

Expert to Expert Webinar: Annual Updates for Hospital Harm Severe Hyperglycemia and Severe Hypoglycemia eQMs for 2025 implementation
Questions and Answers
 July 15, 2025

Question Asked	Answer Given
<p>If a patient has a glucose above 200 in days after day 10, are they counted, or since after day 10, not counted?</p>	<p>The initial population and denominator criteria of CMS871: Hospital Harm - Severe Hyperglycemia are not restricted to the first 10 days of a hospitalization. This measure's initial population and denominator include inpatient hospitalizations for patients age 18 and older that end during the measurement period where there is a presence of at least one glucose value ≥ 200 mg/dL at any time during the encounter - including after the first 10 days of an eligible inpatient hospitalization.</p> <p>However, the measure's numerator includes inpatient hospitalizations with a hyperglycemic event that takes place only within the first 10 days of the <u>encounter</u> minus the first 24 hours, and minus the last period before discharge from the hospital if that period is less than 24 hours. (For the purpose of this measure, hospital days are not defined as midnight-to-midnight but are full 24-hour periods that start at the beginning of the inpatient hospitalization period.)</p> <p>Similarly, when determining the eligible hospital days and eligible hyperglycemic event days used in the measure calculation, the measure's two measure observations functions truncate the length of stay of a hospitalization to ≤ 10 days when the length exceeds 10 days.</p> <p>In summary, an inpatient hospitalization for a patient with a glucose level above 200 mg/dL after day 10 could be in the initial population and denominator but not the numerator, and the count of eligible hospital days and eligible hyperglycemic event days returned by the measure observations would not include any days after day 10 of the inpatient hospitalization. This is because patients admitted for hospitalizations greater than 10 days are more likely to have more complex medical conditions.</p>
<p>What will be the targets for the hypo/hyperglycemia eQMs?</p>	<p>There is not yet a national average for CMS816: Hospital Harm - Severe Hypoglycemia or CMS871: Hospital Harm - Severe Hyperglycemia. For these measures, a lower measure score indicates higher quality.</p>
<p>Always hear from a few critical access hospitals that they are exempt due to the limited eQMs that apply. Please clarify.</p>	<p>Critical access hospitals report through the Medicare Promoting Interoperability Program. Reporting requirements include three CMS-selected (mandatory) eQMs:</p> <ul style="list-style-type: none"> • Safe Use of Opioids – Concurrent Prescribing • Cesarean Birth (PC-02) • Severe Obstetric Complications (PC-07) <p>AND three self-selected eQMs, which may include CMS816: Hospital Harm - Severe Hypoglycemia (HH-Hypo) and CMS871: Hospital Harm - Severe Hyperglycemia (HH-Hyper) as two of the available self-selected eQMs for calendar year 2025. A full list of measures is available on the eCQI Resource Center (https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=eh-cah-ecqms&global_measure_group=eQMs).</p>
<p>Any resources for process for hospitals to set up data collection and advice on steps to be proactive for success?</p>	<p>The eQIM Implementation Checklist available on the eCQI Resource Center (https://ecqi.healthit.gov/ecqm-implementation-checklist) provides steps for implementers to take to successfully report eQMs.</p>

Question Asked	Answer Given
<p>Are all hypo/hyper events tracked?</p>	<p>These measures do not aim to measure overall glucose control in hospitalized patients, only severe glycemic events, which are adverse reactions with consequences for patient health.</p> <p>For the purposes of reporting CMS871: Hospital Harm - Severe Hyperglycemia, a day with a severe hyperglycemic event is defined as: - A day with at least one glucose value >300 mg/dL, OR - A day where a glucose test and result was not found, and it was immediately preceded by two contiguous, consecutive days where at least one glucose value during each of the two days was >=200 mg/dL.</p> <p>For CMS816: Hospital Harm - Severe Hypoglycemia, a severe hypoglycemic event is a glucose result less than 40 mg/dL within 24 hours of administration of a hypoglycemic medication during the encounter.</p>
<p>I would like to know specific hyper/hypo eQCM measurements for hypo/hyperglycemia control.</p>	<p>These measures do not aim to measure overall glucose control in hospitalized patients, only severe glycemic events, which are adverse reactions with consequences for patient health.</p> <p>For the purposes of reporting CMS871: Hospital Harm - Severe Hyperglycemia, a day with a severe hyperglycemic event is defined as: - A day with at least one glucose value >300 mg/dL, OR - A day where a glucose test and result was not found, and it was immediately preceded by two contiguous, consecutive days where at least one glucose value during each of the two days was >=200 mg/dL.</p> <p>In CMS816: Hospital Harm - Severe Hypoglycemia, a severe hypoglycemic event is a glucose result less than 40 mg/dL within 24 hours of administration of a hypoglycemic medication during the encounter.</p>
<p>Are HH-Hypo & HH-Hyper considered as ONE measure, or are they evaluated separately so it is possible to meet on one and not the other?</p>	<p>CMS871: Hospital Harm - Severe Hyperglycemia and CMS816: Hospital Harm - Severe Hypoglycemia are two separate eQCMs and are reported separately.</p>
<p>Are the repeats within 5 minutes considered 1 or 2 measurements if both are >200 mg/dL? If the repeat is done at greater than 5 minutes, is that considered 2 different measurements? Most hospital standards are currently repeat within 15 minutes to confirm. Also, many POCT sites require a repeat with a clinical lab value which would be impossible to meet within 5 minutes.</p>	<p>For CMS816: Hospital Harm - Severe Hypoglycemia, the purpose of the repeat test within 5 minutes is to eliminate false positives that can occur with point of care testing. If a second test is performed after 5 minutes, it will count as a new test. We will consider the timing of the follow-up test in future measure updates.</p>
<p>For 816, where did the 5 min retest come from when most institutions re-test after 15 minutes?</p>	<p>For CMS816: Hospital Harm - Severe Hypoglycemia, the purpose of the repeat test within 5 minutes is to eliminate false positives that can occur with point of care testing. If a second test is performed after 5 minutes, it will count as a new test. We will consider the timing of the follow-up test in future measure updates.</p>

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If no follow-up glucose was done within 5 mins of the first test, does the 1st blood glucose result hold?	Yes. For CMS816: Hospital Harm - Severe Hypoglycemia, the purpose of the repeat test within five minutes is to eliminate false positives that can occur with point-of-care testing. There is no requirement within the measure for repeat testing following a low value. However, the measure allows for an encounter to be removed from the numerator if a repeat test within five minutes indicates that the blood glucose is above 80 mg/dL.
TJC surveyors in the past have recommended that in order to avoid false positives, the repeat testing should be performed by another method. Meeting that recommendation within 5 minutes is unrealistic. If you use the same poc method, it is possible to repeat the false positive whether tested within 5 minutes or any time frame. I still do not understand this logic.	For CMS816: Hospital Harm - Severe Hypoglycemia, the purpose of the repeat test within 5 minutes is to eliminate false positives that can occur with point of care testing.
Are there any exclusions (i.e., palliative care; may have two values over 200, then no further values for length of stay)?	<p>CMS871: Hospital Harm - Severe Hyperglycemia has three exclusion criteria: Inpatient hospitalizations for patients with a glucose result of $\geq 1,000$ mg/dL anytime between 1 hour prior to the start of the encounter to 6 hours after the start of the encounter, for patients who have comfort care measures ordered or provided during the encounter, and for patients who have a discharge disposition to hospice care at home or in a health care facility.</p> <p>CMS816: Hospital Harm - Severe Hypoglycemia does not have any exclusions.</p>
Are these measures for all payers, or only Medicare/Medicaid participants?	Both eQMs are all-payer measures, and they assess inpatient hospitalizations for patients age 18 and older.
Are we able to see what the public reporting data is for 2024?	Data are available on the Provider Data Catalog under Timely and Effective Care - Hospital: https://data.cms.gov/provider-data/dataset/yv7e-xc69
Can you explain the first 24 hours of the encounter that's excluded in the measure?	<p>For the CMS871: Hospital Harm - Severe Hyperglycemia measure, hospital days are not defined as midnight-to-midnight. Rather, they are 24-hour periods that start at the beginning of the inpatient hospitalization period.</p> <p>Glucose results from the first 24 hours of the hospitalization are excluded to not penalize a hospital for poor glucose control that preceded the start of hospital care.</p>
Can you share a validation template for the HH eQMs?	CMS QRDA Pre-Submission Validation Tools are available through the Hospital Quality Reporting (HQR) System. More information, including guidance for test validation, is available at: https://ecqi.healthit.gov/cms-qrda-pre-submission-validation-tools
I am interested in a validation series.	Measure validation webinars are conducted annually, and the materials are posted to QualityNet. The most recent webinar is from June 26, 2024, and is available here: https://qualitynet.cms.gov/inpatient/iqr/webinars

Question Asked	Answer Given
What is the criteria for severe hyperglycemia as per CMS?	<p>For the purposes of reporting CMS871: Hospital Harm - Severe Hyperglycemia, a day with a severe hyperglycemic event is defined as:</p> <ul style="list-style-type: none"> - A day with at least one glucose value >300 mg/dL, <p>OR</p> <ul style="list-style-type: none"> - A day where a glucose test and result was not found, and it was immediately preceded by two contiguous, consecutive days where at least one glucose value during each of the two days was >=200 mg/dL.
Do bedside glucometer results fall into this measure or is it only lab performed testing? Does glucose lab test include POC testing?	<p>For CMS816: Hospital Harm - Severe Hypoglycemia and CMS871: Hospital Harm - Severe Hyperglycemia, the specimen source for the glucose test is blood, serum, plasma, or interstitial fluid and can be obtained by a laboratory test, a point-of-care (POC) test, or a continuous glucose monitor (CGM). This includes results obtained from a glucometer.</p> <p>Both measures use the ["Laboratory Test, Performed": "Glucose Lab Test Mass Per Volume"] QDM data element. For more information on the types of glucose test results and specimen sources that are considered by the measures, users may review the LOINC codes included in the "Glucose Lab Test Mass Per Volume" value set (OID: 2.16.840.1.113762.1.4.1248.34) on the Value Set Authority Center (VSAC).</p>
For the glucose lab test > 200 mg/dL does that also include point of care blood glucoses?	Yes, for CMS871: Hospital Harm - Severe Hyperglycemia, point-of-care (POC) test result values >=200 mg/dL are included.
Does Hospitalization with Observation mean that direct admits aren't included in this measure?	Patients admitted directly to inpatient status are included in the measure. However, <u>if</u> an emergency department (ED) and/or observation encounter precedes the start of the inpatient status, then the inpatient hospitalization period assessed by this measure includes time in the ED and observation when the transition between discharge from these encounters and admission to the inpatient encounter is one hour or less.
For glucose times, is it using result time or time of specimen collection?	<p>When evaluating glucose results, both CMS871: Hospital Harm - Severe Hyperglycemia and CMS816: Hospital Harm - Severe Hypoglycemia use the ["Laboratory Test, Performed": "Glucose Lab Test Mass Per Volume"] QDM data element, which relies on the timing of the laboratory test or specimen collection, not the timing of the results. The relevant dateTime attribute used with this data element references the time the laboratory test or specimen collection is performed when the laboratory test occurs at a single point in time. The relevantPeriod attribute used with this data element references a start and stop time for a laboratory test or specimen collection that occurs over a time interval.</p> <p>For more information on the ["Laboratory Test, Performed": "Glucose Lab Test Mass Per Volume"] QDM data element, please visit the eCQI Resource Center's Data Element Repository: https://ecqi.healthit.gov/mcw/2025/ecqm-dataelement/laboratorytestperformedglucoselabtestmasspervolume.html</p>
For HH-Severe Hyperglycemia, are inpatient palliative care orders included as comfort care orders?	Comfort care is defined by the value set "Comfort Measures" (OID: 1.3.6.1.4.1.33895.1.3.0.45) which includes SNOMED CT codes for: Comfort measures (regime/therapy), Terminal care (regime/therapy), Dying care (regime/therapy), and Hospice care (regime/therapy).

Question Asked	Answer Given
<p>Is the measure able to distinguish between POCT blood glucose results and lab blood draw results? We are encountering issues with low lab blood glucose results that are timestamped by time of collection, not time of result.</p>	<p>For CMS871: Hospital Harm - Severe Hyperglycemia, the specimen source for the glucose test is blood, serum, plasma, or interstitial fluid, and can be obtained by a laboratory test, a point-of-care (POC) test, or a continuous glucose monitor (CGM).</p> <p>CMS871 uses the ["Laboratory Test, Performed": "Glucose Lab Test Mass Per Volume"] QDM data element. For more information on the types of glucose test results and specimen sources that are considered by the measure, users may review the LOINC codes included in the "Glucose Lab Test Mass Per Volume" value set (OID: 2.16.840.1.113762.1.4.1248.34) on the Value Set Authority Center (VSAC). When assessing glucose test results, the measure's logic only confirms whether results from qualifying blood glucose tests (i.e., any of the LOINC codes in the "Glucose Lab Test Mass Per Volume" value set) meet certain thresholds; the specific LOINC code is not returned.</p>
<p>For HH-Severe Hyperglycemia, will patients be included when treated with insulin for hyperkalemia?</p>	<p>Among other criteria, the CMS871: Hospital Harm - Severe Hyperglycemia initial population criteria includes inpatient hospitalizations for patients age 18 and older who are administered at least one dose of insulin or any hypoglycemic medication that starts during the encounter - regardless of the clinical condition that necessitates the administration of the insulin or hypoglycemic medication.</p>
<p>For the Hyperglycemia measure, how is the timing of the "DAYS" affected when there are more than 1 elevated glucose in less than 24 hours? For example, a patient has a glucose result of 301 at 1205pm, and in the same day has a 2nd elevated glucose of 320 at 1750pm. How is that day counted? as one or two separate day events?</p>	<p>For the CMS871: Hospital Harm - Severe Hyperglycemia measure, measure observation 2 returns the total number of hyperglycemic event days during an inpatient hospitalization that meets the numerator criteria and does not meet the numerator exclusion criteria. A day is considered to be a hyperglycemic event day if there exists at least one glucose result >300 mg/dL on that day (except those occurring in the first 24-hour period of the encounter) OR if a glucose was not measured that day, but the day was immediately preceded by two contiguous, consecutive days where at least one glucose value during each of the two days was >=200 mg/dL. If a day contains multiple glucose results >300 mg/dL, then the day still qualifies as one hyperglycemic event day.</p> <p>However, please note that for this measure, hospital days are not defined as midnight-to-midnight. Rather, they are 24-hour periods that start at the beginning of the inpatient hospitalization period. Therefore, the inpatient hospitalization start time is crucial for determining the timing of the eligible hospital days and eligible hyperglycemic event days.</p>
<p>How can hospitals best mitigate the impact of patient non-compliance/refusal while admitted, with regard to glycemic control?</p>	<p>This is outside the scope of the measure's reporting requirements. We recommend discussing with your clinical team.</p>
<p>How can patient care providers best address hyper- and hypoglycemia to improve our eCQM data?</p>	<p>Please reference the clinical guidelines from the American Diabetes Association and the Endocrine Society, cited in the 'Clinical Recommendation Statement' section of each measure for more information on best clinical care practices to prevent the occurrence of hypoglycemic and hyperglycemic events.</p>
<p>How often is this measured and submitted?</p>	<p>These eQMs use a calendar year measurement period (i.e., January 1, 20XX through December 31, 20XX). Implementers report required and/or selected hospital eQMs on an annual basis. The eCQM Implementation Checklist available on the eCQI Resource Center (https://ecqi.healthit.gov/ecqm-implementation-checklist) as well as the CMS QRDA I Implementation Guide provide steps for implementers to take to successfully report hospital eQMs.</p>
<p>How to manage hyperglycemia in the hospital setting with IV steroid use?</p>	<p>This is outside the scope of the measure's reporting requirements. We recommend discussing with your clinical team.</p>

Question Asked	Answer Given
<p>How will the new measure impact non-diabetic patients with hypo and hyperglycemia</p>	<p>Both measures may assess inpatient hospitalizations for patients with and without diabetes.</p> <p>The CMS816: Hospital Harm - Severe Hypoglycemia measure's initial population includes inpatient hospitalizations that end during the measurement period for patients age 18 and older who are administered at least one hypoglycemic medication during the encounter, regardless of whether the patient has a diabetes diagnosis.</p> <p>The CMS871: Hospital Harm - Severe Hyperglycemia measure's initial population includes inpatient hospitalizations that end during the measurement period for patients age 18 and older who may or may not have diabetes. Criteria for the initial population include either:</p> <ul style="list-style-type: none"> - A diagnosis of diabetes that starts before the end of the encounter; or - Administration of at least one dose of insulin or any hypoglycemic medication that starts during the encounter; or - Presence of at least one glucose value ≥ 200 mg/dL at any time during the encounter.
<p>Hyperglycemia does not have capillary as a specimen source, but Hypoglycemia does. I didn't see capillary excluded as a specimen source in the exclusion guidance for HYPER.</p>	<p>For CMS816: Hospital Harm - Severe Hypoglycemia and CMS871: Hospital Harm - Severe Hyperglycemia, the specimen source for the glucose test is blood (including capillary blood), serum, plasma, or interstitial fluid, and can be obtained by a laboratory test, a point-of-care (POC) test, or a continuous glucose monitor (CGM).</p> <p>Both measures use the ["Laboratory Test, Performed": "Glucose Lab Test Mass Per Volume"] QDM data element. For more information on the types of glucose test results and specimen sources that are considered by the measures, users may review the LOINC codes included in the "Glucose Lab Test Mass Per Volume" value set (OID: 2.16.840.1.113762.1.4.1248.34) on the Value Set Authority Center (VSAC).</p>
<p>If the inpatient hospitalization period is the time in the ED and observation when the transition between discharge from these encounters and admission to the inpatient encounter is one hour or less - does that mean the patient has to go from an ED/Obs status to an Inpatient status within an hour of them arriving in the ED/Obs?</p>	<p>The inpatient hospitalization period assessed by these measures includes time in the emergency department and/or observation <u>when the transition between discharge from these encounters and admission to the inpatient encounter is one hour or less</u>, regardless of how much time the patient spends in the emergency department encounter and/or observation status.</p>
<p>If patient LOS is 11 days, the total eligible days for Ob 1 would be a count of 10 days? or would this be 9 days?</p>	<p>Since CMS871: Hospital Harm - Severe Hyperglycemia does not count any hyperglycemic events that occur in the first 24 hours, day 1 is not considered an eligible hospital day for the Measure Observations. Eligible days range from day 2 up to day 10. This measure also does not evaluate the last day of the hospitalization if it was less than a 24-hour period.</p>

Question Asked	Answer Given
<p>If a patient is in observation status for 48 hours and then is made an admission and the patient was administered a hypoglycemic medication 28 hours into the observation stay prior to admission and does not have any further hyperglycemic meds given while inpatient prior to discharge home. Would this count as part of the denominator?</p>	<p>The CMS816: Hospital Harm - Severe Hypoglycemia initial population criteria include inpatient hospitalizations that end during the measurement period for patients age 18 and older who are administered at least one hypoglycemic medication that starts during the encounter or inpatient hospitalization.</p> <p>Among other criteria, the CMS871: Hospital Harm - Severe Hyperglycemia initial population criteria include inpatient hospitalizations for patients age 18 and older who are administered at least one dose of insulin or any hypoglycemic medication that starts during the encounter or inpatient hospitalization.</p> <p>For both CMS816 and CMS871, the inpatient hospitalization period assessed by these measures includes time in the emergency department and/or observation when the transition between discharge from these encounters and admission to the inpatient encounter is one hour or less. In the scenario you provided, assuming that the transition between the discharge from observation status and the admission to the inpatient encounter is one hour or less, then the time that the patient spent in the observation status is included in the inpatient hospitalization period that assessed by the measures for this patient. Therefore, if the patient was administered a qualifying hypoglycemic medication anytime during their 48 hours in observation status, this would qualify the patient's inpatient hospitalization for the initial population of both measures. And because for both measures, the denominator equals the initial population, the inpatient hospitalization would also meet the denominator criteria for both measures.</p>
<p>If the patient has an ED encounter, is discharged and then admitted to Observation status in less than 1 hour after ED discharge, and is then discharged from observation and admitted to an Inpatient within 1 hour after discharge from observation, are both the ED time and the observation time included in the hospital stay, or only the observation time?</p>	<p>Yes, in the scenario you have provided, the emergency department (ED) visit could count toward the inpatient hospitalization. This measure uses the Global."HospitalizationWithObservation" function to determine the interval of the entire inpatient hospitalization encounter, which includes time in the ED and/or observation when the transition between these encounters and the inpatient admission are one hour or less.</p>
<p>Is metformin administration still excluded from the hypoglycemia measure?</p>	<p>Single ingredient metformin is not included in the Hypoglycemics Severe Hypoglycemia value set (OID: 2.16.840.1.113762.1.4.1196.393), which is used to identify hypoglycemic medications that qualify patients for the CMS816: Hospital Harm - Severe Hypoglycemia initial population. However, the value set contains a combination medication formulation which raises the risk of hypoglycemia.</p>
<p>Is there any consideration for hyperglycemia on exclusions after a patient is transitioned to comfort care only?</p>	<p>CMS871: Hospital Harm - Severe Hyperglycemia has three exclusion criteria: Inpatient hospitalizations for patients with a glucose result of $\geq 1,000$ mg/dL anytime between 1 hour prior to the start of the encounter to 6 hours after the start of the encounter, for patients who have comfort care measures ordered or provided during the encounter, and for patients who have a discharge disposition to hospice care at home or in a health care facility.</p> <p>CMS816: Hospital Harm - Severe Hypoglycemia does not have any exclusions.</p>

Question Asked	Answer Given
<p>Most POC equipment will only report up to 400 or 600. How will a POC result of >600 be captured? In this instance the equipment maxes at 600. The result is something over 600.</p>	<p>As it relates to CMS871: Hospital Harm - Severe Hyperglycemia, we understand that some devices may have a restriction with a maximum readout level; however, the measure intent is to consider only glucose levels that meet the glucose level thresholds within the qualifying timeframe. Therefore if a point-of-care (POC) glucose machine provided a value of >600 mg/dL, it would not meet the threshold of ≥ 1000 mg/dL since it is not known if the glucose value is actually ≥ 1000 mg/dL; all that is known is that it is greater than 600 mg/dL. We will evaluate this consideration in future iterations of the measure.</p>
<p>Need understanding how the event days work for Hyperglycemia.</p>	<p>For the CMS871: Hospital Harm - Severe Hyperglycemia measure, hospital days are not defined as midnight-to-midnight; they are 24-hour periods that start at the beginning of the inpatient hospitalization period. Glucose results from the first 24 hours of the inpatient hospitalization period, called day 1, are excluded.</p> <p>Measure observation 1, associated with the denominator, determines the number of eligible inpatient hospital days within day 2 through day 10 of the hospitalization period. Measure observation 2, associated with the numerator, returns the number of inpatient hospital days with a hyperglycemic event. The measure is a ratio measure that uses the returns from the two measure observations, the number of inpatient hospital days with a hyperglycemic event over the number of eligible inpatient hospital days, to calculate performance.</p>
<p>Nutrition role in data collection and intervention</p>	<p>This is outside the scope of the measure's reporting requirements.</p>
<p>Is this measure mandatory or optional?</p>	<p>CMS816: Hospital Harm - Severe Hypoglycemia and CMS871: Hospital Harm - Severe Hyperglycemia are currently available for voluntary reporting in the Hospital Inpatient Quality Reporting (IQR) Program. Voluntary reporting began in calendar year (CY) 2023. Mandatory reporting for both measures begins in CY 2026.</p>
<p>Our report is pulling lab tests that have the same time as the medication being administered. Is that appropriate?</p>	<p>We recommend that each hospital work with its electronic health record (EHR) vendor to resolve any questions or discrepancies related to the timing of data used for eCQM reporting.</p>
<p>Please clarify. Slide 20 refers to glucose equal to or greater than 300, while others refer to 200.</p>	<p>For the CMS871: Hospital Harm - Severe Hyperglycemia measure, one of the three criteria to qualify an encounter for the initial population is presence of at least one glucose value ≥ 200 mg/dL at any time during the inpatient hospitalization.</p> <p>In order to qualify for the measure's numerator, the inpatient hospitalization must include a hyperglycemic event day, which is defined as:</p> <ul style="list-style-type: none"> - A day with at least one glucose value > 300 mg/dL, <p>OR</p> <ul style="list-style-type: none"> - A day where a glucose test and result was not found, and it was immediately preceded by two contiguous, consecutive days where at least one glucose value during each of the two days was ≥ 200 mg/dL.

Question Asked	Answer Given
Please explain how hypo/hyperglycemic events are determined.	<p>For the purposes of reporting CMS871: Hospital Harm - Severe Hyperglycemia, a day with a severe hyperglycemic event is defined as:</p> <ul style="list-style-type: none"> - A day with at least one glucose value >300 mg/dL, OR - A day where a glucose test and result was not found, and it was immediately preceded by two contiguous, consecutive days where at least one glucose value during each of the two days was >=200 mg/dL. <p>In CMS816: Hospital Harm - Severe Hypoglycemia, a severe hypoglycemic event is a glucose result less than 40 mg/dL within 24 hours of administration of a hypoglycemic medication during the encounter. The measure does not count a glucose result less than 40 mg/dL as a severe hypoglycemic event if there is a repeat test for glucose with a result greater than 80 mg/dL within five minutes of this initial low glucose test.</p>
So, the glucose equal to or greater than 1000 must be found within the 1 hour prior and 6 hours after the encounter and not just anytime during the encounter? So, if 3 days into the encounter it would not count for exclusion?	The CMS871: Hospital Harm - Severe Hyperglycemia measure excludes inpatient hospitalizations for patients with a glucose result of >=1,000 mg/dL anytime between 1 hour prior to the start of the encounter to 6 hours after the start of the encounter. An encounter with the presence of a glucose result >=1,000 mg/dL three days after the encounter start would not qualify for the measure's denominator and numerator exclusion criteria.
To be clear, the last day 24 hr. time period is figured from the start of the admission, and not from midnight to midnight. Is this correct?	That is correct. For CMS871: Hospital Harm - Severe Hyperglycemia, the last day 24-hour time period is figured from the start of the inpatient hospitalization, and not from midnight-to-midnight.
What is considered the start time of the inpatient hospitalization period?	The inpatient hospitalization period assessed by these measures includes time in the emergency department and/or observation when the transition between discharge from these encounters and admission to the inpatient encounter is one hour or less.
When will it go live in NHSN?	We do not have any information on the NHSN severe hospital harm hyper/hypoglycemia measures. For more information on new measures to be implemented through NHSN's NHSNCoLab initiative, please visit: https://www.cdc.gov/nhsn/nhsncolab/index.html .
When you say, "and suffer the harm of a severe hypoglycemic event during the encounter", does this apply to asymptomatic diabetic patients with blood glucose less than 40?	Yes, the Hospital Harm - Severe Hypoglycemia measure is not restricted to patients with diabetes and does not require a patient to have symptoms.
Will there be exceptions for end of life/palliative care patients?	<p>CMS871: Hospital Harm - Severe Hyperglycemia excludes from the measure calculation inpatient hospitalizations for patients who have comfort care measures ordered or provided during the encounter and patients who have a discharge disposition to hospice care at home or in a health care facility.</p> <p>CMS816: Hospital Harm - Severe Hypoglycemia does not have any exclusions or exceptions.</p>

Question Asked	Answer Given
<p>Where can we find the value set that includes a list of medications?</p>	<p>The value sets used by each eCQM can be found in the "Terminology" section of the measure's human readable HTML file, which can be accessed on the eCQI Resource Center.</p> <p>For CMS871: Hospital Harm - Severe Hyperglycemia, the list of qualifying hypoglycemic medications evaluated as part of the measure's initial population criteria are included in the "Hypoglycemics Treatment Medications" value set (2.16.840.1.113762.1.4.1196.394).</p> <p>For CMS816: Hospital Harm - Severe Hypoglycemia, the list of qualifying hypoglycemic medications evaluated as part of the measure's initial population criteria are included in the "Hypoglycemics Severe Hypoglycemia" value set (2.16.840.1.113762.1.4.1196.393).</p> <p>More information on the RXNORM medication codes contained in these value sets can be found on the Value Set Authority Center (vsac.nlm.nih.gov).</p>
<p>Will GLP-1 medications be considered a hypoglycemic medication, as many patients are on these for weight loss, not blood sugar control?</p>	<p>Yes, both measures consider certain glucagon-like peptide-1 (GLP-1) receptor agonists as qualifying hypoglycemic medications.</p> <p>For CMS871: Hospital Harm - Severe Hyperglycemia, the list of qualifying hypoglycemic medications evaluated as part of the measure's initial population criteria are included in the "Hypoglycemics Treatment Medications" value set (2.16.840.1.113762.1.4.1196.394).</p> <p>For CMS816: Hospital Harm - Severe Hypoglycemia, the list of qualifying hypoglycemic medications evaluated as part of the measure's initial population criteria are included in the "Hypoglycemics Severe Hypoglycemia" value set (2.16.840.1.113762.1.4.1196.393).</p> <p>More information on the RXNORM medication codes contained in these value sets can be found on the Value Set Authority Center (vsac.nlm.nih.gov).</p>
<p>Will this metric apply to patients with a "short stay" or "Observation" encounter?</p>	<p>For both CMS871: Hospital Harm - Severe Hyperglycemia and CMS816: Hospital Harm - Severe Hypoglycemia, a patient must be admitted to inpatient care in order for the encounter to qualify for the initial population. These measures use the Global."HospitalizationWithObservation" function to determine the interval of the entire inpatient hospitalization encounter, which includes time in the emergency department and/or observation when the transition between these encounters and the inpatient admission are one hour or less.</p>
<p>Without any hypoglycemic medication, if a patient experiencing a low blood sugar, this will not be counted?</p>	<p>For CMS816: Hospital Harm - Severe Hypoglycemia, a hypoglycemic medication must be administered during the hospitalization in order for a patient to qualify for the initial population.</p>