

# NATIONAL QUALITY FORUM

## National Voluntary Consensus Standards for Nursing Homes

### SAMPLE BALLOT

#### MEASURE-BY-MEASURE

**NH-003-10**      **Physical therapy for new balance problem in long stay patients**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I approve the measure as currently specified.  
I disapprove the measure as currently specified or for other reasons.  
(Note: At your option, you may wish to consider additional explanation in an accompanying letter.)  
I abstain from voting on this measure.

**NH-008-10**      **Percent of residents experiencing one or more falls with major injury (long stay)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I approve the measure as currently specified.  
I disapprove the measure as currently specified or for other reasons.  
(Note: At your option, you may wish to consider additional explanation in an accompanying letter.)  
I abstain from voting on this measure.

**NH-009-10**      **The percentage of residents on a scheduled pain medication regimen on admission who self-report a decrease in pain intensity or frequency (short stay)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I approve the measure as currently specified.  
I disapprove the measure as currently specified or for other reasons.  
(Note: At your option, you may wish to consider additional explanation in an accompanying letter.)  
I abstain from voting on this measure.

**NH-010-10**      **Percent of residents who self-report moderate to severe pain (short stay)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I approve the measure as currently specified.  
I disapprove the measure as currently specified or for other reasons.  
(Note: At your option, you may wish to consider additional explanation in an accompanying letter.)  
I abstain from voting on this measure.

**NH-011-10**      **Percent of residents who self-report moderate to severe pain (long stay)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I approve the measure as currently specified.  
I disapprove the measure as currently specified or for other reasons.  
(Note: At your option, you may wish to consider additional explanation in an accompanying letter.)  
I abstain from voting on this measure.

**NH-012-10**      **Percent of residents with pressure ulcers that are new or worsened (short-stay)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I approve the measure as currently specified.  
I disapprove the measure as currently specified or for other reasons.  
(Note: At your option, you may wish to consider additional explanation in an accompanying letter.)  
I abstain from voting on this measure.

**NH-013-10**      **Percent of high risk residents with pressure ulcers (long stay)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I approve the measure as currently specified.  
I disapprove the measure as currently specified or for other reasons.  
(Note: At your option, you may wish to consider additional explanation in an accompanying letter.)  
I abstain from voting on this measure.

SAMPLE  
NOT FOR VOTING

- SAMPLE  
NOT FOR VOTING
- NH-014-10    **Percent of short stay residents assessed and appropriately given the seasonal influenza vaccine**  
 \_\_\_\_\_ I approve the measure as currently specified.  
 \_\_\_\_\_ I disapprove the measure as currently specified or for other reasons.  
 \_\_\_\_\_ (Note: At your option, you may wish to consider additional explanation in an accompanying letter.)  
 \_\_\_\_\_ I abstain from voting on this measure.
- NH-015-10    **Percent of long stay residents assessed and appropriately given the seasonal influenza vaccine**  
 \_\_\_\_\_ I approve the measure as currently specified.  
 \_\_\_\_\_ I disapprove the measure as currently specified or for other reasons.  
 \_\_\_\_\_ (Note: At your option, you may wish to consider additional explanation in an accompanying letter.)  
 \_\_\_\_\_ I abstain from voting on this measure.
- NH-016-10    **Percent of short stay residents assessed and appropriately given the pneumococcal vaccine**  
 \_\_\_\_\_ I approve the measure as currently specified.  
 \_\_\_\_\_ I disapprove the measure as currently specified or for other reasons.  
 \_\_\_\_\_ (Note: At your option, you may wish to consider additional explanation in an accompanying letter.)  
 \_\_\_\_\_ I abstain from voting on this measure.
- NH-017-10    **Percent of long stay residents assessed and appropriately given the pneumococcal vaccine**  
 \_\_\_\_\_ I approve the measure as currently specified.  
 \_\_\_\_\_ I disapprove the measure as currently specified or for other reasons.  
 \_\_\_\_\_ (Note: At your option, you may wish to consider additional explanation in an accompanying letter.)  
 \_\_\_\_\_ I abstain from voting on this measure.
- NH-018-10    **Long stay residents with a urinary tract infection\***  
 \_\_\_\_\_ I approve the measure as currently specified.  
 \_\_\_\_\_ I disapprove the measure as currently specified or for other reasons.  
 \_\_\_\_\_ (Note: At your option, you may wish to consider additional explanation in an accompanying letter.)  
 \_\_\_\_\_ I abstain from voting on this measure.
- NH-019-10    **Percent of low risk residents who lose control of their bowel or bladder (long stay)\***  
 \_\_\_\_\_ I approve the measure as currently specified.  
 \_\_\_\_\_ I disapprove the measure as currently specified or for other reasons.  
 \_\_\_\_\_ (Note: At your option, you may wish to consider additional explanation in an accompanying letter.)  
 \_\_\_\_\_ I abstain from voting on this measure.
- NH-020-10    **Percent of residents who have/had a catheter inserted and left in their bladder (long stay)\***  
 \_\_\_\_\_ I approve the measure as currently specified.  
 \_\_\_\_\_ I disapprove the measure as currently specified or for other reasons.  
 \_\_\_\_\_ (Note: At your option, you may wish to consider additional explanation in an accompanying letter.)  
 \_\_\_\_\_ I abstain from voting on this measure.
- NH-021-10    **Percent of residents who were physically restrained (long stay)**  
 \_\_\_\_\_ I approve the measure as currently specified.  
 \_\_\_\_\_ I disapprove the measure as currently specified or for other reasons.  
 \_\_\_\_\_ (Note: At your option, you may wish to consider additional explanation in an accompanying letter.)  
 \_\_\_\_\_ I abstain from voting on this measure.

- NH-022-10 Long stay residents with increased need for help with activities of daily living (ADLs)**  
 \_\_\_\_\_ I approve the measure as currently specified.  
 \_\_\_\_\_ I disapprove the measure as currently specified or for other reasons.  
 \_\_\_\_\_ (Note: At your option, you may wish to consider additional explanation in an accompanying letter.)  
 \_\_\_\_\_ I abstain from voting on this measure.
- NH-024-10 Percent of residents who lose too much weight (long stay)**  
 \_\_\_\_\_ I approve the measure as currently specified.  
 \_\_\_\_\_ I disapprove the measure as currently specified or for other reasons.  
 \_\_\_\_\_ (Note: At your option, you may wish to consider additional explanation in an accompanying letter.)  
 \_\_\_\_\_ I abstain from voting on this measure.
- NH-025-10 Percent of residents who have depressive symptoms (long stay)**  
 \_\_\_\_\_ I approve the measure as currently specified.  
 \_\_\_\_\_ I disapprove the measure as currently specified or for other reasons.  
 \_\_\_\_\_ (Note: At your option, you may wish to consider additional explanation in an accompanying letter.)  
 \_\_\_\_\_ I abstain from voting on this measure.
- NH-026-10 Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: discharged resident instrument**  
 \_\_\_\_\_ I approve the measure as currently specified.  
 \_\_\_\_\_ I disapprove the measure as currently specified or for other reasons.  
 \_\_\_\_\_ (Note: At your option, you may wish to consider additional explanation in an accompanying letter.)  
 \_\_\_\_\_ I abstain from voting on this measure.
- NH-027-10 Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: long-stay resident instrument**  
 \_\_\_\_\_ I approve the measure as currently specified.  
 \_\_\_\_\_ I disapprove the measure as currently specified or for other reasons.  
 \_\_\_\_\_ (Note: At your option, you may wish to consider additional explanation in an accompanying letter.)  
 \_\_\_\_\_ I abstain from voting on this measure.
- NH-028-10 Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: family member instrument**  
 \_\_\_\_\_ I approve the measure as currently specified.  
 \_\_\_\_\_ I disapprove the measure as currently specified or for other reasons.  
 \_\_\_\_\_ (Note: At your option, you may wish to consider additional explanation in an accompanying letter.)  
 \_\_\_\_\_ I abstain from voting on this measure.

\*Please note that the following measure pairs are intended to be used simultaneously in data collection and reporting:

**Pair 1**

NH-018-10: Long stay residents with a urinary tract infection is paired with NH-020-10: Percent of residents who have/had a catheter inserted and left in their bladder (long stay)

**Pair 2**

NH-019-10: Percent of low risk residents who lose control of their bowel or bladder (long stay) is paired with NH-020-10: Percent of residents who have/had a catheter inserted and left in their bladder (long stay)