

## NQF-endorsed® Patient Safety - Complications Endorsement Maintenance Standards

Measure #	Steward	Description
#0019: Documentation of medication list in the outpatient record	Centers for Medicare & Medicaid Services, National Committee for Quality Assurance	Percentage of patients having a medication list in the medical record.
#0020: Documentation of allergies and adverse reactions in the outpatient record	Centers for Medicare & Medicaid Services, National Committee for Quality Assurance	Percentage of patients having documentation of allergies and adverse reactions in the medical record.
#0021: Therapeutic monitoring: Annual monitoring for patients on persistent medications	National Committee for Quality Assurance	<p>Percentage of patients 18 years and older who received at least 180-day supply of medication therapy for the selected therapeutic agent and who received annual monitoring for the therapeutic agent.</p> <p>Percentage of patients on ACE inhibitors or ARBs with at least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year.</p> <p>Percentage of patients on digoxin with at least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year.</p> <p>Percentage of patients on a diuretic with at least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year.</p> <p>Percentage of patients on any anticonvulsant for phenytoin, phenobarbital, valproic acid or carbAMA/zepine with at least one drug serum concentration level monitoring test for the prescribed drug in the measurement year.</p> <p>The sum of the four numerators divided by the sum of the five denominators</p>
#0022: Drugs to be avoided in the elderly: a. Patients who receive at least one drug to be avoided, b. Patients who receive at least two different drugs to be avoided.	National Committee for Quality Assurance	<p>Percentage of patients ages 65 years and older who received at least one drug to be avoided in the elderly in the measurement year.</p> <p>Percentage of patients 65 years of age and older who received at least two different drugs to be avoided in the elderly in the measurement year.</p>

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#0035:Fall risk management in older adults: a. Discussing fall risk, b.Managing fall risk	National Committee for Quality Assurance	Percentage of patients aged 75 and older who reported that their doctor or other health provider talked with them about falling or problems with balance or walking Percentage of patients aged 75 and older who reported that their doctor or other health provider had done anything to help prevent falls or treat problems with balance or walking
#0101:Falls: Screening for Fall Risk	National Committee for Quality Assurance	Percentage of patients aged 65 years and older who were screened for fall risk (2 or more falls in the past year or any fall with injury in the past year) at least once within 12 months
#0141:Patient Fall Rate	American Nurses Association	All documented falls, with or without injury, experienced by patients on an eligible unit in a calendar quarter.
#0181:Increase in number of pressure ulcers	Centers for Medicare & Medicaid Services	Percentage of patients who had an increase in the number of pressure ulcers
#0202:Falls with injury	American Nurses Association	All documented patient falls with an injury level of minor (2) or greater.
#0263:Patient Burn	Ambulatory Surgical Centers Quality Collaborative	Percentage of ASC admissions experiencing a burn prior to discharge
#0266:Patient Fall	Ambulatory Surgical Centers Quality Collaborative	Percentage of ASC admissions experiencing a fall in the ASC.
#0267:Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	Ambulatory Surgical Centers Quality Collaborative	Percentage of ASC admissions experiencing a wrong site, wrong side, wrong patient, wrong procedure, or wrong implant.

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#0298:Central Line Bundle Compliance	Institute for Healthcare Improvement	<p>Percentage of intensive care patients with central lines for whom all elements of the central line bundle are documented and in place.</p> <p>The central line bundle elements include:</p> <ul style="list-style-type: none"> <li>•Hand hygiene ,</li> <li>•Maximal barrier precautions upon insertion</li> <li>•Chlorhexidine skin antisepsis</li> <li>•Optimal catheter site selection, with subclavian vein as the preferred site for non-tunneled catheters in patients 18 years and older</li> <li>•Daily review of line necessity with prompt removal of unnecessary lines</li> </ul>
#0302:Ventilator Bundle	Institute for Healthcare Improvement	<p>Percentage of intensive care unit patients on mechanical ventilation at time of survey for whom all four elements of the ventilator bundle are documented and in place. The ventilator bundle elements are:</p> <ul style="list-style-type: none"> <li>•Head of bed (HOB) elevation 30 degrees or greater (unless medically contraindicated); noted on 2 different shifts within a 24 hour period</li> <li>•Daily “sedation interruption” and daily assessment of readiness to extubate; process includes interrupting sedation until patient follow commands and patient is assessed for discontinuation of mechanical ventilation; Parameters of discontinuation include: resolution of reason for intubation; inspired oxygen content roughly 40%; assessment of patients ability to defend airway after extubation due to heavy sedation; minute ventilation less than equal to 15 liters/minute; and respiratory rate/tidal volume less than or equal to 105/min/L(RR/TV&lt; 105)</li> <li>•SUD (peptic ulcer disease) prophylaxis</li> <li>•DVT (deep venous thrombosis) prophylaxis</li> </ul>
#0337:Decubitus Ulcer (PDI 2)	Agency for Healthcare Research and Quality	Percent of surgical and medical discharges under 18 years with ICD-9-CM code for decubitus ulcer in secondary diagnosis field.

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#0344:Accidental Puncture or Laceration (PDI 1) (risk adjusted)	Agency for Healthcare Research and Quality	Percent of medical and surgical discharges under 18 years of age with ICD-9-CM code denoting accidental cut, puncture, perforation or laceration in any secondary diagnosis code.
#0345:Accidental Puncture or Laceration (PSI 15)	Agency for Healthcare Research and Quality	Percent of medical and surgical discharges, 18 years and older, with ICD-9-CM code denoting accidental cut, puncture, perforation, or laceration in any secondary diagnosis field.
#0346:Iatrogenic Pneumothorax (PSI 6) (risk adjusted)	Agency for Healthcare Research and Quality	Percent of medical and surgical discharges, 18 years and older, with ICD-9-CM code of iatrogenic pneumothorax in any secondary diagnosis field.
#0347:Death in Low Mortality DRGs (PSI 2)	Agency for Healthcare Research and Quality	Percent of in-hospital deaths, age 18 years and older, in DRGs with less than 0.5% mortality rate.
#0348:Iatrogenic Pneumothorax in Non-Neonates (PDI 5) (risk adjusted)	Agency for Healthcare Research and Quality	Percent of medical and surgical discharges, age under 18 years, with ICD-9-CM code of iatrogenic pneumothorax in any secondary diagnosis field.
#0349:Transfusion Reaction (PSI 16)	Agency for Healthcare Research and Quality	Percent of medical and surgical discharges, 18 years and older, with ICD-9-CM code for transfusion reaction in any secondary diagnosis field.
#0350:Transfusion Reaction (PDI 13)	Agency for Healthcare Research and Quality	Percent of medical and surgical discharges, under 18 years of age, with an ICD-9-CM code for transfusion reaction in any secondary diagnosis field.
#0362:Foreign Body left after procedure (PDI 3)	Agency for Healthcare Research and Quality	Discharges with foreign body accidentally left in during procedure per 1,000 discharges
#0363:Foreign Body Left in During Procedure (PSI 5)	Agency for Healthcare Research and Quality	Discharges with foreign body accidentally left in during procedure per 1,000 discharges
#0371:Venous Thromboembolism (VTE) Prophylaxis	The Joint Commission	This measure assesses the number of patients who received 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.

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#0372: Intensive Care Unit (ICU) VTE Prophylaxis	The Joint Commission	This measure assesses the number of patients who received 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).
#0373: VTE Patients with Overlap of Anticoagulation Therapy	The Joint Commission	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 must be discharged on both medications. Overlap therapy must be administered for at least five days with an international normalized ratio (INR) = 2 prior to discontinuation of the parenteral anticoagulation therapy or the patient must be discharged on both medications.
#0374: VTE Patients Unfractionated Heparin (UFH) Dosages/Platelet Count Monitoring by Protocol (or Nomogram) Receiving Unfractionated Heparin (UFH) with Dosages/Platelet Count Monitored by Protocol (or Nomogram)	The Joint Commission	This measure assesses the number of patients diagnosed with confirmed VTE who received intravenous (IV) UFH therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol.
#0375: VTE Discharge Instructions	The Joint Commission	This measure assesses the number of patients diagnosed with confirmed VTE that are discharged to home, to home with home health or home hospice on warfarin with written discharge instructions that address all four criteria: compliance issues, dietary advice, follow-up monitoring, and information about the potential for adverse drug reactions/interactions.

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#0376:Incidence of Potentially Preventable VTE	The Joint Commission	This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present on arrival) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date.
#0419:Universal Documentation and Verification of Current Medications in the Medical Record	Centers for Medicare & Medicaid Services	Percentage of patients aged 18 years and older with a list of current medications with dosages (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) and verified with the patient or authorized representative documented by the provider.
#0450:Postoperative DVT or PE (PSI 12)	Agency for Healthcare Research and Quality	Percent of adult surgical discharges with a secondary diagnosis code of deep vein thrombosis or pulmonary embolism
#0501:Confirmation of Endotracheal Tube Placement	Cleveland Clinic	Any time an endotracheal tube is placed into an airway in the Emergency Department or an endotracheal tube is placed by an outside provider and that patient arrives already intubated (EMS or hospital transfer) or when an airway is placed after patients arrives to the ED there should be some method attempted to confirm ETT placement
#0503:Anticoagulation for acute pulmonary embolus patients	American College of Emergency Physicians	Anticoagulation ordered for acute pulmonary embolus patients.
#0504:Pediatric Weight Documented in Kilograms	American Academy of Pediatrics	Percent of emergency department patients < 18 years of age with a current weight in kilograms documented in the ED record
#0510:Exposure time reported for procedures using fluoroscopy	American Medical Association- Physician Consortium for Performance Improvement	Percentage of final reports for procedures using fluoroscopy that include documentation of radiation exposure or exposure time
#0523:Pain Assessment Conducted	Abt Associates	Percent of patients who were assessed for pain, using a standardized pain assessment tool, at start/resumption of home health care
#0524:Pain Interventions Implemented	Abt Associates	Percent of patients with pain for whom steps to monitor and mitigate pain were implemented during their episode of care

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#0530:Mortality for Selected Conditions	Agency for Healthcare Research and Quality	A composite measure of in-hospital mortality indicators for selected conditions.
#0531:Patient Safety for Selected Indicators	Agency for Healthcare Research and Quality	A composite measure of potentially preventable adverse events for selected indicators
#0532:Pediatric Patient Safety for Selected Indicators	Agency for Healthcare Research and Quality	A composite measure of potentially preventable adverse events for selected pediatric indicators
#0537:Multifactor Fall Risk Assessment Conducted in Patients 65 and Older	Abt Associates	Percent of home health episodes in which the patient was 65 or older and was assessed for risk of falls (using a standardized and validated multi-factor Fall Risk Assessment) at start or resumption of home health care
#0538:Pressure Ulcer Prevention Included in Plan of Care	Abt Associates	Percent of patients with assessed risk for Pressure Ulcers whose physician-ordered plan of care includes intervention(s) to prevent them
#0539:Pressure Ulcer Prevention Plans Implemented	Abt Associates	Percent of patients with assessed risk for Pressure Ulcers for whom interventions for pressure ulcer prevention were implemented during their episode of care
#0540:Pressure Ulcer Risk Assessment Conducted	Abt Associates	Percent of patients who were assessed for risk of Pressure Ulcers at start/resumption of home health care
#0555:Monthly INR Monitoring for Beneficiaries on Warfarin	Centers for Medicare & Medicaid Services	Average percentage of monthly intervals in which Part D beneficiaries with claims for warfarin do not receive an INR test during the measurement period
#0556:INR for Beneficiaries Taking Warfarin and Interacting Anti-Infective Medications	Centers for Medicare & Medicaid Services	Percentage of episodes with an INR test performed 3 to 7 days after a newly-started interacting anti-infective medication for Part D beneficiaries receiving warfarin