ACP does not support NQF measure #0280: “Dehydration Admission Rate (PQI 10)” for several reasons. First, it is unclear whether implementation will lead to meaningful improvements in clinical outcomes. Second, implementation could result in a decrease in false positive rates and a concomitant increase in false negative rates. Third, developers do not cite high-quality evidence to form the basis of the measure. Evidence documents how difficult it is for clinicians to accurately diagnose dehydration. Fourth, the specifications are flawed. Developers should consider revising the numerator specifications to sufficiently define “dehydration.” Also, developers did not test the measure for validity and attribution in programs that are directly applicable to the programs in which this measure is used. Furthermore, developers dismiss legitimate concerns about use of observation status over admission status. Additionally, it is unclear why obstetric patients and patients with missing gender identification are excluded from the denominator. And finally, measure specifications should include some element of risk-adjustment. Fifth, this measure poses significant burden on healthcare systems. This is a regional measure, but it’s included in individual hospital/system-level programs. The measure requires all-payer/all-provider data to merge with census data. Feasibility depends on the availability of a contemporary data set with similar features. It is not clear how individual institutions or clinical populations would use this measure and developers do not provide attribution rules for this area. Finally, primary care clinicians are not exclusively responsible for preventing dehydration.