

## Questions and Answers – Expert to Expert Webinar New Measure Review for Hospital Harm – Postoperative Respiratory Failure eCQM for 2026 Reporting Year

Broadcast April 23, 2026

| Question                                                                                                           | Answer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Does CMS plan to make this a required eCQM for 2027 or later?                                                      | <p>In the FY 2027 Inpatient Prospective Payment System (IPPS) proposed rule, CMS has proposed making this eCQM mandatory for reporting in the Hospital Inpatient Quality Reporting (IQR) and Promoting Interoperability programs beginning with Calendar Year 2028 reporting period. The FY 2027 IPPS proposed rule is available here:</p> <p><a href="https://www.federalregister.gov/documents/2026/04/14/2026-07203/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-ipp-and">https://www.federalregister.gov/documents/2026/04/14/2026-07203/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-ipp-and</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Can you please clarify, TEAMS hospitals have to submit this for 2026 reporting year? I thought it started in 2027. | <p>CMS is accepting voluntary data submission for this Hospital Harm - Postoperative Respiratory Failure (HH-RF) eCQM for the 2026 Hospital Inpatient Quality Reporting and program. Whether this eCQM is voluntary or mandatory for TEAMS reporting depends on whether a hospital is required to participate in the Transforming Episode Accountability Model (TEAM). Hospitals can report this measure on a voluntary basis as part of the Hospital IQR and Promoting Interoperability programs. However, TEAM is a mandatory CMS model starting January 1, 2026, in selected Core-Based Statistical Areas nationwide. We recommend hospitals use CMS's resources to determine your organization's requirements. Please review the following resources:</p> <ul style="list-style-type: none"> <li>• TEAM landing page available at <a href="https://www.cms.gov/priorities/innovation/innovation-models/team-model">https://www.cms.gov/priorities/innovation/innovation-models/team-model</a></li> <li>• List of participating hospitals at <a href="https://www.cms.gov/team-model-participant-list">https://www.cms.gov/team-model-participant-list</a> (updated March 2026)</li> <li>• The CMS 2027 IPPS and Long-Term Care Hospital Prospective Payment System (LTCH PPS) proposed rule includes proposed updates to TEAM policies at <a href="https://www.federalregister.gov/documents/2026/04/14/2026-07203/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-ipp-and">https://www.federalregister.gov/documents/2026/04/14/2026-07203/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-ipp-and</a></li> </ul> |
| For first listed lab value, does this include preop labs obtained prior to inpatient surgery?                      | <p>For the risk variables, first laboratory test values are those from the first laboratory tests performed during the elective inpatient hospitalization period, which can include time in outpatient surgery and observation status that precede the inpatient encounter. It would <u>not</u> include lab values from tests that take place prior to this hospitalization period.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

| Question                                                                                                                                                                                                                                          | Answer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| How is "elective inpatient hospitalization" determined?                                                                                                                                                                                           | The measure's initial population logic uses the "Elective Inpatient Encounter" value set (OID: 2.16.840.1.113762.1.4.1248.85), which contains codes only for elective inpatient admissions to identify elective inpatient encounters. Value sets can be reviewed on the Value Set Authority Center (VSAC) website at <a href="https://vsac.nlm.nih.gov/">https://vsac.nlm.nih.gov/</a> .                                                                                                                                                                                                                |
| Is there additional context on supplemental oxygen after the procedure? Does this include any modality?                                                                                                                                           | This measure uses the ["Assessment, Performed": "Non Invasive Oxygen Therapy"] and ["Procedure, Performed": "Non Invasive Oxygen Therapy by Nasal Cannula or Mask"] QDM data elements to identify patients' receipt of non-invasive oxygen therapy.<br><br>The ICD-10-PCS and SNOMED CT codes contained in the "Non Invasive Oxygen Therapy" (OID: 2.16.840.1.113762.1.4.1248.213) and "Non Invasive Oxygen Therapy by Nasal Cannula or Mask" (OID: 2.16.840.1.113762.1.4.1248.209) value sets can be reviewed on the VSAC website at <a href="https://vsac.nlm.nih.gov/">https://vsac.nlm.nih.gov/</a> |
| What is the difference between HH-RF and AHRQ PSI-11?                                                                                                                                                                                             | CMS Patient Safety Indicator (PSI) 11 is a claims-based measure, while the HH-RF eCQM pulls data from the electronic health record (EHR).                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Thank you. If a patient is discharged from observation, that does not count towards the denominator?                                                                                                                                              | An inpatient encounter is required for inclusion in the initial population and denominator. If the patient is discharged from observation and is not admitted to an inpatient encounter within one hour or less, then that observation encounter is not included in the measure's initial population and denominator.                                                                                                                                                                                                                                                                                   |
| For the risk adjustment variables, is the date/time of each variable the time at which the measurement was taken or the time at which the measurement was documented?                                                                             | The date/time is the time the measurement was taken.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Our hospital does not use "elective inpatient" for inpatient hospitalization encounter types. This will cause us to reclassify inpatient encounter types. Is an elective inpatient encounter considering patients who come for scheduled surgery? | Yes, hospitalizations for patients who enter the hospital for scheduled surgery may be classified as elective inpatient encounters. To determine elective inpatient encounters to include in the measure's initial population and denominator, the measure uses the "Elective Inpatient Encounter" (OID: 2.16.840.1.113762.1.4.1248.85) value set, which includes codes specific to elective inpatient admissions. More information on the codes contained in this value set can be located on the VSAC at <a href="https://vsac.nlm.nih.gov/">https://vsac.nlm.nih.gov/</a>                            |

| Question                                                                                                                                                                                                                                                                                                                                                                     | Answer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| <p>So, this includes only OBS patients that convert to Inpatient, correct?</p>                                                                                                                                                                                                                                                                                               | <p>Yes, hospitalizations for patients who are admitted to inpatient status within one hour of discharge from observation status are included in the measure. The hospitalization period for this measure includes time in outpatient surgery service and/or in observation status when the transition between discharge from these encounters and admission to the inpatient encounter is one hour or less.</p> <p>If a patient does not spend time in outpatient surgery service and/or in observation status before their inpatient encounter, then the inpatient hospitalization period assessed for this patient would begin at the patient's time of admission to the inpatient encounter.</p>                                                                                                                                                                                                                                                                                            |
| <p>The numerator states Criterion A: Mechanical ventilation (MV) initiated within 30 days after first OR procedure. If the patient is discharged 10 days after the procedure and then is readmitted and intubated 20 days after the procedure, will that readmission count for Criterion A? If yes, for CDAC validation, would both FINs need to be sent for validation?</p> | <p>No, a readmission would be considered as a separate hospitalization. This is an episode-based eCQM, and the measure assesses each inpatient hospitalization separately. If a patient is discharged from an inpatient hospitalization during the measurement period, then is readmitted to another hospitalization episode that ends during the same measurement period, the measure would assess both hospitalizations separately for the reporting period.</p> <p>When assessing whether intubation qualifies an inpatient hospitalization for the measure's numerator criterion A.1, the logic identifies intubation that starts during the hospitalization period being assessed and within 30 days after the end of the first operating room (OR) procedure of the same hospitalization period. For a hospitalization to meet this component of the numerator criteria, the intubation must take place during the same hospitalization in which the first OR procedure takes place.</p> |

| Question                                                                                                                                                                          | Answer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| <p>Please define "operating room (OR) procedure". Does this include patients in a cath lab, or endoscopy procedure area?</p>                                                      | <p>The first OR procedure of the hospitalization is captured by an administration of general or neuraxial anesthesia, typically only given and monitored within an OR environment. These anesthesia concepts are included in the "General or Neuraxial Anesthesia" (OID: 2.16.840.1.113762.1.4.1248.208) value set.</p> <p>All other subsequent OR procedures are captured by an administration of general, neuraxial, regional anesthesia and conscious sedation that requires monitored anesthesia care (MAC) regardless of procedural area location. These anesthesia concepts are included in the "Anesthesia Requiring Monitored Care" (OID: 2.16.840.1.113762.1.4.1248.255) value set.</p> <p>OR procedural locations include operating rooms and endoscopy, cardiac catheterization, and interventional radiology suites. These procedural locations are included in the "Procedural Hospital Locations" (OID: 2.16.840.1.113762.1.4.1248.216) value set.</p> <p>To identify inpatient hospitalizations that meet the measure's numerator criteria, the measure logic uses two different ways to check that a patient is not in an OR when mechanical ventilation, intubation, or extubation is initiated. Specifically, the logic uses an anesthesia-based indicator <b>and</b> a location-based indicator to identify the initiation of mechanical ventilation, intubation, or extubation outside of an OR.</p> |
| <p>Can you clarify procedural area? Ex- if a patient is in PACU, extubated to NIV and then re-intubated, would they be included, or no? Is PACU considered a procedural area?</p> | <p>The Post-Anesthesia Care Unit (PACU) is not considered an OR procedural location for the purpose of this measure. For this measure, OR procedural locations include operating rooms and endoscopy, cardiac catheterization, and interventional radiology suites. These procedural locations are included in the "Procedural Hospital Locations" (OID: 2.16.840.1.113762.1.4.1248.216) value set.</p> <p>To identify inpatient hospitalizations that meet the measure's numerator criteria, the measure logic uses two different ways to check that a patient is not in an OR when mechanical ventilation, intubation, or extubation is initiated. Specifically, the logic uses an anesthesia-based indicator <b>and</b> a location-based indicator to identify the initiation of mechanical ventilation, intubation, or extubation outside of an OR.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p>WBC and Leukocyte counts are listed as lab values for risk adjustment. Are they interchangeable? Our facility does not report leukocyte count, only WBC.</p>                   | <p>There is overlap in codes between the "Leukocyte count lab test" (OID: 2.16.840.1.113762.1.4.1248.222) value set and the "White blood cells count lab test" (OID: 2.16.840.1.113762.1.4.1045.129) value set. The measure developer will consider ways to streamline the risk variables in future iterations of the measure.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

| Question                                                                                                                                                                                                                                                                                             | Answer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Do patients who have an urgent or emergent procedure qualify for the numerator?                                                                                                                                                                                                                      | <p>This measure includes only elective inpatient hospitalizations in its initial population using the "Elective Inpatient Encounter" value set (OID: 2.16.840.1.113762.1.4.1248.85), so inpatient hospitalizations for patients who are admitted with a non-elective inpatient admission code would not qualify for this measure's initial population.</p> <p>However, if a patient is admitted with an elective inpatient admission code but subsequently requires an urgent procedure during this hospitalization, the hospitalization would remain in the measure's initial population and denominator, and it would be possible for this hospitalization to meet the measure's numerator criteria.</p>                                                                                                                                                                                               |
| 2 questions: Can you confirm that patients who are intubated in the OR and sent straight to ICU with planned continued intubation (exa. due to extensive cardiothoracic surgery) Are not going to be in the numerator. AND will the intubation / extubation needs to be association with a location? | <p>This measure excludes from its denominator inpatient hospitalizations for patients with any selected head, neck, and thoracic surgery involving significant risk of airway compromise or requiring airway protection during the hospitalization. Once an inpatient hospitalization is excluded from the denominator, it will not be considered for the numerator.</p> <p>To identify inpatient hospitalizations in the denominator that meet the measure's numerator criteria, the logic confirms that any instance of intubation, extubation, or mechanical ventilation does not start during the administration of general or neuraxial anesthesia or anesthesia requiring monitored care, nor does it start while the patient is in an OR procedural location. These procedural locations are included in the "Procedural Hospital Locations" (OID: 2.16.840.1.113762.1.4.1248.216) value set.</p> |
| Is PSI 11 remaining after HH Resp failure is required or will it replace PSI 11? It feels like it is giving apples/oranges data that will be difficult to improve.                                                                                                                                   | The HH-RF eCQM and CMS PSI 11 are two separate measures and do not have identical population criteria. Facilities should review and implement each measure specification separately.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| The Risk Adjustment states report the first resulted laboratory test values during the encounter in UCUM units specified. Does the Lab Test, Performed utilize the Collected Time or the Resulted Time?                                                                                              | The datatype and attributes for these risk variables use the collected time for lab tests, not the resulted time. The logic definitions for the lab test value risk variables use the "Laboratory Test, Performed" QDM datatype with the <i>relevant dateTime</i> and <i>relevantPeriod</i> attributes. The <i>relevant dateTime</i> attribute references the time the laboratory test is performed when the laboratory test occurs at a single point in time, while the <i>relevantPeriod</i> attribute references a start and stop time for a laboratory test that occurs over a time interval.                                                                                                                                                                                                                                                                                                        |

| Question                                                                                                                                                                                               | Answer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| <p>I am not seeing the ICD 10 code j95.82 "post-procedural resp failure" as an inclusion criteria. Is that correct?</p>                                                                                | <p>This eCQM does not use the ICD-10-CM non-billable J95.82 code for "Postprocedural respiratory failure" to identify postoperative respiratory failure. To identify instances of postoperative respiratory failure, the HH-RF eCQM evaluates mechanical ventilation documentation or intubation and extubation documentation to allow for hospital documentation variances. Therefore, if mechanical ventilation documentation is not available, intubation and extubation can serve as a proxy for determining if mechanical ventilation occurred and its duration. The measure uses the following data elements to identify mechanical ventilation, intubation, and extubation:</p> <ul style="list-style-type: none"> <li>• ["Procedure, Performed": "Mechanical Ventilation"]: <a href="https://ecqi.healthit.gov/mcw/2026/ecqm-dataelement/procedureperformedmechanicalventilation.html">https://ecqi.healthit.gov/mcw/2026/ecqm-dataelement/procedureperformedmechanicalventilation.html</a></li> <li>• ["Procedure, Performed": "Intubation"]: <a href="https://ecqi.healthit.gov/mcw/2026/ecqm-dataelement/procedureperformedintubation.html">https://ecqi.healthit.gov/mcw/2026/ecqm-dataelement/procedureperformedintubation.html</a></li> <li>• ["Procedure, Performed": "Removal of endotracheal tube (procedure)"]: <a href="https://ecqi.healthit.gov/mcw/2026/ecqm-dataelement/procedureperformedremovalofendotrachealtubeprocedure.html">https://ecqi.healthit.gov/mcw/2026/ecqm-dataelement/procedureperformedremovalofendotrachealtubeprocedure.html</a></li> </ul> |
| <p>If a patient requires MV longer than 48 hours for a reason outside of failure to wean from the vent, would documentation of reason for continued MV support exclude the patient from numerator?</p> | <p>There are no numerator exclusions criteria for this measure. However, the measure's denominator exclusions criteria aims to exclude hospitalizations for patients who are at high risk of experiencing postoperative respiratory failure or requiring prolonged respiratory support after a procedure. If an inpatient hospitalization for a patient meets one of the denominator exclusions criteria, then the hospitalization would be excluded from the denominator and not considered for the numerator.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p>If pt's were discharged and came back within 30 days and intubated, are they included in this measure?</p>                                                                                          | <p>This is an episode-based eCQM, and the measure assesses each inpatient hospitalization separately. If a patient is discharged from an inpatient hospitalization during the measurement period, then is readmitted to another hospitalization that ends during the same measurement period, then the measure would assess both hospitalizations separately for the reporting period.</p> <p>When assessing whether intubation qualifies an inpatient hospitalization for the measure's numerator criterion A.1, the logic identifies intubation that starts during the hospitalization period being assessed and within 30 days after the end of the first OR procedure of the same hospitalization period. For a hospitalization to meet this component of the numerator criteria, the intubation must take place during the same hospitalization in which the first OR procedure takes place.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

| Question                                                                                                                                                                                                                                                                                                               | Answer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Will HF-RF replace PSI-11 in PSI-90 composite score? What impact will HF-RF have on Star rating?                                                                                                                                                                                                                       | <p>No decision has been made on whether it will replace PSI 11.</p> <p>The HH-RF eCQM is not one of the measures included in the 2026 star ratings. Please review the information provided on CMS Quality Net at <a href="https://qualitynet.cms.gov/inpatient/public-reporting/overall-ratings/data-collection">https://qualitynet.cms.gov/inpatient/public-reporting/overall-ratings/data-collection</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Is the 30 days of end of first OR procedure Intubation calculated by hours or calendar days?                                                                                                                                                                                                                           | The 30-day window after the patient's first OR procedure is calculated in calendar days, not hours.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| What if the patient had a second OR procedure within the first 3 days of encounter after the initial OR procedure and was reintubated after the second OR procedure within 30 days from the first OR procedure. Is the reintubation counted as a numerator?                                                            | Yes, if a patient is re-intubated after a second OR procedure of a hospitalization, and the intubation starts within 30 days after their first OR procedure of the hospitalization, then this inpatient hospitalization may meet the measure's numerator criterion A.1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| If patient has elective outpatient surgery, then has a post procedure complication on day of or day after surgery resulting in a transition from outpatient/observation to inpatient, would this case be excluded?                                                                                                     | <p>To determine the measure's initial population and denominator, the measure uses the "Elective Inpatient Encounter" (OID: 2.16.840.1.113762.1.4.1248.85) value set, which includes codes only for elective inpatient admissions. More information on the codes contained in this value set can be located on the VSAC at <a href="https://vsac.nlm.nih.gov/">https://vsac.nlm.nih.gov/</a>.</p> <p>If a patient is admitted to the hospital with an elective inpatient admission code contained in that value set, the inpatient hospitalization for that patient may meet the measure's initial population criteria. However, if the patient is admitted to the hospital with a non-elective inpatient admission code, then the inpatient hospitalization for that patient will not be included in the measure's initial population or denominator.</p> |
| If pt had the surgery on HD#1, extubated and doing well respiratory-wise post-surgery and has been on room air on HD#2. However, on HD#14, patient developed sepsis and ended up intubated. Will this case be included in the case even though the intubation is no longer related to the original surgical procedure? | Yes, if a patient is intubated within 30 days after the end of their first OR procedure of the hospitalization, then this inpatient hospitalization may meet the measure's numerator criterion A.1. The measure's numerator criterion A.1 logic does not assess the reasons for intubation after a surgery; it only assesses whether re-intubation took place within 30 days after the end of the first OR procedure.                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| What if our organization does not code anesthesia? How to proceed?                                                                                                                                                                                                                                                     | We encourage you to work with your EHR vendor to ensure your facility can capture all data required to accurately report the measure.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

| Question                                                                                                                                                                         | Answer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| <p>What is considered start of OR procedure? Is that considered time into the OR, anesthesia start time, first cut time, or something else?</p>                                  | <p>For this measure, a surgical procedure is modeled using general anesthesia, neuraxial anesthesia, or anesthesia requiring monitored care during the hospitalization. To identify the administration of these types of anesthesia, the measure uses the ["Procedure, Performed": "Anesthesia Requiring Monitored Care"] and ["Procedure, Performed": "General and Neuraxial Anesthesia"] QDM data elements with the <i>relevant date</i> and <i>relevantPeriod</i> attributes. These attributes refer to the time when the anesthesia procedure is performed and the start and stop time of the anesthesia procedure, respectively.</p> <p>More information on these two data elements and the attributes used with them can be found on the eCQI Resource Center's Data Element Repository at the following links:</p> <ul style="list-style-type: none"> <li>• <a href="https://ecqi.healthit.gov/mcw/2026/ecqm-dataelement/procedureperformedanesthesiarequiringmonitoredcare.html">https://ecqi.healthit.gov/mcw/2026/ecqm-dataelement/procedureperformedanesthesiarequiringmonitoredcare.html</a></li> <li>• <a href="https://ecqi.healthit.gov/mcw/2026/ecqm-dataelement/procedureperformedgeneralandneuraxialanesthesia.html">https://ecqi.healthit.gov/mcw/2026/ecqm-dataelement/procedureperformedgeneralandneuraxialanesthesia.html</a></li> </ul> |
| <p>The logic to determine prolonged intubation starts at 48 hours whereas PSI 11 is 96 hours. Isn't this holding two different standards or am I misunderstanding the logic?</p> | <p>The HH-RF eCQM and CMS PSI 11 measure are two separate measures and do not have identical population criteria. You are correct that numerator criterion B of the HH-RF eCQM assesses mechanical ventilation with a duration of more than 48 hours after an OR procedure. Facilities should review and implement each measure specification separately.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p>What does inability to be weaned specifically mean? Tried weaned off a ventilator and was unable to.... or extubated and then re-intubated?</p>                               | <p>Postoperative respiratory failure is defined as unplanned endotracheal reintubation, prolonged inability to wean from mechanical ventilation, or inadequate oxygenation and/or ventilation. Prolonged inability to wean from ventilation could mean that a patient fails to breathe on their own after a spontaneous breathing trial or requires reintubation within 48-72 hours of removing the machine, signaling a failure to transition off mechanical support. The measure does not specifically assess instances where a patient failed to be weaned from mechanical ventilation.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |