

## Care Coordination Phase 4: NQF-Endorsed<sup>®</sup> Maintenance Standards Under Review

Click the measure numbers to read more about the measure on QPS!

| Measure<br>Number | Title  | Description   | Measure Steward  |
|-------------------|--|---|--|
| <u>0326</u>       | Advance Care Plan  | Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.   | National Committee<br>for Quality Assurance                            |
| <u>0646</u>       | Reconciled Medication<br>List Received by<br>Discharged Patients<br>(Discharges from an<br>Inpatient Facility to<br>Home/Self Care or Any<br>Other Site of Care)                   | Percentage of patients, regardless of age, discharged from an inpatient facility (eg, hospital inpatient or observation, skilled nursing facility, or rehabilitation facility) to home or any other site of care, or their caregiver(s), who received a reconciled medication list at the time of discharge including, at a minimum, medications in the specified categories  | AMA-convened<br>Physician Consortium<br>for Performance<br>Improvement |
| <u>0647</u>       | Transition Record with<br>Specified Elements<br>Received by Discharged<br>Patients (Discharges<br>from an Inpatient<br>Facility to Home/Self<br>Care or Any Other Site<br>of Care) | Percentage of patients, regardless of age, discharged from an inpatient facility (eg, hospital inpatient or observation, skilled nursing facility, or rehabilitation facility) to home or any other site of care, or their caregiver(s), who received a transition record (and with whom a review of all included information was documented) at the time of discharge including, at a minimum, all of the specified elements | AMA-convened<br>Physician Consortium<br>for Performance<br>Improvement |
| <u>0648</u>       | Timely Transmission of<br>Transition Record<br>(Discharges from an<br>Inpatient Facility to<br>Home/Self Care or Any<br>Other Site of Care)  | Percentage of patients, regardless of age, discharged from an inpatient facility (eg, hospital inpatient or observation, skilled nursing facility, or rehabilitation facility) to home or any other site of care for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care within 24 hours of discharge                               | AMA-convened<br>Physician Consortium<br>for Performance<br>Improvement |

| Measure<br>Number | Title  | Description  | Measure Steward                      |
|-------------------|--|--|--------------------------------------|
| <u>0649</u>       | Transition Record with                       | Percentage of patients, regardless of age, discharged from an emergency department (ED) to ambulatory care or home health care, or their caregiver(s), who received a transition record at | AMA-convened<br>Physician Consortium |
|                   | Specified Elements<br>Received by Discharged | the time of ED discharge including, at a minimum, all of the specified elements  | for Performance                      |
|                   | Patients (Emergency                          |  | Improvement                          |
|                   | Department Discharges<br>to Ambulatory Care  |  |                                      |
|                   | [Home/Self Care] or                          |  |                                      |
|                   | Home Health Care)                            |  |                                      |