

Expert to Expert Webinar

2025 Reporting Year Annual Updates for Hospital Harm - Opioid-Related Adverse Events (HH-ORAE) (CMS819v3)

January 16, 2025

Webinar Audio and Functionality

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New to eCQMs?

Today's content is highly technical and requires a baseline understanding of eCQM logic and concepts

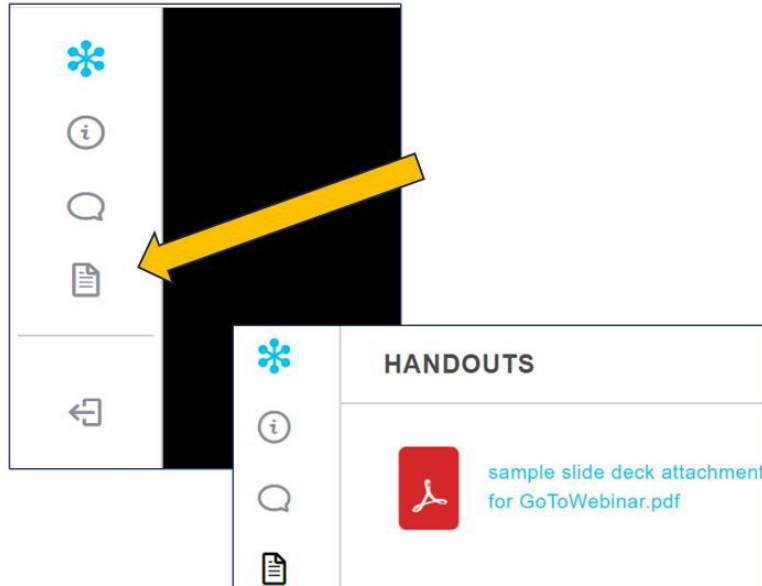
Visit this section of the eCQI Resource Center:

"Get Started with eCQMs"

(https://ecqi.healthit.gov/ecqms?qt-tabs_ecqm=tools-resources)



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<https://www.jointcommission.org/measurement/quality-measurement-webinars-and-videos/expert-to-expert-webinars>

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- Accreditation Council for Continuing Medical Education (PRA Category 1 credit)
- American Nurses Credentialing Center
- American College of Healthcare Executives (1 Qualifying Education Hour)
- California Board of Registered Nursing

CE Requirements



- 1) Individually register for this webinar
- 2) Participate for the entire broadcast
- 3) Complete a post-program evaluation/attestation

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- 1) QR code on final slide
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Learning Objectives

Locate measure specifications, value sets, measure flow diagrams and technical release notes on the eCQI Resource Center.

Facilitate your organization's implementation of the Hospital Harm Opioid Related Adverse Events eCQM annual updates for the 2025 calendar year.

Utilize answers regarding common issues/questions regarding the Hospital Harm Opioid Related Adverse Events eCQM use/implementation.



Topics Not Covered in this Program

Basic eCQM concepts

Topics related to chart abstracted measures

Process improvement efforts related to this measure

eCQM validation



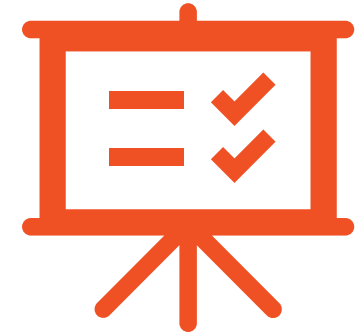
Disclosure Statement

All staff and speakers for this webinar have disclosed that they do not have any conflicts of interest. For example, financial arrangements, affiliations with, or ownership of organizations that provide grants, consultancies, honoraria, travel, or other benefits that would impact the presentation of today's webinar content.

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Webinar Agenda

- Highlight how to access eCQI Resource Center navigational demo (measure specifications, value sets, measure flow diagrams and technical release notes)
- Review the Hospital Harm - Opioid-Related Adverse Events eCQM
- Review the measure flow/algorithm
- Review FAQs
- Facilitated Audience Q&A Segment



eCQM Resources on the eCQI Resource Center

eCQI Resource Center <https://ecqi.healthit.gov>

eCQI RESOURCE CENTER

eCQMs Electronic Clinical Quality Measures

dQMs Digital Quality Measures

Resources Standards, Tools, & Resources

About eCQI, CDS, FAQs Engage

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Search keyword or phrases (phrase in quotes)

Electronic Clinical Quality Improvement (eCQI) Resource Center

Transforming eCQI through collaboration, education, and standards

Eligible Clinician eCQMs

Eligible Hospital / Critical Access Hospital eCQMs

Featured News & Events

Jun 04, 2024

Now Available: EH FHIR eCQM Draft Measure Packages for 2025 Reporting/Perfo...

Jun 27, 2024 @ 4:00pm EDT

Cooking with Clinical Quality Language (CQL) Webinar

Download and/or View Specifications

- “Human Readable” html
- Value Sets [↗](#)
 - **Value Set Authority Center (VSAC)**
- Data Elements
- eCQM Flow (PDF)
 - **(process flow diagrams)**
- Technical Release Notes (TRNs) (Excel)
- Jira Issue Tracker tickets [↗](#)

For more details, view the video short here: [Expert to Expert Webinars | The Joint Commission](#)

Hospital Harm – Opioid-Related Adverse Events (HH-ORAE) (CMS819v3)

HH-ORAE – Background

Measure Description: This measure assesses the number of inpatient hospitalizations for patients age 18 and older who have been administered an opioid medication outside of the operating room and are subsequently administered a non-enteral opioid antagonist outside of the operating room within 12 hours, an indication of an opioid-related adverse event

Rationale and Intent:

- Opioid-based analgesia is the most used treatment in postoperative pain management
- Measure is intended to be used to identify and reduce unintended adverse events such as over-sedation, delirium, and respiratory depression. Administration of opioid antagonist is used as an indicator of a severe ORAE.
- Associated with increase in hospital LOS (length of stay), increase in the odds of death, higher costs, and higher risk of 30-day readmission
- Opioid-related adverse events are preventable with better monitoring and response
- Rates of inpatient ORAE indicate quality of care



2024 vs 2025 Reporting Year

Measure Components	2024 Reporting Year	2025 Reporting Year
Header Description	This measure assesses the number of inpatient hospitalizations for patients age 18 and older who have been administered an opioid medication and are subsequently administered an opioid antagonist within 12 hours, an indication of an opioid-related adverse event	This measure assesses the number of inpatient hospitalizations for patients age 18 and older who have been administered an opioid medication <u>outside of the operating room</u> and are subsequently administered an <u>a non-enteral</u> opioid antagonist <u>outside of the operating room</u> within 12 hours, an indication of an opioid-related adverse event
Header Initial Population	Inpatient hospitalizations for patients age 18 and older during which at least one opioid medication was administered outside of the operating room	Inpatient hospitalizations <u>that end during the measurement period</u> for patients age 18 and older during which <u>and</u> at least one opioid medication was administered administration starts during the hospitalization outside of the operating room

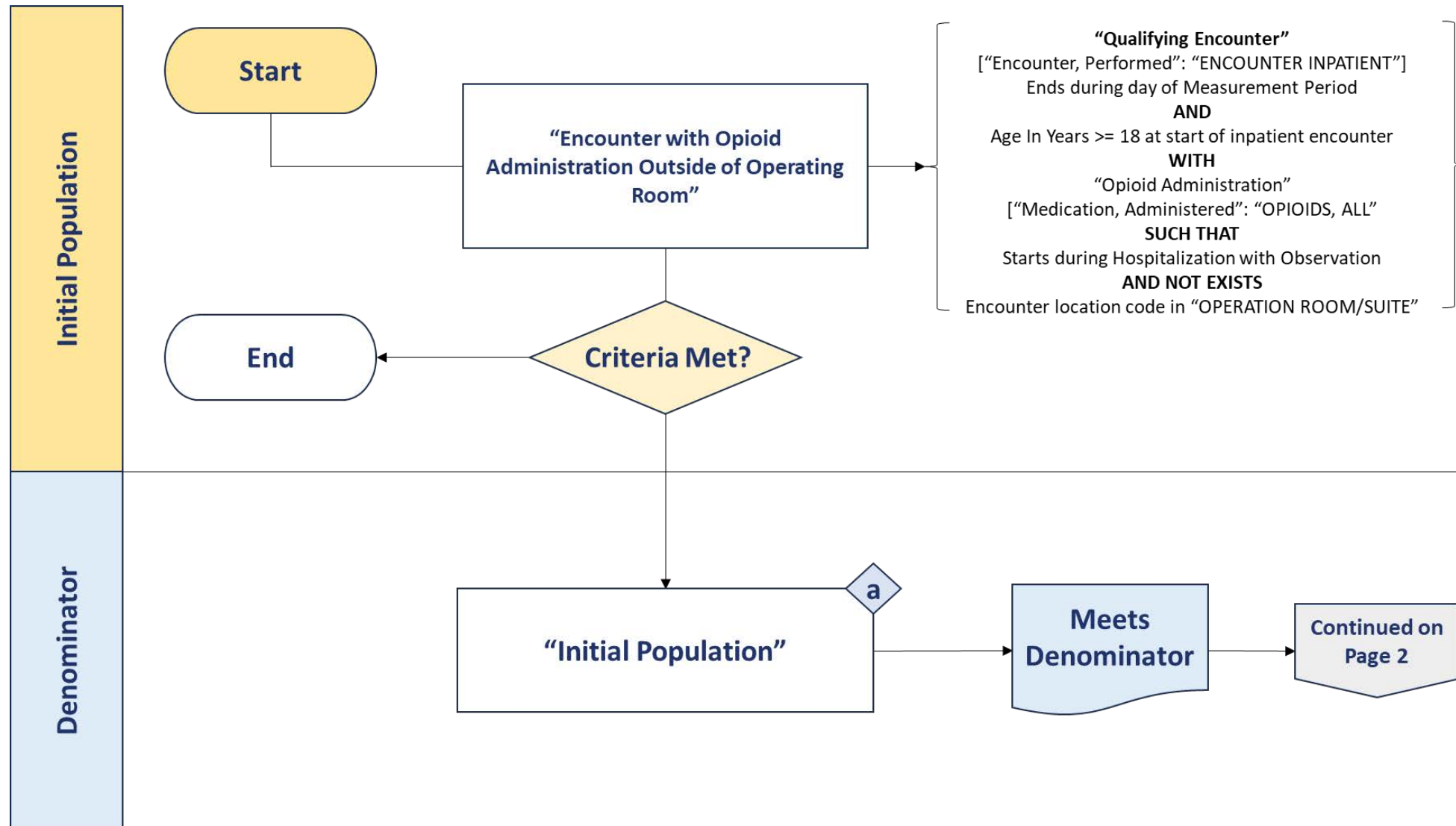


2024 vs 2025 Reporting Year (2)

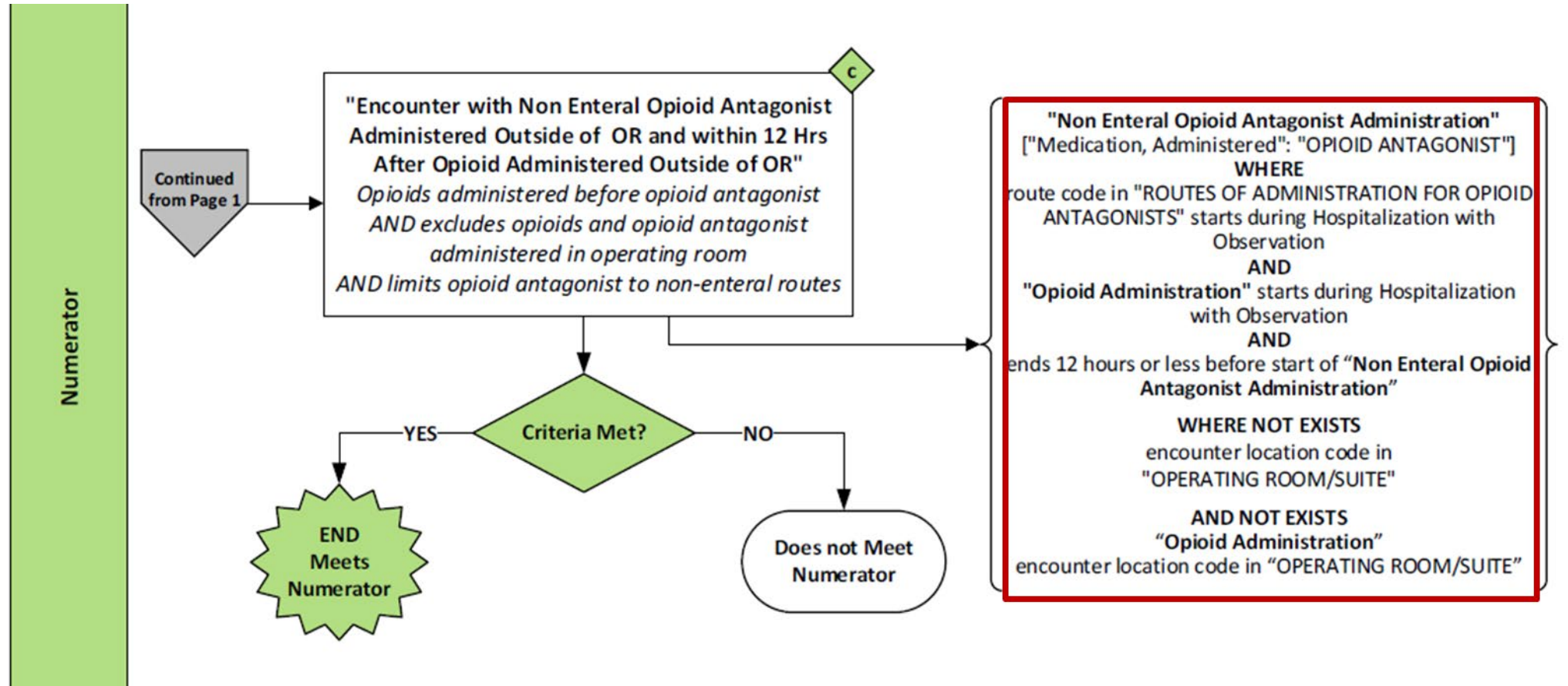
Measure Components	2024 Reporting Year	2025 Reporting Year
Header Denominator	Equals Initial Population	No change
Header Numerator	<p>Inpatient hospitalizations where an opioid antagonist was administered outside of the operating room and within 12 hours following administration of an opioid medication. The route of administration of the opioid antagonist must be by intranasal spray, inhalation, intramuscular, subcutaneous, or intravenous injection. Only one numerator event is counted per encounter.</p>	<p>Inpatient hospitalizations where an <u>a non-enteral</u> opioid antagonist was administered <u>administration starts during the hospitalization</u> outside of the operating room and within 12 hours <u>or less</u> following administration of an opioid medication <u>administered outside of the operating room</u>.</p> <p>The route of administration of the opioid antagonist must be by intranasal spray, inhalation, intramuscular, subcutaneous, or intravenous injection.</p> <p>Only one numerator event is counted per encounter.</p>

Hospital Harm - Opioid-Related Adverse Events (HH-ORAE) (CMS819v3) Measure Flow

Initial Population



★ Numerator



Sample Calculation

Sample Calculation		
Performance Rate =	$\frac{\text{Numerator (c = 10)}}{\text{Denominator (a = 100)}}$	= 10%

Hospital Harm - Opioid-Related Adverse Events (HH-ORAE) (CMS819v3)

Logic Detail

HH-ORAE Initial Population

Inpatient hospitalizations that end during the measurement period for patients age 18 and older and at least one opioid medication administration starts during the hospitalization outside of the operating room

Initial Population: “Encounter with Opioid Administration Outside of Operating Room”

Encounter with Opioid Administration Outside of Operating Room

“Qualifying Encounter” InpatientEncounter with “Opioid Administration” OpioidGiven
 such that Global.“NormalizeInterval” (OpioidGiven.relevantDatetime, OpioidGiven.relevantPeriod)
 starts during Global.“HospitalizationWithObservation” (InpatientEncounter)
 and not exists (InpatientEncounter.facilityLocations EncounterLocation
 where EncounterLocation.code ~ “Operating Room/Suite”
 and Global.“NormalizeInterval” (OpioidGiven.relevantDatetime, OpioidGiven.relevantPeriod)
 starts during EncounterLocation.locationPeriod)

Qualifying Encounter

[“Encounter, Performed”: “Encounter Inpatient”] InpatientHospitalization
 where InpatientHospitalization.relevantPeriod ends during day of “Measurement Period”
 and AgeInYearsAt (date from start of InpatientHospitalization.relevantPeriod) >= 18

Opioid Administration

[“Medication, Administered”: “Opioids, All”]

HH-ORAE Denominator

Denominator: “Initial Population”





HH-ORAE Numerator (1)

Inpatient hospitalizations where a non-enteral opioid antagonist administration starts during the hospitalization outside of the operating room and 12 hours or less following an opioid medication administered outside of the operating room. The route of administration of the opioid antagonist must be by intranasal spray, inhalation, intramuscular, subcutaneous, or intravenous injection. Only one numerator event is counted per encounter.

Numerator: "Encounter with Non Enteral Opioid Antagonist Administered Outside of OR and within 12 Hrs After Opioid Administered Outside of OR"

Encounter with Non Enteral Opioid Antagonist Administration Administered Outside of Operating Room OR and within 12 Hrs After Opioid Administered Outside of OR

From ~~["Medication, Administered": "Opioid Antagonist"]~~ OpioidAntagonistGiven,
"Non Enteral Opioid Antagonist Administration" NonEnteralOpioidAntagonistGiven,
"Opioid Administration" OpioidGiven,
"Denominator" EncounterWithQualifyingAge InpatientHospitalization
~~where not exists (EncounterWithQualifyingAge.facilityLocations EncounterLocation~~
let NonEnteralOpioidAntagonistGivenTime: Global."NormalizeInterval"
(NonEnteralOpioidAntagonistGiven.relevantDatetime, NonEnteralOpioidAntagonistGiven.relevantPeriod),
OpioidGivenTime: Global."NormalizeInterval" (OpioidGiven.relevantDatetime, OpioidGiven.relevantPeriod),
HospitalPeriod: Global."HospitalizationWithObservation" (InpatientHospitalization)

Non Enteral Opioid Antagonist Administration

["Medication, Administered": "Opioid Antagonist"] Antagonist
where Antagonist.route in "Routes of Administration for Opioid Antagonists"



HH-ORAE Numerator (2)

Inpatient hospitalizations where a non-enteral opioid antagonist administration starts during the hospitalization outside of the operating room and 12 hours or less following an opioid medication administered outside of the operating room. The route of administration of the opioid antagonist must be by intranasal spray, inhalation, intramuscular, subcutaneous, or intravenous injection. Only one numerator event is counted per encounter.

Numerator: "Encounter with Non Enteral Opioid Antagonist Administered Outside of OR and within 12 Hrs After Opioid Administered Outside of OR"

Encounter with Non Enteral Opioid Antagonist ~~Administration~~ Administered Outside of ~~Operating Room~~ OR and within 12 Hrs After Opioid Administered Outside of OR

where not exists (~~EncounterWithQualifyingAge~~ InpatientHospitalization.facilityLocations EncounterLocation where EncounterLocation.code ~ "Operating Room/Suite"

~~and Global."NormalizeInterval" (OpioidAntagonistGiven.relevantDatetime,~~

~~and NonEnteralOpioidAntagonistGivenTime~~ starts during EncounterLocation.locationPeriod)

~~and (Global."NormalizeInterval" (OpioidAntagonistGiven.relevantDatetime,~~

~~OpioidAntagonistGiven.relevantPeriod) starts during Global."HospitalizationWithObservation" (EncounterWithQualifyingAge)~~

~~and Global."NormalizeInterval" (OpioidGiven.relevantDatetime, OpioidGiven.relevantPeriod) starts during Global."HospitalizationWithObservation" (EncounterWithQualifyingAge)~~

~~and Global."NormalizeInterval" (OpioidGiven.relevantDatetime, OpioidGiven.relevantPeriod)~~



HH-ORAE Numerator (3)

Inpatient hospitalizations where a non-enteral opioid antagonist administration starts during the hospitalization outside of the operating room and 12 hours or less following an opioid medication administered outside of the operating room. The route of administration of the opioid antagonist must be by intranasal spray, inhalation, intramuscular, subcutaneous, or intravenous injection. Only one numerator event is counted per encounter.

Numerator: “Encounter with Non Enteral Opioid Antagonist Administered Outside of OR and within 12 Hrs After Opioid Administered Outside of OR”

Encounter with Non Enteral Opioid Antagonist ~~Administration~~ Administered Outside of ~~Operating Room~~ OR and within 12 Hrs After Opioid Administered Outside of OR

and not exists (InpatientHospitalization.facilityLocations EncounterLocation
where EncounterLocation.code ~ "Operating Room/Suite"
and OpioidGivenTime starts during EncounterLocation.locationPeriod)

and NonEnteralOpioidAntagonistGivenTime starts during HospitalPeriod
and OpioidGivenTime starts during HospitalPeriod
and OpioidGivenTime ends 12 hours or less before start of ~~Global."NormalizeInterval" (~~
~~OpioidAntagonistGiven.relevantDatetime, OpioidAntagonistGiven.relevantPeriod)~~
~~and OpioidAntagonistGiven.route in "Routes of Administration for Opioid Antagonists"~~)
NonEnteralOpioidAntagonistGivenTime

return ~~EncounterWithQualifyingAge~~ InpatientHospitalization

Frequently Asked Questions (FAQ)



Question:

Do opioid antagonists dispensed in the ED for community overdose reversal count towards this measure?

Answer:

No. The intent of this measure is to identify patients who are administered an opioid antagonist outside of the operating room within 12 hours of opioid administration, as this indicates an opioid related adverse event. The QDM datatype, “Medication, Administered” addresses medication taken by the patient.

Resources

eCQI Resource Center

CMS EH Measures

<https://ecqi.healthit.gov/eligible-hospital/critical-access-hospital-eCQMs>

Get Started with eCQMs

https://ecqi.healthit.gov/ecqms?qt-tabs_ecqm=education

Teach Me Clinical Quality Language (CQL) Video Series -

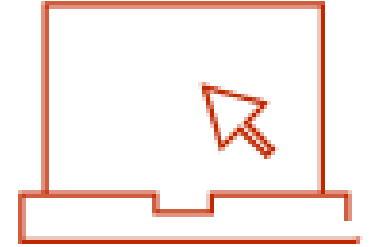
https://ecqi.healthit.gov/cql?qt-tabs_cql=2

Hospitalization with Observation -

https://www.youtube.com/watch?v=3yqwOU2XcZM&ab_channel=CMSHHSgov

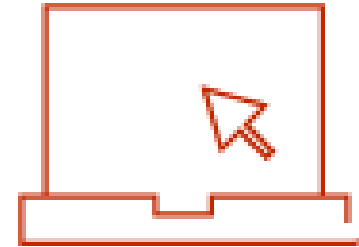
What is a Value Set -

<https://register.gotowebinar.com/recording/4766956164118938369>



Resources (2)

Value Set Authority Center (VSAC) Support -
<https://www.nlm.nih.gov/vsac/support/index.html>



Pioneers In Quality - <https://www.jointcommission.org/measurement/pioneers-in-quality/>

Expert to Expert - <https://www.jointcommission.org/measurement/quality-measurement-webinars-and-videos/expert-to-expert-webinars/>

ASTP/ONC Issue Tracking System - <https://oncprojecttracking.healthit.gov/>

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RESOURCE

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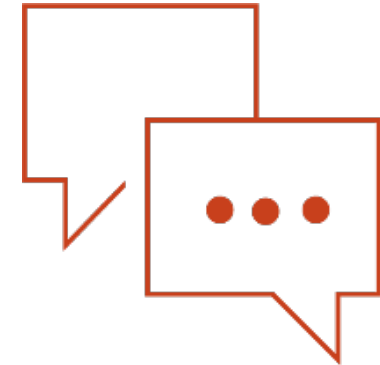
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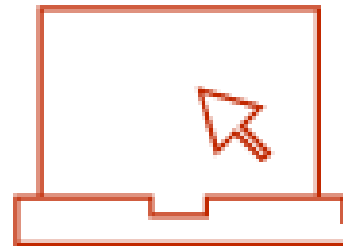
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Acronyms

Acronym	
CBE	Consensus-Based Entity
CE	Continuing Education
CMS	Centers for Medicare& Medicaid Services
eCQM	Electronic Clinical Quality Measure
ED	Emergency Department
EH	Eligible Hospital
EHR	Electronic Health Record
FY	Fiscal Year
OR	Operating Room
ORAE	Opioid-Related Adverse Event
QDM	Quality Data Model
VOIP	Voice Over IP Phone