

Expert to Expert Webinar

2025 Reporting Year Annual Updates for

STK-2 (CMS104v13)

STK-3 (CMS71v14)

STK-5 (CMS72v13)

December 5, 2024

Webinar Audio and Functionality

Audio is by VOIP only – Use your computer speakers/headphones to listen. There are no dial in lines. Participants are connected in listen-or mode. Feedback or dropped audio are common for live streaming events. Refresh your screen/rejoin.



We will not be recognizing the Raise a Hand or Chat features.



To ask a question, click on the Question Mark icon in the audience toolbar. A panel will open for you to type your question and submit.

The slides are designed to follow Americans with Disabilities Act rules.

New to eCQMs?

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

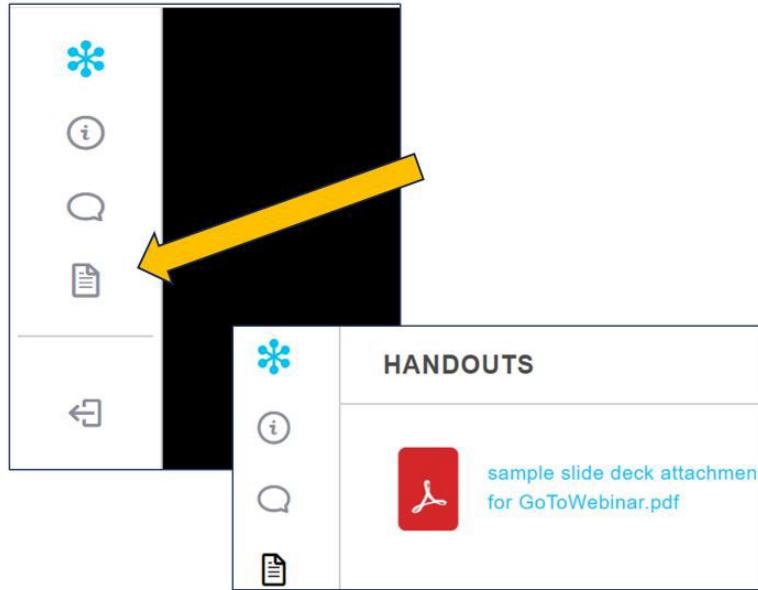
Visit this section of the eCQI Resource Center:

["Get Started with eCQMs"](#)

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



Access the Slides



To access the slides now:

- On left side of your screen, click the icon that depicts a document
- Select the file name and the document will open in a new window
- Print or download the slides.

Slides will also available via this link within 2 weeks of the webinar:

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

Webinar approved for 1 Continuing Education (CE) Credit for these entities



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

CE Requirements

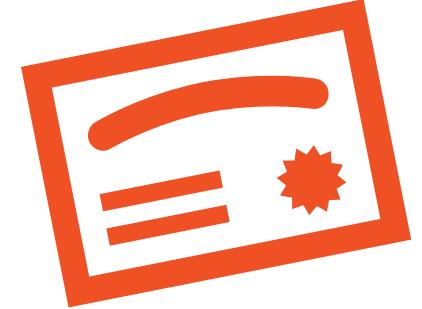


- 1) **Individually register** for this webinar
- 2) Participate for the **entire broadcast**
- 3) Complete a post-program **evaluation/ attestation**

CE Survey and Certificate

After webinar, survey can be accessed in two ways:

- 1) QR code on final slide
- 2) Link within participant follow-up email



Complete CE survey and **SUBMIT**.

Certificate will appear onscreen. **Print or download PDF Certificate.**

Complete certificate by adding your name and credentials.

Participant Learning Objectives

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



Facilitate your organization's implementation of the STK-2, -3, and -5 eCQM annual updates for the 2025 calendar year.

Utilize answers regarding common issues/questions regarding the STK-2, -3, -5 eCQMs to inform 2025 eCQM use/implementation.

Topics Not Covered in this Program

Basic eCQM concepts

Topics related to chart abstracted measures

Process improvement efforts related to this measure

eCQM validation



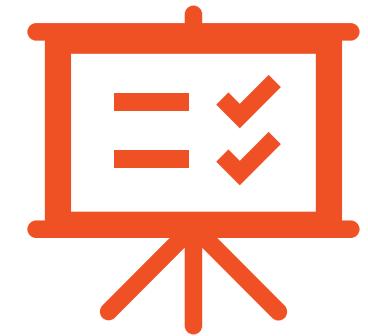
Disclosure Statement

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

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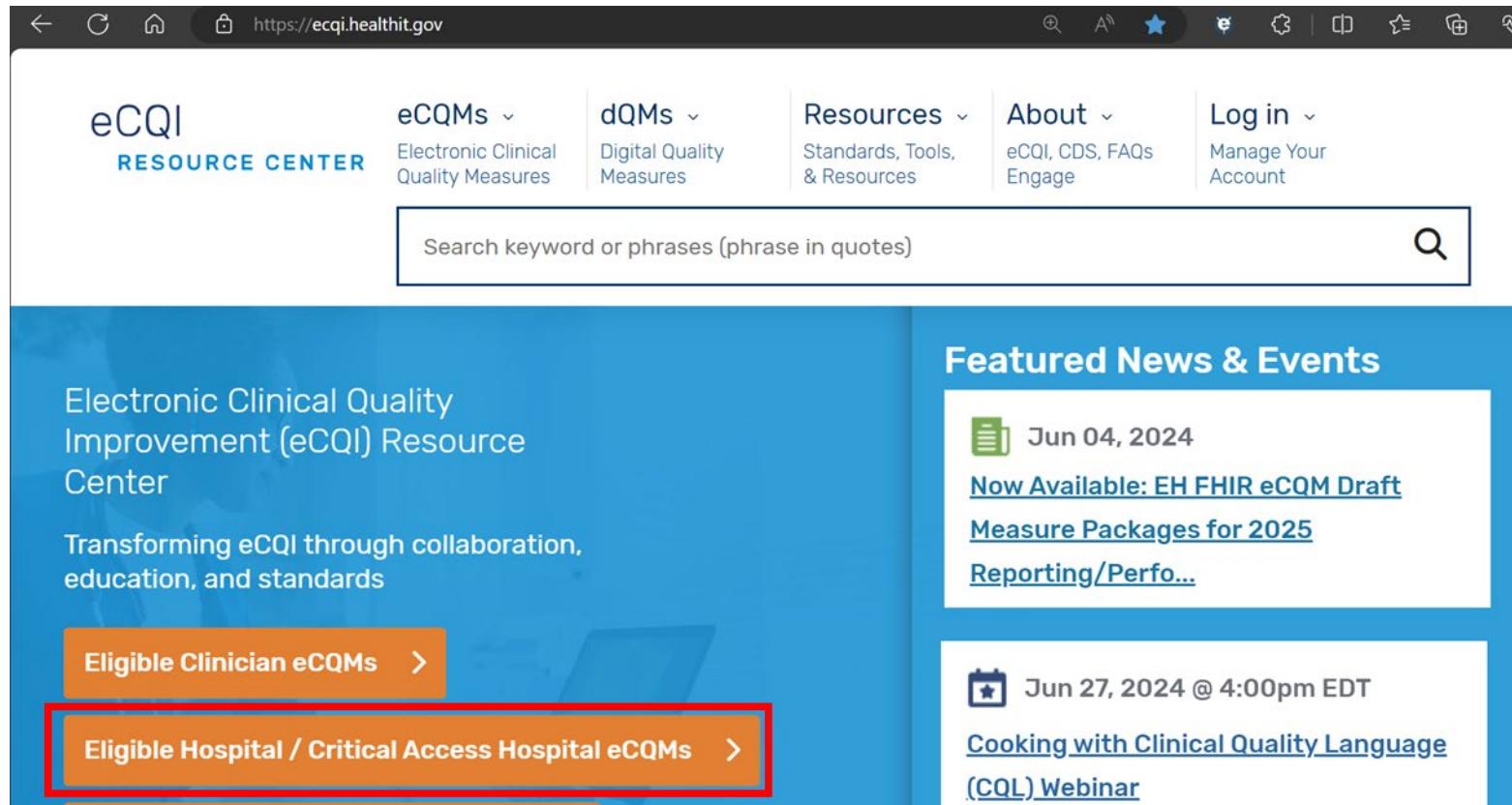
Webinar Agenda

- Highlight how to access eCQM resources on the eCQI Resource Center
- Review the measure flow/algorithm
- Review the STK-2, -3, -5 eCQMs annual updates for Reporting Year 2025
- Review FAQs
- Facilitated Audience Q&A Segment



eCQM Resources on the eCQI Resource Center

eCQI Resource Center



The screenshot shows the homepage of the eCQI Resource Center. The header includes a navigation bar with links for eCQMs, dQMs, Resources, About, and Log in. A search bar is also present. The main content area features a blue banner with the text: "Electronic Clinical Quality Improvement (eCQI) Resource Center" and "Transforming eCQI through collaboration, education, and standards". Below the banner are two orange buttons: "Eligible Clinician eCQMs" and "Eligible Hospital / Critical Access Hospital eCQMs". The "Eligible Hospital / Critical Access Hospital eCQMs" button is highlighted with a red box. To the right, there is a "Featured News & Events" section with a card for a Jun 04, 2024 event: "Now Available: EH FHIR eCQM Draft Measure Packages for 2025 Reporting/Perfo...". Another card for a Jun 27, 2024 event: "Cooking with Clinical Quality Language (CQL) Webinar" is also shown.

eCQI Resource Center Navigational video short available via this page:

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

<https://ecqi.healthit.gov>

Download and/or View Specifications

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

Stroke Measure Set

Stroke Measure Set

- The stroke measure set consists of 3 measures:
- STK-2 Discharged on Antithrombotic Therapy
- STK-3 Anticoagulation Therapy for Atrial Fibrillation/Flutter
- STK-5 Antithrombotic Therapy by End of Hospital Day 2

Stroke Measure Set (2)

- Two measures (STK-2, STK-3) focus on therapies for secondary stroke prevention which should be prescribed prior to hospital discharge.
- One measure (STK-5) addresses an early intervention that should be taken when acute ischemic stroke is diagnosed.
- 2023 national averages for organizations submitting the eCQMs were:
 - STK-2 95.34%
 - STK-3 75.16%
 - STK-5 92.78%

Frequently Asked Questions (FAQ): Stroke Measures



Question:

Where can I find a list of approved medications for the stroke measures?

Answer:

The Terminology section of the human readable lists the value sets used by each measure. These lists include medications with their RXNORM codes. Review the medication lists within the Value Set Authority Center (VSAC), searching by value set name or OID found in the Terminology section.

- To learn more, click on the [What Is A Value Set](#) video short
- To view the value sets, visit the VSAC at <https://vsac.nlm.nih.gov>

[Terminology](#)

- valueset "Anticoagulant Therapy" (2.16.840.1.113883.3.117.1.7.1.200)
- valueset "Atrial Ablation" (2.16.840.1.113883.3.117.1.7.1.203)
- valueset "Atrial Fibrillation or Flutter" (2.16.840.1.113883.3.117.1.7.1.202)
- valueset "Comfort Measures" (1.3.6.1.4.1.33895.1.3.0.45)



Measure Changes - STK Global

Measure Components	2025 Reporting Year
Logic	Removed definition 'All Stroke Encounter' due to the removal of hemorrhagic stroke from the initial population.
Logic	Removed 120 day length of stay criteria to align with global common library update.
Logic	Created a single definition 'Non Elective Encounter with Age,' consolidating definitions 'Non Elective Inpatient Encounter' and 'Encounter with Principal Diagnosis and Age.'
Logic	Updated 'Ischemic Stroke Encounter' to include new definition 'Non Elective Encounter with Age.'
Terminology	Removed value set Hemorrhagic Stroke (2.16.840.1.113883.3.117.1.7.1.212) based on change in measure requirements/measure specification.
Terminology	Value set (2.16.840.1.114222.4.11.3591): Renamed to Payer Type based on recommended value set naming conventions.
Terminology	Removed ICD-9 extensional value sets from select grouping value sets to reduce implementer burden.

Initial Population

★ Initial Population – All STK Measures

~~TJC."Encounter with Principal Diagnosis and Age"~~

~~"All Stroke Encounter"~~ AllStrokeEncounter

~~where AgeInYearsAt (date from
(start of AllStrokeEncounter.relevantPeriod)) >= 18~~

~~TJC."All Stroke Encounter"~~

~~"Non Elective Inpatient Encounter"~~ NonElectiveEncounter

~~where exists (NonElectiveEncounter.diagnoses Diagnosis~~

~~where Diagnosis.rank = 1~~

~~and (Diagnosis.code in "Hemorrhagic Stroke"~~

~~or Diagnosis.code in "Ischemic Stroke"))~~

Initial Population – All STK Measures (2)

TJC."Non Elective ~~Inpatient~~ Encounter with Age"

- ★ ["Encounter, Performed": "Nonelective Inpatient Encounter"] NonElectiveEncounter

~~where Global."LengthInDays" (NonElectiveEncounter.relevantPeriod) <= 120~~

~~where (AgeInYearsAt(date from start of NonElectiveEncounter.relevantPeriod) >= 18~~

 and NonElectiveEncounter.relevantPeriod ends during day of "Measurement Period"

TJC. "Ischemic Stroke Encounter"

- ★ ~~EncounterWithAge where exists (EncounterWithAge.diagnoses) Diagnosis~~

~~"Non Elective Encounter with Age" NonElectiveEncounterWithAge~~

 where exists (NonElectiveEncounterWithAge.diagnoses Diagnosis

 where Diagnosis.code in "Ischemic Stroke"

 and Diagnosis.rank = 1)

CMS104

STK-2 Discharged on Antithrombotic Therapy

Measure Rationale

STK-2 Discharged on Antithrombotic Therapy

- 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.

STK-2 Discharged on Antithrombotic Therapy (2)

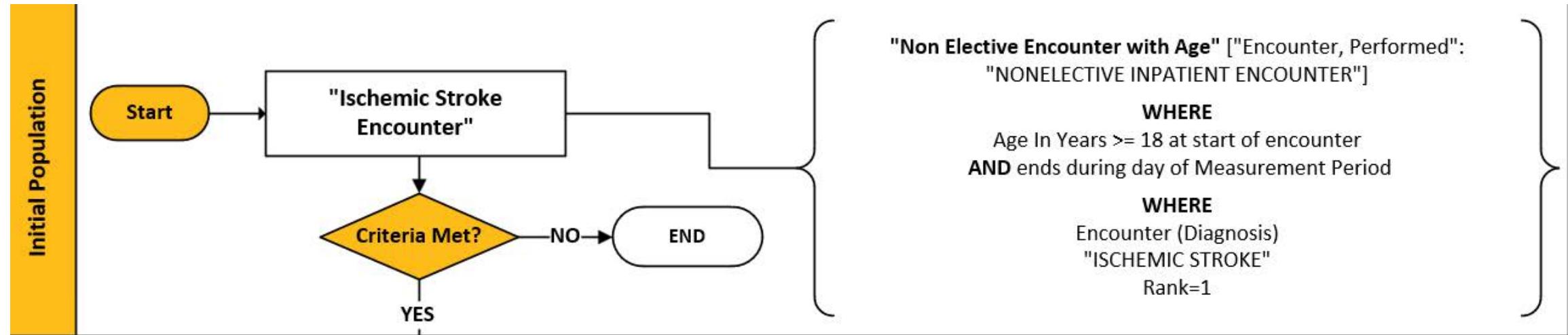
- Aspirin 50 to 325 mg daily, clopidogrel 75 mg, or aspirin 25 mg / extended-release dipyridamole 200 mg twice daily are commonly prescribed medications for secondary stroke prevention.
- Dual antiplatelet therapy or concurrent administration of more than one antithrombotic medication is generally not 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).

CMS104

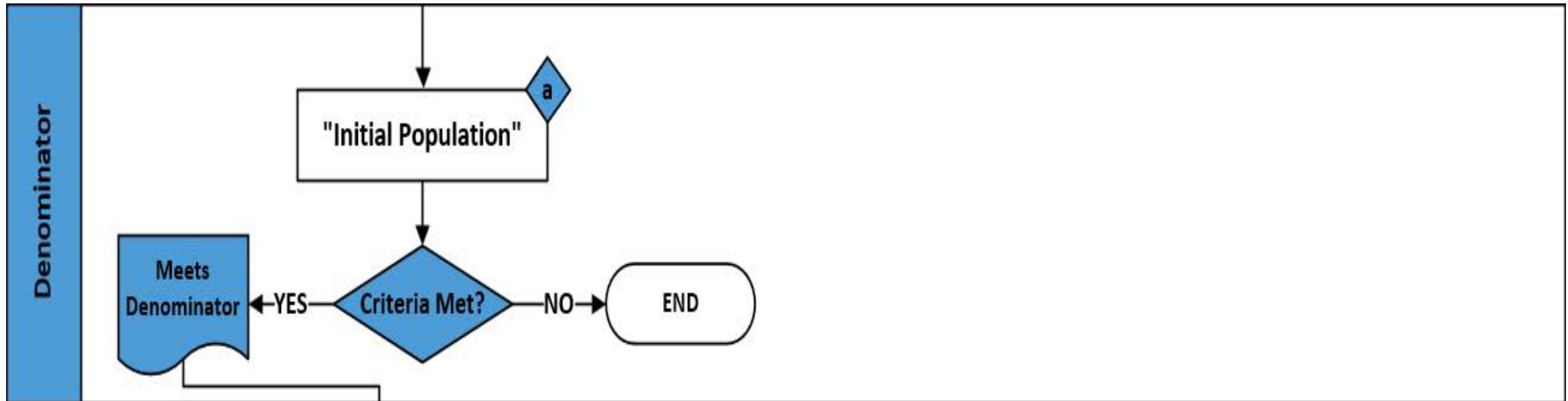
STK-2 Discharged on Antithrombotic Therapy

Measure Flow

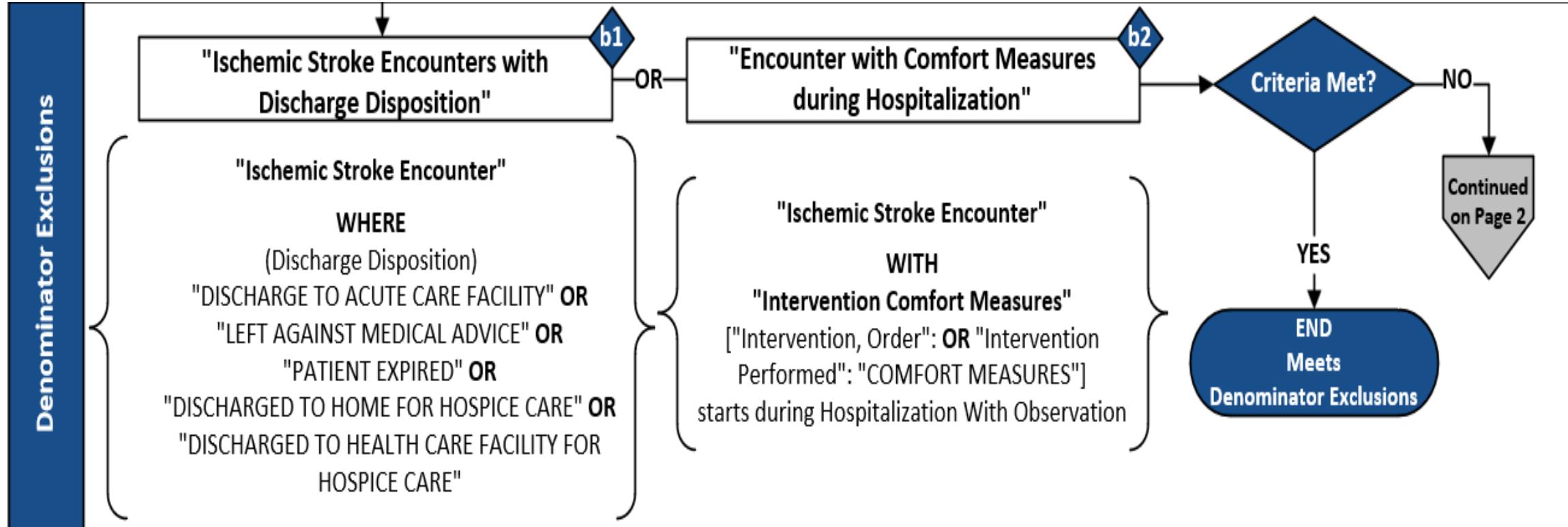
STK-2 Measure Flow – Initial Population



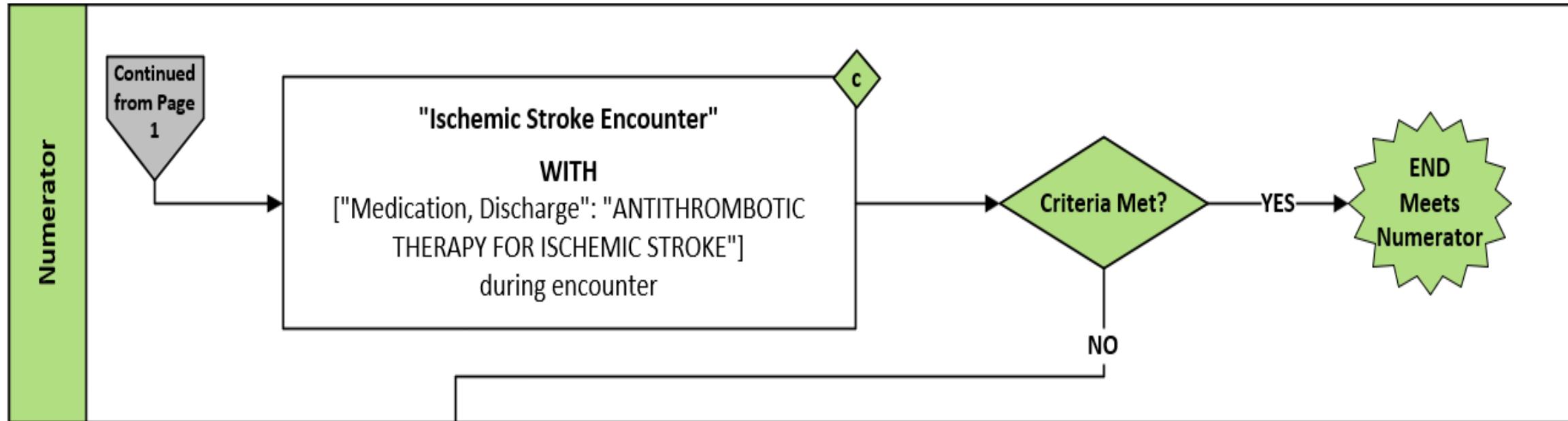
STK-2 Measure Flow – Denominator



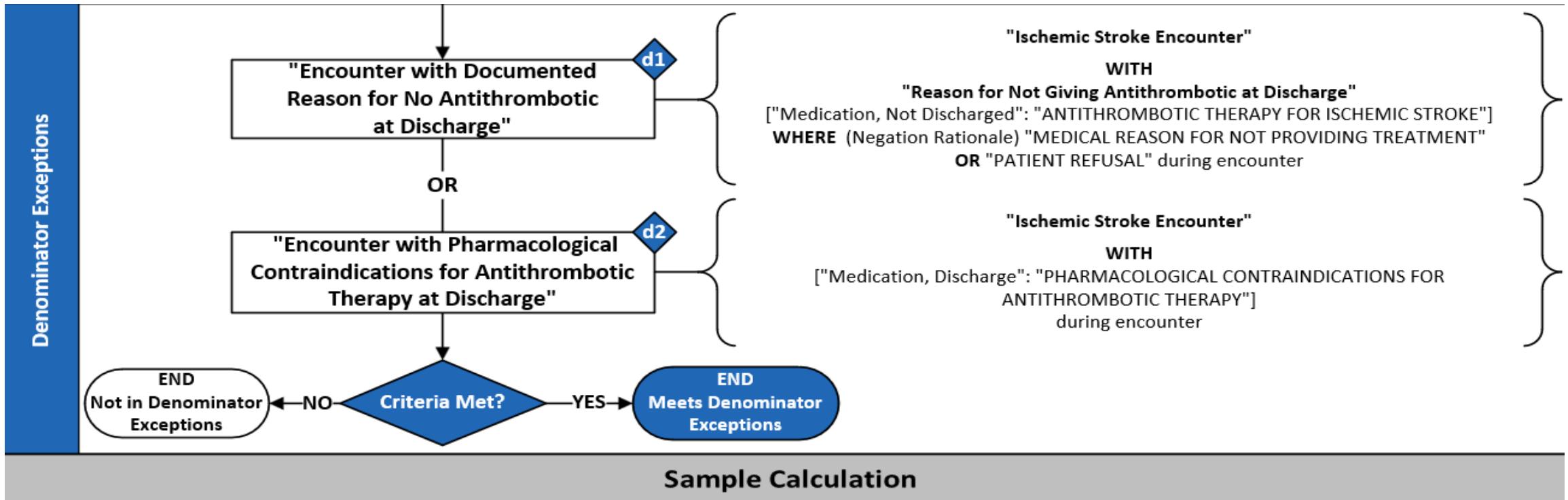
STK-2 Measure Flow – Denominator Exclusions



STK-2 Measure Flow – Numerator



STK-2 Measure Flow – Denominator Exceptions



$$\text{Performance Rate} = \frac{\text{Numerator (c = 50)}}{\text{Denominator (a = 100) - Denominator Exclusions (b1 + b2 = 20) - Denominator Exceptions (d1 + d2 = 20)}} = 83\%$$

CMS104

STK-2 Discharged on Antithrombotic Therapy

Logic Detail

★ Measure Changes

Measure Components	2025 Reporting Year
Logic	Denominator updated to “Initial Population”
Terminology	<p>Value set Antithrombotic Therapy for Ischemic Stroke (2.16.840.1.113762.1.4.1110.62):</p> <p>Added 13 RxNorm codes based on terminology update.</p> <p>Deleted 1 RxNorm (1804738) code based on terminology update.</p> <p>Deleted 2 RxNorm codes (854228, 854235) based on review by technical experts, SMEs, and/or public feedback.</p>

STK-2 Denominator

- ★ **"Encounter with Principal Diagnosis and Age"**

EncounterWithAge

where exists (EncounterWithAge.diagnoses Diagnosis

where Diagnosis.code in "Ischemic Stroke"

and Diagnosis.rank = 1)

- **“Initial Population”**

STK-2 Denominator Exclusions

TJC."Ischemic Stroke Encounters with Discharge Disposition"

Union

TJC."Encounter with Comfort Measures during Hospitalization"



STK-2 Denominator Exclusions (2)

TJC."Ischemic Stroke Encounters with Discharge Disposition"

```
( ( "Ischemic Stroke Encounter" IschemicStrokeEncounter
  where IschemicStrokeEncounter.dischargeDisposition in
        "Discharge To Acute Care Facility"
  or IschemicStrokeEncounter.dischargeDisposition in
        "Left Against Medical Advice"
  or IschemicStrokeEncounter.dischargeDisposition in
        "Patient Expired"
  or IschemicStrokeEncounter.dischargeDisposition in
        "Discharged to Home for Hospice Care"
  or IschemicStrokeEncounter.dischargeDisposition in
        "Discharged to Health Care Facility for Hospice Care"
))
```

STK-2 Denominator Exclusions (3)

TJC. "Encounter with Comfort Measures during Hospitalization"

"Ischemic Stroke Encounter" IschemicStrokeEncounter
 with "Intervention Comfort Measures" ComfortMeasure
 such that Coalesce(start of Global."NormalizeInterval"
 (ComfortMeasure.relevantDatetime,
 ComfortMeasure.relevantPeriod),
 ComfortMeasure.authorDatetime)
 during Global."HospitalizationWithObservation"
 (IschemicStrokeEncounter)

TJC."Intervention Comfort Measures"

["Intervention, Order": "Comfort Measures"]
 union ["Intervention, Performed": "Comfort Measures"]

STK-2 Numerator

TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
with ["Medication, Discharge": "Antithrombotic Therapy for Ischemic Stroke"]
DischargeAntithrombotic
such that DischargeAntithrombotic.authorDatetime
during IschemicStrokeEncounter.relevantPeriod

STK-2 Denominator Exceptions

"Encounter with Documented Reason for No Antithrombotic At Discharge"

union

"Encounter with Pharmacological Contraindications for Antithrombotic Therapy at Discharge"



STK-2 Denominator Exceptions (2)

"Encounter with Documented Reason for No Antithrombotic At Discharge"

TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter

with "Reason for Not Giving Antithrombotic at Discharge" NoDischargeAntithrombotic
such that NoDischargeAntithrombotic.authorDatetime during
IschemicStrokeEncounter.relevantPeriod



"Reason for Not Giving Antithrombotic at Discharge"

["Medication, Not Discharged": "Antithrombotic Therapy for Ischemic Stroke"]

NoAntithromboticDischarge

where NoAntithromboticDischarge.negationRationale in "Medical Reason For Not Providing Treatment"

or NoAntithromboticDischarge.negationRationale in "Patient Refusal"

STK-2 Denominator Exceptions (3)

"Encounter with Pharmacological Contraindications for Antithrombotic Therapy at Discharge"

TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
with ["Medication, Discharge": "Pharmacological Contraindications For Antithrombotic Therapy"]
Pharmacological
such that Pharmacological.authorDatetime during IschemicStrokeEncounter.relevantPeriod

Frequently Asked Questions (FAQ): STK-2



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 a rehabilitation unit of an acute care hospital, are not excluded and therefore, included in the measure population.

Frequently Asked Questions (FAQ): STK-2 (2)



Question:

The discharge summary and discharge medication list include one aspirin 81mg chewable tablet to be taken for 2 days after discharge, followed by clopidogrel 75 mg tablet daily starting on day 3 post discharge. Will this meet “Antithrombotic Therapy at Discharge”, since aspirin was prescribed for only two days?

Answer:

Aspirin prescribed at discharge for 2 days will meet STK-2.

- Aspirin → “Antithrombotic Therapy” value set.
- Clopidogrel (prescribed at discharge) → “Antithrombotic Therapy” value set
- If authored during the ischemic stroke encounter → included in the Numerator.

CMS71

STK-3 Anticoagulation Therapy for Atrial Fibrillation/Flutter

Measure Rationale

STK-3 Anticoagulation Therapy for Atrial Fibrillation/Flutter

- Ischemic stroke patients with a current finding or history of atrial fibrillation or flutter 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.

STK-3 Anticoagulation Therapy for Atrial Fibrillation/Flutter (2)

- 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 1622 hospitals / 94,474 patients with 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

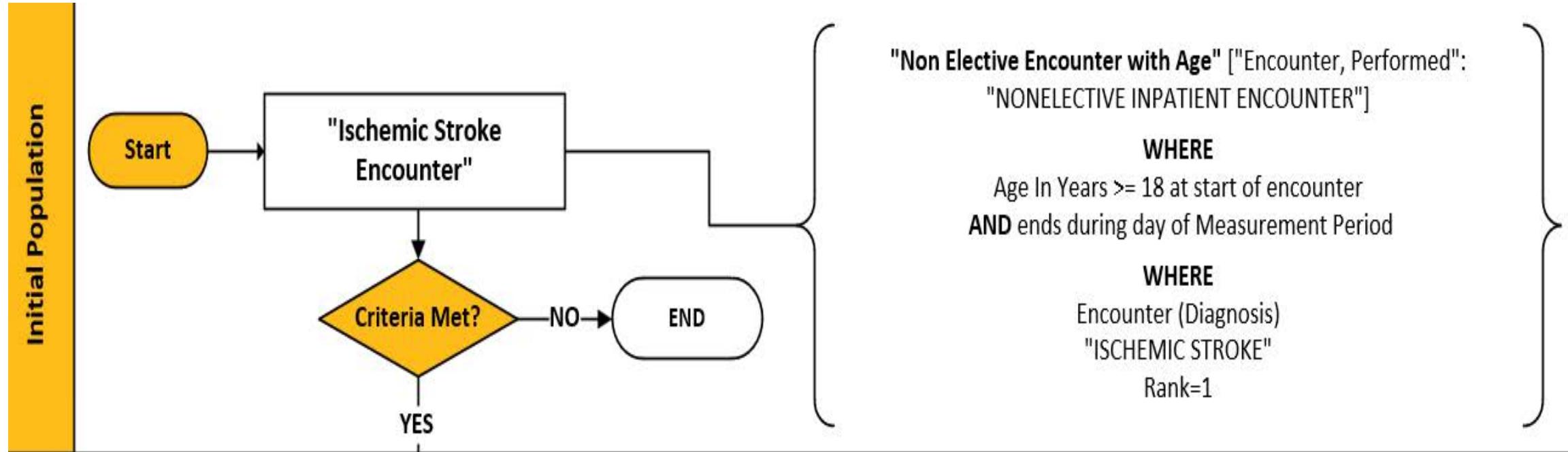


CMS71

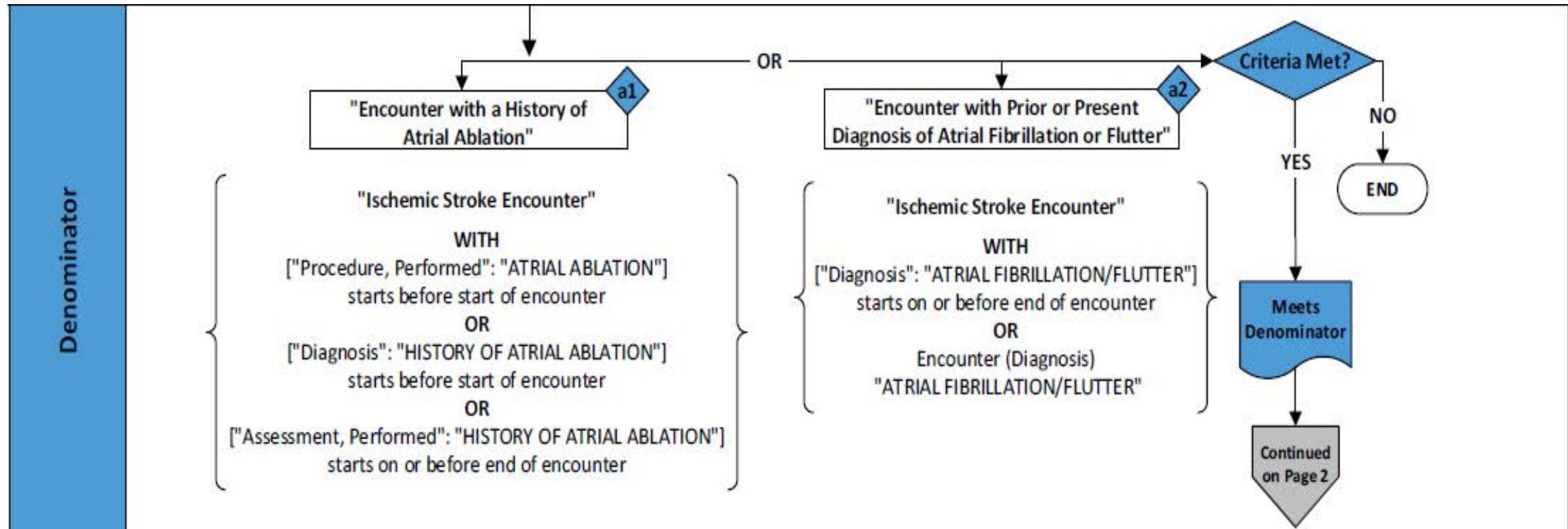
STK-3 Anticoagulation Therapy for Atrial Fibrillation/Flutter

Measure Flow

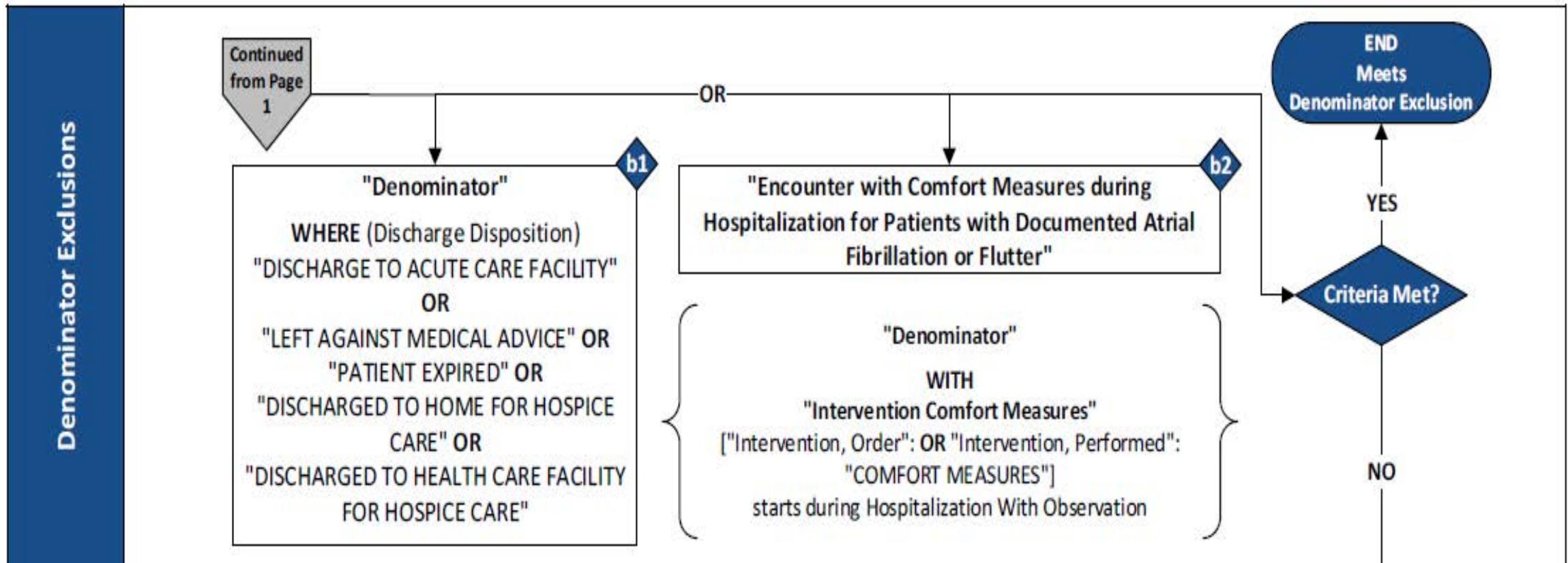
STK-3 Measure Flow- Initial Population



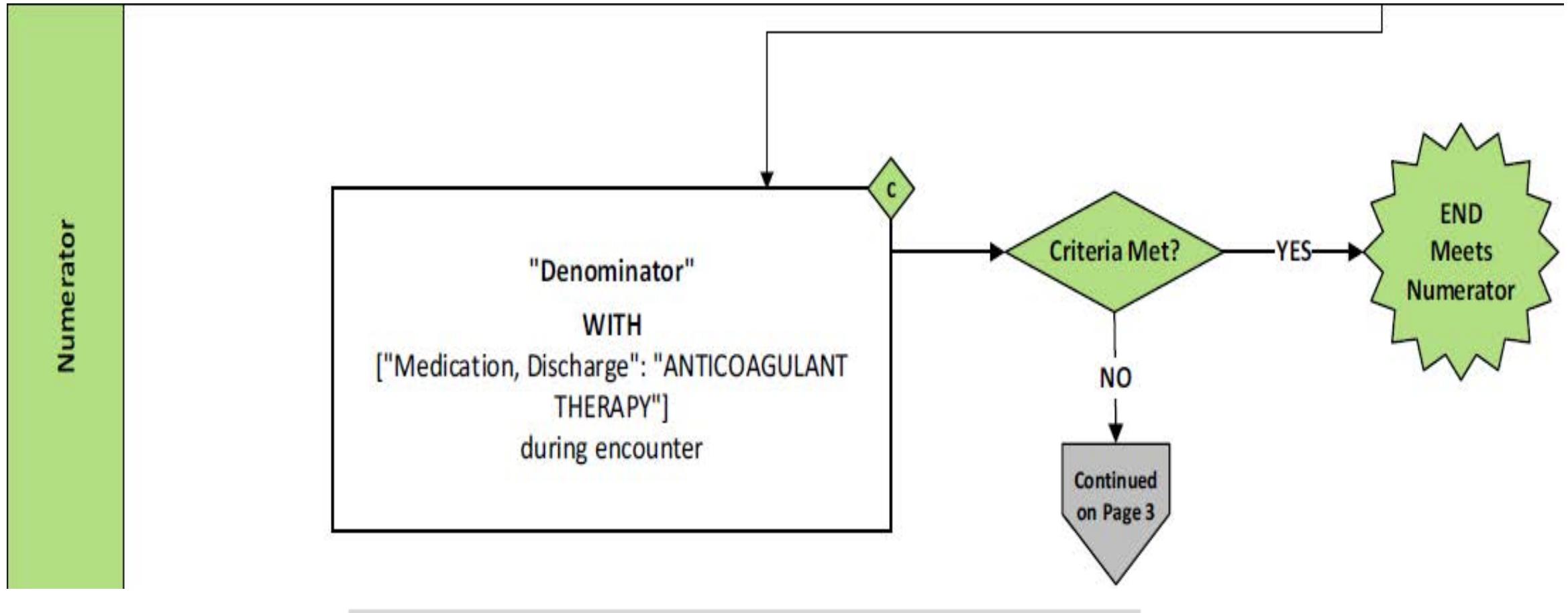
STK-3 Measure Flow- Denominator



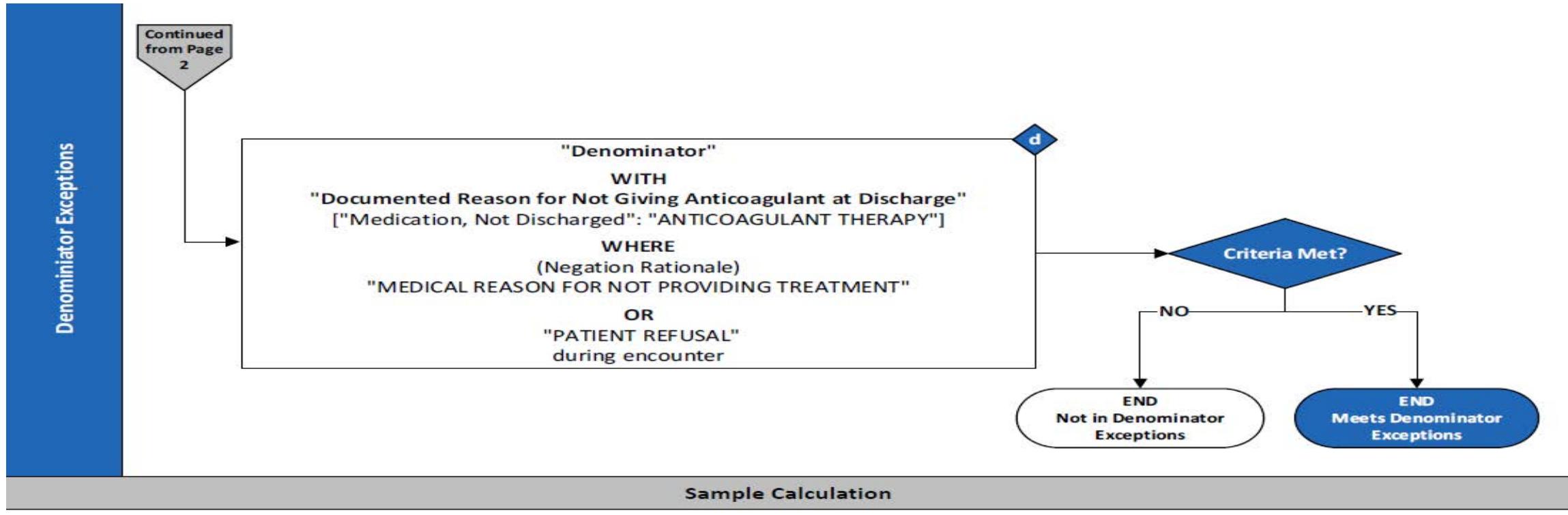
STK-3 Measure Flow – Denominator Exclusions



STK-3 Measure Flow – Numerator



STK-3 Measure Flow – Denominator Exceptions



Performance Rate = $\frac{\text{Numerator (c = 50)}}{\text{Denominator (a1 + a2 = 100)} - \text{Denominator Exclusions (b1 + b2 = 20)} - \text{Denominator Exceptions (d = 20)}} = 83\%$

CMS71

STK-3 Anticoagulation Therapy for Atrial Fibrillation/Flutter

Logic Detail

★ STK-3 Measure Changes

Measure Components	2025 Reporting Year
Terminology	Value set Anticoagulant Therapy (2.16.840.1.113883.3.117.1.7.1.200): Deleted 1 RxNorm code (1804738) based on terminology update.
Terminology	Value set Atrial Ablation (2.16.840.1.113883.3.117.1.7.1.203): Added 1 SNOMED CT code (870252007) based on terminology update.
Terminology	Value set Atrial Fibrillation or Flutter (2.16.840.1.113883.3.117.1.7.1.202): Added 6 SNOMED CT codes (1010405004, 280797561000119107, 313377641000119105, 467643831000119105, 489609371000119104, 762247006) based on terminology update. Deleted 2 ICD-9-CM codes (427.31, 427.32) based on applicability of value set and/or OID.

STK-3 Denominator

"Encounter with a History of Atrial Ablation"

Union

"Encounter with Prior or Present Diagnosis of Atrial Fibrillation or Flutter"



STK-3 Denominator

"Encounter with a History of Atrial Ablation"

```
TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
  with ["Procedure, Performed": "Atrial Ablation"] AtrialAblationProcedure
    such that Global."NormalizeInterval"(AtrialAblationProcedure.relevantDatetime,
      AtrialAblationProcedure.relevantPeriod ) starts before start of IschemicStrokeEncounter.relevantPeriod
)
union ( TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
  with ["Diagnosis": "History of Atrial Ablation"] AtrialAblationDiagnosis
    such that AtrialAblationDiagnosis.prevalencePeriod starts before start of
  IschemicStrokeEncounter.relevantPeriod
)
union ( TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
  with ["Assessment, Performed": "History of Atrial Ablation"] AtrialAblationAssessment
    such that Global."EarliestOf" ( AtrialAblationAssessment.relevantDatetime,
      AtrialAblationAssessment.relevantPeriod ) on or before end of IschemicStrokeEncounter.relevantPeriod
)
```

STK-3 Denominator (2)

"Encounter with Prior or Present Diagnosis of Atrial Fibrillation or Flutter"

TJC. "Ischemic Stroke Encounter" IschemicStrokeEncounter
with ["Diagnosis": "Atrial Fibrillation or Flutter"] AtrialFibrillationFlutter
such that AtrialFibrillationFlutter.prevalencePeriod starts on or before
end of IschemicStrokeEncounter.relevantPeriod)

union

(TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
where exists (IschemicStrokeEncounter.diagnoses Diagnosis
where (Diagnosis.code in "Atrial Fibrillation or Flutter")

STK-3 Denominator Exclusions

"Denominator" Encounter

where Encounter.dischargeDisposition in "Discharge To Acute Care Facility"
or Encounter.dischargeDisposition in "Left Against Medical Advice"
or Encounter.dischargeDisposition in "Patient Expired"
or Encounter.dischargeDisposition in "Discharged to Home for Hospice Care"
or Encounter.dischargeDisposition in "Discharged to Health Care Facility for Hospice Care"

union

"Encounter with Comfort Measures during Hospitalization for Patients with Documented Atrial Fibrillation or Flutter"

STK-3 Denominator Exclusions (2)

Encounter with Comfort Measures during Hospitalization for Patients with Documented Atrial Fibrillation or Flutter

"Denominator" Encounter

with TJC."Intervention Comfort Measures" ComfortMeasure

such that Coalesce(start of Global."NormalizeInterval"(ComfortMeasure.relevantDatetime,
ComfortMeasure.relevantPeriod), ComfortMeasure.authorDatetime) during
Global."HospitalizationWithObservation" (Encounter)

TJC. "Intervention Comfort Measures"

["Intervention, Order": "Comfort Measures"]

union ["Intervention, Performed": "Comfort Measures"]

STK-3 Numerator

"Denominator" Encounter
with["Medication, Discharge": "Anticoagulant Therapy"]
DischargeAnticoagulant
such that DischargeAnticoagulant.authorDatetime
during Encounter.relevantPeriod

STK-3 Denominator Exceptions

"Denominator" Encounter

with "Documented Reason for Not Giving Anticoagulant at Discharge"

NoDischargeAnticoagulant

such that NoDischargeAnticoagulant.authorDatetime
during Encounter.relevantPeriod



"Documented Reason for Not Giving Anticoagulant at Discharge"

["Medication, Not Discharged": "Anticoagulant Therapy"] NoAnticoagulant

where NoAnticoagulant.negationRationale in "Medical Reason For Not Providing Treatment"

or NoAnticoagulant.negationRationale in "Patient Refusal"

Frequently Asked Questions (FAQ): STK-3



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.

STK-5 Antithrombotic Therapy By End of Hospital Day 2 (2)

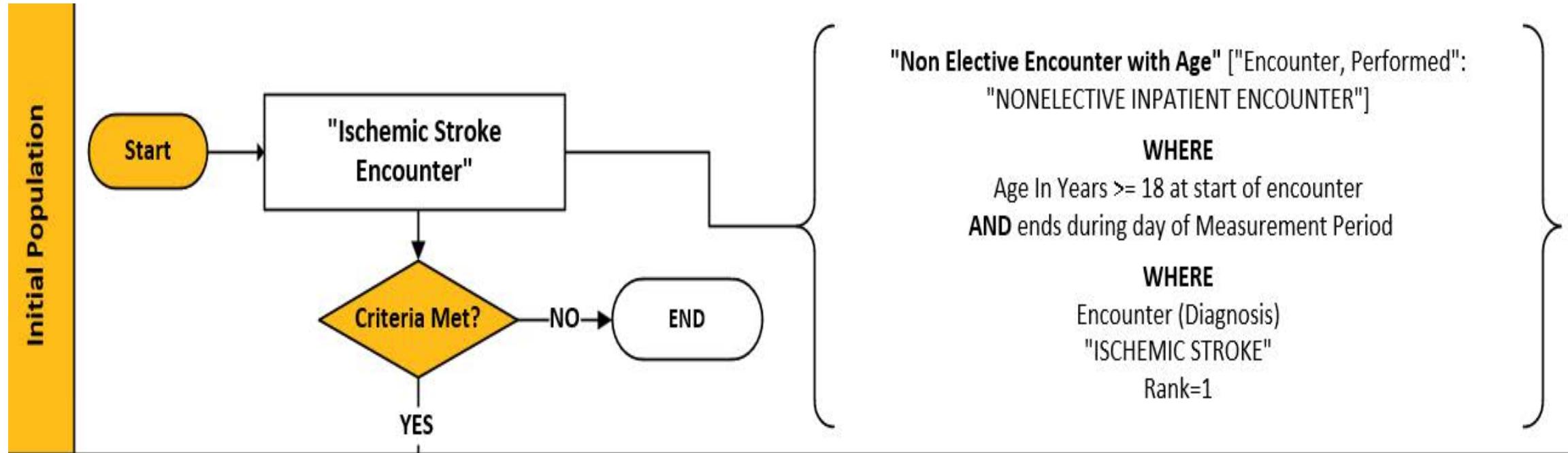
- Aspirin slows the coagulation cascade, interrupting platelet aggregation and reducing the risk of blood clot formation.
- When IV alteplase treatment is administered, aspirin administration is generally delayed 24 hours to reduce bleeding risk.
- For patients unable to swallow or take aspirin by mouth, rectal or nasogastric administration is appropriate.

CMS72

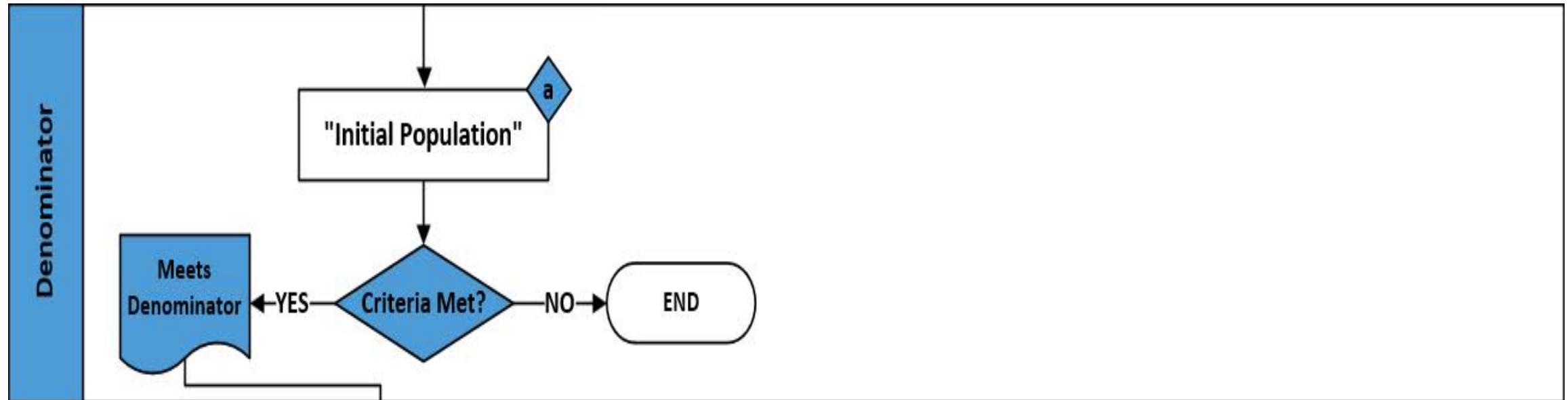
STK-5 Antithrombotic Therapy By End of Hospital Day 2

Measure Flow

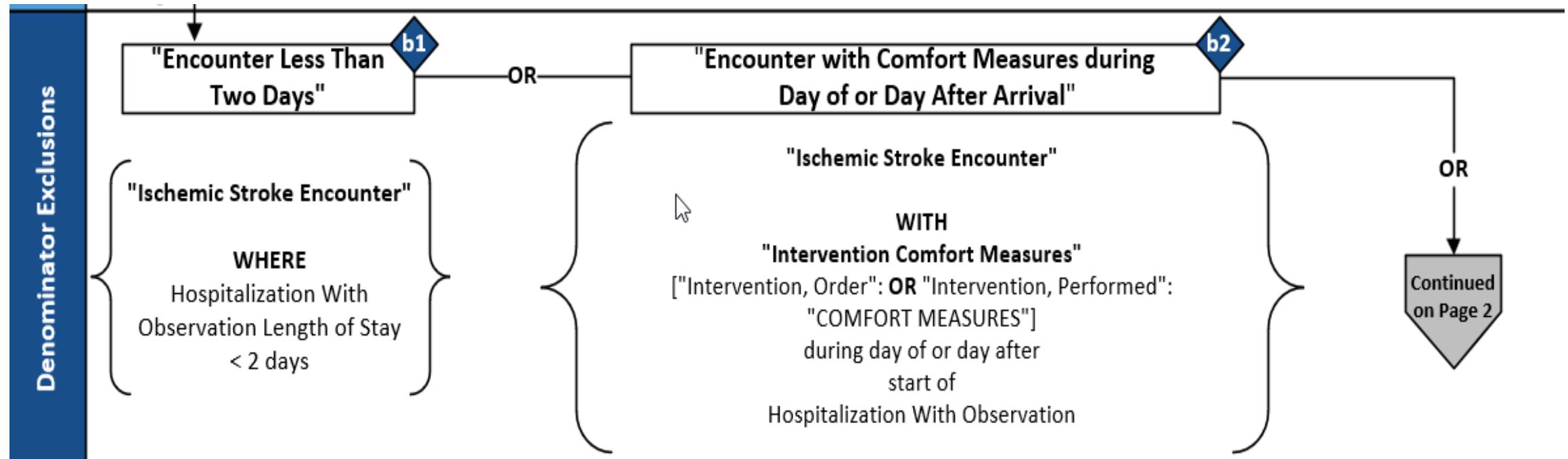
STK-5 Measure Flow- Initial Population



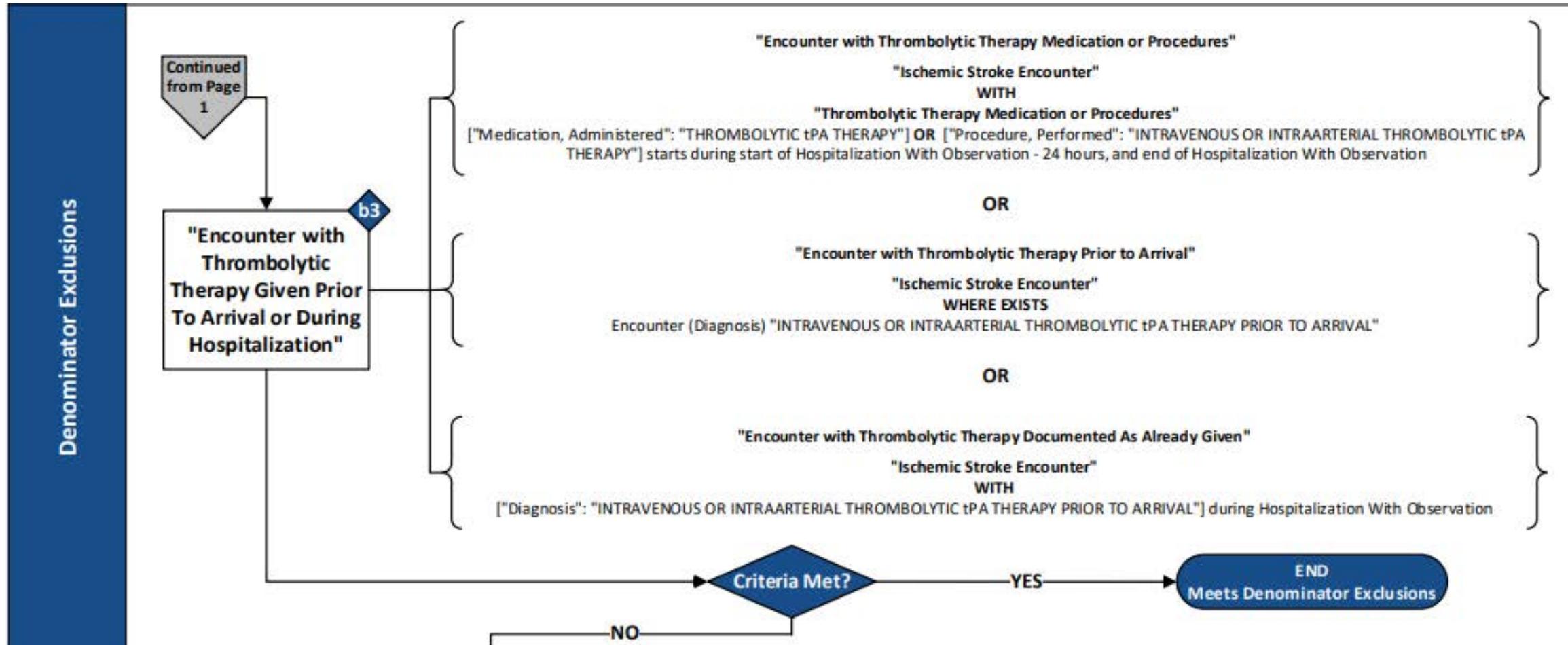
STK-5 Measure Flow – Denominator



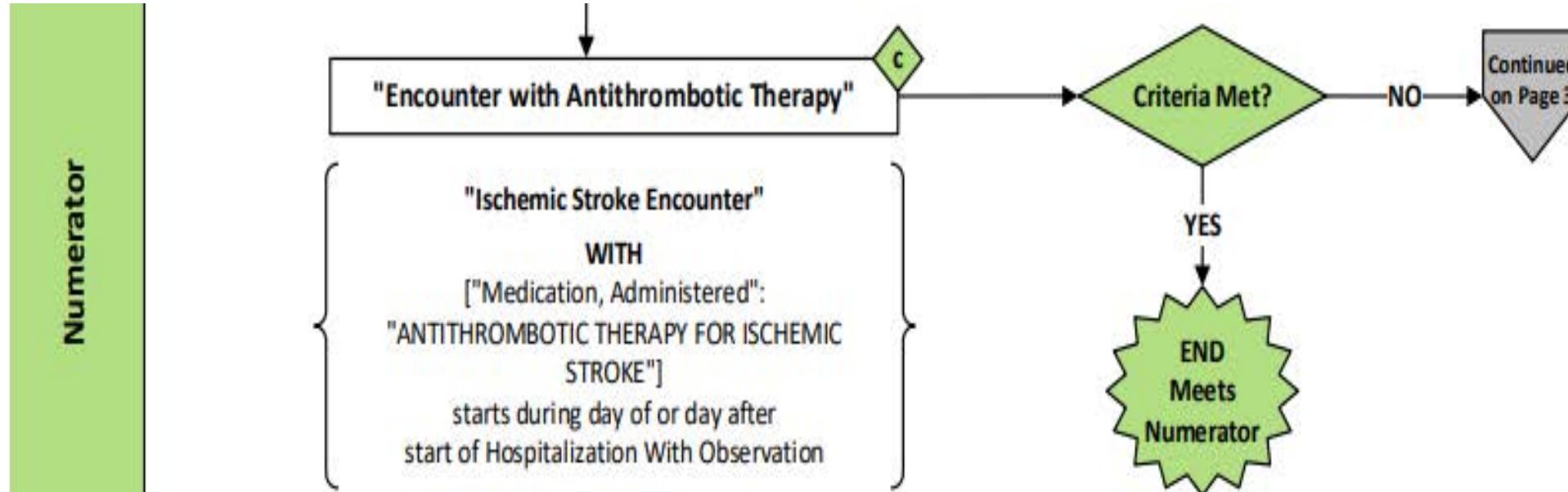
STK-5 Measure Flow-Denominator Exclusions



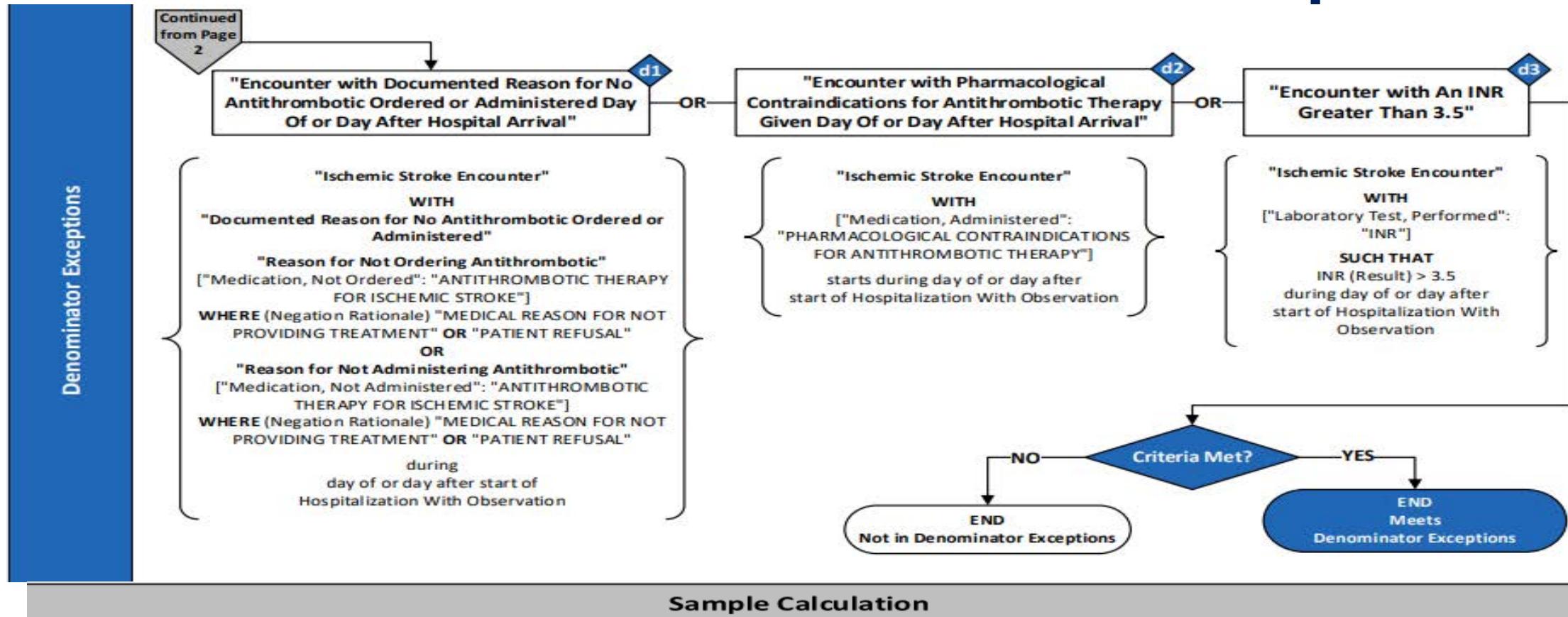
STK-5 Measure Flow-Denominator Exclusions (2)



STK-5 Measure Flow – Numerator



STK-5 Measure Flow-Denominator Exceptions



Sample Calculation

Performance Rate = $\frac{\text{Numerator (c = 50)}}{\text{Denominator (a = 100)} - \text{Denominator Exclusions (b1 + b2 + b3 = 20)} - \text{Denominator Exceptions (d1 + d2 + d3 = 20)}} = 83\%$

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STK-5 Antithrombotic Therapy By End of Hospital Day 2

Logic Detail

★ STK-5 Measure Changes

Measure Components	2025 Reporting Year
Logic	Denominator updated to “Initial Population”.
Logic	Removed the time function, 'TJC.TruncateTime,' from the TJCOversight Library and updated the calendar day function 'TJC.CalendarDayOfOrDayAfter' to align with the measure intent.
Terminology	Value set Antithrombotic Therapy for Ischemic Stroke (2.16.840.1.113762.1.4.1110.62): Added 13 RxNorm codes based on terminology update. Deleted 1 RxNorm (1804738) code based on terminology update. Deleted 2 RxNorm codes (854228, 854235) based on review by technical experts, SMEs, and/or public feedback.

STK-5 Denominator

- ★ **"Encounter with Principal Diagnosis and Age"**

~~EncounterWithAge~~

~~where exists (EncounterWithAge.diagnoses Diagnosis~~

~~where Diagnosis.code in "Ischemic Stroke"~~

~~and Diagnosis.rank = 1)~~

- ★ **“Initial Population”**

STK-5 Denominator Exclusions

"Encounter Less Than Two Days"

union

"Encounter with Comfort Measures during Day of or Day After Arrival"

union

"Encounter with Thrombolytic Therapy Given Prior To Arrival Or During Hospitalization"



STK-5 Denominator Exclusions (2)

"Encounter Less Than Two Days"

TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
where Global."HospitalizationWithObservationLengthofStay"
(IschemicStrokeEncounter)< 2

STK-5 Denominator Exclusions (3)

TJC. "Encounter with Comfort Measures during Day of or Day After Arrival"

"Ischemic Stroke Encounter" IschemicStrokeEncounter

with "Intervention Comfort Measures" ComfortMeasure

such that Coalesce(start of Global."NormalizeInterval"
 (ComfortMeasure.relevantDatetime,
 ComfortMeasure.relevantPeriod),
 ComfortMeasure.authorDatetime)

during day of TJC."CalendarDayOfOrDayAfter
 (start of Global."HospitalizationWithObservation"
 (IschemicStrokeEncounter))

TJC."Intervention Comfort Measures"

["Intervention, Order": "Comfort Measures"]

union ["Intervention, Performed": "Comfort Measures"]

STK-5 Denominator Exclusions (4)

"Encounter with Thrombolytic Therapy Given Prior To Arrival Or During Hospitalization"

"Encounter with Thrombolytic Therapy Medication or Procedures"
union

"Encounter with Thrombolytic Therapy Prior to Arrival"
union

"Encounter with Thrombolytic Therapy Documented As Already Given"

STK-5 Denominator Exclusions (5)

"Encounter with Thrombolytic Therapy Medication or Procedures"

TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
with "Thrombolytic Therapy Medication or Procedures" ThrombolyticTherapy
such that Global."NormalizeInterval" (ThrombolyticTherapy.relevantDatetime,
ThrombolyticTherapy.relevantPeriod)
starts during Interval [start of Global."HospitalizationWithObservation" (
IschemicStrokeEncounter)
- 24 hours, end of Global."HospitalizationWithObservation"(IschemicStrokeEncounter))

"Thrombolytic Therapy Medication or Procedures"

["Medication, Administered": "Thrombolytic tPA Therapy"]
union
["Procedure, Performed": "Intravenous or Intraarterial Thrombolytic tPA Therapy"]

STK-5 Denominator Exclusions (6)

"Encounter with Thrombolytic Therapy Prior to Arrival"

TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
where exists IschemicStrokeEncounter.diagnoses Diagnosis
where Diagnosis.code in "Intravenous or Intraarterial Thrombolytic
tPA Therapy Prior to Arrival"

STK-5 Denominator Exclusions (7)

- ★ "Encounter with Thrombolytic Therapy Documented As Already Given"

TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
with [Diagnosis: "Intravenous or ~~Intra~~Intraarterial Thrombolytic TPA
Therapy Prior to Arrival"] PriorTPA
such that PriorTPA.authorDatetime during
Global."HospitalizationWithObservation"
(IschemicStrokeEncounter)

STK-5 Numerator

"Encounter with Antithrombotic Therapy"

TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
with ["Medication, Administered": "Antithrombotic Therapy for Ischemic
Stroke"] Antithrombotic
such that Global."NormalizeInterval"(Antithrombotic.relevantDatetime,
Antithrombotic.relevantPeriod)
starts during day of TJC."CalendarDayOfOrDayAfter" (start of
Global."HospitalizationWithObservation"
(IschemicStrokeEncounter))

STK-5 Denominator Exceptions

"Encounter with Documented Reason for No Antithrombotic Ordered or Administered Day Of or Day After Hospital Arrival"

union

"Encounter with Pharmacological Contraindications for Antithrombotic Therapy Given Day Of or Day After Hospital Arrival"

union

"Encounter with An INR Greater Than 3.5"

STK-5 Denominator Exceptions (2)

"Encounter with Documented Reason for No Antithrombotic Ordered or Administered Day Of or Day After Hospital Arrival"

TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
with "Documented Reason for No Antithrombotic Ordered or Administered"
NoAntithrombotic
such that NoAntithrombotic.authorDatetime during day of
TJC."CalendarDayOfOrDayAfter"
(start of Global."HospitalizationWithObservation" (IschemicStrokeEncounter))

"Documented Reason for No Antithrombotic Ordered or Administered"
"Reason for Not Ordering Antithrombotic"
union "Reason for Not Administering Antithrombotic"

STK-5 Denominator Exceptions (3)

"Reason for Not Ordering Antithrombotic"

["Medication, Not Ordered": "Antithrombotic Therapy for Ischemic Stroke"]

NoAntithromboticOrder

where NoAntithromboticOrder.negationRationale in "Medical Reason For Not Providing Treatment"

or NoAntithromboticOrder.negationRationale in "Patient Refusal"

"Reason for Not Administering Antithrombotic"

["Medication, Not Administered": "Antithrombotic Therapy for Ischemic Stroke"]

NoAntithromboticGiven

where NoAntithromboticGiven.negationRationale in "Medical Reason For Not Providing Treatment"

or NoAntithromboticGiven.negationRationale in "Patient Refusal"

STK-5 Denominator Exceptions (4)

"Encounter with Pharmacological Contraindications for Antithrombotic Therapy Given Day Of or Day After Hospital Arrival"

TJC."Ischemic Stroke Encounter" IschemicStrokeEncounterwith ["Medication, Administered":

 "Pharmacological Contraindications For Antithrombotic Therapy"]

 PharmacologicalContraindications

 such that Global."NormalizeInterval"

 (PharmacologicalContraindications.relevantDatetime,

 PharmacologicalContraindications.relevantPeriod)

 starts during day of TJC."CalendarDayOfOrDayAfter"(start of
 Global."HospitalizationWithObservation"

 (IschemicStrokeEncounter))

STK-5 Denominator Exceptions (5)

"Encounter with An INR Greater Than 3.5"

TJC."Ischemic Stroke Encounter" IschemicStrokeEncounter
with ["Laboratory Test, Performed": "INR"] INR
such that INR.resultDatetime during day of TJC."CalendarDayOfOrDayAfter"
(start of Global."HospitalizationWithObservation" (IschemicStrokeEncounter))
and INR.result > 3.5

Frequently Asked Questions (FAQ)- STK-5



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.



Resources

eCQI Resource Center

CMS EH Measures

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

Get Started with eCQMs

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

Teach Me Clinical Quality Language (CQL) Video Series -

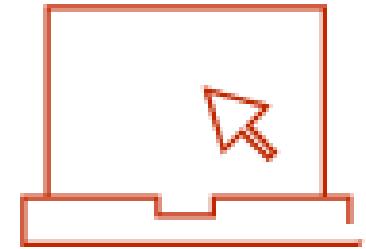
https://ecqi.healthit.gov/cql?qt-tabs_cql=2

Hospitalization with Observation -

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

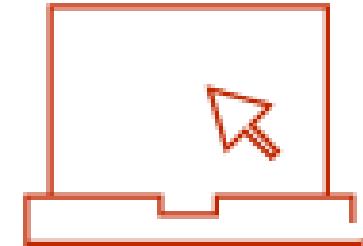
What is a Value Set -

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



Resources (2)

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



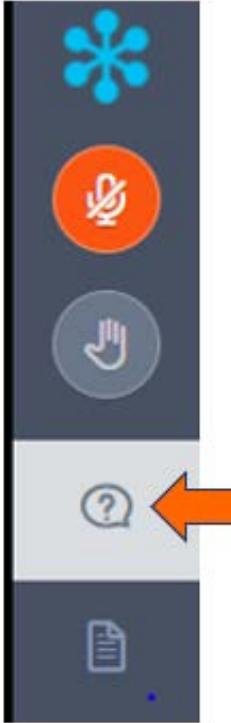
Pioneers In Quality -<https://www.jointcommission.org/measurement/pioneers-in-quality/>

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

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

Live Q&A Segment

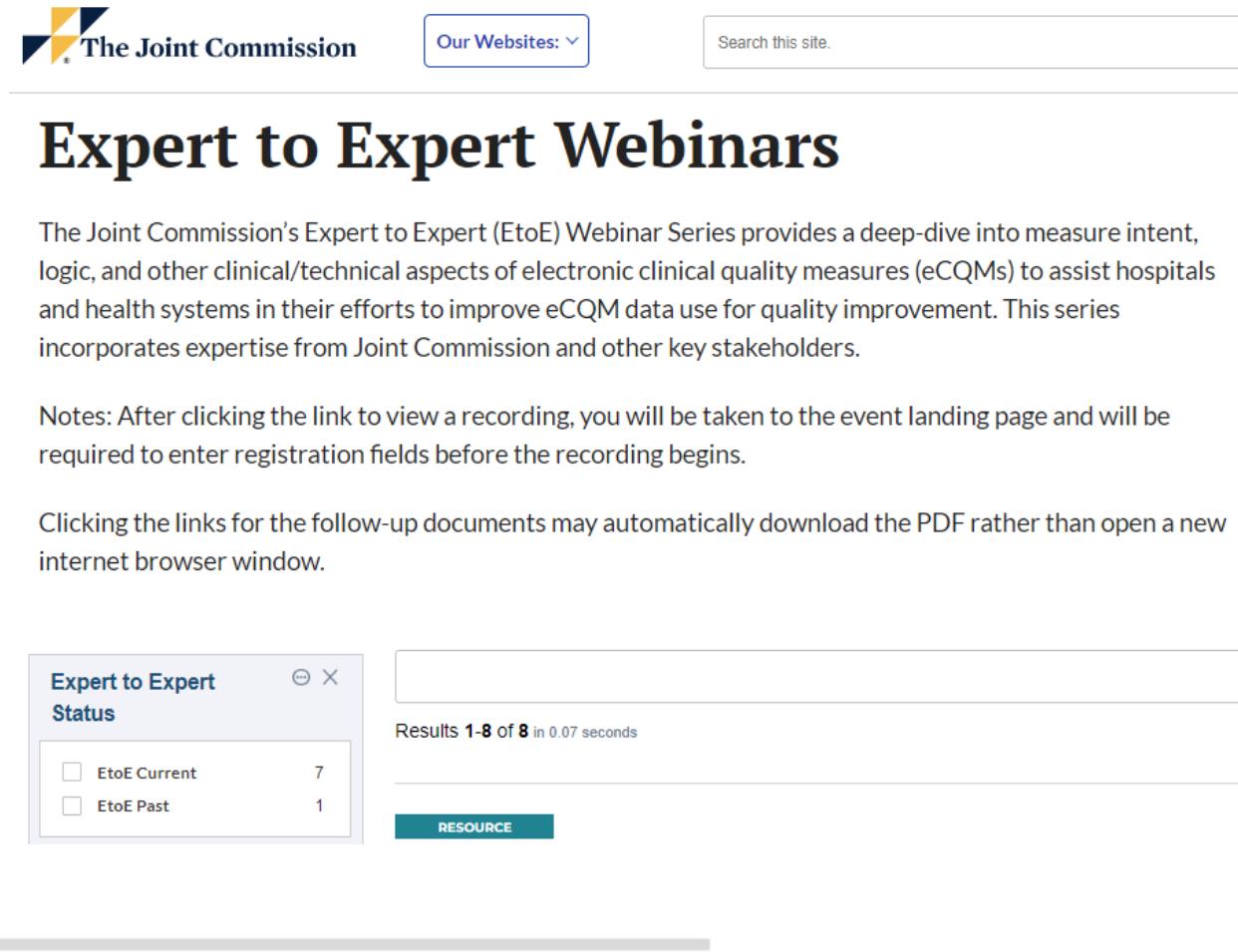
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Webinar recording

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



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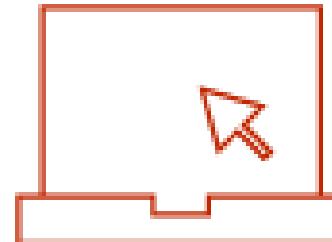
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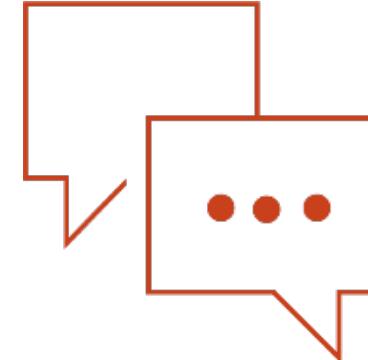


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Acronyms

Acronym	Full Phrase
AHA	American Heart Association
CY	Calendar Year
eCQM	Electronic Clinical Quality Measure
ED	Emergency Department
EHR	Electronic Health Record
FY	Fiscal Year
GTWG	Get With the Guidelines
HIQR	Hospital Inpatient Quality Reporting
ICD10	International Classification of Diseases, Tenth Revision
IPP	Initial Patient Population
HIQR	Hospital Inpatient Quality Reporting
ORYX	The Joint Commission's ORYX initiative integrates performance measurement data into the accreditation process.
RXNORM	Drug terminology authored by National Library of Medicine
SME	Subject Matter Expert
STK	Stroke
SNOMED CT	Systematized Nomenclature of Medicine - Clinical Terms
VSAC	Value Set Authority Center