

AKI CMS Fact Sheet

- CMS published a new rule for CY2025 (Oct, 2024): *AKI will be considered a Hospital Harm, that may be reported in the eQOM.*
- CMS proposed a new rule for CY2027 (**Oct, 2026**) where **AKI is a Hospital Harm, that is required to be reported in the eQOM**

Background

Under the Hospital Inpatient Quality Reporting (IQR) Program, CMS collects quality data from hospitals paid under the Inpatient Prospective Payment System (IPPS). IPPS is a “pay-for-reporting” quality program that reduces payments to hospitals that don’t meet program requirements. Hospitals that fail to submit quality data or don’t meet the IQR Program requirements are subject to a one-fourth reduction in their Annual Payment Update.

Electronic clinical quality measures (eQOMs) are a standard that uses data from electronic health records (EHR) to measure the quality of health care provided.

CMS is proposing to increase the total number of eQOMs reported from six to eleven over two years. Acute Kidney Injury (AKI) will be among them. **Are you prepared?**



Acute Kidney Injury (AKI) to be reported starting 2026

- The Hospital Harm-AKI Measure is an outcome eQOM to assess the proportion of inpatients patients who have an AKI Stage 2 or greater.
- Per the KDIGO guidelines, AKI is diagnosed by a decrease in glomerular filtration rate, and an increase in serum creatinine or oliguria.
- Published literature suggests that the incidence of AKI is ~45–50% among critically ill patients, and has been associated with an increased risk of morbidity and mortality.
- The goal of this measure is to improve patient safety and prevent hospitalized patients from developing moderate-to-severe AKI.
- Early detection of AKI may provided an opportunity disrupt the progression of AKI

ACCURYN

- Automated Urine Output
- **AKI detection** with notifications at the bedside per the guidelines
- **Designed to reduce CAUTI risks**
- Continuous IAP
- **Connects to the EMR**

Are you ready?

The new required eCQMs are focused on Hospital Harm (Patient Safety). Acute Kidney Injury (AKI) will be a reportable Patient Safety Harm in October 2026.

Accuryn Medical can help:

- **Policy:** Education on the updated eCQM reporting (ICE credit)
- **Practice:** Training and support on early AKI detection
- **Product:** Accuryn detects AKI early, connects to the EMR and reduces the risks associated with CAUTI



Calendar Year 2024

Three self selected eCQMs +:

1. Safe use of opioids
2. Cesarean birth
3. Severe obstetric complications

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Calendar Year Reporting 2025

3 self selected eCQMs* +:

1. Safe use of opioids
2. Cesarean birth
3. Severe obstetric complications

4. Hyperglycemia
5. Hypoglycemia
6. Opioid related adverse events

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Calendar Year Reporting 2026

Three self selected eCQMs* +:

1. Safe use of opioids
2. Cesarean birth
3. Severe obstetric complications
4. Hyperglycemia
5. Hypoglycemia
6. Opioid related adverse events

7. Pressure Injury

8. Acute Kidney Injury

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***NOTE: AKI is among the eligible eCQMs that can be reported starting in October, 2024 for fiscal payment in October 2026**

References:

CMS Fact Sheet: <https://go.cms.gov/44kyVxr>

Eligible Hospital / Critical Access Hospital eCQMs <https://bit.ly/3wfPxd4>