**Data Element Feasibility Scorecard**

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| **Data Element: Multiple clinical data elements in hybrid risk model:**  **Demographics: Age; and Gender. Vital Signs: Heart Rate; Systolic Blood Pressure; Diastolic Blood Pressure; Respiratory Rate; Temperature; Oxygen Saturation; and Weight. Laboratory Results: Hemoglobin; Hematocrit; Platelet; White Blood Cell Count; Potassium; Sodium; Chloride; Bicarbonate; Anion Gap; BUN; Creatinine; and Blood Glucose** | | | |
| **eMeasure Title: Not eMeasure; Hybrid Measure. Name: Hybrid Hospital-Wide Readmission Measure with Claims and Electronic Health Record Data** | | | |
| **Data element definition: Multiple clinical data elements in hybrid risk model:**  **Demographics: Age; and Gender. Vital Signs: Heart Rate; Systolic Blood Pressure; Diastolic Blood Pressure; Respiratory Rate; Temperature; Oxygen Saturation; and Weight. Laboratory Results: Hemoglobin; Hematocrit; Platelet; White Blood Cell Count; Potassium; Sodium; Chloride; Bicarbonate; Anion Gap; BUN; Creatinine; and Blood Glucose** | | | |
| Who performed the assessment: Yale CORE | | | |
| Type of setting or practice, i.e., solo practice, large group, academic hospital, safety net hospital, integrated system: Hospital | | | |
| EHR system used: **Epic, Cerner, GE Centricity** | | | |
| Component | Current (1-3) | Future\* (1-3) | Comments |
| ***Data Availability*** – Is the data readily available in structured format? Scale:  3 – Data element exists in structured format in this EHR. [2] – Not defined as this time. Hold for possible future use.  1 – Data element is not available in structured format in this EHR. | 3 |  | We tested data availability in three separate health systems and three EHRs (Epic, Cerner, and GE Centricity). Data were captured in most adult patients (see 2b2.2) |
| ***Data Accuracy* –** Is the information contained in the data element correct? Are the data source and recorder specified?  Scale:  3 – The information is from the most authoritative source and/or is highly likely to be correct. (e.g., laboratory test results transmitted directed from the laboratory information system into the EHR).  2 – The information may not be from the most authoritative source and/or has a moderate likelihood of being correct. (e.g., self-report of a vaccination).  1 – The information may not be correct. (e.g., a check box that indicates medication reconciliation was performed). | 3 |  | We tested accuracy of data elements in two hospitals using two EHRs (Cerner and GE Centricity and found greater than 90% match rate comparing electronically extracted data values from the EHR and clinical laboratory information systems with manually abstracted values from the medical record (See Table 3b in 2b2.2) |
| ***Data Standards* –** Is the data element coded using a nationally accepted terminology standard?  Scale:  3 – The data element is coded in nationally accepted terminology standard.  2 – Terminology standards for this data element are currently available, but is not consistently coded to standard terminology in the EHR, or the EHR does not easily allow such coding.  1 – The EHR does not support coding to the existing standard. | 3 |  | All data elements are coded using nationally accepted terminology standards. Value sets are shown for the data elements in the attached MAT output |
| ***Workflow* –** To what degree is the data element captured during the course of care? How does it impact the typical workflow for that user?  Scale:  3 – The data element is routinely collected as part of routine care and requires no additional data entry from clinician solely for the quality measure and no EHR user interface changes. Examples would be lab values, vital signs, referral orders, or problem list entry.  2 – Data element is not routinely collected as a part of routine care and additional time and effort over and above routine care is required, but perceived to have some benefit.  1 – Additional time and effort over and above routine care is required to collect this data element without immediate benefit to care | 3 |  | The rates of capture during routine clinical care of these data elements are very high for all adult inpatients, as confirmed by a technical expert panel. It is CMSs intent to use only data elements already captured in the course of routine clinical care in this measure and not to incentivize changes in clinical workflow. |
| DATA ELEMENT FEASIBILITY SCORE |  |  |  |

\*For data elements that score low on current feasibility, indicate the anticipated feasibility score in 3-5 years based on a projection of the maturation of the EHR, or maturation of its use.