Annual Updates for STK-2 (CMS104v14), STK-3 (CMS71v15), STK-5 (CMS72v14), VTE-1 (CMS108v14), and VTE-2 (CMS190v14) for 2026 Reporting Year

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Broadcast Webinar
March 5, 2026
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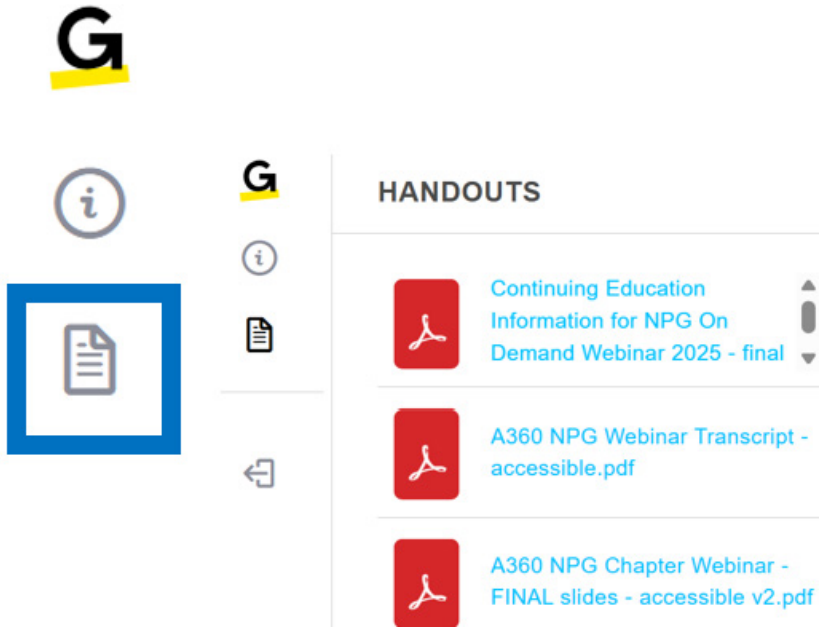

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Participant Learning Objectives

- Locate eCQM resources on the eCQI Resource Center.
- Facilitate your organization's implementation of the STK and VTE eCQM annual updates for the 2026 reporting year.
- Utilize answers to common issues/questions regarding the STK and VTE eCQMs to inform 2026 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
  - Ensure your data is validated before submitting
  - Ensure that extreme outlier results are verified

Disclosure Statement

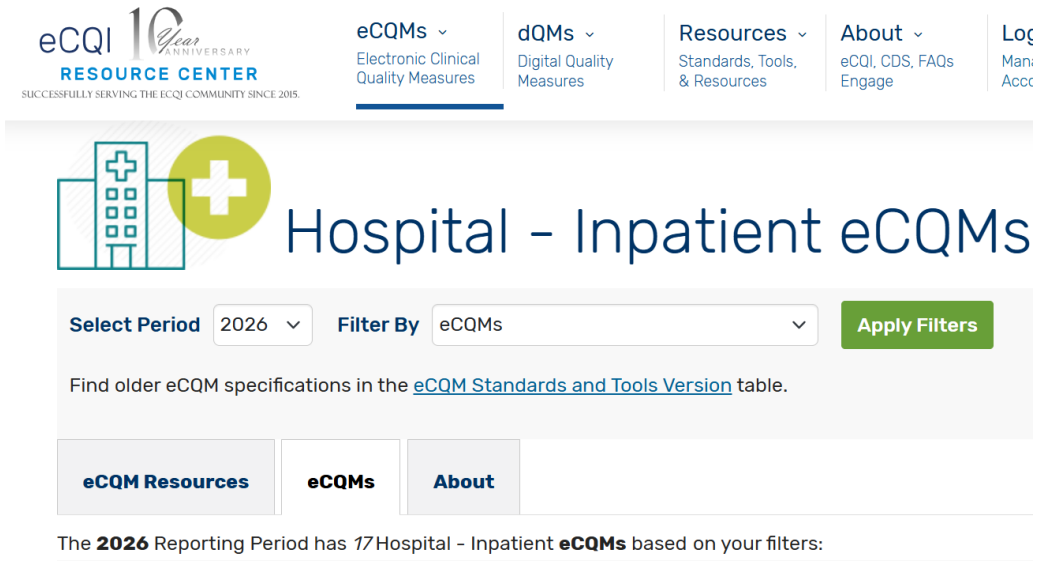
- All staff and subject matter experts have disclosed that they do not have any conflicts of interest. For example, financial arrangements, affiliations with, or ownership of organizations that provide grants, consultancies, honoraria, travel, or other benefits that would impact the presentation of this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

Webinar Agenda

- Review the annual updates for the STK and VTE eCQMs for the 2026 Reporting Year
- Overview of the measure flow/algorithm
- Frequently Asked Questions (FAQs)
- Live Q&A Segment

eCQM Specifications and Resources

- A PDF handout includes directions to access the eCQM specifications, value sets, measure flow diagrams, and technical release notes on the eCQI Resource Center.
- Please see the landing page for 2026 resources.
- Please see the landing page for 2026 specifications.



Stroke Measure Set

Stroke Measure Set

The stroke measure set consists of three measures:

- CMS104/STK-2 Discharged on Antithrombotic Therapy
- CMS71/STK-3 Anticoagulation Therapy for Atrial Fibrillation/Flutter
- CMS72/STK-5 Antithrombotic Therapy by End of Hospital Day 2

2023 national averages for organizations submitting the eCQMs were:

- STK-2 95.9%
- STK-3 73.3%
- STK-5 92.9%

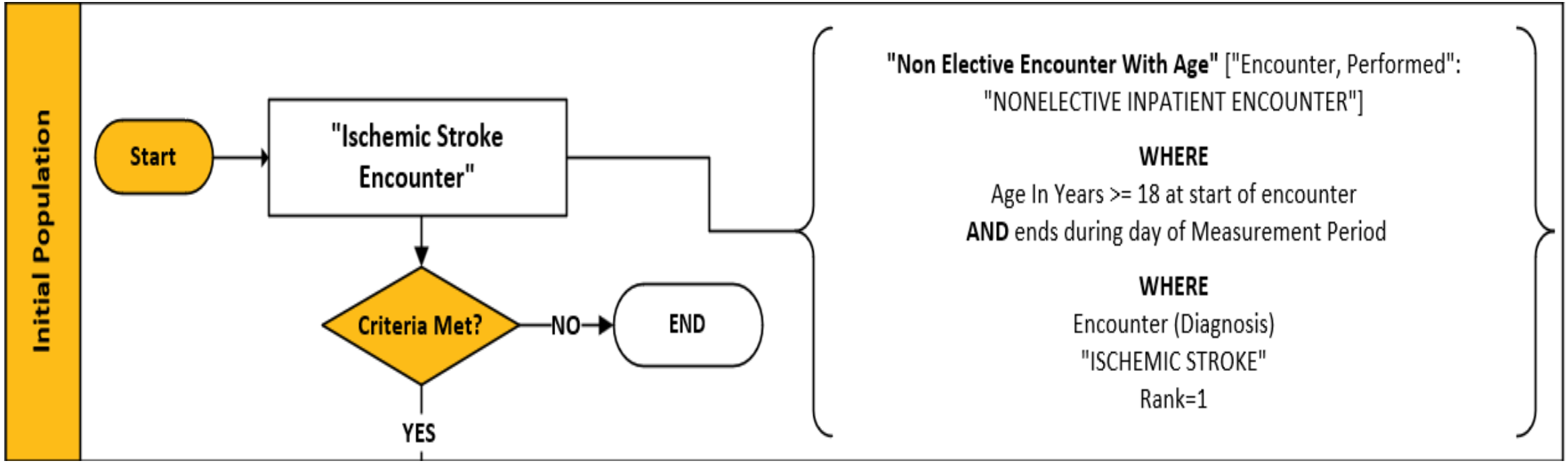
Stroke Measure Set – Global Changes

Measure Components	2026 Reporting Year
Header	Updated logic definitions from title case to initial case
Header	Updated measurement period to reflect exact dates of reporting.
Header	Updated Improvement Notation field to read 'Increased score indicates improvement' based on tooling update to promote alignment across measures.
Value Set	Replaced value set used for Sex Supplemental Data Element (SDE) ONC Administrative Sex (2.16.840.1.113762.1.4.1) with value set Federal Administrative Sex (2.16.840.1.113762.1.4.1021.121) based on updated standards.
Value Set	Value set Nonelective Inpatient Encounter (2.16.840.1.113883.3.117.1.7.1.424): Added 1 SNOMED CT code (442281000124108) based on terminology update.
Value Set	Value set Patient Refusal (2.16.840.1.113883.3.117.1.7.1.93): Added 1 SNOMED CT code (1296859006) based on terminology update. Deleted 1 SNOMED CT code (105480006) based on terminology update.

Stroke Measures – Initial Population

Measure Flow and Logic

Initial Population



CMS104/STK-2 Discharged on Antithrombotic Therapy Measure Rationale

STK-2 Discharged on Antithrombotic Therapy – Rationale

- Long-term antithrombotic therapy is recommended after an ischemic stroke to reduce the risk of recurrent ischemic events by about 20%–25% (Hilkens et al., 2021).
- Antithrombotic therapy includes both antiplatelet and anticoagulant medications.
- Antiplatelet medications are preferred over anticoagulants for patients with non-cardioembolic stroke.
- Aspirin 50 to 325 mg daily, clopidogrel 75 mg, or aspirin 25 mg/extended-release dipyridamole 200 mg twice daily are commonly prescribed medications for secondary stroke prevention.
- Dual antiplatelet therapy or concurrent administration of more than one antithrombotic medication is generally not recommended (Kleindorfer et al., 2021).
- Short-term therapy with aspirin and clopidogrel or ticagrelor may lower new stroke risk for patients with mild stroke or TIA (Gao et al., 2023).

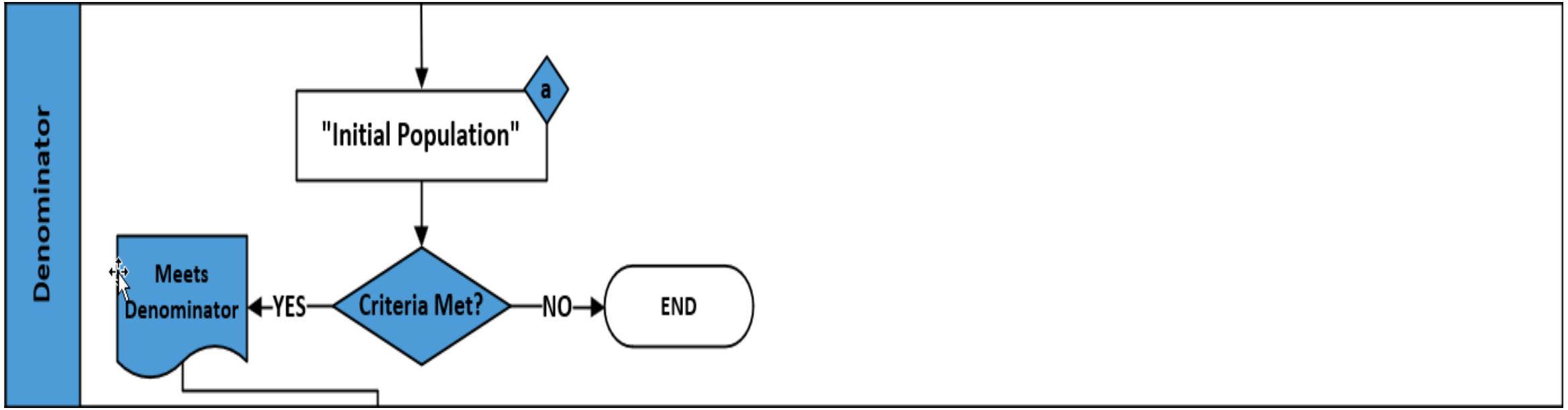
STK-2 Discharged on Antithrombotic Therapy – Changes

Measure Components	2026 Reporting Year
Value Set	Value set Antithrombotic Therapy for Ischemic Stroke (2.16.840.1.113762.1.4.1110.62): Added 2 RxNorm codes (197945, 2626726) based on terminology update. Deleted 1 RxNorm code (1361615) based on review by technical experts, SMEs, and/or public feedback. Deleted 1 RxNorm code (198473) based on terminology update.
Logic	Updated the name of the alias within the denominator exception "Encounter With Pharmacological Contraindications For Antithrombotic Therapy At Discharge" from "Pharmacological" to "PharmacologicalContraindications" for clarification and to align with the CQL Style Guide.

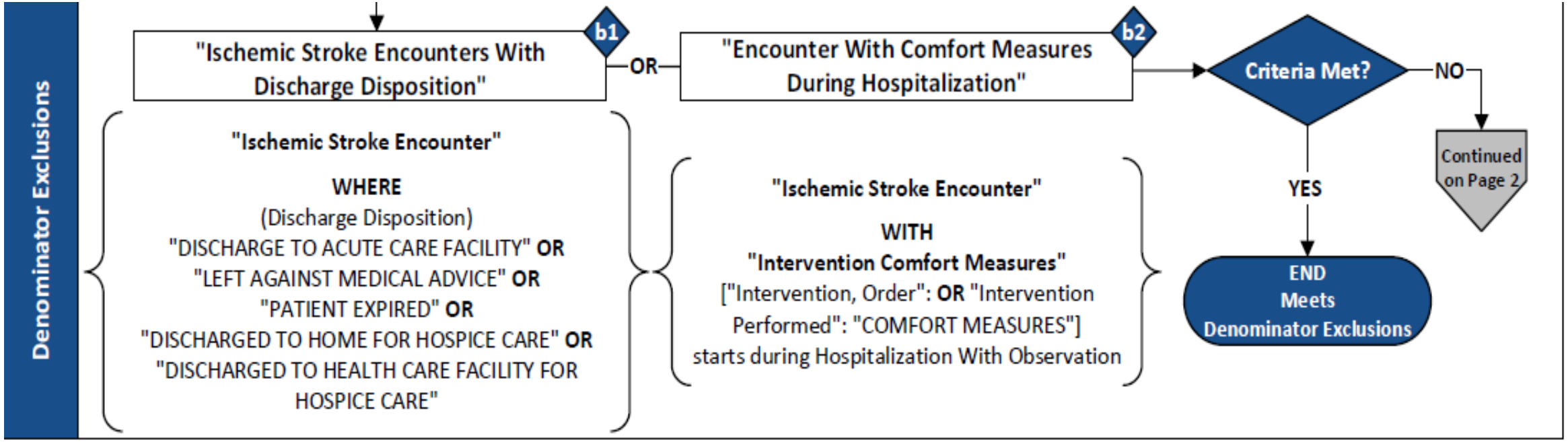
For more details of all the technical changes you can download a copy of the technical release note for STK-2 here: https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS104-v14.1.000-TRN.xlsx.

CMS104/STK-2 Discharged on Antithrombotic Therapy Measure Flow and Logic

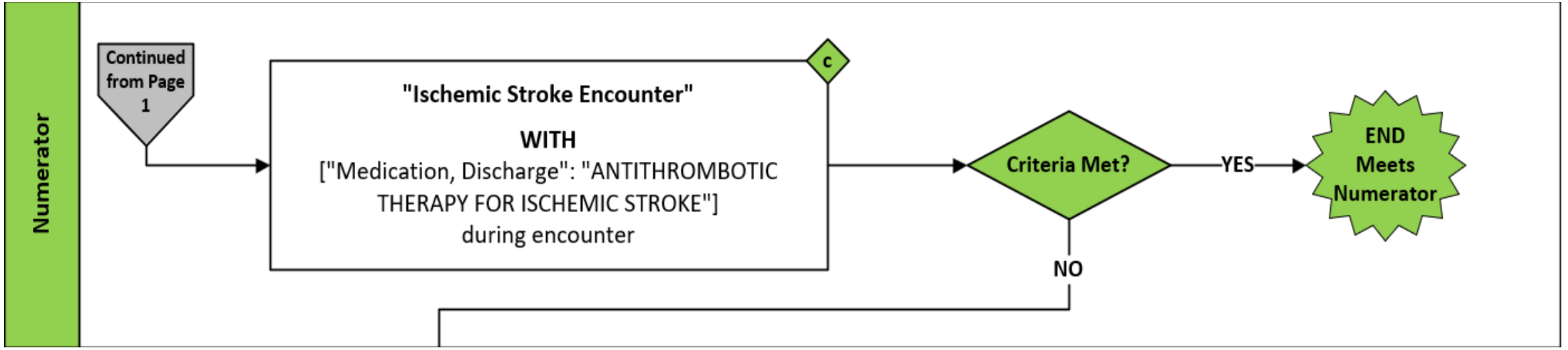
STK-2 Denominator



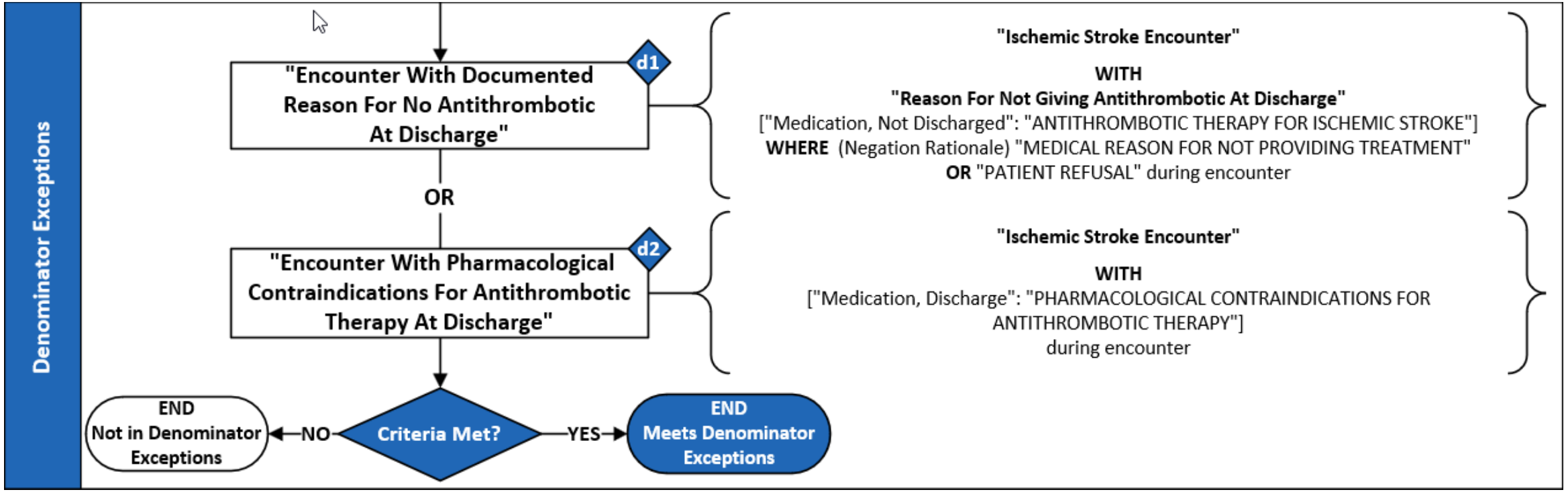
STK-2 Denominator Exclusions



STK-2 Numerator



STK-2 Denominator Exceptions



STK-2 Denominator Exceptions – Logic Update

- **"Encounter with Pharmacological Contraindications for Antithrombotic Therapy at Discharge"**
- TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
- with ["Medication, Discharge": "Pharmacological Contraindications For Antithrombotic Therapy] PharmacologicalContraindications[2]
- such that PharmacologicalContraindications[2].authorDatetime duringIschemicStrokeEncounter.relevantPeriod

New content is underlined, while ~~stricken text~~ denotes removed content.

Notes:
[1] Indicates text that contains strikethrough.
[2] Indicates underlined text.

STK-2 Frequently Asked Question (FAQ)

Question:
If a stroke patient is discharged to an acute rehab facility, is this considered a discharge to another hospital?

Answer:
The measure utilizes the value set “Discharge To Acute Care Facility” (2.16.840.1.113883.3.117.1.7.1.87) for the discharge disposition denominator exclusion 'Inpatient hospitalizations for patients discharged to another hospital'. The value set includes concepts that represent an encounter with a discharge to a short-term acute care hospital, including a specialty hospital.

Patients discharged to a rehabilitation hospital or unit are not excluded. This is to ensure they are still treated unless contraindicated and should receive secondary stroke prevention therapies (antithrombotic/anticoagulation/statin) after discharge from the hospital.

CMS71/STK-3 Anticoagulation Therapy for Atrial Fibrillation/Flutter Measure Rationale

STK-3 Anticoagulation Therapy for Atrial Fibrillation/Flutter – Rationale

- Ischemic stroke patients with a current finding or history of atrial fibrillation or flutter (AF) are at increased risk of experiencing another stroke compared to ischemic stroke patients without these arrhythmias.
- The proportion of stroke attributable to AF increases significantly with age:
  - ~ 1.5% of strokes in individuals 50–59 years of age and 23.5% in those 80–89 years of age
- Anticoagulation therapy rather than antiplatelet therapy is recommended for these patients.
- Direct oral anticoagulant medications should be considered before warfarin for most patients.
- Studies have demonstrated underuse of anticoagulation (Tsao et al., 2022).
- In a GWTG-Stroke analysis of 1,622 hospitals/94,474 patients with Acute Ischemic Stroke (AIS) and known AF from 2012–2015 (Xian et al., 2017):
  - 39.9% were receiving antiplatelets only
  - 30.3% were not receiving any anticoagulation or antithrombotic therapy

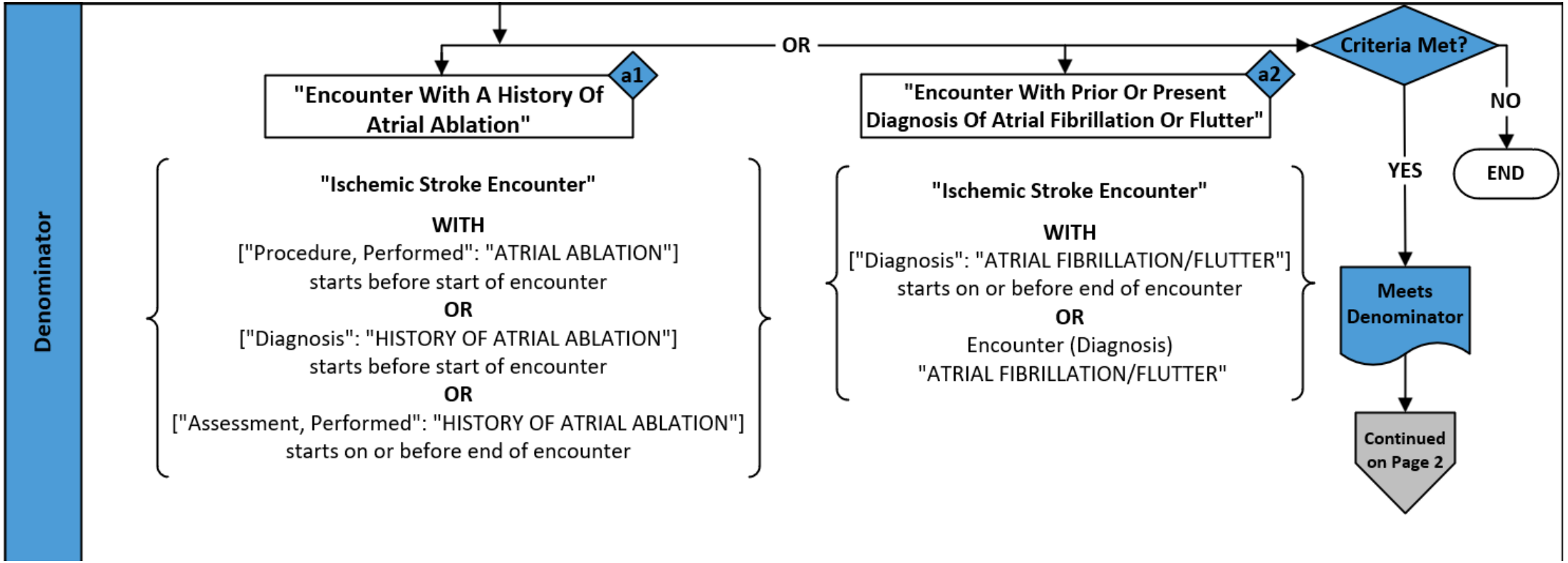
STK-3 Anticoagulation Therapy for Atrial Fibrillation/Flutter – Changes

Measure Components	2026 Reporting Year
Value Set	Value set Anticoagulant Therapy (2.16.840.1.113883.3.117.1.7.1.200): Deleted 1 RxNorm code (1361615) based on review by technical experts, SMEs, and/or public feedback.
Value Set	Value set Atrial Ablation (2.16.840.1.113883.3.117.1.7.1.203): Added 1 SNOMED CT code (1332525002) based on terminology update. Added 1 ICD-10-PCS code (02583ZF) based on terminology update.
Value Set	Value set Atrial Fibrillation or Flutter (2.16.840.1.113883.3.117.1.7.1.202): Deleted 1 SNOMED CT code (195080001) based on terminology update.

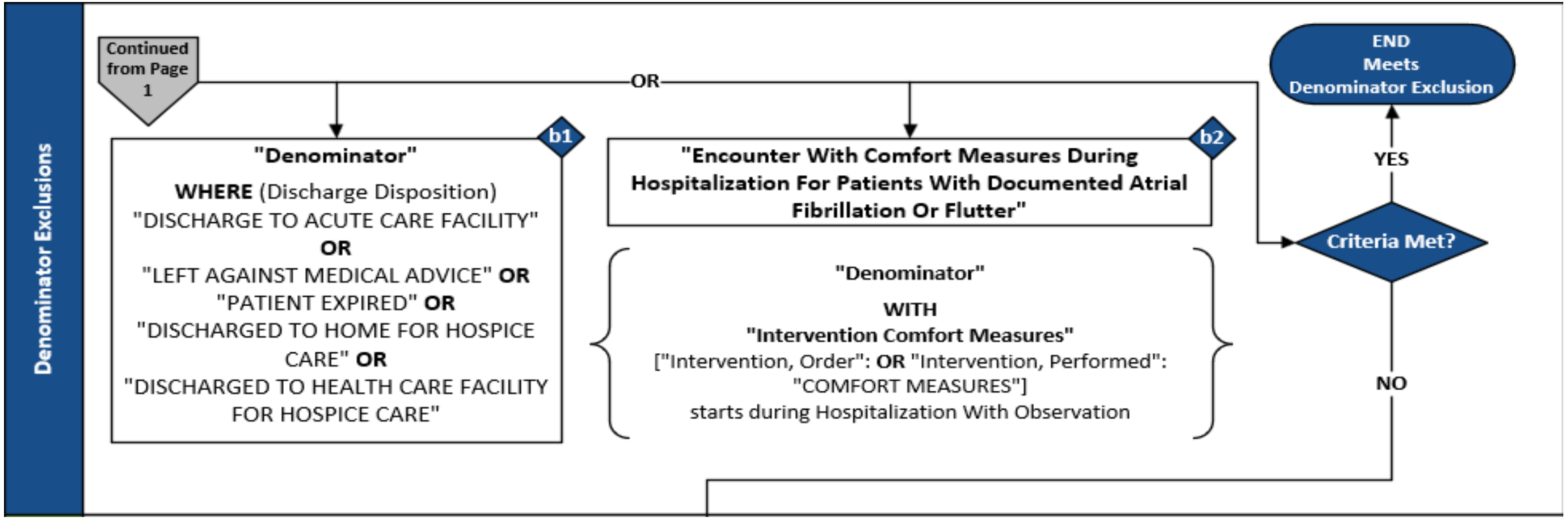
For more details of all the technical changes you can download a copy of the technical release note for STK-3 here: https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS71-v15.1.000-TRN.xlsx.

CMS71/STK-3 Anticoagulation Therapy for Atrial Fibrillation/Flutter Measure Flow and Logic

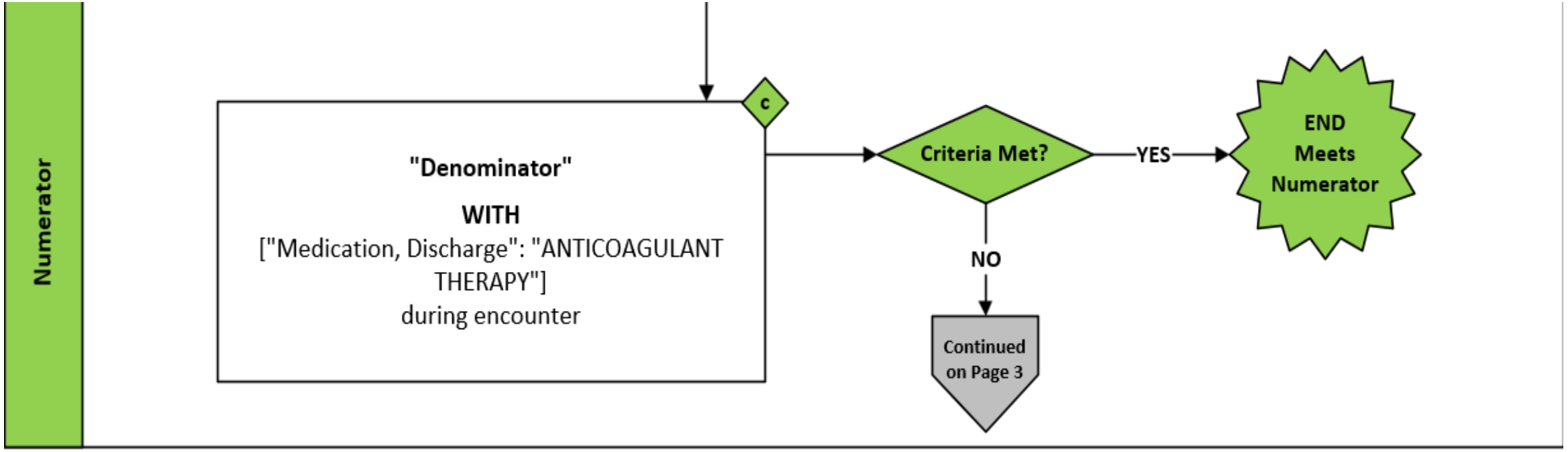
STK-3 Denominator



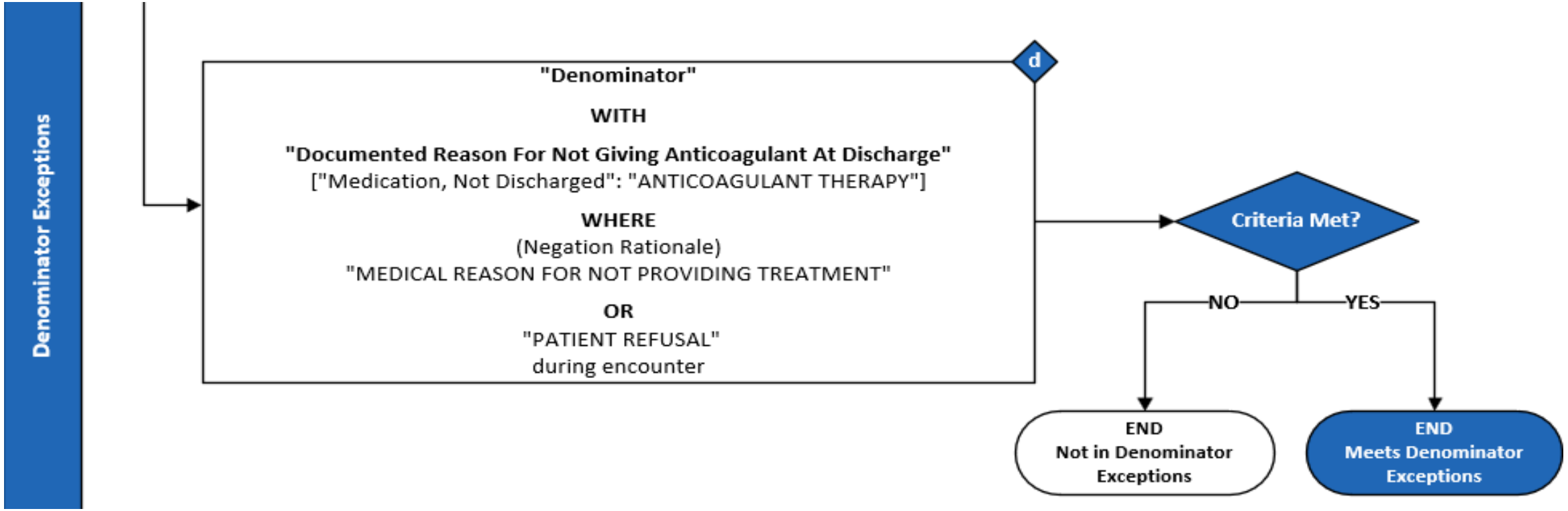
STK-3 Denominator Exclusions



STK-3 Numerator



STK-3 Denominator Exceptions



STK-3 Frequently Asked Question (FAQ)

Question:

Would Atrial Fibrillation documented from a previous visit be considered applicable to the current encounter?

Answer:

Yes, a history of Atrial Fibrillation, documented on a previous visit, is considered applicable to the current encounter.

The logic checks whether the Atrial Fibrillation/Flutter (AF) diagnosis start time occurred on or before the Ischemic Stroke encounter. Once a patient has AF, they are always at risk. The nature of the arrhythmia is that it comes and goes, e.g., “paroxysmal.” It can also be persistent/permanent. Even with patients that have ablation procedures, it is not uncommon for AF to return.

CMS72/STK-5 Antithrombotic Therapy By End of Hospital Day 2 Measure Rationale

STK-5 Antithrombotic Therapy by End of Hospital Day 2

- Stroke is a leading cause of death and disability in the United States and early antithrombotic therapy has been shown to reduce morbidity and mortality post stroke.
- Clinical practice guideline recommendations from the American Heart / American Stroke Association recommend that 325 mg of aspirin should be administered within 24 to 48 hours of stroke onset (Powers et al. 2018).
- Other antithrombotic medications administered on the day of or day after hospital arrival will meet the clinical intent of the measure.
- Aspirin slows the coagulation cascade, interrupting platelet aggregation and reducing the risk of blood clot formation.
- When IV alteplase treatment is administered, aspirin administration is generally delayed 24 hours to reduce bleeding risk.
- For patients unable to swallow or take aspirin by mouth, rectal or nasogastric administration is appropriate.

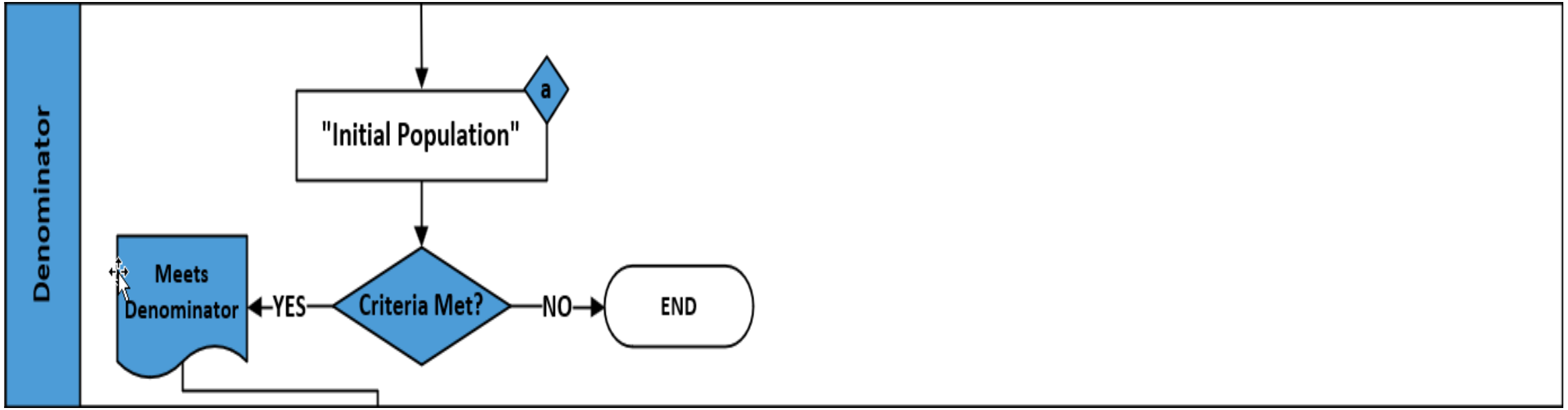
STK-5 Antithrombotic Therapy by End of Hospital Day 2 – Changes

Measure Components	2026 Reporting Year
Value Set	Value set Antithrombotic Therapy for Ischemic Stroke (2.16.840.1.113762.1.4.1110.62): Added 2 RxNorm codes (197945, 2626726) based on terminology update. Deleted 1 RxNorm code (1361615) based on review by technical experts, SMEs, and/or public feedback. Deleted 1 RxNorm code (198473) based on terminology update.

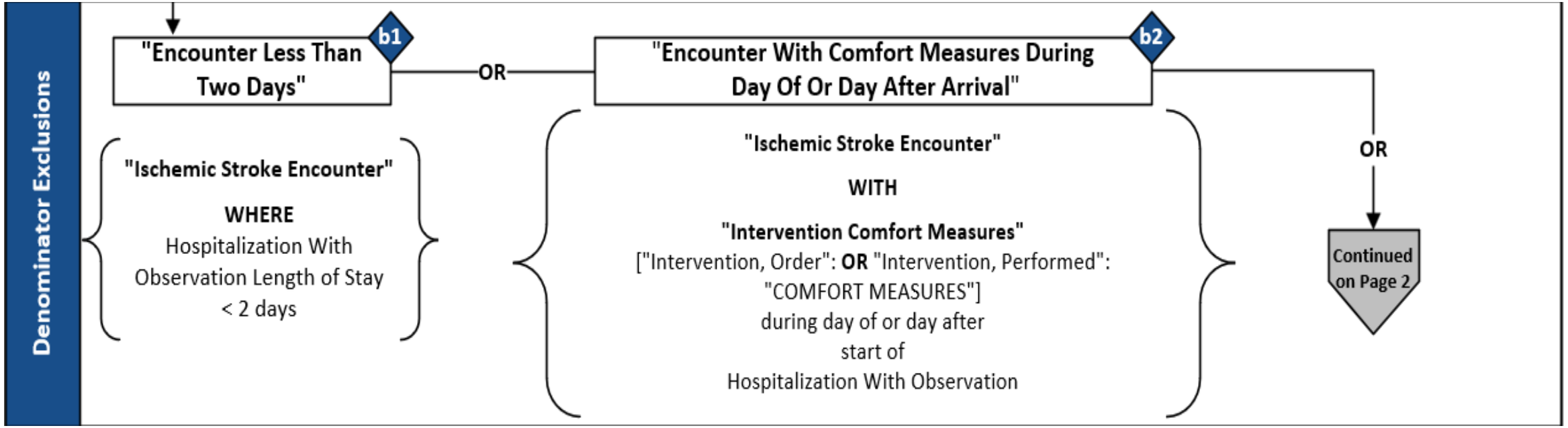
For more details of all the technical changes you can download a copy of the technical release note for STK-5 here: https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS72-v14.2.000-TRN.xlsx.

CMS72/STK-5 Antithrombotic Therapy By End of Hospital Day 2 Measure Flow and Logic

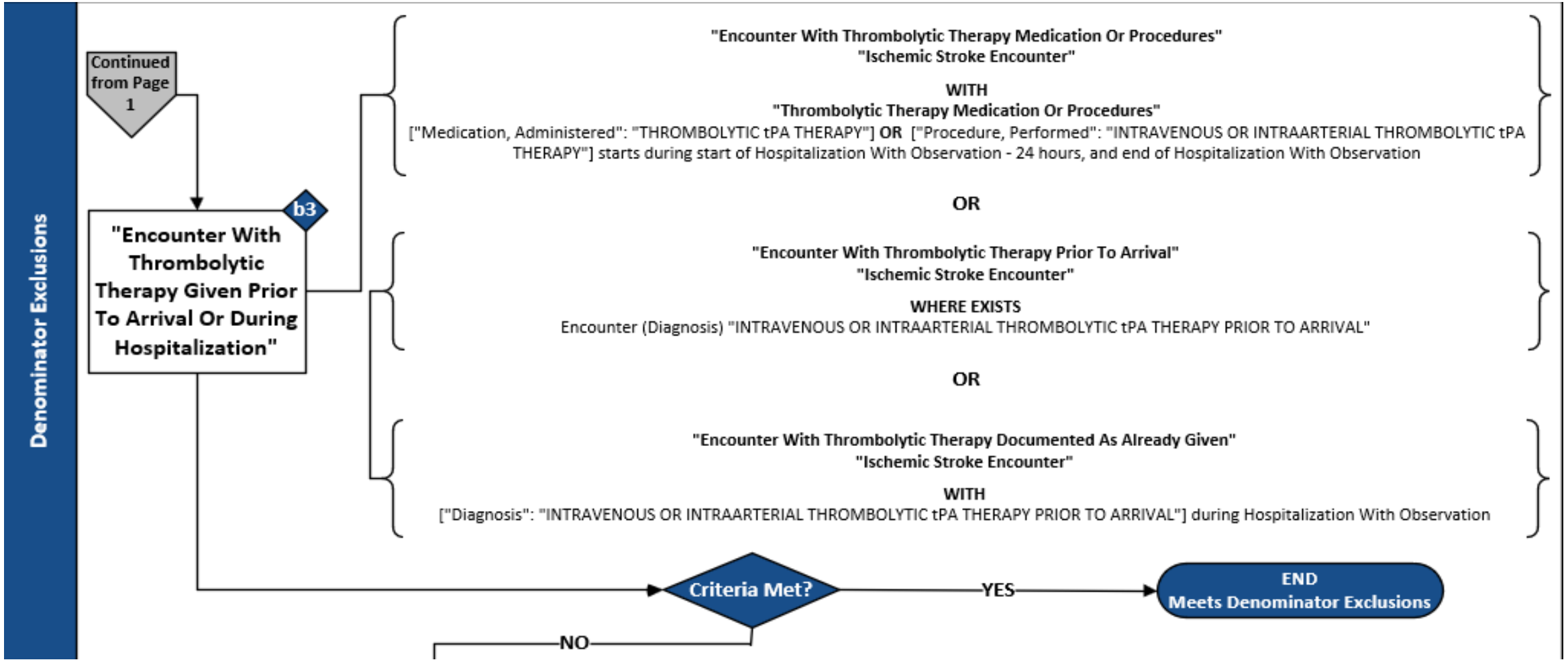
STK-5 Denominator



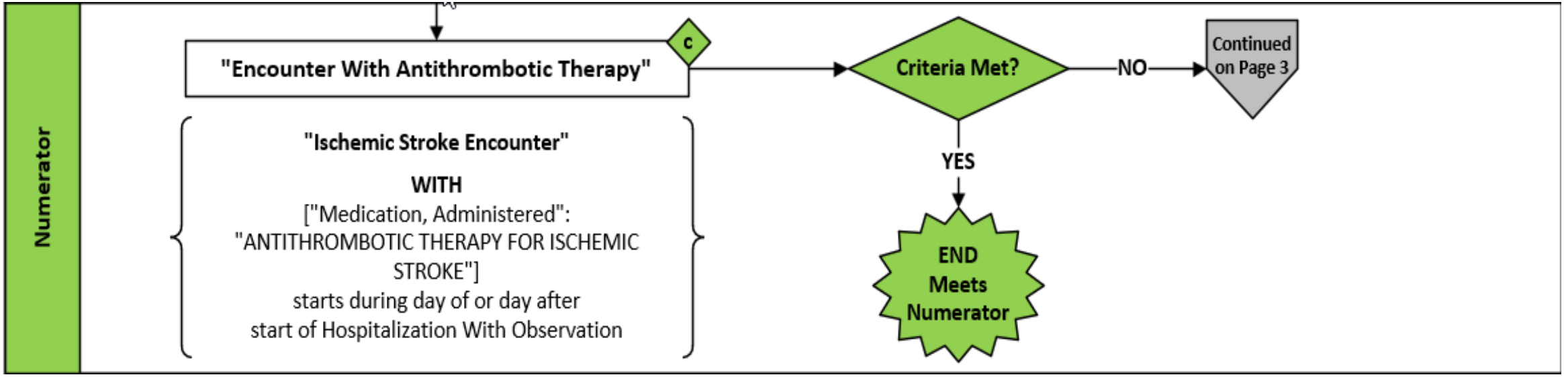
STK-5 Denominator Exclusions (1)



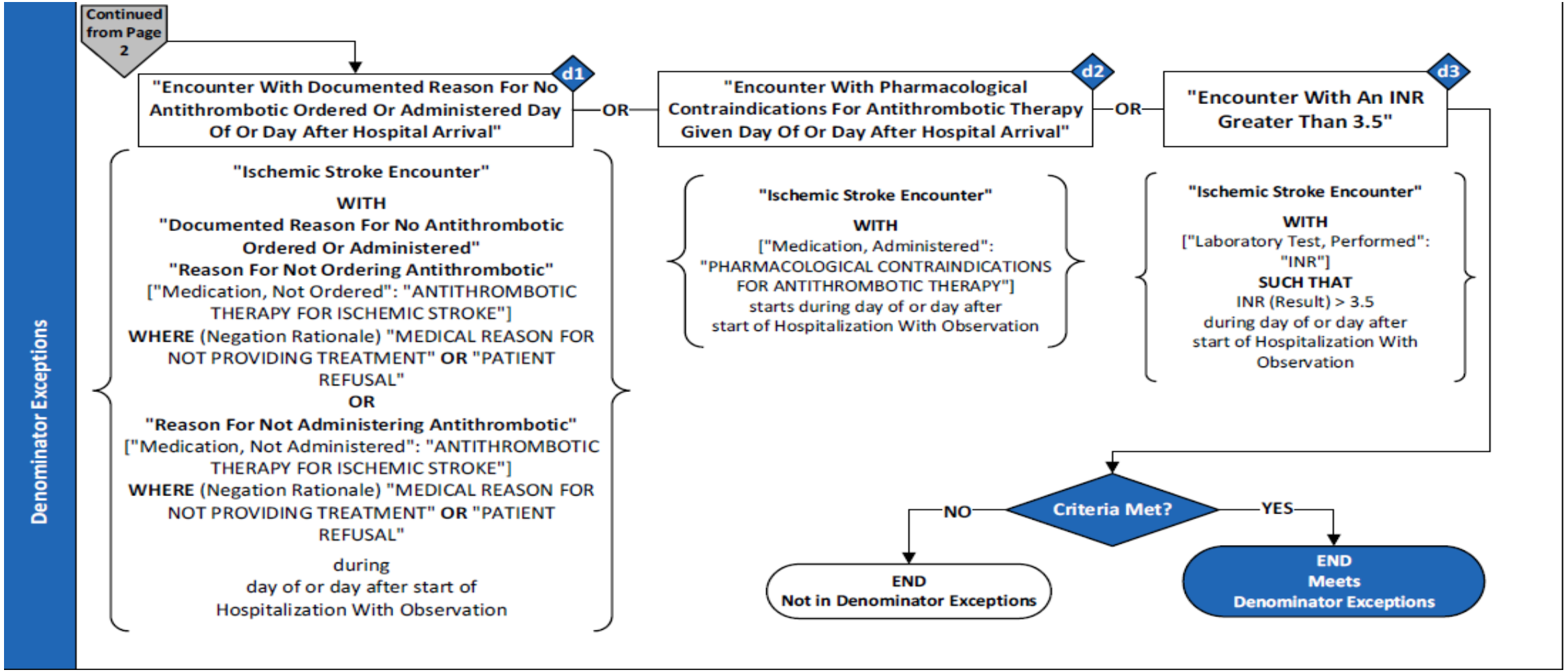
STK-5 Denominator Exclusions (2)



STK-5 Numerator



STK-5 Denominator Exceptions



STK-5 Frequency Asked Question (FAQ)

Question:

If the patient arrives to the hospital at 23:00 and aspirin is ordered the following day but not given to the patient for two days will the case meet the measure?

Answer:

Antithrombotic therapy must be administered on the day of or the day after arrival to include the case in the numerator, the logic specifically calls out CalendarDayOfOrDayAfter with day one being the date of arrival.

VTE Measure Set

Rationale for the VTE Measure Set

- Venous thromboembolism (VTE) collectively refers to both pulmonary artery embolism (PE) and deep vein thrombosis (DVT).
- VTE begins as a blood clot in the proximal leg veins that can break free and travel into the pulmonary arteries, blocking the pulmonary circulation of oxygen rich blood.
- Hospitalization is a key risk factor for the development of VTE and increases VTE risk by 38%. High risk for VTE continues for up to 3 months after discharge (Bruno et al., 2022).

Rationale for the VTE Measure Set (2)

- Sudden death is the initial symptom in approximately 25% of those with VTE, resulting in about 100,000 U.S. deaths each year and 10 billion dollars or more in associated healthcare costs (CDC, 2021).
- The rate of VTE incidence in the ICU setting for patients receiving guideline-recommended prophylaxis is higher than general hospitalization and ranges from 5% to 15% (Zhang et al., 2019).
- The Agency for Healthcare Research and Quality (AHRQ) considers VTE prevention a top priority in terms of improving hospital patient safety (Maynard, 2016).

Rationale for the VTE Measure Set (3)

- VTE-1 and VTE-2 assess VTE prevention.
- These measures capture the proportion of patients who receive pharmacological or mechanical VTE prophylaxis or have documentation of why no VTE prophylaxis was administered.
- Patients not at risk for VTE or at low risk are included in the numerator.
- 2023 national average rates were at 82.2% for VTE-1 and 93.5% for VTE-2.

VTE Measure Set – Global Changes

Measure Components	2026 Reporting Year
Measure Library Name	Updated the CQL library name from 'CMS108-v13-0-000-QDM-5-6.cql' and 'CMS190-v13-2-000-QDM-5-6.cql' to 'CMS108VTEProphylaxis-14.2.000.cql' and 'CMS190VTEProphylaxisICU-14.2.000.cql',[2] based on recommendation by technical experts.
Header	Updated measurement period to reflect exact dates of reporting.
Guidance	Added new guidance clarifying when Oral Factor Xa medications are acceptable to count toward the Numerator for better alignment with logic. "Patient administered apixaban or edoxaban, medications included in the "Oral Factor Xa Inhibitor for VTE Prophylaxis or VTE Treatment" value set, would be counted in the numerator population only when the patients also have either a prior or present diagnosis of atrial fibrillation, a prior diagnosis of VTE, or a prior or present procedure of hip/knee replacement surgery."[2]

New content is underlined, while ~~stricken text~~ denotes removed content.

Notes:
[1] Indicates text that contains strikethrough.
[2] Indicates underlined text.

VTE Measure Set – Global Changes (2)

Measure Components	2026 Reporting Year
Guidance	Removed reference to the 'Surgical Care Improvement Project (SCIP)' when describing selected surgery types qualifying for the Denominator Exclusions and added guidance to clarify the specific surgeries included in 'Selected Surgery' logic definition. "Patients with a principal procedure of selected surgeries are excluded from the measure's denominator. Selected surgeries include general surgery, gynecological surgery, hip fracture surgery, hip/knee replacement surgery, intracranial neurosurgery, and urological surgery."[2]
Guidance	Added guidance noting that "there is not a specific risk assessment model or tool that is required to determine VTE risk for this measure."[2]
Guidance	Added clarification that patient refusal is the only reason for no pharmacological and no mechanical VTE prophylaxis that may be documented by a nurse. "The only exception is patient refusal may be documented by a nurse."[2]

Notes:
[1] Indicates text that contains strikethrough.
[2] Indicates underlined text.

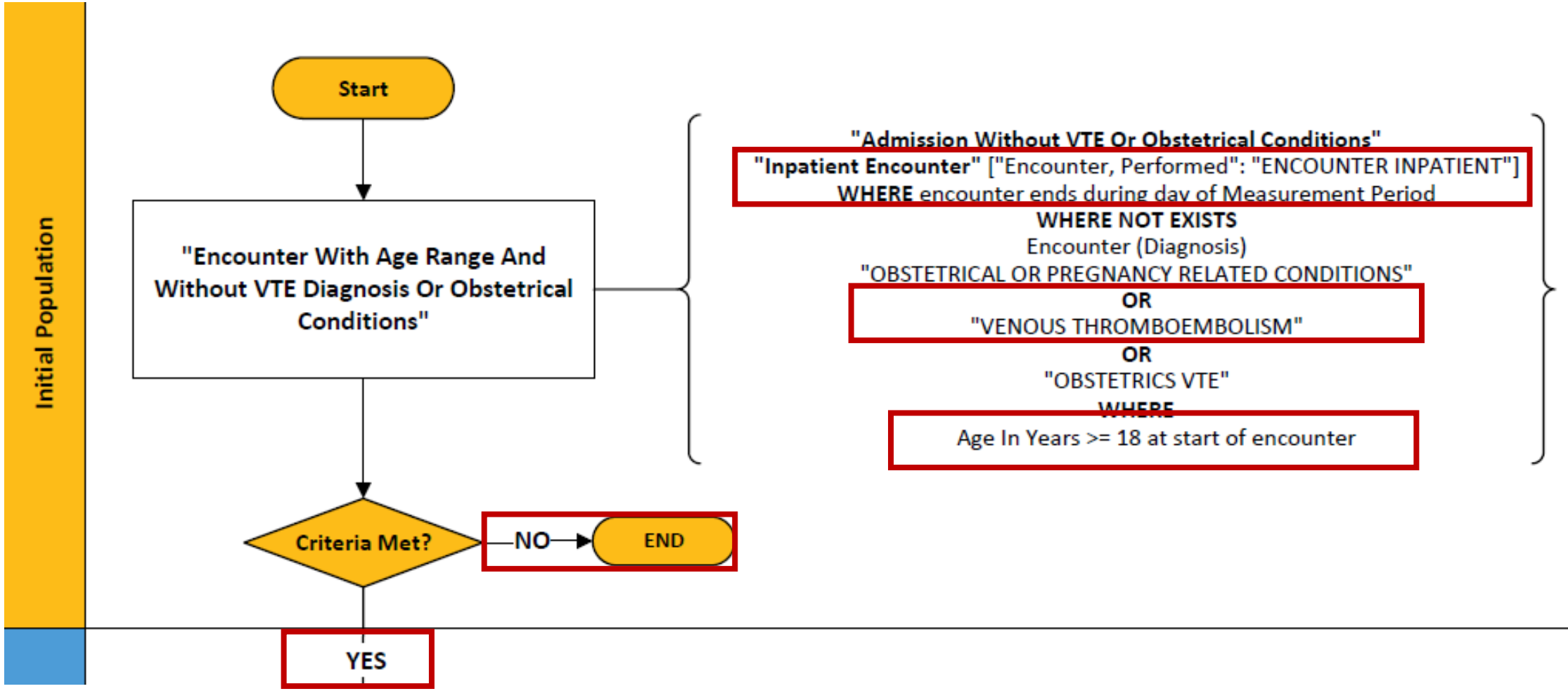
VTE Measure Set – Global Changes (3)

Measure Components	2026 Reporting Year
Value Set	Replaced value set used for Sex Supplemental Data Element (SDE) ONC Administrative Sex (2.16.840.1.113762.1.4.1) with value set Federal Administrative Sex (2.16.840.1.113762.1.4.1021.121) based on updated standards.
Value Set	Based on terminology expert review, we added the new ICD-10 procedure codes to the value set Hip Fracture Surgery (2.16.840.1.113883.3.117.1.7.1.258) to improve the list, in addition to the terminology annual updates.
Definition	Updated logic definitions from title case to initial case
Definition	Updated definition names and alias for clarification and to better align with the removal of 'SCIP' in the Denominator Exclusions narrative section.
Function	Relocated the timing condition function, VTE.FromDayOfStartOfHospitalizationToDayAfterAdmission, from shared VTE Library directly to the measure logic because the function is used by VTE-1 measure.

For more details of all the changes, download a copy of the technical release notes here:
VTE 1: https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS108-v14.2.000-TRN.xlsx
VTE 2: https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS190-v14.2.000-TRN.xlsx

VTE-1 (CMS108v14) Venous Thromboembolism Prophylaxis

VTE-1 Initial Population



VTE-1 Frequently Asked Questions (FAQ)

Question:

Does a prior history of DVT and/or Pulmonary Embolism exclude the patient from this population of VTE-1 and VTE-2?

Answer:

There is no exclusion for patients with a history of DVT or PE. In fact, past history of DVT or PE increases the risk for developing VTE during the hospitalization and is even more reason to make sure that VTE prophylaxis is administered in a timely fashion.

VTE-1 Frequently Asked Questions (FAQ) (2)

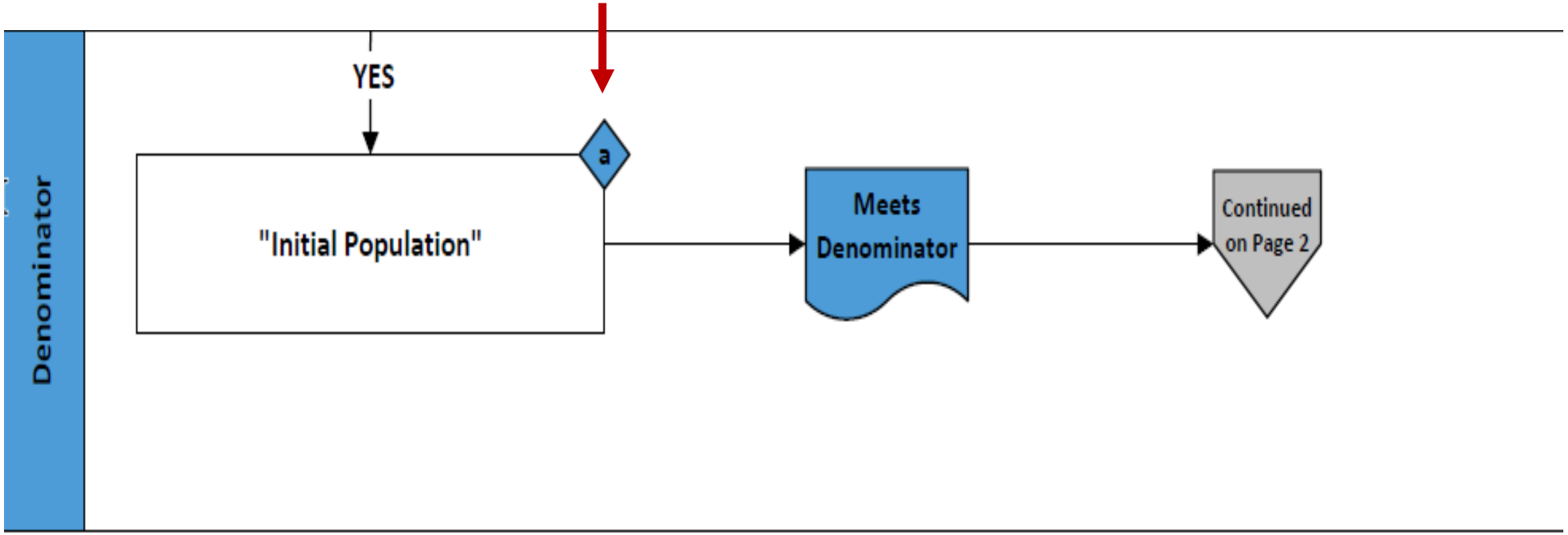
Question:

Patients are receiving skilled nursing facility (SNF) services in a “swing bed” located in a critical access unit. Are patients that are in “swing bed” receiving SNF care supposed to be considered for Hospital Inpatient?

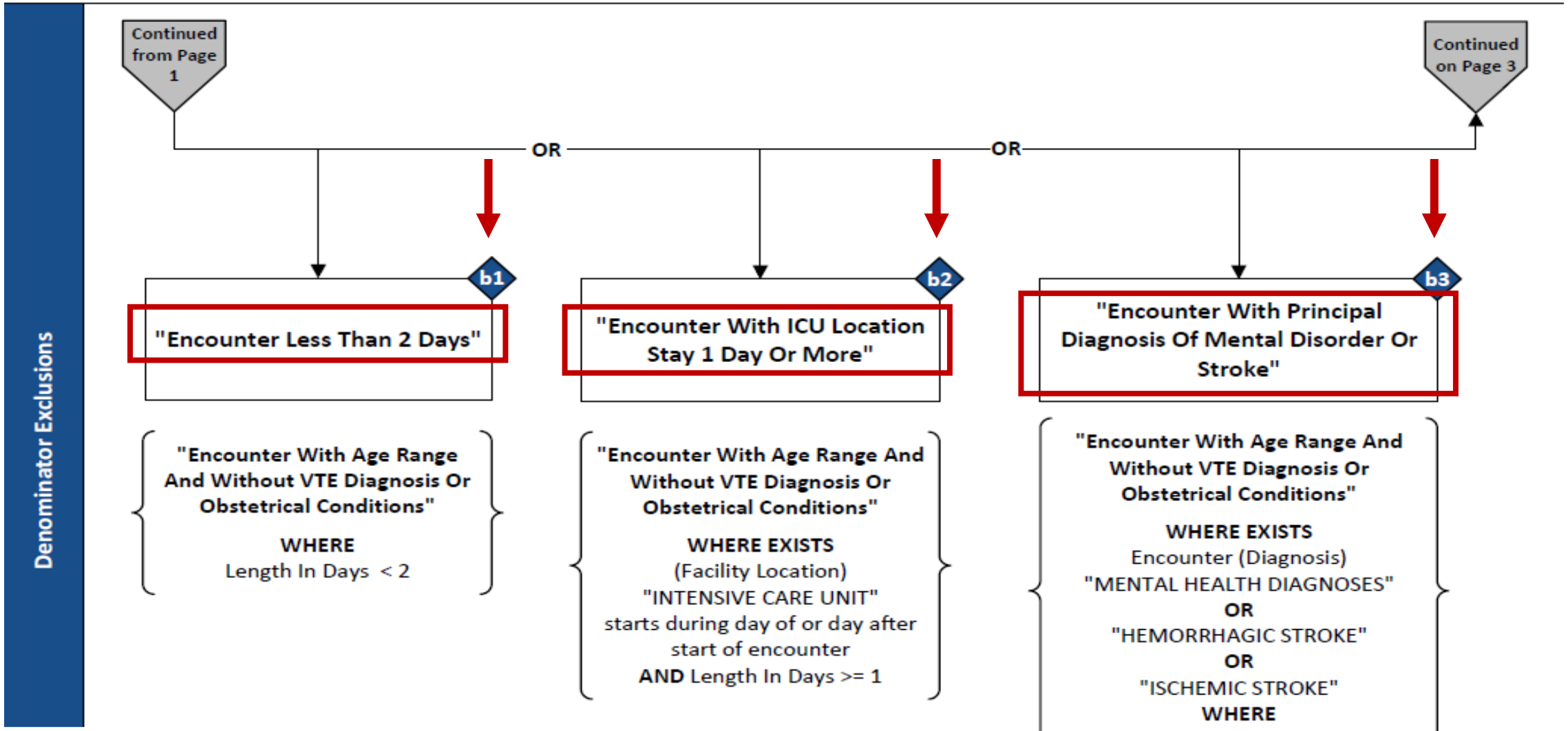
Answer:

The “swing bed” designation relates to the type of care, not the hospital bed location. Patients admitted to the hospital Skilled Nursing Facility but awaiting transport or an available room should be considered admitted to the SNF, not as Hospital Acute Inpatient Care. Per CMS guidance, “swing bed encounters should not be included in episode-based hospital-inpatient eCQMs.”

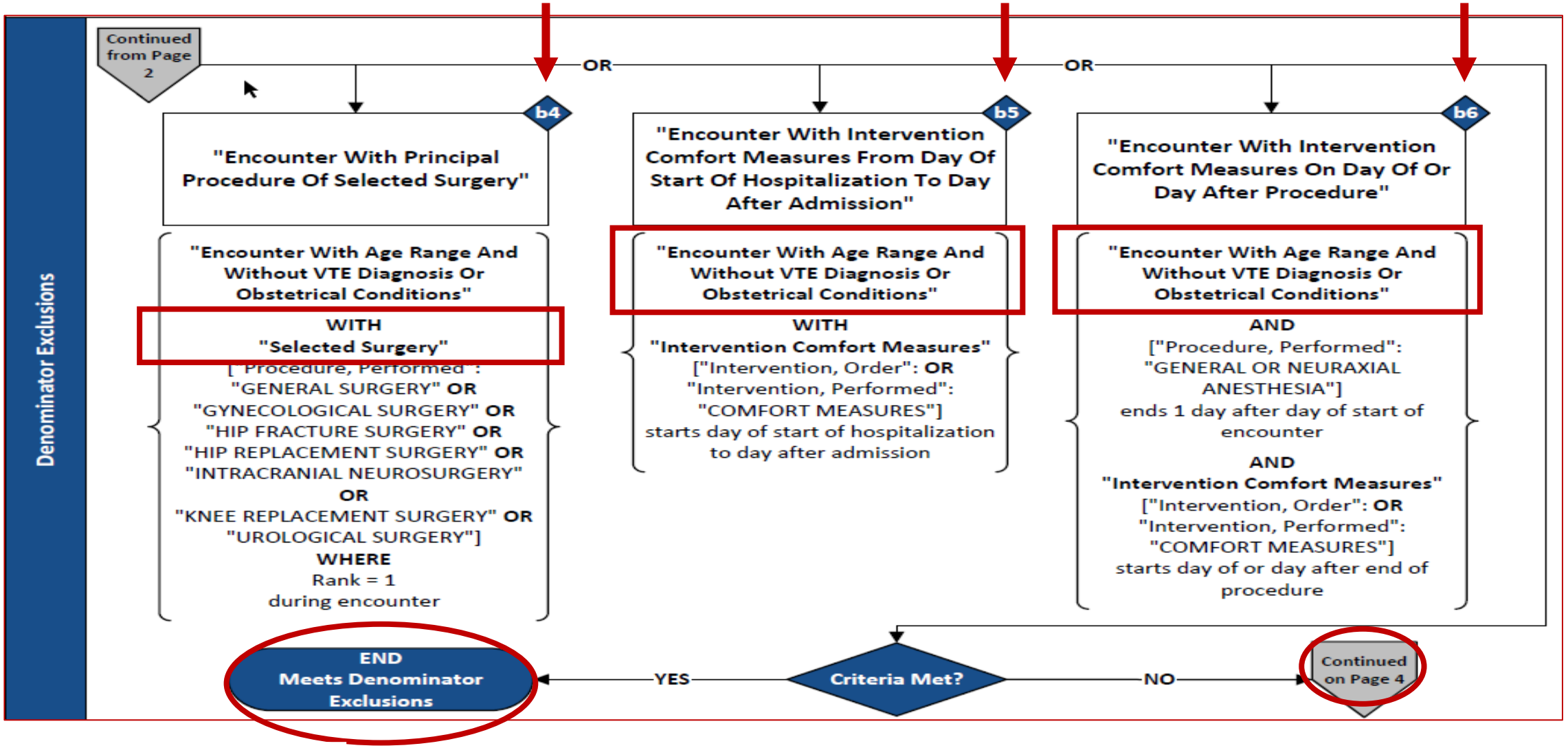
VTE-1 Denominator



VTE-1 Denominator Exclusions



VTE-1 Denominator Exclusions (2)



VTE-1 Denominator Exclusions Definition

Encounter ~~w~~[1]With[2] Principal Procedure of ~~SCIP VTE~~[2] Selected Surgery

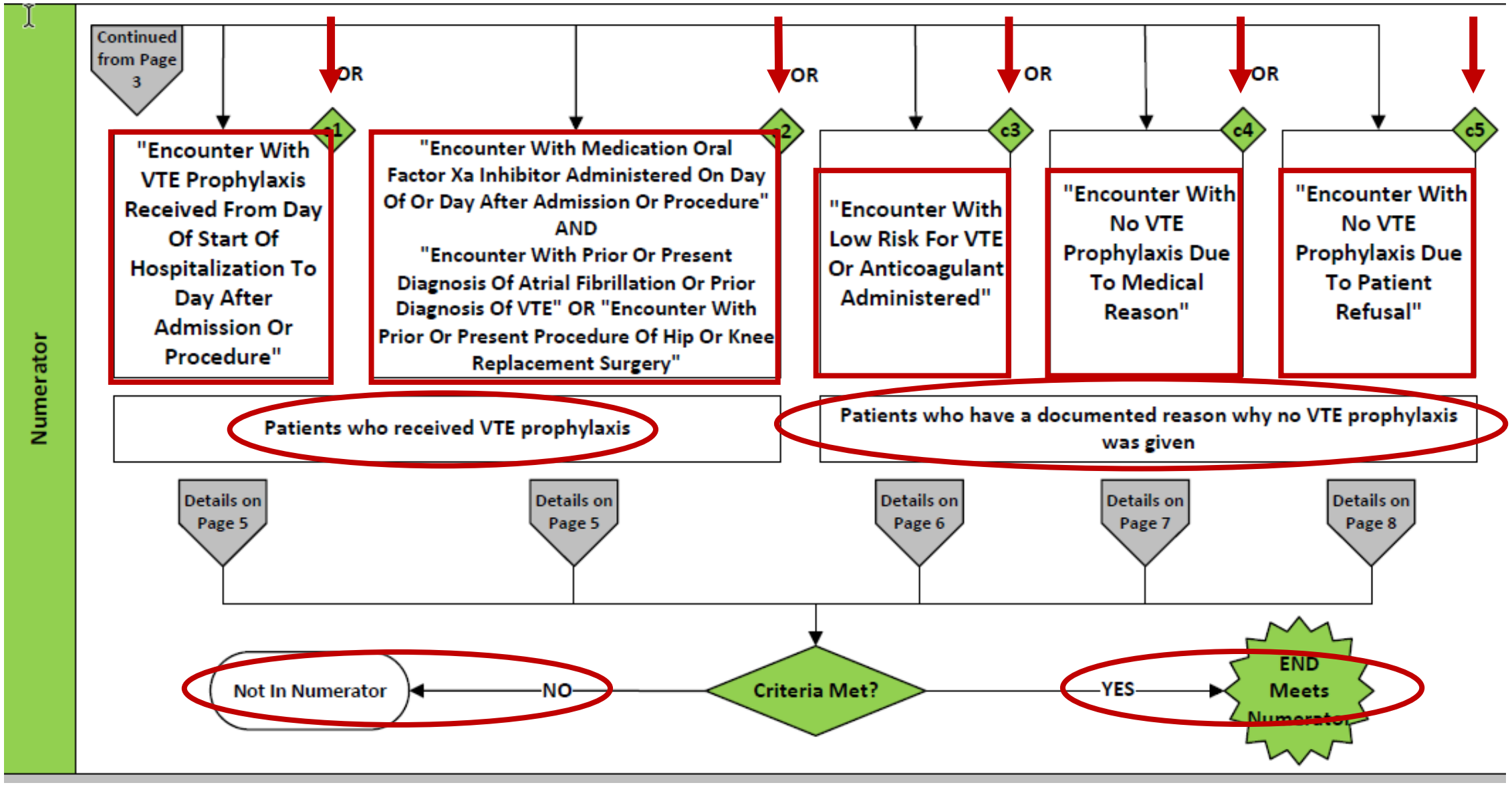
```
VTE."Encounter ~~w~~[1]With[2] Age Range aAnd[2] ~~w~~[1]Without[2] VTE Diagnosis ~~o~~[1]Or[2] Obstetrical Conditions"
QualifyingEncounter
 with ( "~~SCIP VTE~~ [1]Selected Surgery" Procedure
          where Procedure.rank = 1 ) Selected~~SCIP~~[1]Procedure
 such that Global."NormalizeInterval" (Selected~~SCIP~~[1]Procedure.relevantDatetime,
      Selected~~SCIP~~[1]Procedure.relevantPeriod ) during QualifyingEncounter.relevantPeriod
```

~~SCIP VTE~~ [1]Selected Surgery

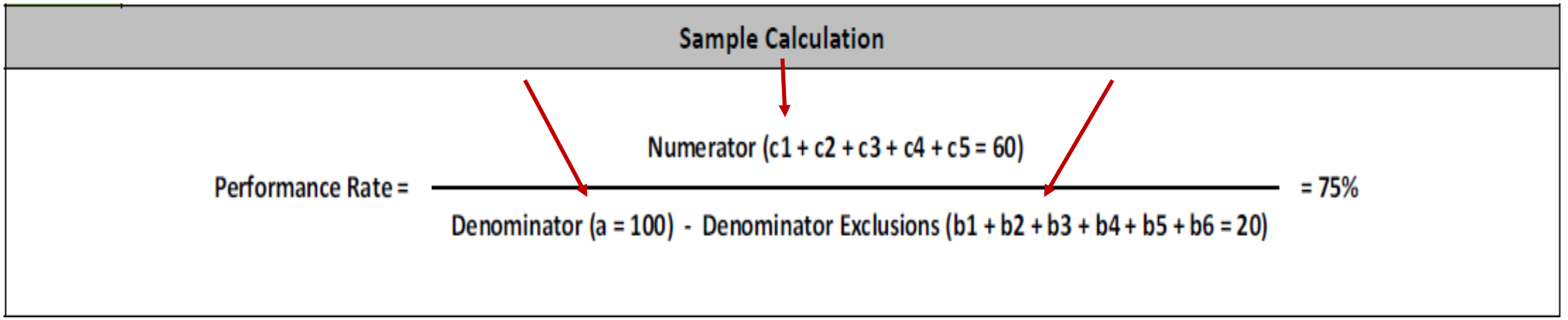
```
        ["Procedure, Performed": "General Surgery"]
        union ["Procedure, Performed": "Gynecological Surgery"]
        union ["Procedure, Performed": "Hip Fracture Surgery"]
        union ["Procedure, Performed": "Hip Replacement Surgery"]
        union ["Procedure, Performed": "Intracranial Neurosurgery"]
        union ["Procedure, Performed": "Knee Replacement Surgery"]
        union ["Procedure, Performed": "Urological Surgery"]
```

Notes:
[1] Indicates text that contains strikethrough.
[2] Indicates underlined text.

VTE-1 Numerator



VTE-1 Measure Calculation



VTE Frequently Asked Questions (FAQ)

Question:

Is a Caprini VTE Risk Score assessment documentation considered Reason for no VTE prophylaxis?

Answer:

This measure does not require the use of a specific risk assessment model or tool (e.g., Caprini, Padua, and IMPROVE) to determine VTE risk. Using the Caprini Risk Score Assessment does not count as a documented "Reason for No VTE Prophylaxis." Checking these boxes on the scoring tool adds 1 to 3 points to the total Caprini Score and indicates that the patient is at risk for developing VTE. Such patients should receive VTE prophylaxis on the day of or day after admission or surgery end date, unless there is a reason for no pharmacological AND a reason for no mechanical prophylaxis documented within the same time frame.

VTE Frequently Asked Questions (FAQ) (2)

Question:

Why is Apixaban NOT listed in the value set as a medication for VTE prophylaxis?

Answer:

At this time, there is no approved indication to use Apixaban for VTE prophylaxis with the exception of hip or knee replacement surgery. If the FDA-approved indications for apixaban should change in the future to include all hospitalized medical and surgical patients, then the measure specifications will be updated.

VTE Frequently Asked Questions (FAQ) (3)

Question:

Are apixaban and rivaroxaban the only available direct oral anticoagulant (DOAC) medications?

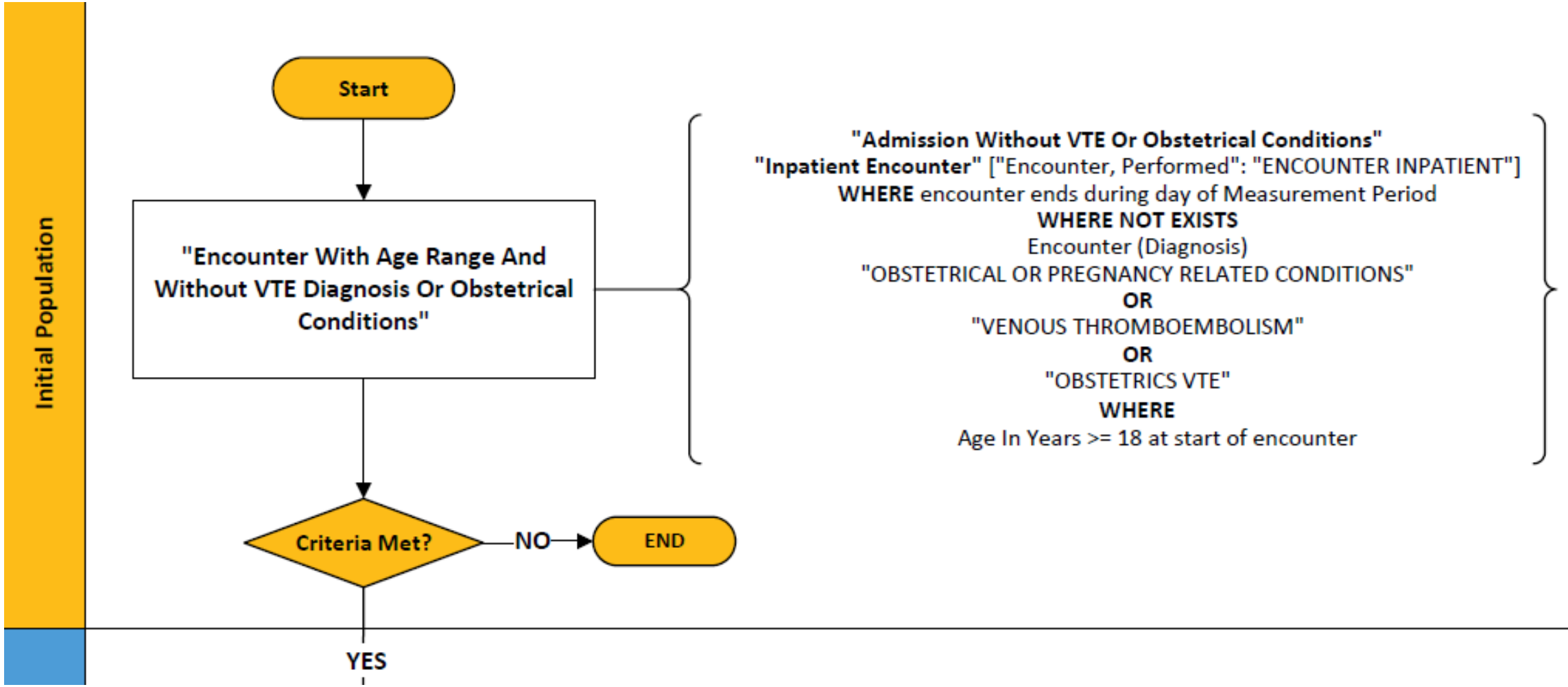
Answer:

Edoxaban is another FDA-approved DOAC. It is an oral factor Xa inhibitor anticoagulant approved for use in treating deep vein thrombosis (DVT), pulmonary embolism (PE), and atrial fibrillation but not for VTE prophylaxis.

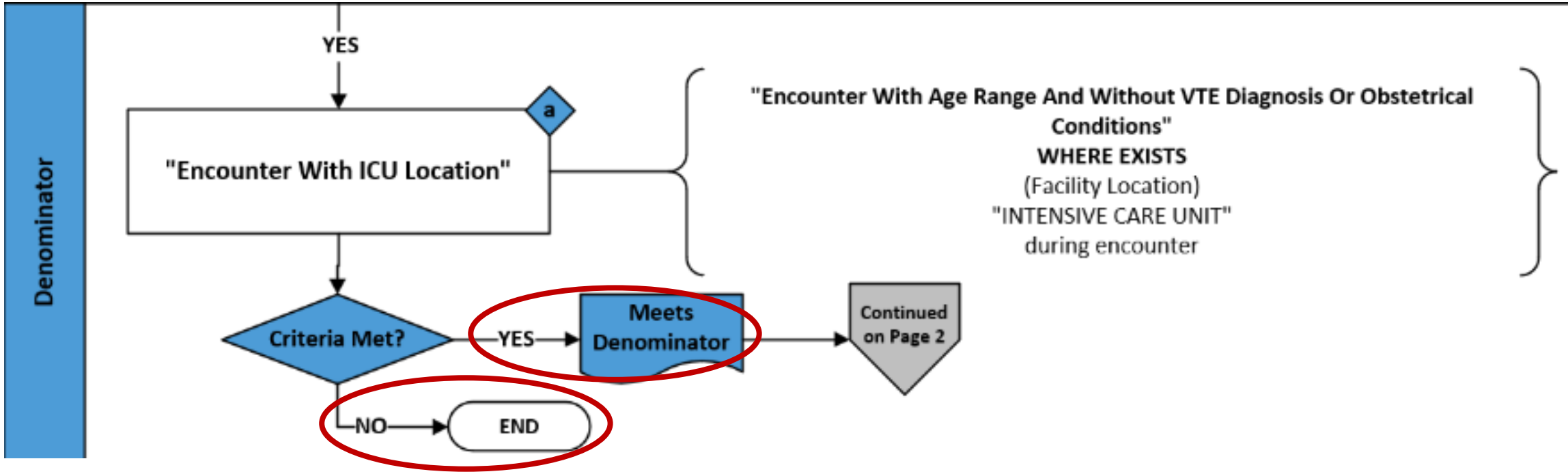
Currently, several large clinical trials (e.g., OCEANIC-AF, AZALEA-TIMI-71, LILAC-TIMI 76) are underway to evaluate the safety and effectiveness of factor XI/XIa inhibitors. Several new anticoagulant drugs are being studied at various oral and parenteral doses. These medications will be considered for addition to the value set should any receive FDA approval for VTE prophylaxis.

VTE-2 (CMS190v14) Intensive Care Unit Venous Thromboembolism Prophylaxis

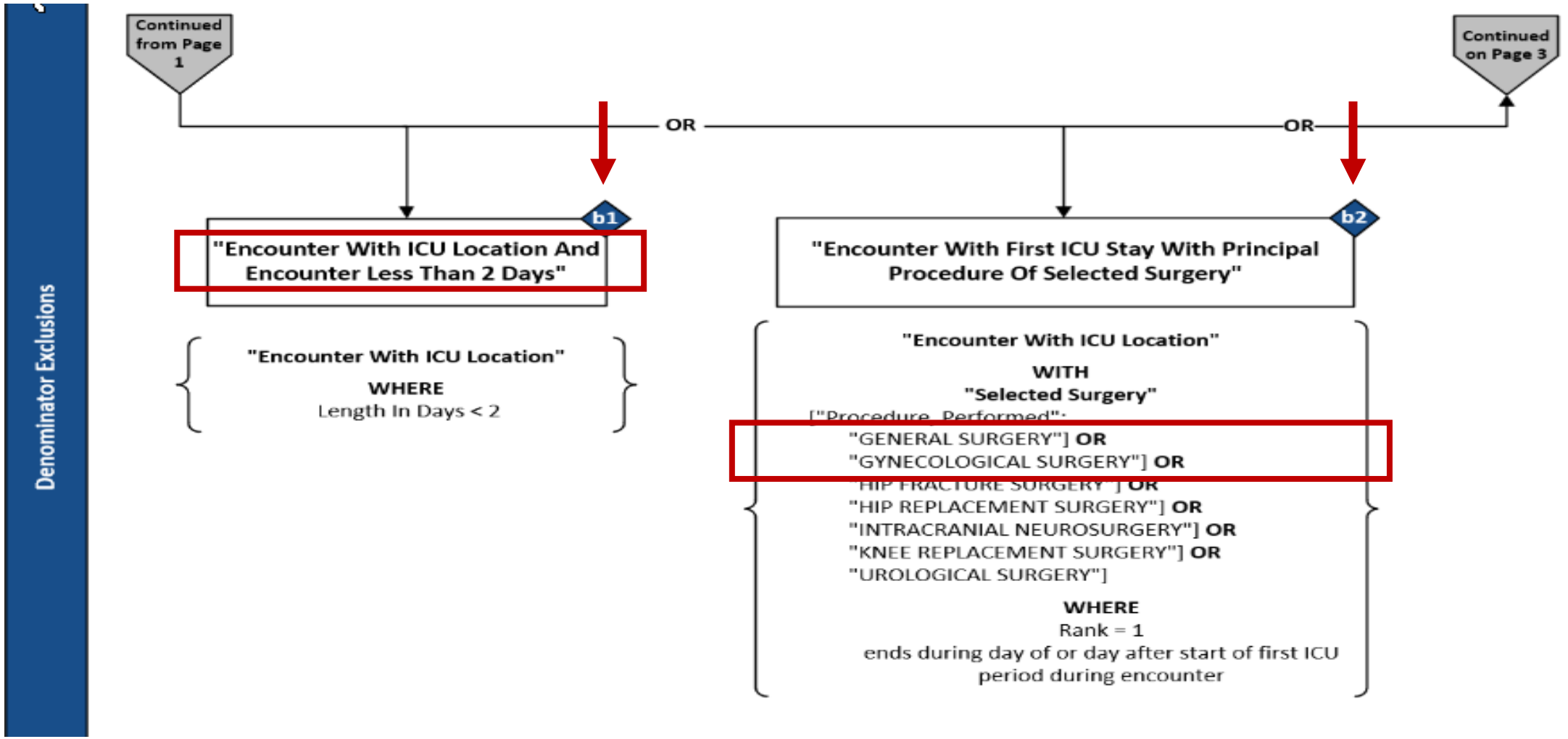
VTE-2 Initial Population



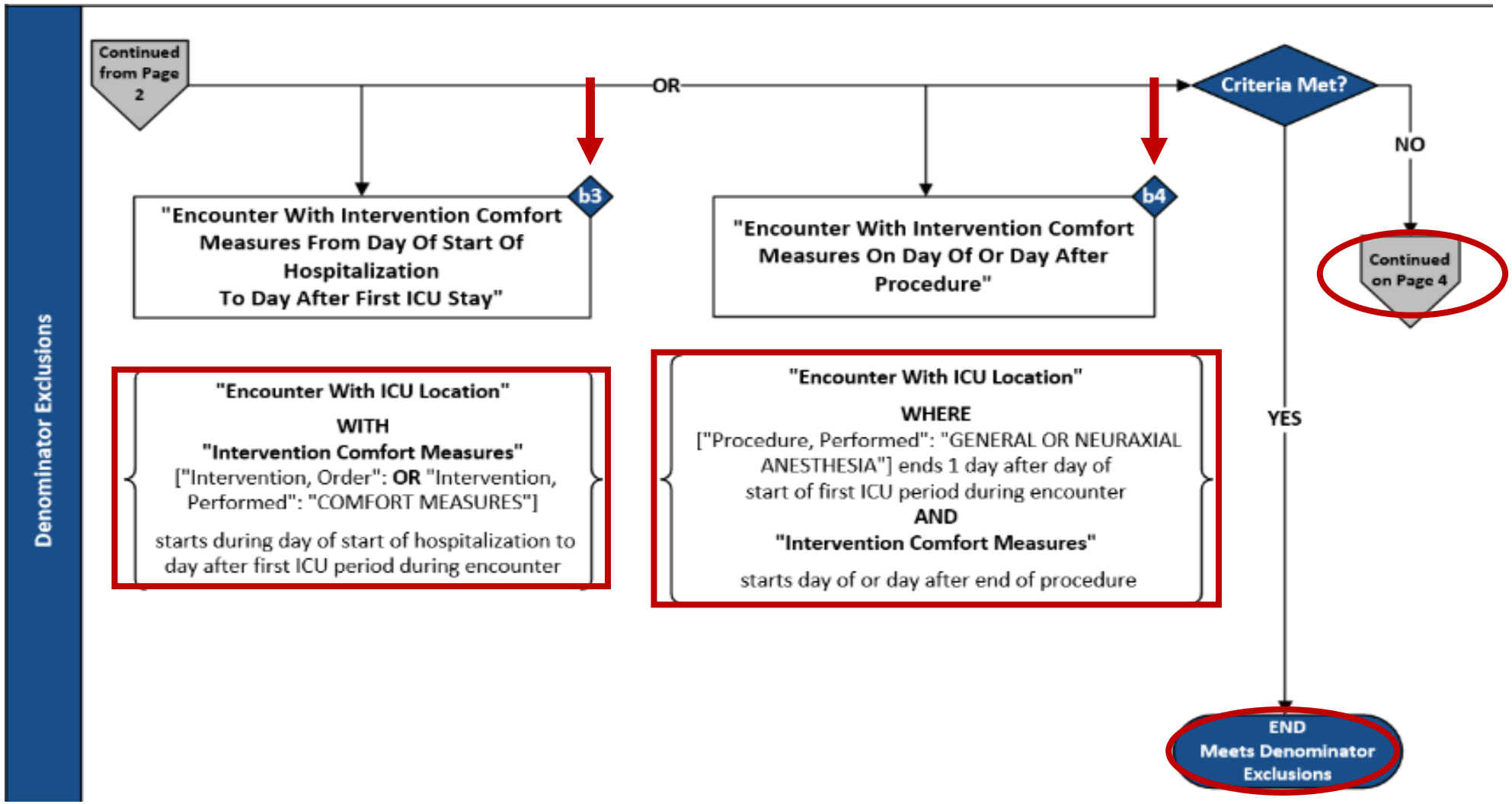
VTE-2 Denominator



VTE-2 Denominator Exclusions



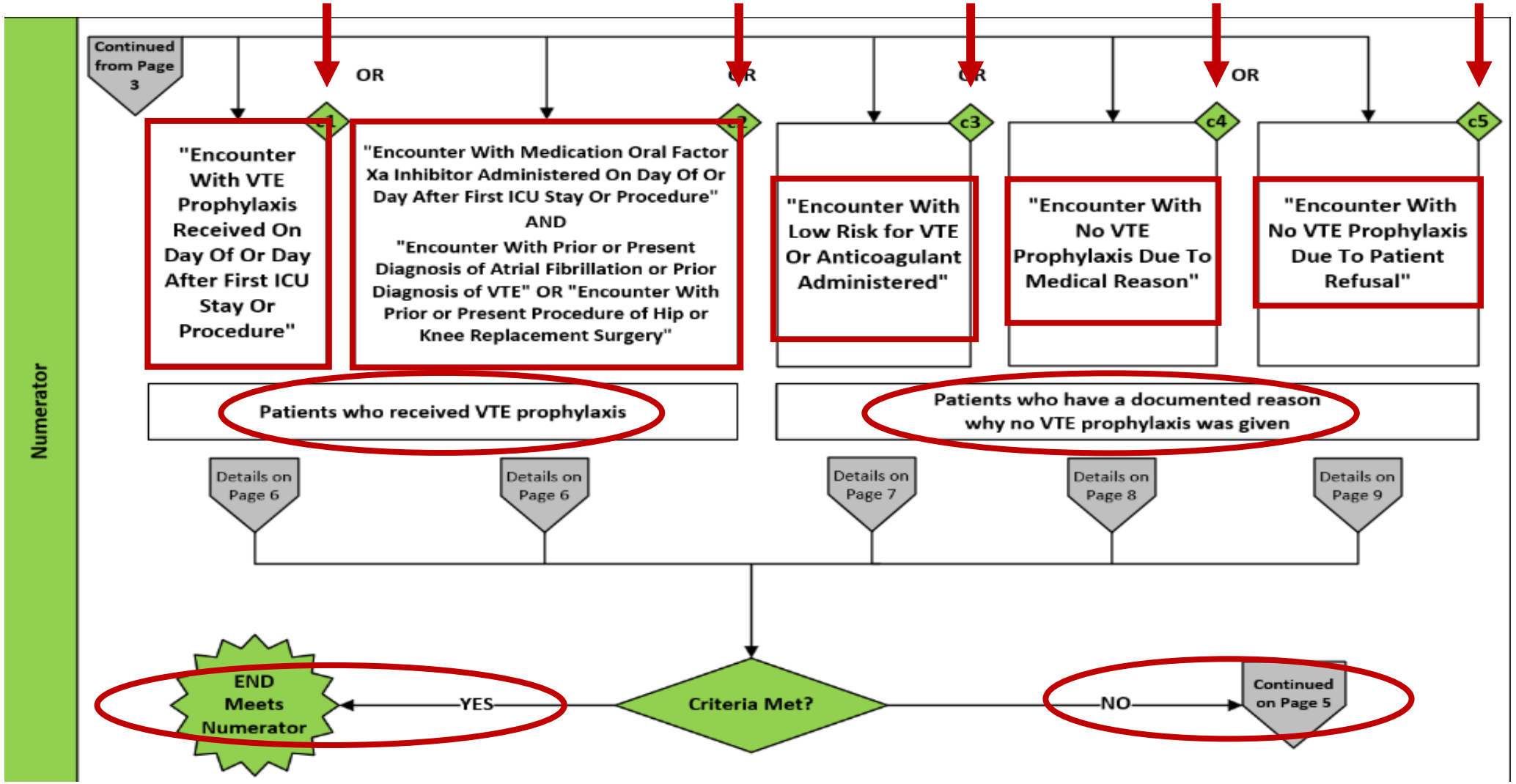
VTE-2 Denominator Exclusions (2)



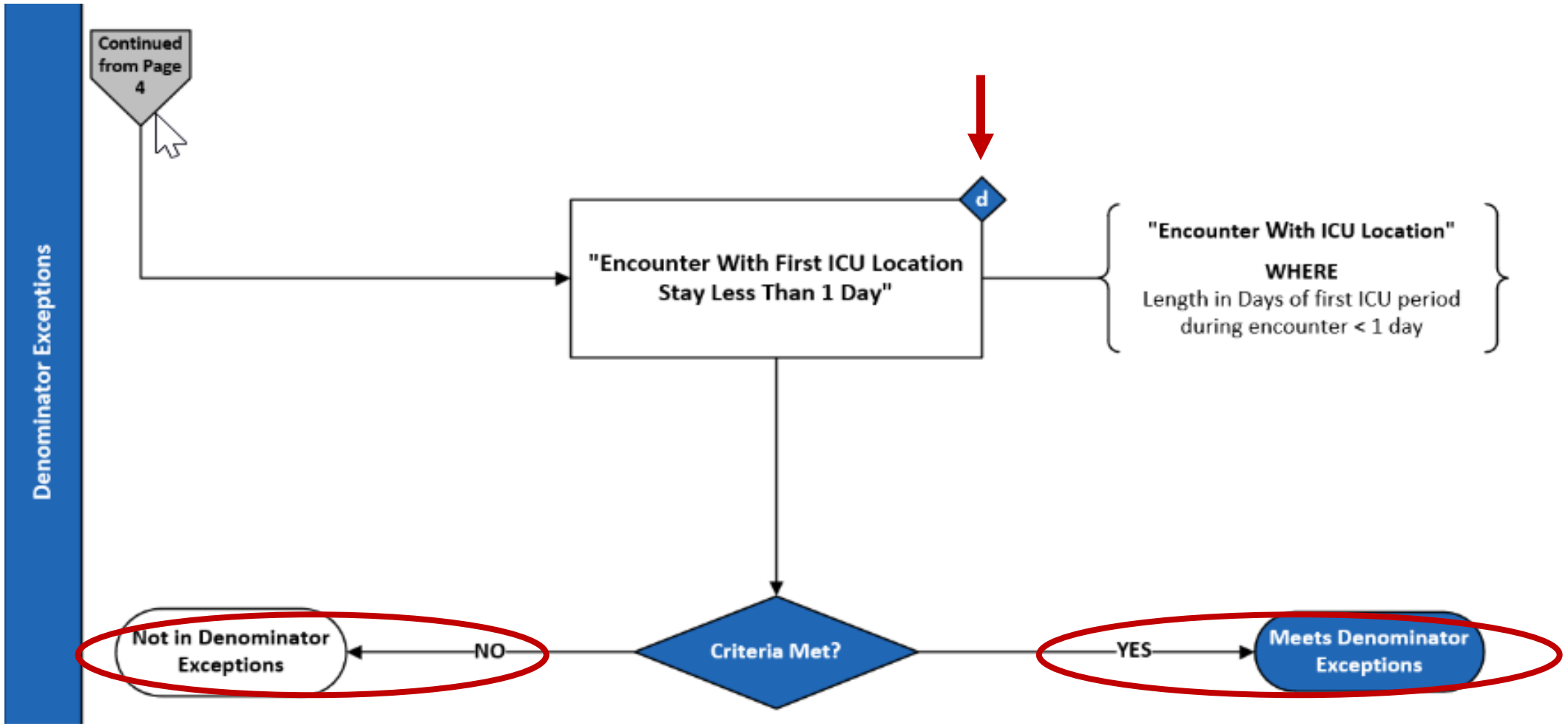
Differences Between VTE-1 and VTE-2 Numerator

VTE-1	VTE-2
Patients who received VTE prophylaxis: • **between the day of arrival and the day after hospital admission** OR • the day of or the day after surgery end date (for surgeries that end the day of or the day after **hospital admission**)	Patients who received VTE prophylaxis: • **the day of or the day after ICU admission (or transfer)** OR • the day of or the day after surgery end date (for surgeries that end the day of or the day after **ICU admission or transfer)**
Patients who have documentation of a reason why no VTE prophylaxis was given: • between the day of arrival and the day after **hospital admission** OR • the day of or the day after surgery end date (for surgeries that end the day of or the day after **hospital admission**)	Patients who have documentation of a reason why no VTE prophylaxis was given: • between the day of arrival and the day after **ICU admission (for patients directly admitted as inpatients to the ICU**) OR • the day of or the day after surgery end date (for surgeries that end the day of or the day after **ICU admission or transfer**)

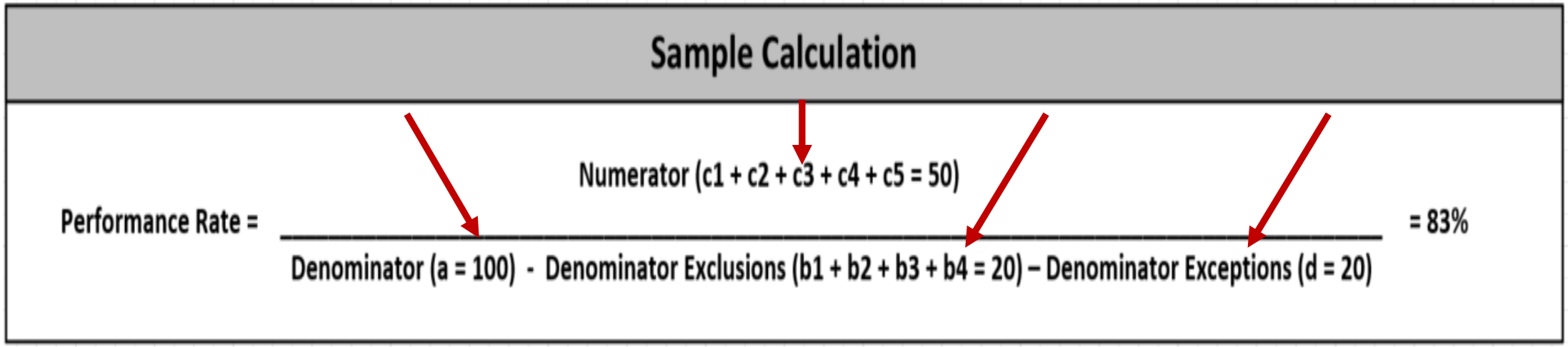
VTE-2 Numerator



VTE-2 Denominator Exceptions



VTE-2 Measure Calculation



Resources

- **eCQI Resource Center – CMS EH Measures –** https://ecqi.healthit.gov/eh-cah/ecqms?global_measure_group=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/education
- **Hospitalization with Observation –** https://www.youtube.com/watch?v=3yqwOU2XcZM&ab_channel=CMSHHSgov
- **What is a Value Set? –** https://register.gotowebinar.com/recording/4766956164118938369

Additional Resources

- **Value Set Authority Center (VSAC) Support –** https://www.nlm.nih.gov/vsac/support/index.html
- **Expert to Expert Webinar Series –** https://www.jointcommission.org/en-us/knowledge-library/support-center/measurement/quality-measurement-webinars-videos
- **ASTP/ONC Issue Tracking System –** https://oncprojectracking.healthit.gov/

Live Q&A Segment

- Please submit questions via the question pane.
- Click the Question mark icon in the toolbar.
- Type and submit your question.
- Include slide reference number when possible.
- All questions not answered verbally during the live event will be addressed in a written follow-up Q&A document.
- The follow-up document will be posted to the Joint Commission website in several weeks after CMS approval.

Expert to Expert Webinar Series Slides and Operations Questions

- To access webinar recording links, slides, and transcripts, visit https://www.jointcommission.org/en-us/knowledge-library/support-center/measurement/quality-measurement-webinars-videos and scroll down.
- Questions about webinar operations or obtaining Continuing Education credit: tjcwebinarnotifications@jointcommission.org.

Webinars & Videos

The Joint Commission offers a variety of educational measurement-related webinars (live and on-demand), and other recorded video content. Topics include specific performance measures, reporting requirements, and topics that are clinically-, technically-, or statistically-focused. Webinars and videos address electronic clinical quality measures (eCQMs) and chart-abstracted measures used for accreditation and certification purposes. For additional information on each webinar or video series, see below.

Webinar Series

Pioneers in Quality General Sessions

Pioneers in Quality General Sessions provide information such as measurement requirements, changes in reporting, opportunities for engagement and/or recognition, and insights regarding data analysis of national clinical quality measurement data received. This generalized content is meant as education for hospitals and health systems to assist them in meeting current and future requirements.

eCQM Expert to Expert Series

Expert to Expert Webinar Series provides a deep-dive into measure intent, logic, and other clinical/technical aspects of electronic clinical quality measures (eCQMs) to assist hospitals and health systems in their efforts to improve eCQM data use for quality improvement. This series incorporates expertise from Joint Commission and other key stakeholders.

Video Shorts

Joint Commission produces a series of on-demand educational video shorts about electronic Clinical Quality Measures (eCQMs). Episodes are approximately 2-3 minutes in length and offer an engaging and contemporary approach to teach these complex and comprehensive topics. The eCQM video shorts lead the viewer to understand application of eCQM resources, eCQM constructs and Logic expression language concepts (CQL, FHIR).

Measure-Specific Webinars

Continuous Customer

Continuing Education Survey and Certificate

- Also see the separate handout detailing the CE requirements.

Access survey via QR code

Use your mobile device to scan the QR code on the next slide. You can pause the presentation.

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An automated email sent after this broadcast also directs you to the evaluation survey.

Survey open for 2 weeks

CEs are available for live broadcast participation only. Promptly complete the survey.

Obtain certificate

After completing survey, print or download PDF CE certificate. Certificate link also provided via email.

Thank you for attending!

Scan QR code to access CE Attestation and Evaluation Survey

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Acronyms

Acronym	Definition/Phrase
CBE	Consensus-Based Entity
CY	Calendar Year
eCQM	Electronic Clinical Quality Measure
ED	Emergency Department
EHR	Electronic Health Record
FY	Fiscal Year
HIQR	Hospital Inpatient Quality Reporting
IP	Initial Population
ICD-10	International Classification of Diseases, Tenth Revision
STK	Stroke
SNOMED CT	Systematized Nomenclature of Medicine - Clinical Terms
VSAC	Value Set Authority Center
VTE	Venous Thromboembolism

Joint Commission Subject Matter Experts and Presenters

- Sheila Aguilar, MBA, Associate Project Director, Clinical Quality Informatics
- Raquel Belarmino, MSN, RN, Associate Project Director, Clinical Quality Informatics
- Melissa Breth, DNP, RN, NI-BC, Associate Project Director, Clinical Quality Informatics
- Kelley Franklin, MSN, RN, Associate Project Director, Clinical Quality Measurement
- Susan Funk, MPH, Associate Project Director, Engagement on Quality Improvement Programs
- Yanyan Hu, MS, Program Director, Clinical Quality Informatics
- Karen Kolbusz, MBA, BSN, RN, Project Director, Clinical Quality Measurement