

NATIONAL QUALITY FORUM

National Voluntary Consensus Standards for Patient Outcomes: Child Health

SAMPLE BALLOT

MEASURE-BY-MEASURE

- OT3-027-10 Ventriculoperitoneal (VP) shunt malfunction rate in children**
____ 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.
- OT3-028-10 Standardized mortality ratio for neonates undergoing non-cardiac surgery**
____ 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.
- OT3-029-10 Standardized adverse event ratio for children <18 years of age undergoing cardiac catheterization**
____ 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.
- OT3-031-10 Healthy term newborn**
____ 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.
- OT3-031-10 Healthy term newborn**
____ 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.
- OT3-032-10 Number of school days children miss due to illness**
____ 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.

OT3-036-10 Children who have problems obtaining referrals when needed

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.

OT3-038-10 (a) Children who did not receive sufficient care coordination services when needed

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.

OT3-038-10 (b) Children who did not receive satisfactory communication among providers when needed

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.

OT3-039-10 Children who live in communities perceived as safe

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.

OT3-041-10 Children who attend schools perceived as safe

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.

OT3-043-10 Pediatric Symptom Checklist (PSC)

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.

OT3-044-10 Children who have inadequate insurance coverage for optimal health

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.



OT3-045-10 Measure of medical home for children and adolescents

_____ 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.

OT3-046-10 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital 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.

OT3-055-10 Gastroenteritis admission rate (pediatric)

_____ 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.

OT3-057-10 Asthma admission rate (pediatric)

_____ 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.

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NOT FOR VOTING
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