

## Patient Safety Measures, February 2014

### NOTES

- This chart represents all measures in the NQF patient safety portfolio; the “status” column indicates which measures are currently under review.
- Related and competing measures are determined using NQF’s decision logic; further analysis of the measures will take place as the project proceeds.

Measure Title and Steward	Description Level of Analysis Target Population	Measure Type	Status	Related and Competing Measures
<b>GENERAL</b>				
0510 Exposure time reported for procedures using fluoroscopy	Percentage of final reports for procedures using fluoroscopy that include documentation of radiation exposure or exposure time  <b>Level of Analysis:</b> Clinician : Group/Practice, Clinician : Individual <b>Care Setting:</b> Ambulatory Care : Clinician Office/Clinic, Hospital/Acute Care Facility, Imaging Facility <b>Data Source:</b> Administrative claims, Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Imaging/Diagnostic Study, Paper Medical Records	Process	Maintenance Measure – Currently Under Review	<b>Competing</b> N/A  <b>Related</b> 0739: Radiation Dose of Computed Tomography (CT)
0531 Patient Safety for Selected Indicators (PSI 90)	Patient Safety for Selected Indicators (PSI 90) is a weighted average of the observed-to-expected ratios for the following component indicators: PSI 03 Pressure Ulcer Rate, PSI 06 Iatrogenic Pneumothorax Rate, PSI 07 Central Venous Catheter-Related Blood Stream Infection Rate, PSI 08 Postoperative Hip Fracture Rate, PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate, PSI 13 Postoperative Sepsis Rate, PSI 14 Postoperative Wound	Composite	Maintenance Measure – Currently Under Review	<b>Competing</b> N/A  <b>Related</b> 0532: Pediatric Patient Safety for

	<p>Dehiscence Rate, and PSI 15 Accidental Puncture or Laceration Rate. The weights include component weights and shrinkage weights. The component weights are numerator weights, defined as the relative frequency of the numerators for the component indicators in the reference population. The shrinkage weights are the signal-to-noise ratio, where the signal variance is estimated from the reference population, and the noise variance is estimated from the user's data and is unique to each provider in the user's data.</p> <p>For more information, see Quality Indicator Empirical Methods, PSI Composite Measure Workgroup Final Report, and AHRQ QI User Guide: PSI Composite available online at <a href="http://www.qualityindicators.ahrq.gov">www.qualityindicators.ahrq.gov</a></p> <p><b>Level of Analysis:</b> Facility  <b>Care Setting:</b> Hospital/Acute Care Facility  <b>Data Source:</b> Administrative claims</p>			Selected Indicators (PDI 19)
0532 Pediatric Patient Safety for Selected Indicators (PDI 19)	<p>Pediatric Patient Safety for Selected Indicators (PDI 19) is a weighted average of the observed-to-expected ratios for the following component indicators: PDI 01 Accidental Puncture or Laceration Rate, PDI 02 Pressure Ulcer Rate, PDI 05 Iatrogenic Pneumothorax Rate, PDI 10 Postoperative Sepsis Rate, PDI 11 Postoperative Wound Dehiscence Rate, and PDI 12 Central Venous Catheter-Related Blood Stream Infection Rate.</p> <p>The weights include component weights and shrinkage weights. The component weights are numerator weights, defined as the relative frequency of the numerators for the component indicators in the reference population. The shrinkage weights are the signal-to-noise ratio, where the signal variance is estimated from the reference population, and the noise variance is estimated from the user's data and is unique to each provider in the user's data.</p> <p>For more information, see Quality Indicator Empirical Methods, PDI Composite Measure Workgroup Final Report, and AHRQ QI User Guide: PDI Composite available online at <a href="http://www.qualityindicators.ahrq.gov">www.qualityindicators.ahrq.gov</a></p>	Composite	Maintenance Measure – Currently Under Review	<p><b>Competing</b> N/A</p> <p><b>Related</b> 0531: Patient Safety for Selected Indicators (PSI 90)</p>

	<p><b>Level of Analysis:</b> Facility  <b>Care Setting:</b> Hospital/Acute Care Facility  <b>Data Source:</b> Administrative claims</p>			
0739 Radiation Dose of Computed Tomography (CT)	<p>The measure has two components. Part A is an outcome measure; Part B is a process measure. Both would work together towards improving quality and allowing hospitals and imaging facilities to conduct ongoing quality improvement.</p> <p>Part A: radiation dose associated with computed tomography (CT) examinations of the head, neck, chest, abdomen/pelvis and lumbar spine, obtained in children and adults.</p> <p>Part B: The proportion of CT examinations where a measure of dose is included in the final medical report.</p> <p><b>Level of Analysis:</b> Facility  <b>Care Setting:</b> Ambulatory Care : Ambulatory Surgery Center (ASC), Ambulatory Care : Clinician Office/Clinic, Hospital/Acute Care Facility, Imaging Facility, Ambulatory Care : Outpatient Rehabilitation, Ambulatory Care : Urgent Care  <b>Data Source:</b> Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Imaging/Diagnostic Study, Electronic Clinical Data : Registry</p>	Outcome	Maintenance Measure – Currently Under Review	<p><b>Competing</b> N/A</p> <p><b>Related</b> 0510: Exposure time reported for procedures using fluoroscopy</p>
0740 Participation in a Systematic National Dose Index Registry	<p>Participation in a multi-center, standardized data collection and feedback program that will establish national dose index benchmarks for designated examinations. The registry will eventually provide a comparison of practice or facility dose indices such as CTDIvol and DLP for specified examinations relative to national and regional benchmarks. Data is captured electronically from the images of CT examinations using Digital Imaging and Communications in Medicine (DICOM) standards and the Integrating the Healthcare Enterprise (IHE) Radiation Exposure Monitoring (REM) profile.</p>	Structure	Maintenance Measure – Currently Under Review	<p><b>Competing</b> N/A</p> <p><b>Related</b> N/A</p>

	<p><b>Level of Analysis:</b> Facility, Clinician : Group/Practice, Population : National, Population : Regional</p> <p><b>Care Setting:</b> Ambulatory Care : Clinician Office/Clinic, Hospital/Acute Care Facility, Imaging Facility, Other</p> <p><b>Data Source:</b> Electronic Clinical Data : Registry</p>			
2426 Elder Maltreatment Screening and Follow-Up Plan	<p>Percentage of patients aged 65 years and older with a documented elder maltreatment screen using an Elder Maltreatment Screening Tool on the date of encounter AND a documented follow-up plan on the date of the positive screen</p> <p><b>Level of Analysis:</b> Clinician : Group/Practice, Clinician : Individual</p> <p><b>Care Setting:</b> Ambulatory Care : Clinician Office/Clinic, Behavioral Health/Psychiatric : Outpatient</p> <p><b>Data Source:</b> Administrative claims, Paper Medical Records</p>	Process	New Measure Submission – Currently Under Review	<b>Competing</b> N/A  <b>Related</b> N/A
<b>HEALTHCARE-ASSOCIATED INFECTION (HAI)</b>				
0138 National Healthcare Safety Network (NHSN) Catheter- associated Urinary Tract Infection (CAUTI) Outcome Measure	<p>Standardized Infection Ratio (SIR) of healthcare-associated, catheter-associated urinary tract infections (UTI) will be calculated among patients in bedded inpatient care locations, except level II or level III neonatal intensive care units (NICU). This includes acute care general hospitals, long-term acute care hospitals, rehabilitation hospitals, oncology hospitals, and behavior health hospitals.</p> <p><b>Level of Analysis:</b> Facility, Population : National, Population : Regional, Population : State</p> <p><b>Care Setting:</b> Hospice, Hospital/Acute Care Facility, Behavioral Health/Psychiatric : Inpatient, Post Acute/Long Term Care Facility : Long Term Acute Care Hospital, Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility, Other</p> <p><b>Data Source:</b> Electronic Clinical Data, Electronic Clinical Data :</p>	Outcome	Maintenance Measure – Currently Under Review	<b>Competing</b> N/A  <b>Related</b> N/A

	Electronic Health Record, Electronic Clinical Data : Laboratory, Other, Paper Medical Records			
0139 National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure	<p>Standardized Infection Ratio (SIR) of healthcare-associated, central line-associated bloodstream infections (CLABSI) will be calculated among patients in bedded inpatient care locations. This includes acute care general hospitals, long-term acute care hospitals, rehabilitation hospitals, oncology hospitals, and behavioral health hospitals.</p> <p><b>Level of Analysis:</b> Facility, Population : National, Population : Regional, Population : State</p> <p><b>Care Setting:</b> Hospice, Hospital/Acute Care Facility, Behavioral Health/Psychiatric : Inpatient, Post Acute/Long Term Care Facility : Inpatient Rehabilitation Facility, Post Acute/Long Term Care Facility : Long Term Acute Care Hospital, Other</p> <p><b>Data Source:</b> Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Laboratory, Other, Paper Medical Records</p>	Outcome	Maintenance Measure – Currently Under Review	<p><b>Competing</b> N/A</p> <p><b>Related</b> N/A</p>
0464 Prevention of Catheter-Related Bloodstream Infections (CRBSI) – Central Venous Catheter (CVC)	<p>Percentage of patients, regardless of age, who undergo central venous catheter (CVC) insertion for whom CVC was inserted with all elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed</p> <p><b>Level of Analysis:</b> Facility, Clinician : Group/Practice, Clinician : Individual, Clinician : Team</p> <p><b>Care Setting:</b> Hospital/Acute Care Facility</p> <p><b>Data Source:</b> Administrative claims, Electronic Clinical Data, Electronic Clinical Data : Registry</p>	Process	Maintenance Measure – Currently Under Review	<p><b>Competing</b> N/A</p> <p><b>Related</b> N/A</p>
0684 Percent of Residents with a Urinary Tract Infection (Long-	<p>This Minimum Data Set (MDS) 3.0 based measure estimates the percentage of long-stay residents who have a urinary tract infection on the target MDS assessment (OBRA, PPS, or discharge). In order to address seasonal variation, the proposed measure uses a 6-month average for the facility. Long-stay nursing facility residents are those</p>	Outcome	Maintenance Measure – Currently Under Review	<p><b>Competing</b> N/A</p> <p><b>Related</b> N/A</p>

Stay)	with more than 100 cumulative days in the facility.  <b>Level of Analysis:</b> Facility <b>Care Setting:</b> Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility <b>Data Source:</b> Electronic Clinical Data			
<b>MEDICATION SAFETY</b>				
0541 Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category	The percentage of patients 18 years and older who met the proportion of days covered (PDC) threshold of 80% during the measurement year. A performance rate is calculated separately for the following medication categories: Renin Angiotensin System (RAS) Antagonists, Diabetes Medications, Statins. A higher score indicates better quality.  <b>Level of Analysis:</b> Clinician : Group/Practice, Health Plan <b>Care Setting:</b> Ambulatory Care : Clinician Office/Clinic, Pharmacy <b>Data Source:</b> Administrative claims	Process	Maintenance Measure – Currently Under Review	<b>Competing</b> N/A  <b>Related</b> N/A
0555 INR Monitoring for Individuals on Warfarin	Percentage of individuals 18 years of age and older with at least 56 days of warfarin therapy who receive an International Normalized Ratio (INR) test during each 56-day interval with warfarin  <b>Level of Analysis:</b> Clinician : Group/Practice, Health Plan, Integrated Delivery System, Population : State <b>Care Setting:</b> Ambulatory Care : Clinician Office/Clinic <b>Data Source:</b> Administrative claims, Electronic Clinical Data : Pharmacy	Process	Maintenance Measure – Currently Under Review	<b>Competing</b> N/A  <b>Related</b> 0556: INR for Individuals Taking Warfarin and Interacting Anti-Infective Medications
0556	Percentage of episodes with an International Normalized Ratio (INR)	Process	Maintenance	<b>Competing</b>

<p>INR for Individuals Taking Warfarin and Interacting Anti-Infective Medications</p>	<p>test performed three to seven days after a newly started interacting anti-infective medication for individuals receiving warfarin</p> <p><b>Level of Analysis:</b> Health Plan, Integrated Delivery System, Population : State  <b>Care Setting:</b> Ambulatory Care : Clinician Office/Clinic  <b>Data Source:</b> Administrative claims, Electronic Clinical Data : Pharmacy</p>		<p>Measure – Currently Under Review</p>	<p>N/A</p> <p><b>Related</b> 0555: INR Monitoring for Individuals on Warfarin</p>
<p>2337 Antipsychotic Use in Children Under 5 Years Old</p>	<p>The percentage of children under age 5 who were dispensed antipsychotic medications during the measurement period.</p> <p><b>Level of Analysis:</b> Health Plan, Population : State  <b>Care Setting:</b> Other  <b>Data Source:</b> Administrative claims</p>	<p>Process</p>	<p>New Measure Submission – Currently Under Review</p>	<p><b>Competing</b> N/A</p> <p><b>Related</b> N/A</p>
<p>2371 Annual Monitoring for Patients on Persistent Medications</p>	<p>This measure assesses the percentage of patients 18 years of age and older who received a least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year.</p> <ul style="list-style-type: none"> <li>- Angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB): At least one serum potassium and a serum creatinine therapeutic monitoring test in the measurement year.</li> <li>- Digoxin: At least one serum potassium, one serum creatinine and a serum digoxin therapeutic monitoring test in the measurement year.</li> <li>- Diuretics: At least one serum potassium and a serum creatinine therapeutic monitoring test in the measurement year.</li> <li>- Total rate (the sum of the three numerators divided by the sum of the three denominators)</li> </ul> <p><b>Level of Analysis:</b> Health Plan, Integrated Delivery System  <b>Care Setting:</b> Ambulatory Care : Clinician Office/Clinic</p>	<p>Process</p>	<p>New Measure Submission – Currently Under Review</p>	<p><b>Competing</b> N/A</p> <p><b>Related</b> N/A</p>

	<b>Data Source:</b> Administrative claims, Electronic Clinical Data, Electronic Clinical Data : Laboratory, Electronic Clinical Data : Pharmacy			
<b>OTHER MEASURES IN THE NQF PATIENT SAFETY PORFOLIO – NOT CURRENTLY UNDER REVIEW</b>				
0022 Use of High-Risk Medications in the Elderly (DAE)	<p>There are two rates for this measure:</p> <ul style="list-style-type: none"> <li>- The percentage of patients 65 years of age and older who received at least one high-risk medication.</li> <li>- The percentage of patients 65 years of age and older who received at least two different high-risk medications.</li> </ul> <p>For both rates, a lower rate represents better performance.</p> <p><b>Level of Analysis:</b> Health Plan, Integrated Delivery System  <b>Care Setting:</b> Ambulatory Care : Clinician Office/Clinic, Pharmacy  <b>Data Source:</b> Administrative claims, Electronic Clinical Data, Electronic Clinical Data : Pharmacy</p>	Process	Endorsed Measure	<p><b>Competing</b> XXXX</p> <p><b>Related</b> XXXX</p>
0035 Fall Risk Management (FRM)	<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>	Process	Endorsed Measure	<p><b>Competing</b> XXXX</p> <p><b>Related</b> XXXX</p>



	<p><b>Level of Analysis:</b> Health Plan, Integrated Delivery System  <b>Care Setting:</b> Ambulatory Care : Clinician Office/Clinic, Hospital/Acute Care Facility  <b>Data Source:</b> Patient Reported Data/Survey</p>			
0097 Medication Reconciliation	<p>Percentage of patients aged 18 years and older discharged from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) and seen within 30 days of discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist who had reconciliation of the discharge medications with the current medication list in the outpatient medical record documented. This measure is reported as two rates stratified by age group: 18-64 and 65+.</p> <p><b>Level of Analysis:</b> Clinician : Group/Practice, Clinician : Individual  <b>Care Setting:</b> Ambulatory Care : Clinician Office/Clinic, Pharmacy, Ambulatory Care : Urgent Care  <b>Data Source:</b> Administrative claims, Electronic Clinical Data</p>	Process	Endorsed Measure	<p><b>Competing</b> XXXX</p> <p><b>Related</b> XXXX</p>
0101 Falls: Screening, Risk-Assessment, and Plan of Care to Prevent Future Falls	<p>This is a clinical process measure that assesses falls prevention in older adults. The measure has three rates:</p> <p>A) Screening for Future Fall Risk:  Percentage of patients aged 65 years of age and older who were screened for future fall risk at least once within 12 months</p> <p>B) Falls: Risk Assessment:  Percentage of patients aged 65 years of age and older with a history of falls who had a risk assessment for falls completed within 12 months</p> <p>C) Plan of Care for Falls:  Percentage of patients aged 65 years of age and older with a history of falls who had a plan of care for falls documented within 12 months.</p> <p><b>Level of Analysis:</b> Clinician : Group/Practice, Clinician : Individual  <b>Care Setting:</b> Ambulatory Care : Clinician Office/Clinic, Home Health, Post Acute/Long Term Care Facility : Inpatient Rehabilitation Facility,</p>	Process	Endorsed Measure	<p><b>Competing</b> XXXX</p> <p><b>Related</b> XXXX</p>

	Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility, Ambulatory Care : Urgent Care <b>Data Source:</b> Administrative claims, Electronic Clinical Data, Paper Medical Records			
0141 Patient Fall Rate	All documented falls, with or without injury, experienced by patients on eligible unit types in a calendar quarter. Reported as Total Falls per 1,000 Patient Days and Unassisted Falls per 1000 Patient Days. (Total number of falls / Patient days) X 1000 Measure focus is safety. Target population is adult acute care inpatient and adult rehabilitation patients.  <b>Level of Analysis:</b> Clinician : Team <b>Care Setting:</b> Hospital/Acute Care Facility, Post Acute/Long Term Care Facility : Inpatient Rehabilitation Facility <b>Data Source:</b> Electronic Clinical Data, Other, Paper Medical Records	Outcome	Endorsed Measure	<b>Competing</b> XXXX  <b>Related</b> XXXX
0181 Increase in number of pressure ulcers	Percentage of patients who had an increase in the number of pressure ulcers  <b>Level of Analysis:</b> Facility/Agency, Clinicians : Other <b>Care Setting:</b> Home <b>Data Source:</b> Survey : Provider	Outcome	Endorsed Measure	<b>Competing</b> XXXX  <b>Related</b> XXXX
0201 Pressure ulcer prevalence (hospital acquired)	The total number of patients that have hospital-acquired (nosocomial) category/stage II or greater pressure ulcers on the day of the prevalence measurement episode.  <b>Level of Analysis:</b> Facility, Clinician : Team <b>Care Setting:</b> Hospital/Acute Care Facility, Post Acute/Long Term Care Facility : Inpatient Rehabilitation Facility, Post Acute/Long Term Care Facility : Long Term Acute Care Hospital, Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility <b>Data Source:</b> Electronic Clinical Data, Other, Paper Medical Records	Outcome	Endorsed Measure	<b>Competing</b> XXXX  <b>Related</b> XXXX
0202	All documented patient falls with an injury level of minor or greater	Outcome	Endorsed	<b>Competing</b>

Falls with injury	<p>on eligible unit types in a calendar quarter. Reported as Injury falls per 1000 Patient Days.          (Total number of injury falls / Patient days) X 1000          Measure focus is safety.          Target population is adult acute care inpatient and adult rehabilitation patients.</p> <p><b>Level of Analysis:</b> Clinician : Team  <b>Care Setting:</b> Hospital/Acute Care Facility, Post Acute/Long Term Care Facility : Inpatient Rehabilitation Facility  <b>Data Source:</b> Electronic Clinical Data, Other, Paper Medical Records</p>		Measure	<p>XXXX</p> <p><b>Related</b> XXXX</p>
0204 Skill mix (Registered Nurse [RN], Licensed Vocational/Practical Nurse [LVN/LPN], unlicensed assistive personnel [UAP], and contract)	<p>NSC-12.1 - Percentage of total productive nursing hours worked by RN (employee and contract) with direct patient care responsibilities by hospital unit.          NSC-12.2 - Percentage of total productive nursing hours worked by LPN/LVN (employee and contract) with direct patient care responsibilities by hospital unit.          NSC-12.3 - Percentage of total productive nursing hours worked by UAP (employee and contract) with direct patient care responsibilities by hospital unit.          NSC-12.4 - Percentage of total productive nursing hours worked by contract or agency staff (RN, LPN/LVN, and UAP) with direct patient care responsibilities by hospital unit.          Note that the skill mix of the nursing staff (NSC-12.1, NSC-12.2, and NSC-12.3) represent the proportions of total productive nursing hours by each type of nursing staff (RN, LPN/LVN, and UAP); NSC-12.4 is a separate rate.          Measure focus is structure of care quality in acute care hospital units.</p> <p><b>Level of Analysis:</b> Clinician : Team  <b>Care Setting:</b> Hospital/Acute Care Facility, Behavioral Health/Psychiatric : Inpatient, Post Acute/Long Term Care Facility : Inpatient Rehabilitation Facility</p>	Structure	Endorsed Measure	<p><b>Competing</b> XXXX</p> <p><b>Related</b> XXXX</p>

	<b>Data Source:</b> Management Data, Other			
0205 Nursing Hours per Patient Day	<p>NSC-13.1 (RN hours per patient day) – The number of productive hours worked by RNs with direct patient care responsibilities per patient day for each in-patient unit in a calendar month.</p> <p>NSC-13.2 (Total nursing care hours per patient day) – The number of productive hours worked by nursing staff (RN, LPN/LVN, and UAP) with direct patient care responsibilities per patient day for each in-patient unit in a calendar month.</p> <p>Measure focus is structure of care quality in acute care hospital units.</p> <p><b>Level of Analysis:</b> Clinician : Team</p> <p><b>Care Setting:</b> Hospital/Acute Care Facility, Behavioral Health/Psychiatric : Inpatient, Post Acute/Long Term Care Facility : Inpatient Rehabilitation Facility</p> <p><b>Data Source:</b> Management Data, Other</p>	Structure	Endorsed Measure	<p><b>Competing</b> XXXX</p> <p><b>Related</b> XXXX</p>
0239 Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis	<p>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</p> <p><b>Level of Analysis:</b> Clinician : Group/Practice, Clinician : Individual</p> <p><b>Care Setting:</b> Ambulatory Care : Ambulatory Surgery Center (ASC), Hospital/Acute Care Facility</p> <p><b>Data Source:</b> Administrative claims, Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Paper Medical Records, Electronic Clinical Data : Registry</p>	Process	Endorsed Measure	<p><b>Competing</b> XXXX</p> <p><b>Related</b> XXXX</p>
0263 Patient Burn	<p>Percentage of ASC admissions experiencing a burn prior to discharge</p> <p><b>Level of Analysis:</b> Facility</p> <p><b>Care Setting:</b> Ambulatory Care : Ambulatory Surgery Center (ASC)</p>	Outcome	Endorsed Measure	<p><b>Competing</b> XXXX</p> <p><b>Related</b> XXXX</p>

	<b>Data Source:</b> Paper Records			
0266 Patient Fall	Percentage of ASC admissions experiencing a fall in the ASC.  <b>Level of Analysis:</b> Facility <b>Care Setting:</b> Ambulatory Care : Ambulatory Surgery Center (ASC) <b>Data Source:</b> Paper Records	Outcome	Endorsed Measure	<b>Competing</b> XXXX  <b>Related</b> XXXX

0267 Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	Percentage of ASC admissions experiencing a wrong site, wrong side, wrong patient, wrong procedure, or wrong implant event.  <b>Level of Analysis:</b> Facility <b>Care Setting:</b> Ambulatory Care : Ambulatory Surgery Center (ASC) <b>Data Source:</b> Paper Records	Outcome	Endorsed Measure	<b>Competing</b> XXXX  <b>Related</b> XXXX
0301 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.  <b>Level of Analysis:</b> Can be measured at all levels, Facility/Agency, Population : National, Program : QIO <b>Care Setting:</b> Hospital <b>Data Source:</b> Electronic administrative data/claims, Electronic Health/Medical Record, Paper medical record/flow-sheet	Process	Endorsed Measure	<b>Competing</b> XXXX  <b>Related</b> XXXX
0337 Pressure Ulcer Rate (PDI 2)	Percent of discharges among cases meeting the inclusion and exclusion rules for the denominator with ICD-9-CM code of pressure ulcer in any secondary diagnosis field and ICD-9-CM code of pressure ulcer stage III or IV (or unstagable) in any secondary diagnosis field  <b>Level of Analysis:</b> Facility <b>Care Setting:</b> Hospital/Acute Care Facility <b>Data Source:</b> Administrative claims	Outcome	Endorsed Measure	<b>Competing</b> XXXX  <b>Related</b> XXXX
0344 Accidental Puncture or Laceration Rate (PDI 1)	Percent of discharges among cases meeting the inclusion and exclusion rules for the denominator with ICD-9-CM code denoting accidental cut, puncture, perforation, or laceration during a procedure in any secondary diagnosis field.  <b>Level of Analysis:</b> Facility <b>Care Setting:</b> Hospital/Acute Care Facility <b>Data Source:</b> Administrative claims	Outcome	Endorsed Measure	<b>Competing</b> XXXX  <b>Related</b> XXXX
0345 Accidental	Percent of discharges among cases meeting the inclusion and exclusion rules for the denominator with ICD-9-CM code denoting	Outcome	Endorsed Measure	<b>Competing</b> XXXX

Puncture or Laceration Rate (PSI 15)	accidental cut, puncture, perforation, or laceration during a procedure in any secondary diagnosis field.  <b>Level of Analysis:</b> Facility <b>Care Setting:</b> Hospital/Acute Care Facility <b>Data Source:</b> Administrative claims			<b>Related</b> XXXX
0346 Iatrogenic Pneumothorax Rate (PSI 6)	Percent of discharges with ICD-9-CM code for iatrogenic pneumothorax in any secondary diagnosis field among cases meeting the inclusion and exclusion rules for the denominator  <b>Level of Analysis:</b> Facility <b>Care Setting:</b> Hospital/Acute Care Facility <b>Data Source:</b> Administrative claims	Outcome	Endorsed Measure	<b>Competing</b> XXXX  <b>Related</b> XXXX
0347 Death Rate in Low-Mortality Diagnosis Related Groups (PSI 2)	Percent of discharges with disposition of “deceased” (DISP=20) among cases meeting the inclusion and exclusion rules for the denominator  <b>Level of Analysis:</b> Facility <b>Care Setting:</b> Hospital/Acute Care Facility <b>Data Source:</b> Administrative claims	Outcome	Endorsed Measure	<b>Competing</b> XXXX  <b>Related</b> XXXX
0348 Iatrogenic Pneumothorax Rate (PDI 5)	Percent of discharges among cases meeting the inclusion and exclusion rules for the denominator with ICD-9-CM code of iatrogenic pneumothorax in any secondary diagnosis field  <b>Level of Analysis:</b> Facility <b>Care Setting:</b> Hospital/Acute Care Facility <b>Data Source:</b> Administrative claims	Outcome	Endorsed Measure	<b>Competing</b> XXXX  <b>Related</b> XXXX
0349 Transfusion Reaction (PSI 16)	The count of medical and surgical discharges for patients age greater than or equal to 18 or in MDC 14 with ICD-9-CM code for transfusion reaction in any secondary diagnosis field.  <b>Level of Analysis:</b> Facility <b>Care Setting:</b> Hospital/Acute Care Facility <b>Data Source:</b> Administrative claims	Outcome	Endorsed Measure	<b>Competing</b> XXXX  <b>Related</b> XXXX

0350 Transfusion Reaction (PDI 13)	The count of medical and surgical discharges for patients age less than 18 and not in MDC 14 with ICD-9-CM code for transfusion reaction in any secondary diagnosis field.  <b>Level of Analysis:</b> Facility <b>Care Setting:</b> Hospital/Acute Care Facility <b>Data Source:</b> Administrative claims	Outcome	Endorsed Measure	<b>Competing</b> XXXX  <b>Related</b> XXXX
0352 Failure to Rescue In-Hospital Mortality (risk adjusted)	Percentage of patients who died with a complications in the hospital.  <b>Level of Analysis:</b> Population : County or City, Facility, Health Plan, Integrated Delivery System, Population : National, Population : Regional, Population : State <b>Care Setting:</b> Hospital/Acute Care Facility <b>Data Source:</b> Administrative claims	Outcome	Endorsed Measure	<b>Competing</b> XXXX  <b>Related</b> XXXX
0353 Failure to Rescue 30-Day Mortality (risk adjusted)	Percentage of patients who died with a complication within 30 days from admission.  <b>Level of Analysis:</b> Population : County or City, Facility, Health Plan, Integrated Delivery System, Population : National, Population : Regional, Population : State <b>Care Setting:</b> Hospital/Acute Care Facility <b>Data Source:</b> Administrative claims	Outcome	Endorsed Measure	<b>Competing</b> XXXX  <b>Related</b> XXXX
0362 Foreign Body left after procedure (PDI 3)	Count of discharges with foreign body left in during procedure in medical and surgical discharges among patients less than 18 years and not MDC 14 (pregnancy, childbirth, and puerperium)  <b>Level of Analysis:</b> Facility <b>Care Setting:</b> Hospital/Acute Care Facility <b>Data Source:</b> Administrative claims	Outcome	Endorsed Measure	<b>Competing</b> XXXX  <b>Related</b> XXXX
0363 Foreign Body Left During Procedure (PSI 5)	Count of discharges with foreign body left in during procedure in medical and surgical discharges among patients 18 years and older or MDC 14 (pregnancy, childbirth, and puerperium)  <b>Level of Analysis:</b> Facility <b>Care Setting:</b> Hospital/Acute Care Facility	Outcome	Endorsed Measure	<b>Competing</b> XXXX  <b>Related</b> XXXX



	<b>Data Source:</b> Administrative claims			
0371 Venous Thromboembolism Prophylaxis	<p>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 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.</p> <p><b>Level of Analysis:</b> Facility, Population : National  <b>Care Setting:</b> Hospital/Acute Care Facility  <b>Data Source:</b> Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Laboratory, Paper Medical Records</p>	Process	Endorsed Measure	<p><b>Competing</b> XXXX</p> <p><b>Related</b> XXXX</p>
0372 Intensive Care Unit Venous Thromboembolism Prophylaxis	<p>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).</p> <p><b>Level of Analysis:</b> Facility, Population : National  <b>Care Setting:</b> Hospital/Acute Care Facility  <b>Data Source:</b> Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Paper Medical Records, Electronic Clinical Data : Pharmacy</p>	Process	Endorsed Measure	<p><b>Competing</b> XXXX</p> <p><b>Related</b> XXXX</p>
0373	This measure assesses the number of patients diagnosed with	Process	Endorsed Measure	<b>Competing</b>

<p>Venous Thromboembolism Patients with Anticoagulant Overlap Therapy</p>	<p>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).</p> <p><b>Level of Analysis:</b> Facility, Population : National  <b>Care Setting:</b> Hospital/Acute Care Facility  <b>Data Source:</b> Electronic Clinical Data, Electronic Clinical Data : Imaging/Diagnostic Study, Paper Medical Records, Electronic Clinical Data : Pharmacy</p>			<p>XXXX</p> <p><b>Related</b> XXXX</p>
<p>0419 Documentation of Current Medications in the Medical Record</p>	<p>Percentage of specified visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list must include ALL prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration</p> <p><b>Level of Analysis:</b> Clinician : Individual, Population : National  <b>Care Setting:</b> Ambulatory Care : Clinician Office/Clinic, Dialysis Facility, Home Health, Post Acute/Long Term Care Facility : Inpatient Rehabilitation Facility, Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility, Other, Behavioral Health/Psychia  <b>Data Source:</b> Administrative claims, Electronic Clinical Data : Registry</p>	<p>Process</p>	<p>Endorsed Measure</p>	<p><b>Competing</b> XXXX</p> <p><b>Related</b> XXXX</p>

0450 Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate (PSI 12)	Percent of discharges among cases meeting the inclusion and exclusion rules for the denominator with ICD-9-CM codes for deep vein thrombosis or pulmonary embolism in any secondary diagnosis field.  <b>Level of Analysis:</b> Facility <b>Care Setting:</b> Hospital/Acute Care Facility <b>Data Source:</b> Administrative claims	Outcome	Endorsed Measure	<b>Competing</b> XXXX  <b>Related</b> XXXX
0515 Ambulatory surgery patients with appropriate method of hair removal	Percentage of ASC admissions with appropriate surgical site hair removal.  <b>Level of Analysis:</b> Facility/Agency <b>Care Setting:</b> Ambulatory Care : Amb Surgery Center <b>Data Source:</b> Paper medical record/flow-sheet	Process	Endorsed Measure	<b>Competing</b> XXXX  <b>Related</b> XXXX
0537 Multifactor Fall Risk Assessment Conducted For All Patients Who Can Ambulate	Percentage of home health episodes of care in which patients who can ambulate had a multi-factor fall risk assessment at start/resumption of care.  <b>Level of Analysis:</b> Facility <b>Care Setting:</b> Home Health <b>Data Source:</b> Electronic Clinical Data	Process	Endorsed Measure	<b>Competing</b> XXXX  <b>Related</b> XXXX
0538 Pressure Ulcer Prevention and Care	Pressure Ulcer Risk Assessment Conducted: Percentage of home health episodes of care in which the patient was assessed for risk of developing pressure ulcers at start/resumption of care. Pressure Ulcer Prevention Included in Plan of Care: Percentage of home health episodes of care in which the physician-ordered plan of care included interventions to prevent pressure ulcers. Pressure Ulcer Prevention Implemented during Short Term Episodes of Care: Percentage of short term home health episodes of care during which interventions to prevent pressure ulcers were included in the physician-ordered plan of care and implemented.  <b>Level of Analysis:</b> Facility <b>Care Setting:</b> Home Health <b>Data Source:</b> Electronic Clinical Data : Electronic Health Record	Process	Endorsed Measure	<b>Competing</b> XXXX  <b>Related</b> XXXX
0542	The measure addresses adherence to three types of chronic	Process	Endorsed Measure	<b>Competing</b>

Adherence to Chronic Medications	<p>medications: statins, levothyroxine, and angiotensin converting enzyme inhibitors (ACEIs)/angiotensin receptor blockers (ARBs). The measure is divided into three submeasures:</p> <p>Measure A: The percentage of eligible individuals who had at least two prescriptions for statins and who have a Proportion of Days Covered (PDC) of at least 0.8 during the measurement period (12 consecutive months).</p> <p>Measure B: The percentage of eligible individuals who had at least two prescriptions for levothyroxine and who have a PDC of at least 0.8 during the measurement period (12 consecutive months).</p> <p>Measure C: The percentage of eligible individuals who had at least two prescriptions for ACEIs/ARBs and who have a PDC of at least 0.8 during the measurement period (12 consecutive months).</p> <p><b>Level of Analysis:</b> Clinicians : Group, Clinicians : Individual, Clinicians : Other</p> <p><b>Care Setting:</b> Ambulatory Care : Clinic, Other</p> <p><b>Data Source:</b> Electronic administrative data/claims, Pharmacy data</p>			<p>XXXX</p> <p><b>Related</b> XXXX</p>
0581 Deep Vein Thrombosis Anticoagulation >= 3 Months	<p>This measure identifies patients with deep vein thrombosis (DVT) on anticoagulation for at least 3 months after the diagnosis</p> <p><b>Level of Analysis:</b> Population : County or City, Clinician : Group/Practice, Health Plan, Clinician : Individual, Integrated Delivery System</p> <p><b>Care Setting:</b> Ambulatory Care : Clinician Office</p> <p><b>Data Source:</b> Administrative claims, Electronic Clinical Data</p>	Process	Endorsed Measure	<p><b>Competing</b> XXXX</p> <p><b>Related</b> XXXX</p>
0586 Warfarin_PT/ INR Test	<p>This measure identifies the percentage of patients taking warfarin during the measurement year who had at least one PT/INR test within 30 days after the first warfarin prescription in the measurement year</p> <p><b>Level of Analysis:</b> Population : County or City, Clinician : Group/Practice, Health Plan, Clinician : Individual, Integrated Delivery System</p> <p><b>Care Setting:</b> Ambulatory Care : Clinician Office</p> <p><b>Data Source:</b> Administrative claims, Electronic Clinical Data : Laboratory, Electronic Clinical Data : Pharmacy</p>	Process	Endorsed Measure	<p><b>Competing</b> XXXX</p> <p><b>Related</b> XXXX</p>

<p>0593 Pulmonary Embolism Anticoagulation &gt;= 3 Months</p>	<p>This measure identifies patients with pulmonary embolism (PE) on anticoagulation for at least 3 months after the diagnosis.</p> <p><b>Level of Analysis:</b> Population : County or City, Clinician : Group/Practice, Health Plan, Clinician : Individual, Integrated Delivery System  <b>Care Setting:</b> Ambulatory Care : Clinician Office  <b>Data Source:</b> Administrative claims, Electronic Clinical Data : Pharmacy</p>	<p>Process</p>	<p>Endorsed Measure</p>	<p><b>Competing</b> XXXX</p> <p><b>Related</b> XXXX</p>
<p>0612 Warfarin - INR Monitoring</p>	<p>The percentage of patients taking warfarin who had PT/INR monitoring</p> <p><b>Level of Analysis:</b> Population : Community, Population : County or City, Facility, Clinician : Group/Practice, Health Plan, Clinician : Individual, Integrated Delivery System, Population : National, Population : Regional, Population : State, Clinician : Team  <b>Care Setting:</b> Ambulatory Care : Clinician Office/Clinic, Home Health, Hospital/Acute Care Facility  <b>Data Source:</b> Administrative claims, Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Healthcare Provider Survey, Electronic Clinical Data : Laboratory, Patient Reported Data/Survey, Electronic Clinical Data : Pharmacy</p>	<p>Process</p>	<p>Endorsed Measure</p>	<p><b>Competing</b> XXXX</p> <p><b>Related</b> XXXX</p>
<p>0674 Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)</p>	<p>This measure is based on data from all target MDS 3.0 assessments of long-stay nursing home residents (OBRA, PPS or discharge). It reports the percentage of residents who experience one or more falls with major injury (e.g., bone fractures, joint dislocations, closed head injuries with altered consciousness, or subdural hematoma) in the last quarter (3-month period). The measure is based on MDS 3.0 item J1900C, which indicates whether any falls that occurred were associated with major injury.</p> <p><b>Level of Analysis:</b> Facility, Population : National  <b>Care Setting:</b> Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility  <b>Data Source:</b> Electronic Clinical Data</p>	<p>Outcome</p>	<p>Endorsed Measure</p>	<p><b>Competing</b> XXXX</p> <p><b>Related</b> XXXX</p>
<p>0678 Percent of</p>	<p>This measure reports the percent of short-stay residents, or patients with Stage 2-4 pressure ulcers that are new or worsened</p>	<p>Outcome</p>	<p>Endorsed Measure</p>	<p><b>Competing</b> XXXX</p>

<p>Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay)</p>	<p>since the prior assessment. The measure is based on data from the Minimum Data Set (MDS) 3.0 assessments of nursing home residents, the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) Version 1.2 for Inpatient Rehabilitation Facility (IRF) patients and the Long-Term Care Hospital (LTCH) Continuity Assessment Record &amp; Evaluation (CARE) Data Set Version 1.01 and Version 2.01 assessments of LTCH patients. Data are collected in each of the three settings using standardized items that have been harmonized across the MDS 3.0, IRF-PAI Version 1.2 and LTCH CARE Data Set Version 1.01 and Version 2.01. For residents in a nursing home, the measure is calculated by examining all assessments during an episode of care for reports of Stage 2 -4 pressure ulcers that were not present or were at a lesser stage on the prior assessment. For the LTCH and IRF setting, this measure is calculated by review of a patient’s discharge assessment for reports of Stage 2 -4 pressure ulcers that were not present or were at a lesser stage at the time of the admission assessment. For nursing home residents, this measure is restricted to the short-stay population defined as those who have accumulated 100 or fewer days in the nursing home as of the end of the target quarter. The quality measure does not include the long-stay residents who have been in the nursing home for longer than 100 days. There is a separate measure, (NQF #0679) Percent of High Risk Residents with Pressure Ulcers (Long Stay), which addresses pressure ulcers among residents for long-stay residents. In 2008, the National Quality Forum (NQF) steering committee met to identify voluntary consensus standards for developing a framework for measuring quality and prevention and management of pressure ulcers that were applicable across multiple settings. The committee stated that “to understand the impact of pressure ulcers across settings, quality measures addressing prevention, incidence, and prevalence of pressure ulcers must be harmonized and aligned” and that “it is critical that we harmonize these methods across settings” (1). These NQF standard specifications were developed to achieve a uniform approach to measurement across post-acute care settings and populations by addressing who is included in and excluded from the target denominator</p>			<p><b>Related</b> XXXX</p>
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	<p>population, who is included in and excluded from the numerator population, time window for measurement and risk adjustment.</p> <p>1. National Quality Forum. National voluntary consensus standards for developing a framework for measuring quality for prevention and management of pressure ulcers. April 2008. Available from <a href="http://www.qualityforum.org/Projects/Pressure_Ulcers.aspx">http://www.qualityforum.org/Projects/Pressure_Ulcers.aspx</a>.</p> <p><b>Level of Analysis:</b> Facility, Population : National  <b>Care Setting:</b> Post Acute/Long Term Care Facility : Inpatient Rehabilitation Facility, Post Acute/Long Term Care Facility : Long Term Acute Care Hospital, Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility  <b>Data Source:</b> Electronic Clinical Data</p>			
0679 Percent of High Risk Residents with Pressure Ulcers (Long Stay)	<p>CMS currently has this measure in their QMs but it is based on data from MDS 2.0 assessments and it includes Stage 1 ulcers. This proposed measure will be based on data from MDS 3.0 assessments of long-stay nursing facility residents and will exclude Stage 1 ulcers from the definition. The measure reports the percentage of all long-stay residents in a nursing facility with an annual, quarterly, significant change or significant correction MDS assessment during the selected quarter (3-month period) who were identified as high risk and who have one or more Stage 2-4 pressure ulcer(s). High risk populations are those who are comatose, or impaired in bed mobility or transfer, or suffering from malnutrition.</p> <p>Long-stay residents are those who have been in nursing facility care for more than 100 days. This measure is restricted to the population that has long-term needs; a separate pressure ulcer measure is being submitted for short-stay populations. These are defined as having a stay that ends with a discharge within the first 100 days.</p> <p><b>Level of Analysis:</b> Facility  <b>Care Setting:</b> Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility  <b>Data Source:</b> Electronic Clinical Data</p>	Outcome	Endorsed Measure	<p><b>Competing</b> XXXX</p> <p><b>Related</b> XXXX</p>
0687	The measure is based on data from the MDS 3.0 assessment of	Process	Endorsed Measure	<b>Competing</b>

Percent of Residents Who Were Physically Restrained (Long Stay)	<p>long-stay nursing facility residents and reports the percentage of all long-stay residents who were physically restrained. The measure reports the percentage of all long-stay residents in nursing facilities with a selected target assessment during the selected quarter (3-month period) who were physically restrained daily during the 7 days prior to the MDS assessment (OBRA, PPS or discharge).</p> <p><b>Level of Analysis:</b> Facility  <b>Care Setting:</b> Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility  <b>Data Source:</b> Electronic Clinical Data</p>			<p>XXXX</p> <p><b>Related</b> XXXX</p>
0689 Percent of Residents Who Lose Too Much Weight (Long-Stay)	<p>This measure updates CMS' MDS 2.0 QM on patients who lose too much weight. This measure captures the percentage of long-stay residents who had a weight loss of 5% or more in the last month or 10% or more in the last 6 months who were not on a physician-prescribed weight-loss regimen noted on an MDS assessment (OBRA, PPS or discharge) during the selected quarter (3-month period). Long-stay residents are those who have been in nursing care over 100 days. The measure is restricted to this population, which has long-term care needs, rather than the short-stay population who are discharged within 100 days of admission.</p> <p><b>Level of Analysis:</b> Facility, Population : National  <b>Care Setting:</b> Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility  <b>Data Source:</b> Electronic Clinical Data</p>	Outcome	Endorsed Measure	<p><b>Competing</b> XXXX</p> <p><b>Related</b> XXXX</p>
0709 Proportion of patients with a chronic condition that have a potentially avoidable complication	<p>Percent of adult population aged 18 – 65 years who were identified as having at least one of the following six chronic conditions: Diabetes Mellitus (DM), Congestive Heart Failure (CHF), Coronary Artery Disease (CAD), Hypertension (HTN), Chronic Obstructive Pulmonary Disease (COPD) or Asthma, were followed for one-year, and had one or more potentially avoidable complications (PACs). A Potentially Avoidable Complication is any event that negatively impacts the patient and is potentially controllable by the physicians</p>	Outcome	Endorsed Measure	<p><b>Competing</b> XXXX</p> <p><b>Related</b> XXXX</p>



<p>during a calendar year.</p>	<p>and hospitals that manage and co-manage the patient. Generally, any hospitalization related to the patient’s core chronic condition or any co-morbidity is considered a potentially avoidable complication, unless that hospitalization is considered to be a typical service for a patient with that condition. Additional PACs that can occur during the calendar year include those related to emergency room visits, as well as other professional or ancillary services tied to a potentially avoidable complication. (Please reference attached document labeled NQF_Chronic_Care_PACs_Risk_Adjustment_2.9.10.xls). We define PAC hospitalizations and PAC professional and other services as one of three types:</p> <p>(A) PAC-related Hospitalizations:</p> <p>(1) Hospitalizations related to the anchor condition: Hospitalizations due to acute exacerbations of the anchor condition are considered PACs. For example, a hospitalization for a diabetic emergency in a diabetic patient, or a hospitalization for an acute pulmonary edema in a CHF patient. Note that for patients with CAD, many hospitalizations are part of typical care and not considered PACs.</p> <p>(2) Hospitalizations due to Comorbidities: Hospitalizations due to any of the patient’s comorbid conditions are considered PACs. For example, a diabetic emergency or pneumonia hospitalization for a patient with heart failure. Note that hospitalizations for a major surgical procedure (such as joint replacement, CABG, etc.) are not counted as PACs.</p> <p>(3) Hospitalizations suggesting Patient Safety Failures: Hospitalizations for major infections, deep vein thrombosis, adverse drug events, and other patient safety-related events are considered PACs.</p> <p>(B) Other PACs during the calendar year studied:</p> <p>(1) PACs related to the anchor condition: Emergency room visits, professional and ancillary services related to the anchor condition are considered PACs if they are due to an acute exacerbation of the anchor condition such as acute exacerbation of COPD in patients with lung disease, or acute heart failure in patients with CHF.</p>			
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	<p>(2) PACs due to Comorbidities: Emergency room visits, professional and ancillary services are considered PACs if they are due to an exacerbation of one or more of the patient’s comorbid conditions, such as an acute exacerbation of COPD or acute heart failure in patients with diabetes.</p> <p>(3) PACs suggesting Patient Safety Failures: Emergency room visits, professional and ancillary services for major infections, deep vein thrombosis, adverse drug events, and other patient safety-related events are considered PACs.</p> <p>The summary tab in the enclosed workbook labeled NQF_Chronic_Care_PACs_Risk_Adjustment_2.9.10.xls gives the overview of the frequency and costs associated with each of these types of PACs for each of the six chronic conditions. Detailed drill-down tabs (e.g. DM IP Stay and DM Prof + OP fac) are also provided in the same workbook for each of the six chronic conditions to highlight high-frequency PACs.</p> <p>The information is based on a two-year, national, commercially insured population (CIP), claims database. The database had 4.7 million covered lives and \$95 billion in “allowed amounts” for claims costs. The database was an administrative claims database with medical as well as pharmacy claims. It is important to note that while the overall frequency of PAC hospitalizations are low (for all chronic care conditions summed together, PAC frequency was 6.32% of all PAC occurrences), they amount to over 58% of the PAC medical costs.</p> <p><b>Level of Analysis:</b> Population : County or City, Clinician : Group/Practice, Health Plan, Population : National, Population : Regional, Population : State</p> <p><b>Care Setting:</b> Ambulatory Care : Clinician Office, Other</p> <p><b>Data Source:</b> Administrative claims, Electronic Clinical Data : Pharmacy</p>			
<p>1716 National Healthcare Safety Network (NHSN) Facility-wide</p>	<p>Standardized infection ratio (SIR) of hospital-onset unique blood source MRSA Laboratory-identified events (LabID events) among all inpatients in the facility</p> <p><b>Level of Analysis:</b> Facility, Population : National, Population :</p>	<p>Outcome</p>	<p>Endorsed Measure</p>	<p><b>Competing</b> XXXX</p> <p><b>Related</b> XXXX</p>

<p>Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure</p>	<p>Regional, Population : State  <b>Care Setting:</b> Dialysis Facility, Hospital/Acute Care Facility, Behavioral Health/Psychiatric : Inpatient, Post Acute/Long Term Care Facility : Inpatient Rehabilitation Facility, Post Acute/Long Term Care Facility : Long Term Acute Care Hospital, Post Acute/Long Term Ca  <b>Data Source:</b> Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Laboratory, Paper Medical Records</p>			
<p>1717 National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure</p>	<p>Standardized infection ratio (SIR) of hospital-onset CDI Laboratory-identified events (LabID events) among all inpatients in the facility, excluding well-baby nurseries and neonatal intensive care units (NICUs)  <b>Level of Analysis:</b> Facility, Population : National, Population : Regional, Population : State  <b>Care Setting:</b> Dialysis Facility, Hospital/Acute Care Facility, Behavioral Health/Psychiatric : Inpatient, Post Acute/Long Term Care Facility : Inpatient Rehabilitation Facility, Post Acute/Long Term Care Facility : Long Term Acute Care Hospital, Post Acute/Long Term Ca  <b>Data Source:</b> Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Laboratory, Paper Medical Records</p>	<p>Outcome</p>	<p>Endorsed Measure</p>	<p><b>Competing</b> XXXX  <b>Related</b> XXXX</p>
<p>0206 Practice Environment Scale - Nursing Work Index (PES-NWI) (composite and five subscales)</p>	<p>Practice Environment Scale-Nursing Work Index (PES-NWI) is a survey based measure of the nursing practice environment completed by staff registered nurses; includes mean scores on index subscales and a composite mean of all subscale scores.  <b>Level of Analysis:</b> Facility, Clinician : Team  <b>Care Setting:</b> Hospital/Acute Care Facility  <b>Data Source:</b> Healthcare Provider Survey</p>	<p>Composite</p>	<p>Endorsed Measure</p>	<p><b>Competing</b> XXXX  <b>Related</b> XXXX</p>
<p>0530 Mortality for Selected Conditions</p>	<p>A composite measure of in-hospital mortality indicators for selected conditions.  <b>Level of Analysis:</b> Facility/Agency</p>	<p>Composite</p>	<p>Endorsed Measure</p>	<p><b>Competing</b> XXXX  <b>Related</b></p>

	<p><b>Care Setting:</b> Hospital  <b>Data Source:</b> Electronic administrative data/claims</p>			XXXX
0667 Inappropriate Pulmonary CT Imaging for Patients at Low Risk for Pulmonary Embolism	<p>Percent of patients undergoing CT pulmonary angiogram for the evaluation of possible PE who are at low-risk for PE consistent with guidelines(1,2) prior to CT imaging.  (1) Torbicki A, Perrier A, Konstantinides S, et al. Guidelines on the diagnosis and management of acute pulmonary embolism: the Task Force for the Diagnosis and Management of Acute Pulmonary Embolism of the European Society of Cardiology (ESC). Eur Heart J. 2008 Sep;29(18):2276-315  2) Fesmire FM, Brown MD, Espinosa JA, Shih RD, Silvers SM, Wolf SJ, Decker WW; American College of Emergency Physicians. Critical issues in the evaluation and management of adult patients presenting to the emergency department with suspected pulmonary embolism. Ann Emerg Med. 2011 Jun;57(6):628-652.e75. PMID:21621092</p> <p><b>Level of Analysis:</b> Facility, Clinician : Group/Practice  <b>Care Setting:</b> Hospital/Acute Care Facility, Other  <b>Data Source:</b> Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Paper Records</p>	Efficiency	Endorsed Measure	<p><b>Competing</b> XXXX</p> <p><b>Related</b> XXXX</p>