

# NATIONAL QUALITY FORUM

## Patient Safety Measures Complications Endorsement Maintenance

### Table of Measures—Phase I

*As of October 25, 2011*

Measure ID Number/ Title	Measure Description	Measure Steward
<b>0021</b> <b>Annual monitoring for patients on persistent medications</b>	<p>The percentage of members 18 years of age and older who received at 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. For each product line, report each of the four rates separately and as a total rate.</p> <ul style="list-style-type: none"> <li>• Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB)</li> <li>• Annual monitoring for members on digoxin</li> <li>• Annual monitoring for members on diuretics</li> <li>• Annual monitoring for members on anticonvulsants</li> <li>• Total rate (the sum of the four numerators divided by the sum of the four denominators)</li> </ul>	National Committee for Quality Assurance
<b>0022</b> <b>Use of high risk medications in the elderly</b>	<p>a: Percentage of Medicare members 65 years of age and older who received at least one high-risk medication.            b: Percentage of Medicare members 65 years of age and older who received at least two different high-risk medications.            For both rates, a lower rate represents better performance.</p>	National Committee for Quality Assurance

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<b>0263</b> <b>Patient burn</b>	Percentage of ASC admissions experiencing a burn prior to discharge	Ambulatory Surgical Center Quality Collaboration
<b>0267</b> <b>Wrong site, wrong side, wrong patient, wrong procedure, wrong implant</b>	Percentage of ASC admissions experiencing a wrong site, wrong side, wrong patient, wrong procedure, or wrong implant event.	Ambulatory Surgical Center Quality Collaboration
<b>0344</b> <b>Accidental puncture or laceration rate (PDI 1)</b>	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.	Agency for Healthcare Research and Quality
<b>0345</b> <b>Accidental puncture or laceration rate (PSI 15)</b>	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.	Agency for Healthcare Research and Quality
<b>0346</b> <b>Iatrogenic pneumothorax rate (PSI 6)</b>	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	Agency for Healthcare Research and Quality
<b>0348</b> <b>Iatrogenic pneumothorax rate (PDI 5)</b>	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	Agency for Healthcare Research and Quality
<b>0349</b> <b>Transfusion reaction (PSI 16)</b>	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.	Agency for Healthcare Research and Quality
<b>0350</b> <b>Transfusion reaction (PDI 13)</b>	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.	Agency for Healthcare Research and Quality

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<b>0362</b> <b>Foreign body left after procedure (PDI 3)</b>	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)	Agency for Healthcare Research and Quality
<b>0363</b> <b>Foreign body left during procedure (PSI 5)</b>	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)	Agency for Healthcare Research and Quality
<b>0371</b> <b>Venous thromboembolism prophylaxis</b>	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: Incidence of Potentially-Preventable VTE) that are used in The Joint Commission’s accreditation process.	The Joint Commission

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Measure ID Number/ Title	Measure Description	Measure Steward
<b>0372</b> <b>Intensive care unit venous thromboembolism prophylaxis</b>	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: VTE Incidence of Potentially-Preventable VTE).	The Joint Commission

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<p><b>0373</b>  <b>Venous thromboembolism patients with anticoagulant overlap therapy</b></p>	<p>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 and have a Reason for Discontinuation of Overlap Therapy. Overlap therapy should be administered for at least five days with an international normalized ratio (INR) greater than or equal to 2 prior to discontinuation of the parenteral anticoagulation therapy, or INR less than 2 but discharged on both medications or have a Reason for Discontinuation of Overlap 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: VTE Warfarin Therapy Discharge Instructions and VTE-6: Incidence of Potentially-Preventable VTE).</p>	<p>The Joint Commission</p>
<p><b>0374</b>  <b>Venous thromboembolism patients receiving unfractionated heparin with dosages/platelet count monitoring by protocol or nomogram</b></p>	<p>This measure assesses the number of patients diagnosed with confirmed venous thromboembolism (VTE) who received intravenous (IV) unfractionated heparin (UFH) therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol. 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-3: VTE Patients with Anticoagulation Overlap Therapy, VTE-5: VTE Warfarin Therapy Discharge Instructions and VTE-6: Incidence of Potentially-Preventable VTE).</p>	<p>The Joint Commission</p>

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Measure ID Number/ Title	Measure Description	Measure Steward
<b>0375</b> <b>Venous thromboembolism warfarin therapy discharge instructions</b>	This measure assesses the number of patients diagnosed with confirmed VTE that are discharged on warfarin to home, home with home health or home hospice 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. 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-3: VTE Patients with Anticoagulation Overlap Therapy, VTE-4: VTE Patients Receiving UFH with Dosages/Platelet Count Monitoring by Protocol and VTE-6: Incidence of Potentially-Preventable VTE).	The Joint Commission
<b>0376</b> <b>Incidence of potentially preventable venous thromboembolism</b>	This measure assesses the number of patients with confirmed venous thromboembolism (VTE) during hospitalization (not present at admission) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date. 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-3: VTE Patients with Anticoagulation Overlap Therapy, VTE-4: VTE Patients Receiving UFH with Dosages/Platelet Count Monitoring by Protocol, and VTE-5: VTE Warfarin Therapy Discharge Instructions).	The Joint Commission
<b>0419</b> <b>Documentation of current medications in the medical record</b>	Percentage of patients aged 18 years and older with a list of current medications (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) documented by the provider, including drug name, dosage, frequency and route	Centers for Medicare & Medicaid Services

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<b>0450</b> <b>Postoperative pulmonary embolism or deep vein thrombosis rate (PSI 12)</b>	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.	Agency for Healthcare Research and Quality
<b>0501</b> <b>Confirmation of endotracheal tube placement</b>	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	Cleveland Clinic
<b>0503</b> <b>Anticoagulation for acute pulmonary embolus patients</b>	Number of acute embolus patients who have orders for anticoagulation (heparin or low-molecular weight heparin) for pulmonary embolus while in the ED.	American College of Emergency Physicians
<b>0523</b> <b>Pain assessment conducted</b>	Percentage of home health episodes of care in which the patient was assessed for pain, using a standardized pain assessment tool, at start/resumption of care.	Centers for Medicare & Medicaid Services
<b>0524</b> <b>Pain interventions implemented during short term episodes of care</b>	Percentage of short term home health episodes of care during which pain interventions were included in the physician-ordered plan of care and implemented.	Centers for Medicare & Medicaid Services
<b>1729</b> <b>Polytherapy with oral antipsychotics</b>	The percentage of individuals 18 years of age and older with persistent use of 2 or more oral antipsychotic medications.	Centers for Medicare & Medicaid Services

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