

# THE NATIONAL QUALITY FORUM

## NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR HOSPITAL OUTCOMES & EFFICIENCY Table of Measures Submitted - Phase II

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Measure	Description
<b>Complications</b>	
<b>HOE-005-08</b> Postprocedural Stroke or Death in Asymptomatic Patients undergoing Carotid Angioplasty and Stenting© Society for Vascular Surgery	Percentage of patients without carotid territory neurologic or retinal symptoms within one year immediately preceding carotid angioplasty and stent (CAS) placement with protection who experience stroke or death following surgery within 30 days of the procedure. This measure is proposed for both hospitals and individual interventionalists.
<b>HOE-017-08</b> Postoperative Stroke or Death in Asymptomatic Patients undergoing Carotid Endarterectomy© Society for Vascular Surgery	Percentage of patients without carotid territory neurologic or retinal symptoms within the 12 months immediately preceding carotid endarterectomy (CEA) who experience stroke or death following surgery while in the hospital. This measure is proposed for both hospitals and individual surgeons.
<b>HOE-011-08</b> Measure of the Occurrence of deep-vein thrombosis/pulmonary embolism (DVT/PE) Following Hip or Knee Replacement Surgery© Ortho-McNeil-Janssen Pharmaceuticals, Inc.	Rate of diagnoses and treatment of DVT/PE within 30-days following discharge from hip or knee replacement surgery.
<b>HOE-014-08</b> Postoperative Hemorrhage and Hematoma (PSI #9) Agency for Healthcare Research and Quality	Number of adult patients with postoperative hemorrhage or hematoma requiring a procedure per eligible admissions
<b>HOE-015-08</b> Postoperative Respiratory Failure (PSI #11) Agency for Healthcare Research and Quality	Number of adult patients with postoperative respiratory failure per eligible elective admissions
<b>HOE-016-08</b> Risk-Adjusted Complication Likelihood for Surgeries: Appendectomy and Cholecystectomy© Health Benchmarks, Inc	Assesses the risk adjusted complication rate for appendectomy and cholecystectomy
<b>HOE-006-08</b> Inpatient Co-morbidity Adjusted Morbidity Index© Premier, Inc	Population-specific risk-adjusted rate of severe complications for hospitalized patients

Measure	Description
<b>HOE-018-08</b> Inpatient Co-morbidity Adjusted Complication Index© Premier, Inc	Population-specific risk-adjusted complication rate for hospitalized patients
<b>HOE-007-08</b> 3M™ Potentially Preventable Complications (PPCs)© 3M Health Information Systems	<p>Potentially Preventable Complications (PPCs), identify potentially preventable inpatient harmful events or negative outcomes that result from the processes of care and treatment rather than from the natural progression of underlying disease. PPCs contain 64 mutually exclusive types of inpatient complications that are identified from 1,357 ICD-9-CM secondary diagnosis codes not present on admission, and from selected ICD-9-CM procedure codes.</p> <p>PPCs incorporate most of the specific diagnosis codes that are contained in the AHRQ Patient Safety Indicators (PSIs) and Hospital Acquired Conditions (HACs) from CMS, but in most cases include a much wider range of diagnoses with detailed clinical exclusions, and apply to a broader range of hospital patients.</p>
<b>Mortality</b>	
<b>HOE-008-08</b> Hospital specific risk-adjusted measure of mortality or one or more major complications within 30 days of a lower extremity bypass (LEB). Centers for Medicare & Medicaid Services	Hospital specific risk-adjusted measure of mortality or one or more of the following major complications (cardiac arrest, myocardial infarction, CVA/stroke, on ventilator >48 hours, acute renal failure (requiring dialysis), bleeding/transfusions, graft/prosthesis/flap failure, septic shock, sepsis, and organ space surgical site infection), within 30 days of a lower extremity bypass (LEB).
<b>HOE-009-08</b> 30-day all-cause risk-standardized percutaneous coronary intervention (PCI) mortality rate for patients without ST segment elevation myocardial infarction (STEMI) and without cardiogenic shock Centers for Medicare & Medicaid Services	Hospital-specific 30-day all-cause risk-standardized mortality rate following Percutaneous Coronary Intervention (PCI) among patients aged 18 years or older without ST segment elevation myocardial infarction (STEMI) and without cardiogenic shock at the time of procedure.
<b>HOE-010-08</b> 30-day all-cause risk-standardized Percutaneous Coronary Intervention (PCI) mortality rate for patients with ST segment elevation myocardial infarction (STEMI) or cardiogenic shock Centers for Medicare & Medicaid Services	Hospital-specific 30-day all-cause risk-standardized mortality rate following Percutaneous Coronary Intervention (PCI) among patients aged 18 years or older with ST segment elevation myocardial infarction (STEMI) or cardiogenic shock at the time of procedure.
<b>HOE-013-08</b> Survival Predictor (replaced by HOE-019 to HOE-024 - 6 individual mortality measures) © Leapfrog Group	A composite measure of surgical performance that optimally combines two important domains: hospital volume and operative mortality.

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<b>HOE-019-08</b> Survival Predictor for CABG Surgery© Leapfrog Group	A reliability adjusted measure of CABG surgical performance that optimally combines two important domains: CABG hospital volume and CABG operative mortality, to provide predictions on CABG survival rates for hospitals. This measure is calculated based on data from administrative claims information.
<b>HOE-020-08</b> Survival Predictor for Percutaneous Coronary Interventions (PCI)© Leapfrog Group	A reliability adjusted measure of PCI performance that optimally combines two important domains: PCI hospital volume and PCI operative mortality, to provide predictions on PCI survival rates for hospitals. This measure is calculated based on data from administrative claims information.
<b>HOE-021-08</b> Survival Predictor for Abdominal Aortic Aneurysm (AAA)© Leapfrog Group	A reliability adjusted measure of AAA repair performance that optimally combines two important domains: AAA hospital volume and AAA operative mortality, to provide predictions on AAA survival rates for hospitals. This measure is calculated based on data from administrative claims information.
<b>HOE-022-08</b> Survival Predictor for Aortic Valve Replacement (AVR)© Leapfrog Group	A reliability adjusted measure of AVR surgical performance that optimally combines two important domains: AVR hospital volume and AVR operative mortality, to provide predictions on AVR survival rates for hospitals. This measure is calculated based on data from administrative claims information.
<b>HOE-023-08</b> Survival Predictor for Esophagectomy Surgery© Leapfrog Group	A reliability adjusted measure of Esophagectomy surgical performance that optimally combines two important domains: Esophagectomy hospital volume and Esophagectomy operative mortality, to provide predictions on Esophagectomy survival rates for hospitals. This measure is calculated based on data from administrative claims information.
<b>HOE-024-08</b> Survival Predictor for Pancreatic Resection Surgery© Leapfrog Group	A reliability adjusted measure of pancreatic resection surgical performance that optimally combines two important domains: Pancreatic resection hospital volume and pancreatic operative mortality, to provide predictions on pancreatic survival rates for hospitals. This measure is calculated based on data from administrative claims information.
Readmission	
<b>HOE-004-08</b> Risk-Adjusted 30-Day Readmission Rate for Heart Failure© Health Benchmarks, Inc	Assesses the risk-adjusted 30-day readmission rates for patients discharged with heart failure during the measurement year.
<b>HOE-012-08</b> 3M™ Potentially Preventable Readmissions (PPRs)© 3M Health Information Systems	Potentially Preventable Readmissions (PPRs) identify return hospitalizations that result from deficiencies in the process of care or treatment or lack of post discharge follow up rather than unrelated events that occur post discharge.