



Patient Safety 2015-2017: NQF-Endorsed® Maintenance Standards under Review

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

Measure Number	Title	Description	Measure Steward
FALLS			
0035	Fall Risk Management	<p>Assesses different facets of fall risk management:</p> <p>Discussing Fall Risk. The percentage of adults 75 years of age and older, or 65–74 years of age with balance or walking problems or a fall in the past 12 months, who were seen by a practitioner in the past 12 months and who discussed falls or problems with balance or walking with their current practitioner.</p> <p>Managing Fall Risk. The percentage of adults 65 years of age and older who had a fall or had problems with balance or walking in the past 12 months, who were seen by a practitioner in the past 12 months and who received fall risk intervention from their current practitioner.</p>	National Committee for Quality Assurance
VENOUS THROMBOEMBOLISM (VTE)			
0239	Venous Thromboembolism (VTE) Prophylaxis	Percentage of surgical patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time.	American Medical Association - Physician Consortium for Performance Improvement
0371	Venous Thromboembolism Prophylaxis	This measure assesses the number of patients who received venous thromboembolism (VTE) prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission. This measure is part of a set of six nationally implemented prevention and treatment measures that	The Joint Commission

Measure Number	Title	Description	Measure Steward
		address VTE (VTE- 2: ICU VTE Prophylaxis, VTE-3: VTE Patients with Anticoagulation Overlap Therapy, VTE-4: VTE Patients Receiving UFH with Dosages/Platelet Count Monitoring, VTE-5: VTE Warfarin Therapy Discharge Instructions and VTE- 6: Hospital Acquired Potentially-Preventable VTE) that are used in The Joint Commission's accreditation process.	
0372	Intensive Care Unit Venous Thromboembolism Prophylaxis	This measure assesses the number of patients who received venous thromboembolism (VTE) prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer). This measure is part of a set of six prevention and treatment measures that address VTE (VTE-1: VTE Prophylaxis, VTE-3: VTE Patients with Anticoagulation Overlap Therapy, VTE-4: VTE Patients Receiving UFH with Dosages/Platelet Count Monitoring by Protocol, VTE-5: VTE Warfarin Therapy Discharge Instructions and VTE-6: Hospital Acquired Potentially- Preventable VTE).	The Joint Commission
0373	Venous Thromboembolism Patients with Anticoagulant Overlap Therapy	This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of Parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy. For patients who received less than five days of overlap therapy, they should be discharged on both medications or have a Reason for Discontinuation of Parenteral Therapy. Overlap therapy should be administered for at least five days with an international normalized ratio (INR) greater than or equal to 2.0 prior to discontinuation of the parenteral anticoagulation therapy, or INR less than 2.0 but discharged on both medications or have a Reason for Discontinuation of Parenteral Therapy. This measure is part of a set of six prevention and treatment measures that address VTE (VTE- 1: VTE Prophylaxis, VTE-2: ICU VTE Prophylaxis, VTE-4: VTE Patients Receiving UFH with Dosages/Platelet Count Monitoring, VTE-5: Warfarin Therapy Discharge Instructions and VTE-6: Hospital Acquired Potentially- Preventable VTE).	The Joint Commission
0450	Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate (PSI 12)	<p>Perioperative pulmonary embolism or deep vein thrombosis (secondary diagnosis) per 1,000 surgical discharges for patients ages 18 years and older. Excludes cases with principal diagnosis for pulmonary embolism or deep vein thrombosis; cases with secondary diagnosis for pulmonary embolism or deep vein thrombosis present on admission; cases in which interruption of vena cava occurs before or on the same day as the first operating room procedure; and obstetric discharges.</p> <p>[NOTE: The software provides the rate per hospital discharge. However, common practice reports the measure as per 1,000 discharges. The user must multiply the rate obtained from the software by 1,000 to report events per 1,000 hospital discharges.]</p>	Agency for Healthcare Research and Quality

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HEALTH CARE ASSOCIATED INFECTIONS			
<u>0301</u>	Surgery patients with appropriate hair removal	Percentage of surgery patients with surgical hair site removal with clippers or depilatory or no surgical site hair removal.	Centers for Medicare & Medicaid Services
<u>0515</u>	Ambulatory surgery patients with appropriate method of hair removal	Percentage of ASC admissions with appropriate surgical site hair removal.	ASC Quality Collaboration
MORTALITY			
<u>0530</u>	Mortality for Selected Conditions	A composite measure of in-hospital mortality indicators for selected conditions.	Agency for Healthcare Research and Quality
GENERAL SAFETY			
<u>0263</u>	Patient Burn	Percentage of ASC admissions experiencing a burn prior to discharge.	Ambulatory Surgical Center Quality Collaboration
MEDICATION SAFETY			
<u>0022</u>	Use of High-Risk Medications in the Elderly (DAE)	<p>There are two rates for this measure:</p> <ul style="list-style-type: none"> - The percentage of patients 65 years of age and older who received at least one high-risk medication. - The percentage of patients 65 years of age and older who received at least two different high-risk medications. <p>For both rates, a lower rate represents better performance.</p>	National Committee for Quality Assurance