet the Hospital IQR Program requirements.
- **Third column** of the table identifies whether the data is collected for the Centers for Medicare & Medicaid Services (CMS), The Joint Commission (TJC) or both.
- **Fourth column** of the table indicates whether the measure will display on *Hospital Compare* during CY 2012. For measures not displaying for the entire year, the quarter the measure is anticipated for release will be listed. For measures where the release is unknown, TBD will be listed.

Additional Tables:

- Retired Measures
- Acronym List
- Rule References
- Number of the Hospital IQR Program Measures Required by Category
- Legend

Hospital Inpatient Quality Reporting (IQR) Program Measures (Calendar Year 2012 Discharges)

Measures Requiring Abstraction and Submission by the Hospital or its Vendor

Acute Myocardial Infarction (AMI)**	Submission Required Beginning With:	Collected For	On Hospital Compare
AMI-1 Aspirin at Arrival (1) (Data submission voluntary for CMS) (10)	Suspended 1Q 2012	CMS/TJC	Yes
AMI-2 Aspirin Prescribed at Discharge (1)	Nov 2003	CMS/TJC	Yes
AMI-3 ACEI or ARB for LVSD (1) (Data submission voluntary for CMS) (10)	Suspended 1Q 2012	CMS/TJC	Yes
AMI-5 Beta-Blocker Prescribed at Discharge (1) (Data submission voluntary for CMS) (10)	Suspended 1Q 2012	CMS/TJC	Yes
AMI-7 Median Time to Fibrinolysis	N/A	CMS/TJC	No
AMI-7a Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival (2)	3Q 2006	CMS/TJC	Yes
AMI-8 Median Time to Primary PCI	N/A	CMS/TJC	No
AMI-8a Timing of Receipt of Primary Percutaneous Coronary Intervention (PCI) (2,6)	3Q 2006	CMS/TJC	Yes
AMI-10 Statin Prescribed at Discharge (9)	1Q 2011	CMS/TJC	Jan 2012

Heart Failure (HF)**	Submission Required Beginning With:	Collected For	On Hospital Compare
HF-1 Discharge Instructions (2)	3Q 2006	CMS/TJC	Yes
HF-2 Evaluation of LVS Function (1)	Nov 2003	CMS/TJC	Yes
HF-3 ACEI or ARB for LVSD (1)	Nov 2003	CMS/TJC	Yes

Pneumonia (PN)**	Submission Required Beginning With:	Collected For	On Hospital Compare
PN-3a Blood Cultures Performed Within 24 Hours Prior to or 24 Hours After Hospital Arrival for Patients Who Were Transferred or Admitted to the ICU Within 24 Hours of Hospital Arrival	N/A	CMS/TJC	No
PN-3b Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital (2)	3Q 2006	CMS/TJC	Yes
PN-6 Initial Antibiotic Selection for CAP in Immunocompetent Patient (2)	3Q 2006	CMS	Yes
PN-6a Initial Antibiotic Selection for CAP in Immunocompetent – ICU Patient	N/A	TJC	No
PN-6b Initial Antibiotic Selection for CAP in Immunocompetent – Non-ICU Patient	N/A	TJC	No

Hospital Inpatient Quality Reporting (IQR) Program Measures (Calendar Year 2012 Discharges)

Measures Requiring Abstraction and Submission by the Hospital or its Vendor (continued)

Surgical Care Improvement Project (SCIP)**		Submission Required Beginning With:	Collected For	On Hospital Compare
SCIP-Inf-1	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision (2)	3Q 2006	CMS/TJC	Yes
SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients (3)	1Q 2007	CMS/TJC	Yes
SCIP-Inf-3	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time (2)	3Q 2006	CMS/TJC	Yes
SCIP-Inf-4	Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Blood Glucose (5)	1Q 2008	CMS/TJC	Yes
SCIP-Inf-6	Surgery Patients with Appropriate Hair Removal (5) (Data submission voluntary for CMS) (10)	Suspended 1Q 2012	CMS/TJC	Yes
SCIP-Inf-9	Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being day zero (8)	1Q 2010	CMS/TJC	Yes
SCIP-Inf-10	Surgery Patients with Perioperative Temperature Management (8)	1Q 2010	CMS/TJC	Jan 2012
SCIP-Card-2	Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who received a Beta-Blocker During the Perioperative Period (6)	1Q 2009	CMS/TJC	Yes
SCIP-VTE-1	Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered (3)	1Q 2007	CMS/TJC	Yes
SCIP-VTE-2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery (3)	1Q 2007	CMS/TJC	Yes

Children's Asthma Care (CAC)**		Submission Required Beginning With:	Collected For	On Hospital Compare
CAC-1	Relievers for Inpatient Asthma	N/A	TJC	Yes
CAC-2	Systemic Corticosteroids for Inpatient Asthma	N/A	TJC	Yes
CAC-3	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	N/A	TJC	Yes

Hospital Inpatient Quality Reporting (IQR) Program Measures (Calendar Year 2012 Discharges)

Measures Requiring Abstraction and Submission by the Hospital or its Vendor (continued)

Venous Thromboembolism (VTE) (CMS Informational Only)	Submission Required Beginning With:	Collected For	On Hospital Compare
VTE-1 Venous Thromboembolism Prophylaxis	N/A	TJC	No
VTE-2 Intensive Care Unit Venous Thromboembolism Prophylaxis	N/A	TJC	No
VTE-3 Venous Thromboembolism Patients with Anticoagulation Overlap Therapy	N/A	TJC	No
VTE-4 Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol	N/A	TJC	No
VTE-5 Venous Thromboembolism Discharge Instructions	N/A	TJC	No
VTE-6 Incidence of Potentially-Preventable Venous Thromboembolism	N/A	TJC	No

Stroke (STK) (CMS Informational Only)	Submission Required Beginning With:	Collected For	On Hospital Compare
STK-1 Venous Thromboembolism (VTE) Prophylaxis	N/A	TJC	No
STK-2 Discharged on Antithrombotic Therapy	N/A	TJC	No
STK-3 Anticoagulation Therapy for Atrial Fibrillation/Flutter	N/A	TJC	No
STK-4 Thrombolytic Therapy	N/A	TJC	No
STK-5 Antithrombotic Therapy By End of Hospital Day 2	N/A	TJC	No
STK-6 Discharged on Statin Medication	N/A	TJC	No
STK-8 Stroke Education	N/A	TJC	No
STK-10 Assessed for Rehabilitation	N/A	TJC	No

Emergency Department (ED) (9) (Listed in the Rule as "Emergency Department Throughput". Submission of 4Q 2010 data through 4Q 2011 is voluntary. Submission of data beginning 1Q 2012 is required for APU)	Submission Required Beginning With:	Collected For	On Hospital Compare
ED-1a Median Time from ED Arrival to ED Departure for Admitted ED Patients - Overall Rate	1Q 2012	CMS/TJC	No
ED-1b Median Time from ED Arrival to ED Departure for Admitted ED Patients – Reporting Measure	1Q 2012	CMS/TJC	Jan 2013
ED-1c Median Time from ED Arrival to ED Departure for Admitted ED Patients – Observation Patients	1Q 2012	CMS/TJC	No
ED-1d Median Time from ED Arrival to ED Departure for Admitted ED Patients - Psychiatric/Mental Health Patients	1Q 2012	CMS/TJC	No

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Measures Requiring Abstraction and Submission by the Hospital or its Vendor (continued)

Emergency Department (ED) (9) (Listed in the Rule as "Emergency Department Throughput". Submission of 4Q 2010 data through 4Q 2011 is voluntary. Submission of data beginning 1Q 2012 is required for APU)	Submission Required Beginning With:	Collected For	On Hospital Compare
ED-2a Admit Decision Time to ED Departure Time for Admitted Patients – Overall Rate	1Q 2012	CMS/TJC	No
ED-2b Admit Decision Time to ED Departure Time for Admitted Patients - Reporting Measure	1Q 2012	CMS/TJC	Jan 2013
ED-2c Admit Decision Time to ED Departure Time for Admitted Patients - Psychiatric/Mental Health Patients	1Q 2012	CMS/TJC	No

Immunization (IMM) (9) (Listed in the Rule as "Prevention: Global Immunization Measures")	Submission Required Beginning With:	Collected For	On Hospital Compare
IMM-1a Pneumococcal Immunization (PPV23) – Overall Rate	1Q 2012	CMS/TJC	Jan 2013
IMM-1b Pneumococcal Immunization (PPV23) – Age 65 and older	1Q 2012	CMS/TJC	No
IMM-1c Pneumococcal Immunization (PPV23) – High Risk Populations (Age 6 through 64 years)	1Q 2012	CMS/TJC	No
IMM-2 Influenza Immunization	1Q 2012	CMS/TJC	Jan 2013

Tobacco Treatment (TOB) (CMS Informational Only)	Submission Required Beginning With:	Collected For	On Hospital Compare
TOB-1 Tobacco Use Screening	N/A	TJC	No
TOB-2 Tobacco Use Treatment Provided or Offered	N/A	TJC	No
TOB-2a Tobacco Use Treatment	N/A	TJC	No
TOB-3 Tobacco Use Treatment Provided or Offered at Discharge	N/A	TJC	No
TOB-3a Tobacco Use Treatment at Discharge	N/A	TJC	No
TOB-4 Tobacco Use: Assessing Status After Discharge	N/A	TJC	No

Substance Use (SUB) (CMS Informational Only)	Submission Required Beginning With:	Collected For	On Hospital Compare
SUB-1 Alcohol Use Screening	N/A	TJC	No
SUB-2 Alcohol Use Brief Intervention Provided or Offered	N/A	TJC	No
SUB-2a Alcohol Use Brief Intervention	N/A	TJC	No

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Measures Requiring Abstraction and Submission by the Hospital or its Vendor (continued)

Substance Use (SUB) (CMS Informational Only)	Submission Required Beginning With:	Collected For	On Hospital Compare
SUB-3 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge	N/A	TJC	No
SUB-3a Alcohol and Other Drug Use Disorder Treatment at Discharge	N/A	TJC	No
SUB-4 Alcohol and Drug Use: Assessing Status after Discharge	N/A	TJC	No

Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS)**	Submission Required Beginning With:	Collected For	On Hospital Compare
HCAHPS Hospital Consumer Assessment of Healthcare Providers and Systems Survey (3)	3Q 2007	CMS	Yes

Healthcare Associated Infection Measure (HAI)**** Data is Submitted to the CDC's National Healthcare Safety Network (NHSN)	Submission Required Beginning With:	Collected For	On Hospital Compare
Central-Line Associated Bloodstream Infection (CLABSI) (9)	1Q 2011	CMS	Jan 2012
Surgical Site Infection (SSI) (9)	1Q 2012	CMS	Jan 2013
Catheter-Associated Urinary Tract Infection (CAUTI) (10)	1Q 2012	CMS	Jan 2013

Measures Requiring Web-based Hospital Data Entry

Structural Measures References January 1, 2011 through December 31, 2011 Submission from April 1, 2012 through May 15, 2012	Submission Required Beginning With:	Collected For	On Hospital Compare
Participation in a Systematic Database for Cardiac Surgery (6)	FY 2010	CMS	Yes
Participation in a Systematic Clinical Database Registry for Stroke Care (8)	FY 2011	CMS	Jan 2012
Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care (8)	FY 2011	CMS	Jan 2012
Participation in a Systematic Clinical Database Registry for General Surgery (10)	FY 2014	CMS	Jan 2014

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Measures Requiring Web-based Hospital Data Entry (continued)

Data Accuracy and Completeness Acknowledgement Electronic acknowledgment for FY 2013 payment Submission from April 1, 2012 through May 15, 2012	Submission Required Beginning With:	Collected For	On Hospital Compare
Data Accuracy and Completeness Acknowledgement (8)	Annual Submission began FY 2011	CMS	No

Measure Information Obtained from Claims-Based Data

30-Day Risk-Standardized Mortality Rates***	Submission Required Beginning With:	Collected For	On Hospital Compare
MORT-30-AMI Acute Myocardial Infarction (AMI) 30-Day Mortality Rate (3)	N/A^	CMS	Yes
MORT-30-HF Heart Failure (HF) 30-Day Mortality Rate (3)	N/A^	CMS	Yes
MORT-30-PN Pneumonia (PN) 30-Day Mortality Rate (4)	N/A^	CMS	Yes

30-Day Risk-Standardized Readmission Rates***	Submission Required Beginning With:	Collected For	On Hospital Compare
READM-30-AMI Acute Myocardial Infarction (AMI) 30-Day Readmission Rate (7)	N/A^	CMS	Yes
READM-30-HF Heart Failure (HF) 30-Day Readmission Rate (6)	N/A^	CMS	Yes
READM-30-PN Pneumonia (PN) 30-Day Readmission Rate (7)	N/A^	CMS	Yes

Agency for Healthcare Research and Quality (AHRQ) Measures***	Submission Required Beginning With:	Collected For	On Hospital Compare
PSI 04 Death Among Surgical Patients with Serious, Treatable Complications (6, 8) (Harmonized with NSC measure for FY 2011 and forward)	N/A^	CMS	Download-able file only
PSI 06 Iatrogenic Pneumothorax, Adult (6)	N/A^	CMS	Download-able file only
PSI 11 Post-Operative Respiratory Failure (9)	N/A^	CMS	Download-able file only
PSI 12 Post-Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) (9)	N/A^	CMS	Download-able file only
PSI 14 Postoperative Wound Dehiscence (6)	N/A^	CMS	Download-able file only

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Measure Information Obtained from Claims-Based Data (continued)

Agency for Healthcare Research and Quality (AHRQ) Measures***	Submission Required Beginning With:	Collected For	On Hospital Compare
PSI 15 Accidental Puncture or Laceration (6)	N/A^	CMS	Download-able file only
PSI 90 Complication/Patient Safety for Selected Indicators (composite) (6)	N/A^	CMS	Yes
IQI 11 Abdominal Aortic Aneurysm (AAA) Mortality Rate (with or without volume) (6)	N/A^	CMS	Download-able file only
IQI 19 Hip Fracture Mortality Rate (6)	N/A^	CMS	Download-able file only
IQI 91 Mortality for Selected Medical Conditions (composite) (6)	N/A^	CMS	Yes

Hospital-Acquired Condition (HAC) Measures***	Submission Required Beginning With:	Collected For	On Hospital Compare
Foreign Object Retained After Surgery (9)	N/A^	CMS	Yes
Air Embolism (9)	N/A^	CMS	Yes
Blood Incompatibility (9)	N/A^	CMS	Yes
Pressure Ulcer Stages III & IV (9)	N/A^	CMS	Yes
Falls and Trauma: (Includes; Fracture, Dislocation, Intracranial Injury, Crushing Injury, Burn, Electric Shock) (9)	N/A^	CMS	Yes
Vascular Catheter-Associated Infections (9)	N/A^	CMS	Yes
Catheter-Associated Urinary Tract Infection (UTI) (9)	N/A^	CMS	Yes
Manifestations of Poor Glycemic Control (9)	N/A^	CMS	Yes

Cost Efficiency Measures	Submission Required Beginning With:	Collected For	On Hospital Compare
Medicare Spending per Beneficiary (10)	N/A^	CMS	TBD

Hospital Inpatient Quality Reporting (IQR) Program Measures (Calendar Year 2012 Discharges)

Retired Measures	*Submission Required Beginning	Quarter Retired	Collected For	On Hospital Compare
Acute Myocardial Infarction (AMI)				
AMI-4 Adult Smoking Cessation Advice/Counseling (2,10)	3Q 2006	1Q 2012	CMS/TJC	No
AMI-6 Beta-Blocker at Arrival (1,8)	Nov 2003	2Q 2009	CMS/TJC	No
AMI-9 Inpatient Mortality	N/A	1Q 2011	TJC	No
AMI-T1a LDL-Cholesterol Assessment (Optional Test Measure)	N/A	2Q 2011	CMS	No
AMI-T2 Lipid-Lowering Therapy at Discharge (Optional Test Measure)	N/A	2Q 2011	CMS	No
Heart Failure (HF)				
HF-4 Adult Smoking Cessation Advice/Counseling (2,10)	3Q 2006	1Q 2012	CMS/TJC	No
Pneumonia (PN)				
PN-1 Oxygenation (1,5)	Nov 2003	1Q 2009	CMS/TJC	No
PN-2 Pneumococcal Vaccination (1,9)	Nov 2003	1Q 2009	CMS/TJC	No
PN-4 Adult Smoking Cessation Advice/Counseling (2,10)	3Q 2006	1Q 2012	CMS/TJC	No
PN-5 Antibiotic Timing (Median)	N/A	1Q 2012	TJC	No
PN-5b Initial Antibiotic Received Within 4 Hours of Hospital Arrival (1, 6)	Nov 2003	1Q 2009	CMS/TJC	No
PN-5c Timing of Receipt of Initial Antibiotic Following Hospital Arrival (6,10)	1Q 2009	1Q 2012	CMS/TJC	No
PN-7 Influenza Vaccination (2,9)	3Q 2006	1Q 2012	CMS/TJC	No
Agency for Healthcare Research and Quality (AHRQ) Indicators				
IQI 90 Mortality for Selected Surgical Procedures (composite) (6,9)	N/A^	FY 2011 APU	CMS	No
Nursing Sensitive Care Measure (NSC)				
Death Among Surgical Patients with Serious Treatable Complications (6,8) (Harmonized with PSI 04 measure, Failure to Rescue)	N/A^ Harmonized 2010	CMS	CMS	No

Acronym List	Description
CY	Calendar Year
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare & Medicaid Services
FY	Fiscal Year
HC	Hospital Compare
IPPS	Inpatient Prospective Payment System
OPPS	Outpatient Prospective Payment System
TJC	The Joint Commission
TBD	To Be Determined

Hospital Inpatient Quality Reporting (IQR) Program Measures (Calendar Year 2012 Discharges)

Rule References for Reporting of the Hospital IQR Program Measures

(1)	Measure included in '10 measure starter set' (CMS Regulation 1500-F, posted August 2005)
(2)	Additional measure added to original '10 measure starter set' to make '21 measure expanded set' (CMS Reg. 1488-FC, posted August 2006)
(3)	Measure finalized in CY 2007 OPPTS Final Rule (CMS Regulation 1506-FC, posted November 2006)
(4)	Measure finalized in FY 2008 IPPS Final Rule (CMS Regulation 1533-FC, posted August 2007)
(5)	Measure finalized in CY 2008 OPPTS Final Rule (CMS Regulation 1392-FC, posted November 2007)
(6)	Measure finalized in FY 2009 IPPS Final Rule (CMS Regulation 1390-F, posted August 2008)
(7)	Measure finalized in CY 2009 OPPTS Final Rule (CMS Regulation 1404-FC, posted November 2008)
(8)	Measure finalized in FY 2010 IPPS Final Rule (CMS Regulation 1406-F/1493-F/1337-F, posted August 2009)
(9)	Measure finalized in FY 2011 IPPS Final Rule (CMS Regulation-1498-F/F2/IFC, posted August 2010)
(10)	Measure finalized in FY 2012 IPPS Final Rule (CMS Regulation-1518-F/1430-F, posted August 2011)

Number of the Hospital IQR Program Measures Required by Category

FY Year	Chart-Abstracted Measures	Survey Measures	Claims-Based Measures	Structural Measures	Total
2005	10 (original starter set)	0	0	0	10
2006	10 (original starter set)	0	0	0	10
2007	21 (added expanded set)	0	0	0	21
2008	24 (added SCIP Inf-2, VTE 1 and VTE 2)	1 (HCAHPS)	2 (added AMI and HF mortality)	0	27
2009	26 (added SCIP Inf-4 and SCIP Inf-6)	1	3 (added PN mortality)	0	30
2010	26 (added SCIP Card-2 and retired PN-1)	1	16 (added 9 AHRQ, 1 NSC, 3 readmission)	1 (added Cardiac Registry)	44
2011	27 (retired AMI-6, added SCIP Inf-9 and SCIP Inf-10)	1	14 (harmonized PSI 04 and NSC, retired IQI 90)	3 (added Stroke and Nursing Registries)	45
2012	27	1	24 (add 2 AHRQ and 8 HAC)	3	55
2013	29 (added AMI-10 and HAI CLABSI)	1	24	3	57
2014	25 [retired 6 (AMI-4, HF-4, PN-2, PN-4, PN-5c, PN-7), suspended 4 (AMI-1, AMI-3, AMI-5, SCIP Inf-6), added 2 ED, 2 IMM, and 2 HAI (CAUTI and SSI)]	1	25 (added Medicare Spending per Beneficiary)	4 (added General Surgery Registry)	55

Hospital Inpatient Quality Reporting (IQR) Program Measures (Calendar Year 2012 Discharges)

Legend

- ^ CMS uses enrollment data as well as Part A and Part B claims for Medicare fee-for-service patients to calculate these measures. No hospital data submission is required to calculate these measure rates.**
- * Discharge (DC) quarter required for the Hospital IQR Program measure submission started in accordance with the published final rule (IPPS and/or OPPS).**
- ** Clinical Process Measures, CAC Measures and HCAHPS discharge quarters included in Hospital Compare release (refreshed/updated quarterly).**
 - Jan-12: 2Q 2010, 3Q 2010, 4Q 2010 and 1Q 2011
 - Apr-12: 3Q 2010, 4Q 2010, 1Q 2011 and 2Q 2011
 - Jul-12: 4Q 2010, 1Q 2011, 2Q 2011 and 3Q 2011
 - Oct-12: 1Q 2011, 2Q 2011, 3Q 2011 and 4Q 2011
- *** Claims-based Measures (no data submission required) refreshed annually on Hospital Compare**
 - Mortality/Readmission measures (3 years of data).**
 - Jan-12: 3Q 2007 through 2Q 2010
 - Apr-12: 3Q 2007 through 2Q 2010
 - Jul-12: 3Q 2008 through 2Q 2011
 - Oct-12: 3Q 2008 through 2Q 2011
 - AHRQ Measures**
 - Jan-12: 4Q 2008 through 2Q 2010
 - Apr-12: 4Q 2008 through 2Q 2010
 - Jul-12: TBD
 - Oct-12: TBD
 - HAC Measures**
 - Jan-12: 4Q 2008 through 2Q 2010
 - Apr-12: 4Q 2008 through 2Q 2010
 - Jul-12: TBD
 - Oct-12: TBD
- **** HAI Measures discharge quarters included in Hospital Compare release (refreshed/updated quarterly).**
 - Jan-12: 1Q 2011
 - Apr-12: 1Q 2011 and 2Q 2011
 - Jul-12: 1Q 2011, 2Q 2011 and 3Q 2011
 - Oct-12: 1Q 2011, 2Q 2011, 3Q 2011 and 4Q 2011

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