Measure for Impact
Quality Measure Compendium

Measure for Impact Description

ASHP Measure for Impact (M4I) is an initiative sponsored by the ASHP Foundation, aimed at identifying standard measures for pharmacy practice. M4I uses a consensus-based approach to identify the most impactful existing measures and will lead to the creation of a national health-system pharmacy quality framework. Measures have been grouped into domains to allow for focused evaluation and engagement of subject matter experts on the topics. Measures will be selected for the following domains: (1) medication use and safety, (2) patient care and quality, (3) operations, automation and technology, (4) workforce and people, and (5) financial management.

This document contains the 13 measures which achieved expert consensus in the Medication Use and Safety domain.

How to Use This Compendium

This document provides the primary source for each measure specification, based on publicly available data. A brief numerator and denominator have been provided for all measures. For purposes of reporting and/or dashboard development, please refer to the details available via each data source. Full inclusion and exclusion criteria are detailed for each measure, as well as appropriate lists of ICD-10 codes and medications, where applicable. The measure specification language provided in this file can be used to initiate conversations with analytics, quality, and/or informatics departments within your institution to pull the numerator and denominator data needed to monitor and benchmark performance on the selected Measure for Impact measures.

This compendium was prepared from existing quality measure sources to support pharmacy team members in the development and use of quality measure monitoring and dashboards. They have not been fully vetted or tested. Application will vary based on the system and they will need to be validated within your own institution. It may be easiest to test and implement measure reporting for one measure at a time. ASHP is not legally responsible for these measure definitions. If you identify an issue within the document, please contact us at PracticeAdvancement@ashp.org.

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MEDICATION SAFETY & USE PROCESS

Automated Dispensing Cabinet (ADC) Override Rate

Description: Rate of ADC overrides (override occurs when a practitioner bypasses the pharmacist's review of a medication order to obtain a medication from the ADC)	**Calculation:** **Numerator** Number of medications removed from a profiled ADC using override functionality **Denominator:** Total number of medications removed from the ADC during the measurement period **Rate reported as:** (Numerator / Denominator) × 100

- Source: ISMP
- More information is available at: https://home.ecri.org/blogs/ismp-resources/targeted-medication-safety-best-practices-for-hospitals?srsltid=AfmBOorsTB2EkKvcUcl5ya9pvoJTRaxhVvBo--GFEol0Xge0UUvjP62T

Barcode Medication Administration (BCMA) Utilization Rate

Description: Percent compliance with both patient and medication scans at the bedside	**Calculation:** **Numerator** Number of bedside medication administrations where both the patient ID band and medication barcode were scanned **Denominator** Number of bedside medication administrations in units where BCMA is implemented

- Source: Leapfrog Hospital Survey
- More information is available at: https://ratings.leapfroggroup.org/measure/hospital/2026/safe-medication-administration

Naloxone Administration Rate

Description: Rate of inpatient naloxone administration after receiving opioids	**Calculation:** **Numerator** Number of inpatient hospitalizations where naloxone was administered after documented opioid administration by hospital staff **Denominator** Number of inpatient hospitalizations with documented opioid administration

- Source: CMS
- More information is available at: https://ecqi.healthit.gov/ecqm/hosp-inpt/2026/cms0819v4

Programmable Infusion Pumps Utilization Rate

Description: Percent of medication and hydration infusions programmed using the programmable infusion pump drug library.	**Calculation:** **Numerator** Number of medication and hydration infusions programmed using the smart infusion pump drug library **Denominator** Number of medication and hydration infusions administered via infusion pump

- Source: ISMP
- More information is available at: https://home.ecri.org/blogs/ismp-resources/targeted-medication-safety-best-practices-for-hospitals?srsltid=AfmBOorsTB2EkKvcUcl5ya9pvoJTRaxhVvBo--GFEol0Xge0UUvjP62T

Severe Hypoglycemia Episode Rate

Description : Incidence of severe hypoglycemic episodes in patients who were administered at least one hypoglycemic medication during the encounter.	**Calculation:** **Numerator** Number of patient days with hypoglycemic event **Denominator** Number of patient days where glucose test is performed

- Source: CMS
- More information is available at: https://ecqi.healthit.gov/ecqm/hosp-inpt/2025/cms0816v4

MEDICATION RECONCILATION

Medication Reconciliation Rate at Admission

Description: Percentage of patients receiving admission medication reconciliation by a pharmacy staff member.	**Calculation:** **Numerator** Number of patients with a home medication list documented and reconciled at admission by a pharmacy staff member **Denominator** Number of patients admitted, excluding newborns

- Source: AHRQ Publication No. 11(12)-0059
- More information is available at: https://www.ahrq.gov/patient-safety/settings/hospital/match/appendix/app-6a.html

ANTIMICROBIAL STEWARDSHIP

Antimicrobial Days of Therapy (DOT)

Description: Days of therapy (DOT) per antimicrobial: stratified by antibiotic per 1,000 days present	**Calculation:** **Numerator** Total days of therapy (DOT) for each antimicrobial agent **Denominator** Total days present **Rate reported as:** (Numerator / Denominator) × 1,000

- Source: NHSN (CDC) – Antimicrobial Use and Resistance
- More information is available at: https://cdc.gov/nhsn/psc/aur/index.html

THROMBOEMBOLISM PREVENTION

Intensive Care Unit Venous Thromboembolism Prophylaxis Rate (eVTE-2)

Description: Percentage of patients who received VTE prophylaxis or have documentation of why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day after ICU admission (or transfer).	**Calculation:** **Numerator** Inpatient hospitalizations for patients who received VTE prophylaxis: - the day of or the day after ICU admission (or transfer) - the day of or the day after surgery end date (for surgeries that end the day of or the day after ICU admission or transfer) Inpatient hospitalizations for patients who have documentation of a reason why no VTE prophylaxis was given: - between the day of arrival and the day after ICU admission (for patients directly admitted as inpatients to the ICU) - the day of or the day after surgery end date (for surgeries that end the day of or the day after ICU admission or transfer) **Denominator** Inpatient hospitalizations for patients directly admitted or transferred to ICU during the hospitalization

- Source: CMS
- More information is available at: https://ecqi.healthit.gov/ecqm/hosp-inpt/2027/cms0190v15

Venous Thromboembolism Prophylaxis Rate in Admitted Patients (eVTE-1)

Description: Percentage of patients who received VTE prophylaxis or have documentation of why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission.	**Calculation:** **Numerator** Inpatient hospitalizations for patients who received VTE prophylaxis: - between the day of arrival and the day after hospital admission - the day of or the day after surgery end date (for surgeries that end the day of or the day after hospital admission) Inpatient hospitalizations for patients who have documentation of a reason why no VTE prophylaxis was given: - between the day of arrival and the day after hospital admission - the day of or the day after surgery end date (for surgeries that end the day of or the day after hospital admission) **Denominator** Inpatient hospitalizations for patients discharged from hospital inpatient acute care without a diagnosis of venous thromboembolism (VTE) or obstetrics

- Source: CMS
- More information is available at: https://ecqi.healthit.gov/ecqm/hosp-inpt/2027/cms0108v15

VTE Prophylaxis Rate Ischemic or Hemorrhagic Stroke Patients (STK-1)

Description: Proportion of ischemic or hemorrhagic stroke patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission.	**Calculation:** **Numerator** Ischemic or hemorrhagic stroke patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given on the day of or the day after hospital admission **Denominator** Inpatient hospitalizations for patients with ischemic or hemorrhagic stroke

- Source: Partnership for Quality Measurement (PQM)
- More information is available at: https://p4qm.org/measures/0434

STROKE QUALITY MEASURES

Antithrombotic Therapy Rate by End of Hospital Day 2 In Ischemic Stroke Patients (STK-5)

Description: Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2.	**Calculation:** **Numerator** Inpatient hospitalization for patients who had antithrombotic therapy administered the day of or day after hospital arrival **Denominator** Patients discharged from non-elective inpatient care with a principal diagnosis of ischemic stroke

- Source: CMS
- More information is available at: https://ecqi.healthit.gov/ecqm/hosp-inpt/2027/cms0072v15

Ischemic Stroke Patients Discharged on Antithrombotic Therapy Rate (STK-2)

Description: Ischemic stroke patients prescribed or continuing to take antithrombotic therapy at hospital discharge.	**Calculation:** **Numerator** Inpatient hospitalizations for patients prescribed or continuing to take antithrombotic therapy at hospital discharge **Denominator** Patients discharged from non-elective inpatient care with a principal diagnosis of ischemic stroke

- Source: CMS
- More information is available at: https://ecqi.healthit.gov/ecqm/hosp-inpt/2027/cms0104v15

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

Description: Ischemic stroke patients with atrial fibrillation/flutter who are prescribed or continuing to take anticoagulation therapy at hospital discharge.	**Calculation:** **Numerator** Inpatient hospitalizations for patients prescribed or continuing to take anticoagulation therapy at hospital discharge **Denominator** Inpatient hospitalizations for patients with a principal diagnosis of ischemic stroke, and a history of atrial ablation, or current or history of atrial fibrillation/flutter

- Source: CMS
- More information is available at: https://ecqi.healthit.gov/ecqm/hosp-inpt/2027/cms0071v16