

2026 HMS PERFORMANCE INDEX SCORECARD CHEAT SHEET

MEASURE 4. INCREASE USE OF APPROPRIATE ANTIBIOTIC TREATMENT DURATION (3-5 DAYS) IN UNCOMPLICATED CAP (COMMUNITY ACQUIRED PNEUMONIA) CASES (I.E., REDUCE EXCESS DURATIONS)

$$\text{Measure 4} = \frac{\text{Pneumonia cases classified as uncomplicated CAP that received 3–5 days (+ 1 day) of antibiotics}}{\text{Pneumonia cases classified as uncomplicated CAP}}$$

- Higher is better.
- A measure of x/y means that x uncomplicated CAP cases had an appropriate duration of 3 – 5 days of antibiotics (+ 1 Day) out of the y uncomplicated CAP cases included in the measure.
 - Example: 2/3 means that 2 uncomplicated CAP cases received appropriate antibiotic treatment out of the 3 cases that were assessed in this measure. There will be 1 fall out case for this measure.
- NOTES:
 - Days of treatment is assessed starting with the first day of effective antibiotic treatment during the hospital encounter. Duration is calculated using effective duration which considers the presence of pathogen susceptibility and resistance.
 - Antibiotic days of treatment are counted as calendar days rather than 24-hour periods; therefore, six (6) days of total antibiotic duration is also considered appropriate for the allowance of a one-day grace period.
 - Cases with total antibiotic durations of 1 or 2 days are excluded from the denominator of this measure.
 - For the HMS definitions of uncomplicated CAP, please see your Site's ABX Use Report.
- **Full points:* ≥ 75% uncomplicated CAP cases receive appropriate duration of antibiotics
- **Partial points:* 65-74% uncomplicated CAP receive appropriate duration of antibiotics
- **No points:* ≤ 64% uncomplicated CAP cases receive appropriate duration of antibiotics

MEASURE 5: URINARY TRACT INFECTION (UTI) GUIDELINE UPDATES

- *Full points:* Submit updated locally developed UTI guidelines with all elements included
- NOTES:
 - Locally-developed UTI Guidelines must include ALL the following elements:
 - Identify symptoms of a urinary tract infection (UTI)
 - Maintain existing HMS-concordant guidelines
 - Recommend against sending urine cultures in the absence of urinary symptoms
 - Recommend against treating a positive urine culture in the absence of urinary symptoms
 - De-emphasize fluoroquinolones
 - Complicated UTI classification should include:
 - Febrile UTI
 - Bacteremic UTI
 - Pyelonephritis
 - CAUTI
 - Uncomplicated Lower UTI or Cystitis classification should include:
 - Infections localized to the bladder (in women or men) regardless of comorbidities
 - Provide antibiotic treatment recommendations for Uncomplicated UTI, including the following:
 - Transition to oral therapy
 - Dose
 - Duration of treatment
 - Selection of beta-lactam antibiotic is at the discretion of the site; alternative agents may be used in cases of an allergy

Antibiotic	Duration
<i>Preferred</i>	
Nitrofurantoin	5 days
Trimethoprim-sulfamethoxazole	3 days
IV beta-lactam to any oral agent	≤ 5 days
<i>Alternative</i>	
Fosfomycin	1 dose
Exclusively oral Beta-Lactam	≤ 7 days

- Updated UTI guidelines must either be fully implemented and in use by the time of submission OR have documented proof that updates have been submitted for local approval.
- HMS will distribute a survey to all abstractors and quality leads to collect the necessary information for this measure.

MEASURE 6: INCREASE ANTIBIOTICS DELIVERED WITHIN 3 HOURS OF ARRIVAL FOR SEPSIS CASES WITH HYPOTENSION

$$\text{Measure 6} = \frac{\text{Sepsis cases with hypotension that receive antibiotics within 3 hours of hospital arrival}}{\text{All non-viral sepsis cases with hypotension}}$$

- Higher is better.
- A measure of x/y means that x sepsis cases received antibiotics within 3 hours of hospital arrival out of the y non-viral sepsis cases with hypotension assessed in this measure.
 - Example: 2/10 means that 2 sepsis cases received antibiotics within 3 hours of hospital arrival out of the 10 non-viral sepsis cases with hypotension assessed in this measure. There will be 8 fallout cases for this measure.
- NOTES:
 - Cases included in this measure:
 - Patients with non-viral sepsis who display at least one of the following criteria:
 - ≥ 2 SIRS criteria in the first 2 hours of arrival
 - WBC < 4 or > 12
 - Lactate ≥ 2.0
 - Provider-documented symptoms of infection
 - AND present with hypotension within the first 2 hours of arrival, defined as:
 - Intravenous vasopressors initiated within 2 hours of arrival OR
 - Systolic blood pressure < 90 mmHg within 2 hours of arrival OR
 - Calculated MAP < 65 mmHg within 2 hours of arrival
 - Cases excluded from this measure:
 - Patients with viral sepsis, defined as:
 - Patients with positive COVID-19 or Influenza testing within the 3 days prior or on day 1 or 2 of the hospital encounter
- **Full points:* $\geq 75\%$ sepsis cases with hypotension receive antibiotics within 3 hours of arrival
- **Partial points:* 71 - 74% sepsis cases with hypotension receive antibiotics within 3 hours of arrival
- **No points:* $\leq 70\%$ sepsis cases with hypotension receive antibiotics within 3 hours of arrival

Measure 7: Increase Discharge/Post-Discharge Care Coordination for Sepsis Patients Discharged to Home-like Setting

$$\text{Measure 7 (Part 1)} = \frac{\text{Sepsis cases receiving at least 1 of 4 post-discharge coordination measures}}{\text{All sepsis cases discharged to home-like setting}}$$

$$\text{Measure 7 (Part 2)} = \frac{\text{Sepsis cases at high risk of readmission receiving at least 2 of 4 post-discharge coordination measures}}{\text{All sepsis cases discharged to home-like setting}}$$

To Receive Full Points (15 points):

$\geq 86\%$ of All Patients discharged to a Home-Like Setting must receive 1 out of 4 Care Coordination Measures
AND $\geq 74\%$ of High Risk Patients discharged to a Home-Like Setting must receive 2 out of 4 Care Coordination Measures

To Receive Partial Points (8 points):

≥ 86% of All Patients discharged to a Home-Like Setting must receive 1 out of 4 Care Coordination Measures
 OR ≥ 74% of High Risk Patients discharged to a Home-Like Setting must receive 2 out of 4 Care Coordination Measures

If you achieve neither goal, you will receive 0 points for the measure.

Part 1

- Higher is better.
- A measure of x/y means that x sepsis cases receive at least 1 of 4 discharge/post-discharge coordination of care measures out of the y sepsis cases discharged to a home-like setting assessed in this measure.
 - Example: 4/10 means that 4 sepsis cases receive at least 1 of 4 discharge/post-discharge coordination of care measures out of the 10 sepsis cases discharged to a home-like setting assessed in this measure. There will be 6 fallout cases for this measure.
- NOTES:
 - Cases included in measure: Patients discharged to a Home-like setting, defined as:
 - Home (with or without home health services)
 - Assisted living
 - Custodial nursing
 - Temporary shelter
 - Cases excluded from measure: Patients transferred to another acute care hospital or patients discharged to any of the following:
 - Skilled nursing facility
 - Inpatient or sub-acute rehab facility
 - Long-term acute care hospital (LTACH)
 - Home or inpatient hospice
 - Correctional facility
 - Inpatient psychiatric facility
 - Discharge/post-discharge coordination of care measures:
 - Hospital contact for issues post-discharge (i.e. name and phone number of hospital contact for issues post-discharge is provided in discharge paperwork)
 - This line must be manned 24/7, either by a clinician team or a call center/operator that is able to connect the patient with the appropriate provider at any time of day. This number cannot go straight to voicemail.
 - Phone Number must be prominently displayed in discharge paperwork with instructions to call the number if the patient has any questions, concerns, or complications post-discharge.
 - Number must connect patients to a provider within 1 hour.
 - You may include a PCP or Specialist number if that provider meets both of the following requirements:
 - The PCP or Specialist saw the patient during their hospitalization

- The PCP or Specialist assumed the patient's care upon discharge
- Scheduled for outpatient follow-up within 2 weeks (i.e. appointment with a PCP specialist is scheduled at the time of discharge and date of appointment is within 14 days of discharge)
 - Follow up visit with a PCP (MD or APP) or Specialist (MD or APP) must be scheduled prior to patient discharge
 - Appointment details must be placed in the patient's discharge paperwork
 - Note: To pass this measure, the patient is not required to complete the visit. HMS only considers whether the visit was scheduled at the time of discharge.
- Post-discharge telephone call within 3 calendar days of hospital discharge or patient was seen by a PCP or specialist within 3 calendar days of discharge. The call must meet the following requirements:
 - Patient received a post-discharge telephone call within 3 calendar days of discharge.
 - All of the following must be true:
 - Caller was a clinician (Provider, Nurse, Pharmacist, Case Manager, Medical Assistant or Social Worker)
 - Caller had access to the patient's hospitalization records in the EMR
 - Caller placed a record of the call in the EMR
 - Note: The person making the phone call does not have to be strictly employed by your site provided the above criteria are met.
 - Automated (robo) calls will only count toward this measure if the patient is connected with a clinician at the end of the call. If the patient only speaks with the automated call service, the call will not count.
- Patient is discharged to a home-like setting with home health services
 - Patient is ordered to receive home nursing services or home palliative care services at time of discharge
 - Note: Exclude Physical Therapy, Occupational Therapy, and infusion services.

Part 2

- Higher is better.
- A measure of x/y means that x high risk of readmission sepsis cases receives at least 2 of 4 discharge/post-discharge coordination of care measures out of the y sepsis cases discharged to a home-like setting assessed in this measure.
 - Example: 4/10 means that 4 high risk of readmission sepsis cases receive at least 2 of 4 discharge/post-discharge coordination of care measures out of the 10 sepsis cases discharged to a home-like setting assessed in this measure. There will be 6 fallout cases for this measure.
- NOTES:
 - Home-like setting = home (with or without home health services), assisted living, custodial nursing, temporary shelter
 - High risk patients are those who are deemed by a site-specific readmission risk score to be high risk using the following question in the database "What was the last readmission risk score that your site assigned to this patient for this hospital encounter prior to discharge?". If a site does not have a readmission risk score in place or it is not used/reported for an individual patient, the patient will be scored using the HMS

Readmission Score (see components below). A score of 4 or higher using the HMS Readmission Score is considered high risk. The scoring methodology is as follows:

Element	Score
Length of Stay	1 – 6 Days – 0 Points 7 – 10 Days – 1 Point 11 – 14 Days – 2 Points 15+ Days – 3 Points
Admitted from SNF/SAR/LTAC	1 Point
Admitted to the ICU during hospital encounter	1 Point
Hospitalization in the 90 days prior to hospital encounter	1 Point
Baseline functional limitation (ADL – any limitation - partially/fully dependent)	1 Point
Mild, moderate or severe liver disease	1 Point
Baseline cognitive impairment	1 Point
Hematologic malignancy (Leukemia/Lymphoma)	1 Point
Congestive heart failure	1 Point
Cardiovascular disease	1 Point
Peripheral vascular disease	1 Point
Moderate or severe kidney disease	1 Point

- Discharge/post-discharge coordination of care measures: (same as above)

MEASURE 8. INCREASE USE OF BALANCED SOLUTIONS OVER NORMAL SALINE IN PATIENTS WITH SEPSIS

$$\text{Measure 8} = \frac{\text{Sepsis Cases Receiving } \geq 75\% \text{ of their Bolus and/or Maintenance Fluid as balanced in the First 48 Hours of Hospital Arrival}}{\text{Sepsis Cases Receiving } \geq 1\text{L Bolus and/or Maintenance Fluid within the First 48 Hours of Hospital Arrival}}$$

- Higher is better.
- A measure of x/y means that x sepsis cases received $\geq 75\%$ of their bolus and/or maintenance fluid as balanced in the first 48 hours of hospital arrival out of the y sepsis cases who received ≥ 1 Liter bolus and/or maintenance fluid within the first 48 hours of arrival.
- Example: 4/10 means that 4 sepsis cases received $\geq 75\%$ of their bolus and/or maintenance fluid as balanced in the first 48 hours of hospital arrival out of the 10 who received ≥ 1 Liter bolus and/or maintenance fluid within the first 48 hours of arrival. There will be 6 fallout cases for this measure.
- NOTES:
 - Percent of fluids as balanced solutions calculated as follows: Balanced Solutions / All other maintenance and bolus fluids, excluding Bicarbonate solutions.
 - Balanced fluids include Lactated Ringer's, Plasma-Lyte, Dextrose in Lactated Ringer's, Dextrose in Plasma-Lyte, and Normosol.
- **Full points:* $\geq 50\%$ of sepsis cases who have $\geq 75\%$ of their bolus and/or maintenance fluid as balanced solutions in the first 48 hours of hospital arrival

**Partial points:* 25 - 49% of sepsis cases who have $\geq 75\%$ of their bolus and/or maintenance fluid as balanced solutions in the first 48 hours of hospital arrival

**No points:* $\leq 24\%$ of sepsis cases who have $\geq 75\%$ of their bolus and/or maintenance fluid as balanced solutions in the first 48 hours of hospital arrival

Measure C (Collaborative Wide Measure): Reduce Use of Antibiotics in Patients with ASB (Asymptomatic Bacteriuria)

$$\text{Measure C} = \frac{\text{Number of positive urine culture cases that are treated with an antibiotic on day 2 or later of the hospital encounter that are ASB cases}}{\text{Number of positive urine culture cases}}$$

- Lower is better
- A measure of x/y means that x positive urine culture cases treated with antibiotics on day 2 or later of the hospital encounter were classified as ASB cases out of the y positive urine culture cases included in the measure
 - Example: 4/6 means 4 positive urine culture cases were classified as ASB cases AND were inappropriately treated on day 2 or later of the encounter out of the 6 positive urine culture cases included in the measure. There will be 4 fallout cases for this measure.
- NOTES:
 - ASB Treatment is assessed based on antibiotic treatment given Day 2 or later during the hospital encounter.
 - For the HMS definition of ASB, please see your Site's ABX Use Report.
 - Cases meeting criteria for severe sepsis with organ dysfunction on the day before, day of, or day after positive urine culture collection are **not** classified as ASB:
 - Organ dysfunction is defined as 2 or more SIRS criteria occurring on the same day PLUS one of the below organ dysfunctions on the day before, day of, or day after 2+ SIRS criteria.
 - SIRS Criteria:
 - Temperature ≤ 35.9 C **OR** ≥ 38.1 C
 - Heart Rate ≥ 91
 - Respiratory Rate ≥ 21
 - WBC > 12 **OR** < 4
 - Organ Dysfunction Criteria:
 - Renal Dysfunction:
 - ICD10 Code of N18.6 (End Stage Renal Disease) is **NOT** documented as a billed discharge ICD10 code
 - **AND** patient has **NOT** received hemodialysis in the 30 days prior to the hospital encounter
 - **AND** Moderate or Severe Chronic Kidney Disease is **NOT** reported as a comorbid condition
 - **AND** Creatinine ≥ 1.2 mg/dL
 - Platelet count $< 100,000$ μL^{-1}
 - Moderate or Severe Liver Disease is **NOT** reported as a comorbid condition **AND** Bilirubin ≥ 2 mg/dL

- Lactate > 2 mmol/L
 - Blood Pressure (Systolic Lowest) = < 90 mmHg AND 3+L of IV fluids or vasopressors administered
 - Documentation of altered mental status, confusion, delirium, mental status change or obtunded
 - Cases where increased seizure activity is documented are not included in the ASB performance measure. Clinical judgement is advised for these patients.
 - Cases where antibiotics were given only on day 1 with a duration of “Q48”, or where antibiotics are given only outside of the UTI Window are not included in the ASB performance measure.
 - The document “Guidelines for Treatment of Urinary Tract Infections” available on Zendesk and on the HMS website contains information regarding ASB and signs/symptoms of UTI for which a urine culture is appropriate.
- For 2026, this measure is based on a **collaborative-wide average** for the final quarter of data entered in the data registry during the 2026 performance year. This is different than the other performance measures in the index, which are based on the rates at each individual hospital.
 - **Full points:* ≤ 10% **collaborative-wide average** of positive urine culture cases treated with an antibiotic are ASB cases.
 - **No points:* > 10% **collaborative-wide average** of positive urine culture cases treated with an antibiotic are ASB cases.

BONUS POINTS. INCREASE SUCCESS OF PATIENT REPORTED OUTCOMES (PROS) COLLECTION

$$\text{PROS (Antimicrobial)} = \frac{\text{Number of cases with a successful phone call OR an electronic PRO response was received}}{\text{Number of cases eligible for PROS data collection}}$$

$$\text{PROS (Sepsis)} = \frac{\text{Number of cases with a successful phone call OR an electronic PRO response was received}}{\text{Number of cases eligible for PROS data collection}}$$

- Higher is better.
- A measure of x/y means that x cases had a successful phone call, or an electronic PRO response was received of the y cases eligible for PROs data collection.
 - Example: 2/10 means that 2 cases had a successful phone call, or an electronic PRO response was received out of the 10 cases eligible for PROs data collection. There will be 8 fallout cases for this measure.
- NOTES:
 - Cases ineligible for PROS data collection include:
 - Transferred to the intensive care unit (antimicrobial only)
 - Transferred to another hospital (antimicrobial only)
 - Inpatient or home hospice
 - Deceased
 - Prison
 - Extended Care Facility
 - In the hospital at time of patient contact

- No contact information available
- Patient or caregiver refuses to answer questions
 - Successful phone call = “Yes” to “Were you able obtain information about the patient?”
 - Successful electronic PROs = email or text response received

Antimicrobial

2.5 points: $\geq 85\%$ of antimicrobial cases

2 points: 80 - 84% of antimicrobial cases

1.5 points: 75-79% of antimicrobial cases

Sepsis

2.5 points: $\geq 85\%$ of sepsis cases

2 points: 80 - 84% of sepsis cases

1.5 points: 67 - 79% off sepsis cases