

THE NATIONAL QUALITY FORUM

National Voluntary Consensus Standards for Patient Outcomes Table of Measures Submitted-Phase 1 *As of March 5, 2010*

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Measure Number	Title	Measure Description	Measure Steward - ALL RIGHTS RESERVED
OT1-002-09	30-Day Post-Hospital AMI Discharge ED Measures	This measure estimates the percentage of Medicare beneficiaries age 65 years and older discharged from the hospital with the diagnosis of AMI who had an Emergency Department (ED) visit within 30 days of the hospital discharge and prior to any hospital readmission.	Centers for Medicare and Medicaid Services (CMS)
OT1-003-09	30-Day Post-Hospital AMI Discharge Evaluation and Management Service Measure	This measure estimates the percentage of Medicare beneficiaries age 65 years and older discharged from the hospital with the diagnosis of AMI and receiving an evaluation and management (E&M) service within 30 days of hospital discharge and prior to a hospital readmission or ED visit.	Centers for Medicare and Medicaid Services (CMS)
OT1-004-09	30-Day Post-Hospital HF Discharge Evaluation and Management Service	This measure estimates the percentage of Medicare beneficiaries age 65 years and older discharged from the hospital with the diagnosis of Heart Failure receiving an evaluation and management service within 30 days of the hospital discharge and prior to a hospital readmission or ED visit.	Centers for Medicare and Medicaid Services (CMS)

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Measure Number	Title	Measure Description	Measure Steward - ALL RIGHTS RESERVED
OT1-006-09	30-Day Post-Hospital HF Discharge ED Visit Rate	This measure estimates the percentage of Medicare beneficiaries (age 65 years and older) discharged from the hospital with a diagnosis of Heart Failure (HF) and evidence of an Emergency Department (ED) visit within 30-days of discharge and prior to a readmission.	Centers for Medicare and Medicaid Services (CMS)
OT1-007-09	Hospital Risk-Standardized Complication Rate Following Implantation of Implantable Cardioverter-Defibrillator (ICD)	This measure provides hospital specific risk-standardized rates of procedural complications following the implantation of an ICD in Medicare Fee for Service (FFS) patients at least 65 years of age. The measure uses clinical data available in the National Cardiovascular Data Registry (NCDR) ICD Registry for risk adjustment that has been linked with CMS administrative claims data used to identify procedural complications.	Centers for Medicare and Medicaid Services (CMS)
OT1-008-09	Hospital 30-Day Risk-Standardized Readmission Rates Following Percutaneous Coronary Intervention (PCI)	This measure estimates hospital risk-standardized 30-day readmission rates following PCI in Medicare Fee for Service (FFS) patients at least 65 years of age. As PCI patients may be readmitted electively for staged revascularization procedures, we will exclude such elective readmissions from the measure. The measure uses clinical data available in the National Cardiovascular Disease Registry (NCDR) CathPCI Registry for risk adjustment that has been linked with the CMS administrative claims data used to identify readmissions.	Centers for Medicare and Medicaid Services (CMS)

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Measure Number	Title	Measure Description	Measure Steward - ALL RIGHTS RESERVED
OT1-009-09	Optimal Diabetes Care © MN Community Measurement	The percentage of adult diabetes patients who have optimally managed modifiable risk factors (A1c, LDL, blood pressure, tobacco non-use and diary aspirin usage) with the intent of preventing or reducing future complications associated with poorly managed diabetes. Patients ages 18-75 with a diagnosis of diabetes, who meet all the numerator targets of this composite measure: A1c < 8.0, LDL < 100, Blood Pressure < 130/80, Tobacco non-user and for patients age 41+ daily aspirin use unless contraindicated.	© MN Community Measurement
OT1-010-09	Acute Myocardial Infarction (AMI) Mortality Rate	Number of deaths per 100 discharges with a principal diagnosis code of acute myocardial infarction.	Agency for Healthcare Research and Quality
OT1-011-09	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.	© Society for Vascular Surgery
OT1-012-09	Coronary Artery Bypass Graft (CABG) Procedure and Postoperative Stroke during the Hospitalization or within 7 Days of Discharge © Ingenix	This measure identifies patients 20 years and older with a coronary artery bypass graft (CABG) procedure who had a postoperative stroke (CVA) during the hospitalization or within seven days of discharge.	© Ingenix

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Measure Number	Title	Measure Description	Measure Steward - ALL RIGHTS RESERVED
OT1-013-09	The STS CABG Composite Score © The Society of Thoracic Surgeons	<p>This multidimensional performance measure is comprised of four domains consisting of 11 individual NQF-endorsed cardiac surgery metrics: (1) Operative Care--use of the internal mammary artery; (2) Perioperative Medical Care (use of preoperative beta blockade; discharge beta blockade, antiplatelet agents, and lipid-lowering agents--an "all-or-none" measure); (3) Risk-adjusted Operative Mortality; and (4) Risk-Adjusted Postoperative Morbidity (occurrence of postoperative stroke, renal failure, prolonged ventilation, re-exploration, or deep sternal wound infection--an "any-or-none" measure). All measures are based on audited clinical data collected in a prospective registry and are risk-adjusted (with the exception of internal mammary artery use and the four perioperative medications). Based on their percentage scores, a 1 (below average), 2 (average), 3 (above average) star rating is provided for each STS database participant for each performance domain and overall. Furthermore, the composite score is also deconstructed into its components to facilitate performance improvement activities by providers. This scoring methodology has now been implemented for over two years and has become for many stakeholders the preferred method of evaluating cardiac surgery performance. STS plans to make this report publicly available in the near future.</p>	© The Society of Thoracic Surgeons

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Measure Number	Title	Measure Description	Measure Steward - ALL RIGHTS RESERVED
OT1-015-09	Risk Adjusted Case Mix Adjusted Elderly Surgery Outcomes Measure © American College of Surgeons	This is a hospital based, risk adjusted, case mix adjusted elderly surgery composite (multiple) outcomes measure of adults 65 years of age and older.	© American College of Surgeons
OT1-016-09	30-Day Post-Hospital AMI Discharge Care Transition Composite Measure	<p>This measure scores a hospital on the incidence among its patients during the month following discharge from an inpatient stay having a primary diagnosis of AMI of three types of events: readmissions, ED visits and evaluation and management (E&M) services.</p> <p>These events are relatively common, measurable using readily available administrative data, and associated with effective coordination of care after discharge. The input for this score is the result of measures for each of these three events that are being submitted concurrently under the Patient Outcomes Measures project's call for measures. Each of those measures is a percentile ranking of a risk-adjusted, standardized rate. This composite measure is an average of these three component measures.</p>	Centers for Medicare and Medicaid Services (CMS)
OT1-017-09	30-Day Post-Hospital HF Discharge Care Transition Composite Measure	This measure scores a hospital on the incidence among its patients during the month following discharge from an inpatient stay having a primary diagnosis of heart failure of three types of events: readmissions, ED visits and evaluation and management (E&M) services.	Centers for Medicare and Medicaid Services (CMS)

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		<p>These events are relatively common, measurable using readily available administrative data, and associated with effective coordination of care after discharge. The input for this score is the result of measures for each of these three events that are being submitted concurrently under the Patient Outcomes Measures project's call for measures. Each of those measures is a percentile ranking of a risk-adjusted, standardized rate. This composite measure is an average of these three component measures.</p>	
OT1-019-09	<p>Health-Related Quality of Life in COPD Patients Before and After Pulmonary Rehabilitation © American Association of Cardiovascular and Pulmonary Rehabilitation</p>	<p>The percentage of patients with COPD enrolled in pulmonary rehabilitation (PR) who are found to increase their health-related quality of life score (HRQOL).</p>	<p>© American Association of Cardiovascular and Pulmonary Rehabilitation</p>
OT1-020-09	<p>Functional Capacity in COPD patients before and after Pulmonary Rehabilitation © American Association of Cardiovascular and Pulmonary Rehabilitation</p>	<p>The percentage of patients with COPD who are enrolled in pulmonary rehabilitation (PR) who are found to increase their functional capacity by at least 54 meters (176 feet), as measured by a standardized 6 minute walk test (6MWT).</p>	<p>© American Association for Cardiovascular and Pulmonary Rehabilitation</p>
OT1-023-09	<p>Intensive Care Unit (ICU) Length-of-Stay (LOS) © Philip R. Lee Institute for Health Policy Studies, University of California San Francisco</p>	<p>For all patients admitted to the ICU, total duration of time spent in the ICU until time of discharge; both observed and risk-adjusted LOS reported with the predicted LOS measured using a adjustment model based on the (Mortality Probability Model) MPM III</p>	<p>© Philip R. Lee Institute for Health Policy Studies, University of California San Francisco</p>

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OT1-024-09	Intensive Care: In-Hospital Mortality Rate © Philip R. Lee Institute for Health Policy Studies, University of California San Francisco	For all adult patients admitted to the intensive care unit (ICU), the percentage of patients whose hospital outcome is death; both observed and risk-adjusted mortality rates are reported with predicted rates based on the Mortality Probability Admission (MPM III) model.	© Philip R. Lee Institute for Health Policy Studies, University of California San Francisco
OT1-028-09	HbA1c Control for a Selected Population	Comprehensive diabetes care: The percentage of patients 18-65 years of age with either type I or type II diabetes who had a HbA1c level of less than or equal to 7.0%.	National Committee for Quality Assurance
OT1-029-09	Comprehensive Diabetes Care	The percentage of individuals 18-75 years of age with diabetes (type 1 and type 2) who had each of the following: <ul style="list-style-type: none"> • Hemoglobin A1c (HbA1c) testing • HbA1c poor control (>9.0%) • HbA1c control (<8.0%) • HbA1c control (<7.0%) * • Eye exam (retinal) performed • LDL-C screening • LDL-C control (<100 mg/dL) • Medical attention for nephropathy • BP control (<130/80 mm Hg) • BP control (<140/90 mm Hg) 	National Committee for Quality Assurance
OT1-030-09	Proportion of AMI Patients that have a Potentially Avoidable Complication (during the Index stay or in the 30-Day Post-Discharge Period) © Bridges to Excellence	Percent of adult population aged 18-65 years who were admitted to a hospital with acute myocardial infarction (AMI), were followed for one-month after discharge, and had one or more potentially avoidable complications	© Bridges to Excellence

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		(PACs). PACs may occur during the index stay or during the 30-day post discharge period.	
OT1-031-09	Proportion of Stroke Patients that have a Potentially Avoidable Complication (during the Index Stay or in the 30-Day Post-Discharge Period) © Bridges to Excellence	Percent of adult population aged 18-65 years who were admitted to a hospital with stroke, were followed for one-month after discharge, and had one or more potentially avoidable complications (PACs). PACs may occur during the index stay or during the 30-day post discharge period.	© Bridges to Excellence

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