

The National Quality Forum

National Voluntary Consensus Standards for Patient Outcomes

Table of Measures Submitted-Phase 3: Child Health

As of February, 19 2010

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Measure Number	Title	Description	IP Owner/Measure Steward -ALL RIGHTS RESERVED
OT3-027-10	Ventriculoperitoneal (VP) shunt malfunction rate in children	This measure is a 30-day malfunction rate for hospitals that perform cerebrospinal ventriculoperitoneal shunt operations in children age 1 month to 18 years.	Children's Hospital Boston
OT3-028-10	Standardized mortality ratio for neonates undergoing non-cardiac surgery	Ratio of observed to expected rate of in-hospital mortality following non-cardiac surgery among infants <= 30 days of age, risk-adjusted.	Children's Hospital Boston
OT3-029-10	Standardized adverse event ratio for children and adults undergoing cardiac catheterization for congenital heart disease	Ratio of observed to expected clinically important preventable and possibly preventable adverse events, risk-adjusted	Children's Hospital Boston
OT3-030-10	Antibiotic-impregnated catheter compliance rate	Temporary, percutaneously-placed antibiotic-impregnated central venous lines have been shown to prevent CLA-BSI in critically ill patients (Ramritu P et al. Am J Infect Control. 2008 Mar;36(2):104-17), but are more costly than uncoated catheters. Targeted use of antibiotic-impregnated catheters in high risk patients may be a cost effective approach to preventing CLA-BSI. The measure we are submitting for consideration for endorsement by the NQF is the antibiotic-coated catheter compliance rate, defined as the percentage of critically ill children who require central venous access and are at high risk for CLA-BSI that receive an antibiotic-impregnated catheter.	Children's Hospital Boston
OT3-031-10	Healthy Term Newborn	Percent of term singleton live births (excluding those with diagnoses originating in the fetal period) who DO NOT have significant complications during birth or the nursery care.	California Maternal Quality Care Collaborative
OT3-032-10	Number of School Days Children Miss Due to Illness	Measures the quantitative number of days of school missed due to illness or condition among children and adolescents age 6-17 years.	Child and Adolescent Health Measurement Initiative (CAHMI)
OT3-033-10	National Survey of Children's Health 2007--Quality Measures	The National Survey of Children's Health (NSCH) is a population-based survey designed to assess how children nationally and in each	Child and Adolescent Health Measurement Initiative

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		state (plus the District of Columbia) are performing on key quality measures put forth by the Maternal and Child Health Bureau's strategic plan goals and national performance measures. The questions address a variety of physical, emotional, and behavioral health indicators and measures of children's health experiences with the health care system, and 22 of these measures are directly focused on children's healthcare quality.	(CAHMI)
OT3-034-10	National Survey of Children with Special Health Care Needs 2005/2006--Quality Measures	The National Survey of Children with Special Health Care Needs (NS-CSHCN) is a population-based survey designed to assess how well the nation and each state (plus the District of Columbia) meet the Maternal and Child Health Bureau's strategic plan goals and national performance measures specifically for children with special health care needs (CSHCN). The questions address a variety of physical, emotional, and behavioral health indicators and measures of children's health experiences with the health care system, and 10 of these measures are directly focused on children's healthcare quality.	Child and Adolescent Health Measurement Initiative (CAHMI)
OT3-035-10	Children Who Take Medication for ADHD, Emotional, or Behavioral Issues	Children age 2-17 who take medication(s) for ADHD, emotional or other behavioral issues	Child and Adolescent Health Measurement Initiative (CAHMI)
OT3-036-10	Children Who Have No Problems Obtaining Referrals When Needed	The measure aims to ascertain the perceived difficulty in obtaining referrals for children when needed for optimum health.	Child and Adolescent Health Measurement Initiative (CAHMI)
OT3-037-10	Children Living with Illness: The Effects of Condition on Daily Life	This measures the extent to which the conditions of children with special health care needs results in limitations of their daily activities despite health care services received.	Child and Adolescent Health Measurement Initiative (CAHMI)
OT3-038-10	Children Who Receive Effective Care Coordination of Healthcare Services When Needed	This is a composite measure used to assess the need and receipt of care coordination services for children who required care from at least two types of health care services which may require communication between health care providers, or with others involved in child's care (e.g. school).	Child and Adolescent Health Measurement Initiative (CAHMI)
OT3-039-10	Children Who Live in Communities Perceived as Safe	This measure ascertains the parents' perceived safety of child's community or neighborhood.	Child and Adolescent Health Measurement Initiative (CAHMI)
OT3-040-10	Children Who Live in Neighborhoods with Certain Essential Amenities	This measure creates a count or composite measure designed to assess whether or not children live in neighborhoods which contain elements that are known to have an impact on health status and functioning.	Child and Adolescent Health Measurement Initiative (CAHMI)
OT3-041-10	Children Who Attend Schools	This measure ascertains the perceived safety of child's school.	Child and Adolescent Health

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	Perceived as Safe		Measurement Initiative (CAHMI)
OT3-042-10	Children Who Receive the Mental Health Care They Need	Percentage of children age 2-17 who have an ongoing condition which would require mental health care who actually have seen a mental health care professional in the past 12 months	Child and Adolescent Health Measurement Initiative (CAHMI)
OT3-043-10	Pediatric Symptom Checklist (PSC)	The Pediatric Symptom Checklist (PSC) is a brief parent report questionnaire that is used to measure overall psychosocial functioning in children from 4 to 16 years of age. Originally developed to be a screen that would allow pediatricians and other health professionals to identify children with poor overall functioning who were in need of further evaluation or referral, the PSC has seen such wide use in large systems that it has been used as an outcome measure to assess changes in functioning over time. In addition to the original 35 item parent report form of the PSC in English, there are now many other validated forms including translations of the original form into more than a dozen other languages, a youth self report, a pictorial version, and a briefer 17 item version for both the parent and youth forms.	Massachusetts General Hospital
OT3-044-10	Children Who Have Inadequate Insurance Coverage For Optimal Health	The measure is designed to ascertain whether or not current insurance program coverage is adequate for the child's health needs--whether the out of pocket expenses are reasonable; whether the child is limited or not in choice of doctors; and whether the benefits meet child's healthcare needs.	Child and Adolescent Health Measurement Initiative (CAHMI)
OT3-045-10	Measure of Medical Home for Children and Adolescents	<p>This composite measure assesses whether or not children and adolescents (age 0-17 years) receive health care within a medical home according to the survey respondent (almost always the child's parent). The medical home measure is based on six of the seven components of care first proposed by the American Academy of Pediatrics (AAP) – health care that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective. (Note: "accessible" is the one component of medical home that is not directly addressed in this composite measure. This will be explained in a later section)</p> <p>The AAP policy statement emphasizes that a medical home is “not a building, house, or hospital, but rather an approach to providing continuous and comprehensive primary pediatric care from infancy through young adulthood, with availability 24 hours a day, 7 days a week, from a pediatrician or physician whom families trust,” and this</p>	Child and Adolescent Health Measurement Initiative (CAHMI)

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		composite measure of medical home is designed to assess the receipt of quality health care using the AAP's recommended care guidelines.	
OT3-046-10	Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay	This family-centered survey questionnaire consists of 62 questions that assess various aspects of care experiences during inpatient pediatric hospital stays. The dimensions that are included are overall impressions, interactions with nurses, interactions with doctors, the admission and discharge process, home care preparation, medications, pain management, parent involvement, hospital environment, support staff and food. Demographic questions are included at the end of the survey. The majority of the survey questions are categorical in nature. Ordinal measures enable the rating of experiences, dichotomous measures are used to assess if subsequent questions apply to the experiences of parents and the patient but a small number of questions are open-ended to allow any additional or more detailed comments. Survey will be collected for a given time period, e.g. monthly. The target population is one of the parents, 18 years or older, of a child that stayed for at least one day in an inpatient unit at the hospital and was discharged during the previous time period, e.g. the last month. A random sample will be drawn of all discharged parent-patient units and receive the survey. The instrument is currently validated for mail and phone administration and is in English. All questions are asking about experiences during their last inpatient hospital stay. Further steps include validation for web administration and other languages.	Children's Hospital Boston
OT3-048-10	Plan of Care for Inadequate Hemodialysis	Percentage of calendar months during the 12 month reporting period in which patients aged 17 years and younger with a diagnosis of ESRD receiving hemodialysis have a single-pool Kt/V ≥ 1.2 or have a single-pool Kt/V < 1.2 with a documented plan of care for inadequate hemodialysis	American Medical Association
OT3-049-10	Primary Caries Prevention Intervention as Part of Well/III Child Care as Offered by Primary Care Medical Providers	Each of the 35 state Medicaid programs which are currently reimbursing primary care medical providers (hereafter PCMP) for primary caries prevention intervention (PCPI) has identified a specific code to reflect application of fluoride varnish (hereafter FV) to the teeth of a high-risk child primarily as part of the EPSDT well-child examination (but FV can also be applied at an ill-child visit). The proposed measure will a) track participation by PCMP (physician (pediatrician, family medicine physician), nurse practitioner, physician assistant) and b) track the degree to which each provider's use of the fluoride varnish code increases from year to year (more children	University of Minnesota

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		varnished and more children receiving FV four times a year).	
OT3-050-10	Children Who Receive Standardized Developmental and Behavioral Screening	<p>Age specific items to assess whether or not parents received a standardized questionnaire addressing developmental concerns at a health care visit.</p> <p>The Standardized Developmental and Behavioral Screening (SDBS) items in the National Survey of Children's Health are meant to assess whether the parent-completed a standardized, validated screening tool used to identify children at risk for developmental, behavioral or social delays.</p>	Child and Adolescent Health Measurement Initiative (CAHMI)
OT3-051-10	Pediatric Pain Assessment, Intervention, and Reassessment (AIR) cycle (All Pediatric Patients)	This measure is a process measure that represents a cross-sectional count (percent) of complete pain AIR cycles in hospitalized pediatric and neonatal populations.	American Nurses Association
OT3-052-10	Pediatric Pain Assessment, Intervention, and Reassessment (AIR) cycle (Pediatric Patients in Pain)	This measure is a process measure that represents a cross-sectional count (percent) of complete pain AIR cycles in hospitalized pediatric and neonatal populations where pain has been identified.	American Nurses Association
OT3-053-10	Pediatric Pain Assessment Frequency per 24 hours	This measure is a process measure that represents a cross-sectional evaluation of the average number of pain assessments received by hospitalized pediatric and neonatal patients.	American Nurses Association
OT3-054-10	Urinary Tract Infection Admission Rate (pediatric)	Admission rate for urinary tract infection in children ages 3 months - 17 years, per 100,000 population (area level rate)	Agency for Healthcare Research and Quality
OT3-055-10	Gastroenteritis Admission Rate (pediatric)	Admission rate for gastroenteritis in children ages 3 months - 17 years, per 100,000 population (area level rate)	Agency for Healthcare Research and Quality
OT3-056-10	Diabetes, Short-Term Complication Rate (pediatric)	Admission rate for diabetes short term complications in children ages 6 to 17, per 100,000 population (area level rate)	Agency for Healthcare Research and Quality
OT3-057-10	Asthma Admission Rate (pediatric)	Admission rate for asthma in children ages 2-17, per 100,000 population (area level rate)	Agency for Healthcare Research and Quality