



















- Measure is NQF-endorsed and found to be valid and reliable
- Claims-based measure but more likely to be coded correctly as it is an acute event that is rarely present on admission
- Denominator should be limited to patients at risk, rather than all medical and surgical patients
- Rarity of these events could impact the reliability of the measure for many hospitals facing a payment penalty

Measure Applications Partnership CONVENED BY THE NATIONAL QUALITY FORUM

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## Exercise Results: PSI-10 Postoperative physiologic and metabolic derangement rate

- Concerns about the lack of NQF-endorsement
  - Measure was removed from PSI-90 during NQF review
  - Measure needs to be more rigorously evaluated
  - No data on reliability and validity
- Actionability of this measure is unclear
  - Condition may be unavoidable in particular populations
  - Measure may be better suited for internal quality improvement
- Measure should undergo public reporting before inclusion in a pay for performance program

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Domain 1: AHRQ Patient Safety Indicators		
Alternate Approach: 1 composite of 8 measures	Prior MAP Recommendation	
<ul> <li>PSI-90:</li> <li>PSI-3 Pressure ulcer rate</li> <li>PSI-6 latrogenic pneumothorax rate</li> <li>PSI-7 Central venous catheter-related blood stream infection rate</li> <li>PSI-8 Postoperative hip fracture rate</li> <li>PSI-12 Postoperative PE/DVT rate</li> <li>PSI-13 Postoperative sepsis rate</li> <li>PSI-14 Wound dehiscence rate</li> <li>PSI-15 Accidental puncture and laceration rate</li> </ul>	Support direction	

Domain 2: CDC NHSN Measures		
Measure	MAP Prior Recommendation	
CAUTI (FY 2015)	Support	
CLABSI (FY 2015)	Support	
SSI (FY 2016)	Support	
MRSA (FY 2017)	Support direction	
Clostridium difficile infection (CDI) (FY 2017)	Support direction	







