Quality Measures Compendium

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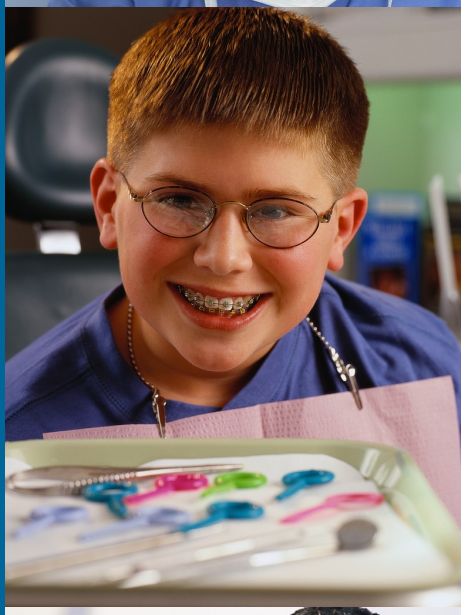
Medicaid and SCHIP Quality Improvement



Compiled by the
Division of Quality, Evaluation and Health Outcomes

Family and Children's Health Programs Group

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

In the first volume of the Compendium, the Centers for Medicare & Medicaid Services (CMS) identified measures in broad categories to support States' programmatic needs and provided an overview of the organizations and processes involved in the development of performance measures. The first volume provided a resource from which States could choose from among the listed measures to fulfill their performance measurement needs. In Compendium Volume 2.0, CMS provides an update to the available measures relevant and appropriate for advancement of quality improvement initiatives in Medicaid and the State Children's Health Insurance Program (SCHIP). With recent acceleration of measure development, there are a number of performance measures being developed. Such developmental measures are also included.

In the landmark report, *Crossing the Quality Chasm*, The Institute of Medicine, indicated that adult patients in the American health care system receive recommended care merely 50 percent of the time, while children, according to the Pediatric Academy Societies, receive recommended care only 42 percent of the time. Quality measures today are largely based on processes of care, and attempt to measure the degree to which evidence-based treatment guidelines are followed, where indicated. Quality measurement efforts help to strengthen accountability and support performance improvement initiatives.

The CMS encourages the use of existing quality measures that have been validated, tested, and vetted through consensus processes. The compendium provides a single source of evidence-based measures developed by leaders in quality improvement. When accessed electronically via the CMS Web site, the measures may be sorted by target population, setting of care, disease or condition, or measure type. While not representative of all available measures, Compendium 2.0 contains more than 400 identified measures. Nevertheless, there continue to be gaps in available quality measures. Persistent and diligent work remains for the development of measures accounting for the complexities of the health care system.

Background

As health care costs continue in an inflationary trend, coupled with changes in the economy and population demographics, health care quality has garnered increased attention in both the public and private sectors. *Crossing the Quality Chasm*, highlighted data that increasingly reveals that patients do not consistently receive care that is appropriate, timely, or evidenced-based, leading to adverse outcomes. The report indicated that contributors to the quality crisis are the increasingly complex nature of health care delivery; increases in chronic conditions; and advances in the science and technology and information technology usage. Although advances in medical science have contributed tremendous accomplishments to health care, these factors too often result in service over and under-utilization of services and other errors, thereby presenting opportunities for quality improvement.

Noting the variation in care, quality improvement initiatives aimed at highlighting quality and directing purchaser and consumer decision making are growing. A number of public and private organizations publicly report performance information on different aspects of quality across the health care delivery system. Increasingly, value-based purchasing (or pay-for-performance) systems are gaining popularity as purchasers seek ways to drive meaningful improvements in quality.

There are different ways of looking at quality measures with implications for data collection and analysis. Measures are often categorized as one of three types – outcome, process, or structure. Outcome measures describe the health impact from contact with the health care system—the result of care. The percentage of patients receiving care in the intensive care unit that develop a central-line related blood stream infection is one example of outcome measure. Process measures assess whether care provided to, on behalf of, or by a patient are appropriately based on scientific evidence of efficacy or effectiveness. Process measures are often related to standards of care whereby 100 percent performance as appropriate would be the target. Administration of an antibiotic 1 hour prior to surgery is considered a process measure. The structure domain gauges the existence of particular features of the health system that facilitate the provision of high quality health care. A measure for the existence and implementation of computerized order entry system is considered a structure measure. Efficiency measures are emerging indicators of the value component of health care delivery. Measures of efficiency are defined as the "relative level of resource consumption, and associated costs, in the production of health care services" (Bridges to Excellence and The Leapfrog Group, 2004). The per member per month costs are one example of efficiency measurement of health plans.

Performance measurement is an evolving science in which a number of organizations have become key participants. The organizations share the goal of reducing duplication and administrative burden and developing reliable and valid measures that engender the confidence of providers, policy makers, purchasers and patients (and/or beneficiaries).

CMS – Centers for Medicare & Medicaid Services

The CMS has taken the lead in quality measurement and public reporting, working closely with measure development and consensus organizations to align various measures and reduce overall burden in data collection and reporting. Among the organizations with which CMS partners are the American Medical Association (AMA), the AQA Alliance, the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), the Hospital Quality Alliance (HQA), National Committee for Quality Assurance (NCQA), the National Quality Forum (NQF), medical specialty societies, and government agencies, such as the Agency for Healthcare Research and Quality (AHRQ) and the Veterans Health Administration. In recent years, CMS aligned its measures to similar JCAHO measures in order to reduce provider burden and confusion in the marketplace.

Other organizations also support efforts to increase the availability of performance measures for underrepresented domains and populations. Specifically, the National Association of Children's Hospitals and Related Institutions (NACHRI), the National Initiative for Children's Healthcare Quality, and the American Academy of Pediatrics (AAP) have partnered with CMS to establish a national agenda for the development of pediatric measures.

AHRQ - Agency for Healthcare Research and Quality

The AHRQ developed the Consumer Assessment of Healthcare Providers and Systems survey; originally a tool to assess and report satisfaction of enrollees with health plans, it has evolved into a suite of satisfaction tools used across care settings. In addition to the health plan survey, satisfaction tools are available for the hospital, behavioral health care services, in-center hemodialysis, and nursing home settings. A nursing home satisfaction tool is currently under development to determine and report patient satisfaction with nursing home quality. The Quality Indicators were also developed by AHRQ; these measures use readily available administrative data for measurement of various aspects of quality—prevention, inpatient care, pediatric inpatient care and patient safety.

Alliance for Pediatric Quality

The Alliance was founded by four leaders in pediatric health care — the AAP, The American Board of Pediatrics, Child Health Corporation of America, and NACHRI. These organizations are representative of 60,000 board-certified pediatricians, pediatric medical and surgical sub-specialists, and children' hospitals. Independently, these organizations have worked on measure development, but the alliance provides a unified approach to quality improvement in pediatric health care.

AMA - American Medical Association

The Physician Consortium for Performance Improvement is a workgroup of interdisciplinary specialists of the AMA involved in performance measure development. The group supports and advances measure sets that facilitate clinical performance improvement among physicians for a number of select conditions. Measures are available for conditions such as bone conditions, diabetes, hypertension, and mental health.

AQA - AQA Alliance

Collaborative organizations perform an important role in consensus building across multiple stakeholder organizations. Such organizations bring together stakeholders on particular domains of health care. For example, the AQA (formerly the Ambulatory Quality Care Alliance) convenes a national coalition of more than 125 organizations to improve health care quality through a process in which stakeholders agree on a performance measurement strategy for physician level reporting. Through this effort, a

starter set of 26 measures relevant to the ambulatory care setting were endorsed, meeting the group's criteria for clinical importance, physician accountability, feasibility, and consumer and purchaser relevance.

HRSA - Health Resources and Services Administration

The HRSA uses a set of clinical performance measurement in assessment of the quality of care delivered at grantee sites. These measures where applicable align with those measures endorsed by the National Quality Forum. CMS and HRSA continue to work collaboratively on quality initiatives in areas of mutual interest.

HQA - Hospital Quality Alliance

The HQA established the measures used on CMS' Hospital Compare Web site, which measures hospital's clinical performance on select adult health conditions. It is a public private partnership lead by the American Hospital Association, the American Association of Medical Colleges and the Federation of American Hospitals in collaboration with CMS, AHRQ and other provider and consumer organizations. The goal of the HQA is to drive performance improvement in hospitals by publicly reporting quality data, meanwhile, providing information to consumers and purchasers, and support standardization of data and data collection in performance improvement.

JCAHO - Joint Commission on the Accreditation of Healthcare Organizations

As a health care organization accreditation entity, the JCAHO engages in a number of performance improvement activities. In 1995, JCAHO developed its performance improvement measurement system –ORYX, and invited other stakeholders to collaborate in its initiative. Focusing on research and development, it established an infrastructure for which data may be submitted, validated, analyzed, and reported. JCAHO has been instrumental in the Hospital Quality Alliance (formerly the National Hospital Voluntary Reporting Initiative)—a joint effort with CMS, JCAHO, the American Hospital Association, the Federation of American Hospitals, and the Association of American Medical Colleges whereby hospitals voluntarily report on quality measures sets.

NCQA - National Committee for Quality Assurance

The Health Effectiveness Data and Information Data Set (HEDIS®) measures developed by the NCQA is one of the oldest efforts in standardized quality measurement and reporting. It is a standardized measure tool that specifies how health plans collect, audit and report on their performance in health areas ranging from breast cancer screening, to helping patients control their cholesterol to enrollee satisfaction (HEDIS, 2006). Comparative reports of plans are provided to purchasers, consumers, and other constituents for health plan related choices.

QASC - Quality Alliance Steering Committee

The QASC is a collaboration of the AQA Alliance (AQA) and the Hospital Quality Alliance (HQA) formed to improve coordination of quality measurement and transparency initiatives in health care for consumer decision making, provider improvement and policy development. The joint organization represents the broad stakeholder community—including physician groups, hospitals, employer groups, health plans, consumers, nurses, government and accreditation bodies. The Steering Committee will work to develop the infrastructure for standardized collection of health care quality and cost data nationally.

NQF - National Quality Forum

Measure sets endorsed by quality alliances or other measure developing organizations are typically submitted to the NQF for national endorsement. A recommendation of the 1998 President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry was the origin of the NQF, formed in 1999 "to improve American healthcare through endorsement of consensus-based national standards for measurement and public reporting of healthcare performance data that provide meaningful information about whether care is safe, timely, beneficial, patient-centered, equitable and efficient" (NQF, 2006).

The President's Advisory Commission proposed that the private, non-profit forum comport with government standards for transparency and accountability. Thus, the NQF follows a formalized Consensus Development Process based on guidelines of the National Technology and Transfer Advancement Act of 1995 and the Office of Management and Budget Circular A-119, whereby standard setting government entities use a voluntary consensus approach—meeting guidelines relative to balanced representation, due process and appeals procedures (Kizer, 2001). Its membership consists of stakeholders—employer groups, purchasers, consumer advocacy groups and health plans among others. The NQF reviews the scientific soundness, validity, and reliability of submitted quality measures. Measures endorsed by the NQF meet special legal standing, therefore, if the Federal Government establishes standards for a given area, it is required to use the voluntary consensus standards, except where the law would otherwise take precedence (NQF, 2006).

Pharmacy Quality Alliance

The Pharmacy Quality Alliance was developed as a collaboration of stakeholders for measurement and improvement of patient safety and health care quality at the pharmacy and pharmacist levels. Two workgroups within the alliance are tasked with identifying areas for measure development and recommendations for reporting stakeholders.

Numerous other organizations, representing different constituents are involved at some level in quality measure development. Alignment of measures is an important issue as

variations in specifications, data sets, reporting requirements, and collection mechanisms increases burden on providers and reduced comparability.

Developments in Quality Measurement

Quality measurement activity has intensified over the past year. CMS' Physician Quality Reimbursement Initiative (PQRI) has raised exposure of physician level quality measurement and reporting. Authorized by the Tax Relief and Health Care Act of 2006 (TRHCA), the initiative established a CMS program to collect and publish quality information on Medicare physicians and other eligible professionals for certain medical conditions. Similar to the Hospital Quality Initiative, participating providers are eligible for incentive payments in a voluntary quality reporting program. TRHCA requires that PQRI measures be endorsed or adopted by a consensus organization, such as the NQF or the AQA Alliance, and that each measure have been developed using a consensus-based process. TRHCA further specifies that PQRI measures for the coming report year include two or more measures submitted by a physician specialty group and at least two structural measures. Clinical topics covered by the PQRI measures include diabetes, coronary artery disease, depression, asthma, and cancer care. Several new measures from the accountability set are included in Volume 2 of the Compendium.

In addition, Medicare published a final rule, "Medicare Program: Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2008 Rates" (72 FR 47200), which denies reimbursements to hospitals for select preventable conditions that develop while patients are in their care. The goal is to improve quality and patient safety. Hospitals will not receive additional Medicare payment for cases in which one of the selected conditions was not present upon admission. The Secretary has the authority to select at least two conditions that are (a) high cost or high volume or both, (b) result in the assignment of a case to a diagnosis-related group that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. The list contains conditions that are serious preventable events such as; object left in surgery; air embolism; blood incompatibility; catheter associated urinary tract infections, pressure ulcers (decubitus ulcers); vascular catheter associated infection; surgical site infection-mediastinitis after coronary artery bypass graft surgery; falls; ventilator associated pneumonia ; staphylococcus aureus septicemia; and deep vein thrombosis /pulmonary embolism.

On the Medicaid front, developments in the information technology initiatives may serve to benefit States' quality measurement and improvement efforts. CMS' Medicaid Information Technology Architecture (MITA) initiative supports information technology protocols and applications that facilitate interoperability between systems as States make improvement in current Medicaid Management Information Systems. The MITA framework aims to ensure consistent administrative conventions which could be useful for data collection, measurement and comparison.

Awards of Medicaid Transformation Grants are also helping to facilitate information system transformation in States. Using the grants and other financing mechanisms States have developed plans for or implemented data warehousing capability. This activity offers increased opportunity for quality measurement, as employing such methods helps to reduce data lag, allowing for more timely adjustment in operations, predictive modeling, and additional opportunities to improve quality. States are also able to utilize standardized data collection methodologies which facilitate comparative analysis and benchmarking. Additional benefits may be realized in improved efficiencies. Commitment to infrastructure development is one step in an overall strategy for quality information for decision making and transparency.

On the Horizon

Several organizations have entered into the measurement development fold over the past year with plans for promulgation of measures in the near future. In March of 2007, The Pharmacy Quality Alliance announced plans to partner with the NCQA to develop and test measures related to pharmacy care in varied settings. Months earlier, the Alliance agreed upon an initial starter set of 35 measures covering patient adherence and safe, efficient, and appropriate use of medication, with the goal of providing standardized quality measures for value-based purchasing and quality improvement initiatives.

The AQA Alliance remains active in building consensus for measures in clinical areas including chronic kidney disease and gastroesophageal reflux disease. As measures of quality are being developed, the AQA, as well as other groups, are considering methods for assessing the value of the care received over particular care episodes. The group has prioritized conditions for development of a cost of care measures set and established diabetes, asthma, and low back pain among the areas for initial development. Cost of care measures will serve as the underpinning of true efficiency and value measures which provide a link between quality goals and resource use.

There is a continuing need for pediatric and quality improvement efforts. Several pediatric measures included in the guide are pending NQF endorsement, some of which are provided for the first time in the Compendium.

Established in 2006, the Pediatric Alliance aims to promote meaningful pediatric improvement and measures; promote initiatives using measures for improvement; spread use of measures for improvement and public reporting; and to develop a comprehensive catalogue of pediatric improvement priorities and measures. Initial priority areas for measurement and improvements are obesity, patient safety, neonatology, and chronic care services (including asthma and children with special needs). The Alliance established a framework for identifying pediatric standards and measurement, laying the foundation for dissemination of new pediatric specific measures in the coming years. The Alliance's intended approach is a framework of measure development concurrent to establishment of evidenced-based guidelines.

Oral health quality in Medicaid and access of dental care remains a priority for CMS. The American Dental Association (ADA) has expressed its interest in developing measures related to dental care that would be applicable in Medicaid. Working though its subcommittees and congress, the ADA has established itself as a participant in measure development. The American Academy of Pediatric Dentistry has also expressed a willingness to collaborate with CMS on exploration of pediatric dental measures.

Using the Compendium

The Compendium is designed as a resource for States as they seek standardized measures to assess programmatic objectives in accountability and performance improvement initiatives. The guide provides summary level information about the measures listed and includes the developer name for users to obtain further information. Specifications are not included but are available from the measure developer, as that would be the best source for current information.

With recent acceleration of measure development there are a number of performance measures that are developmental in that they have not been fully tested and validated. While specifications for these measures may not be available by the date of this publication, they are included for awareness and are distinguished by appearing in italics in the secondary measure list. Additionally, while some measures currently list the medical record as the data source for measure calculation, updates to Current Procedural Terminology (CPT ®) coding may make administrative data sources feasible.

Use of standardized measures reduces the data collection burden on providers who may report to multiple programs with inconsistent approaches and facilitates comparison. However, CMS recognizes that currently available standardized performance measurements may not meet the needs of State Medicaid programs for every given clinical topic or sub-topic. In such cases, CMS recommends approaching the process in a collaborative manner. One of the guiding principals of both the Medicaid and SCHIP Quality Strategy and the Department of Health and Human Services Value-Driven Health Care Initiative are collaborative approaches to quality improvement. Value exchanges, as a collaborative method for achieving improvements in quality from multi-stakeholder perspectives aims to minimize duplication in communities and uses validated information for comparative purposes. Consortiums of States might also be useful for this purpose. Involvement in quality alliances also ensures the perspectives of Medicaid are considered in the development of measures for broad use.

Finding other quality measures unsuitable for a State's use, given the function and needs of the Medicaid and SCHIP populations, the State of Wisconsin developed its own performance measurement system, MEDDIC-MS. The MEDDIC measures include those that are of specific interest to Medicaid programs, such as blood lead toxicity, and are listed in this volume. The MEDDIC measures have been evaluated and accepted for its accreditation program by URAC®, a nationally recognized health care

accreditation body. Where feasible, States may consider Wisconsin's measures listed in the volume.

The compendium is arranged (and if accessed electronically on the CMS website searchable/sortable) by category such as obstetrics or access. Each listing includes a measure name, measure description, setting and applicable population. The measure source column provides the name of the organization(s) that developed the measure. Measure type, indicates the class of measure—i.e. process or outcome. Data source provides the relevant patient level source for calculation of the given quality measure. The NQF endorsement column provides information about whether the measure has been endorsed through the NQF process. The "QI/A" column provides users, where indicated, of the developers' recommended usage or appropriateness. Measures developed for quality improvement and monitoring purposes only are indicated by QI. Measures indicated with an 'A' are accountability measures and are additionally suitable for public reporting and/or pay for performance purposes.

Conclusion

The Guide to Performance Measures: A Compendium Volume 2.0 is part of a series of publications from the Center for Medicaid and State Operations, Division of Quality Evaluations and Health Outcomes. This document is intended to provide a resource of available quality measures across conditions. It also helps to identify gaps in measurement relevant to Medicaid and SCHIP populations; which will help to inform further measurement development. The goal of the series is to launch an ongoing process for the engagement of States in quality measurement and improvement, increasing awareness and use of standardized measures.

References

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JCAHO (Joint Commission on the Accreditation of Healthcare Organizations). 2005. Available: http://www.jointcommission.org [accessed March 2006]

Kizer, Kenneth. 2001. Establishing Health Care Performance Standards in an Era of Consumerism. JAMA 286(10):1213-1217.

The Leapfrog Group, Bridges to Excellence. 2004. Measuring Provider Efficiency, Version 1.0. [Online]. Available: http://www.bridgestoexcellence.org/bte/pdf/Measuring_Provider_Efficiency_Version1_12-31-20041.pdf [accessed April 2006]

NCQA (National Committee for Quality Assurance). 2005. Available: www.ncqa.org [accessed March 2006]

NQF (National Quality Forum). National Quality Forum Mission Available: http://www.qualityforum.org [accessed April 2006]

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Measure Specification Sources

AHRQ	Agency for Healthcare Research and Quality (AHRQ) Quality Indicators (QIs) www.qualityindicators.ahrq.gov/ Office of Communications and Knowledge Transfer 540 Gaither Road, Suite 2000 Rockville, MD 20850 (301) 427-1200
ACC	American College of Cardiology (ACC) Heart House 9111 Old Georgetown Road Bethesda, MD 20814-1699 (800) 253-4636
Alliance	National Diabetes Quality Improvement Alliance www.nationaldiabetesalliance.org Coordinator 515 North State Street Chicago, Illinois 60610 (312) 464-4815 (312) 464-5706 (fax)
AMA: PCPI	American Medical Association (AMA) www.ama-assn.org/go/quality Physician Consortium for Performance Improvement (PCPI) www.physicianconsortium.org 515 N. State Street Chicago, IL 60610 (800) 621-8335
AHA	American Heart Association (AHA) Uhttp://www.americanheart.org/presenter.jhtml?identifier=1165 National Center 7272 Greenville Avenue Dallas, TX 75231
ANA	American Nurses Association (ANA) http://ana.org/quality/database.htmU 8515 Georgia Avenue Suite 400 Silver Spring MD 20910

	(301) 628-5000
APA	American Psychiatric Association (APA) www.psych.org 1000 Wilson Boulevard, Suite 1825 Arlington, Va. 22209-3901 (703) 907-7300 apa@psych.org
CALNOC	California Nursing Outcomes Coalition Database Project www.calnoc.org

CAHMI	Child and Adolescent Health Measurement Initiative www.cahmi.org 707 SW. Gaines Drive Mail Code: CDRC-P Portland, OR 97239 (503) 494-1930 (503) 494-2475 Fax Email: cahmi@ohsu.edu
CMS – Nursing Home Compare Staffing	http://www.medicare.gov/NHCompare/static/Related/AboutStaffing.asp?dest=NAV|Home|About|Staffing#TabTopUUTT
CHCA	Child Health Corporation of America (CHCA) Uwww.chca.com 6803 West 64th Street Suite 208 Shawnee Mission, KS 66202 (913) 262-1436 (913) 262-1575 Fax
HRSA	Health Resources and Services Administration (HRSA) - US Department of Health and Human Services http://www.ihi.org/IHI/Topics/HIVAIDS/TheNationalQualityCenterNQC.htm HRSA HIV/AIDS Measures: *Funded by HRSA's HIV/AIDS Bureau (HAB)*
ICSI	Institute for Clinical Systems Improvement (ICSI) http://www.icsi.org/index.asp 8009 34th Avenue South Suite 1200 Bloomington, MN 55425

	(952) 814-7060
IPRO	IPRO www.ipro.org 1979 Marcus Avenue Lake Success, NY 11042-1002 (516) 326-7767 (516) 328-2310 FAX
JCAHO	Joint Commission on Accreditation of Healthcare Organizations (JCAHO) http://www.jcaho.org/pms/core+measures/aligned_manual.htm One Renaissance Boulevard Oakbrook Terrace, IL 60181 (630) 792-5000

HBI	Health Benchmarks® Inc. (HBI) www.healthbenchmarks.com 21650 Oxnard Street, Suite 550 Woodland Hills, CA 91367 (818) 676-2835
MEDDIC	State of Wisconsin Department of Health and Family Services http://www.dhfs.state.wi.us/medicaid7/reports_data/quality_reports/index.htm 1 W. Wilson Street Madison, WI 53701-0309 (608) 261-7839 Office
Medqic	MedQic www.medqic.org/scip 100 Painters Mill Road, Suite 300 Owings Mills, MD 21117 (410) 581-2540 (443) 395-2516 Fax
NACHRI	National Association of Children's Hospitals and Related Institutions (NACHRI) http://www.childrenshospitals.net/ 401 Wythe Street Alexandria, VA 22314 (703) 684-1355
NCQA	National Committee for Quality Assurance (NCQA) www.ncqa.org 2000 L Street, N.W. Suite 500

	Washington, DC 20036 202-955-3500

NICHQ	National Initiative for Children's HealthCare Quality (NICHQ) www.nichq.org 20 University Road, 7P^{thP} Floor Cambridge, MA 02138 617-301-4900 866-787-0832
NYCDHMH	New York City Department of Health and Mental Hygiene www.nyc.gov/html/doh/html/home/home.shtml New York City Department of Health and Mental Hygiene 225 Broadway, 23rd Floor New York, NY 10007
Qualis	Qualis Health http://www.qualishealth.org/ PO Box 33400 Seattle, WA 98133-0400 (206) 364-9700 (800) 949-7536
PQA	Pharmacy Quality Alliance www.pqaalliance.org 703-690-1987
RAND	RAND www.rand.org/health 1776 Main Street P.O. Box 2138 Santa Monica, CA 90407-2138 (310) 393-0411, ext. 7775 Measures Licensed by: Health Dialog Sixty State Street Suite 1100 Boston, MA 02109 (800) 893-5532 or (617) 406-5200
STABLE	Center for Quality Assessment & Improvement in Mental Health Standards for Bipolar Excellence Project www.cqaimh.org
UCHSC	University of Colorado at Denver Health Sciences Center

	The Care Transition Program http://www.caretransitions.org/index.asp The Division of Health Care Policy and Research 13611 East Colfax Avenue, Suite 100 Aurora, CO 80045-5701 303-724-2523 303-724-2486 Fax
UM-KECC	University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) Uhttp://www.sph.umich.edu/kecc/usr/facguide.pdf UM-KECC 315 West Huron, Suite 240 Ann Arbor, MI 48103 (734) 998-6611 (734) 998-6620 Fax keccdfr@umich.edu (email pertaining to DFRs) www.sph.umich.edu/kecc

VHA	Veterans Health Administration http://www1.va.gov/health/ Department of Veterans Affairs Office of Quality and Performance (10Q)
Washington Circle Group	The Washington Circle Group www.washingtoncircle.org

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Category	Measure Setting	Measure	Description	Population	Source	Type	Data Source	NQF Endorsement	QI/A
Access	ambulatory, health plan	Children and Adolescent's Access to Primary Care	% of enrollees who had a visit with a primary care practitioner	pediatric	NCQA	process	administrative		QI
Acute Care Hospitalization	home health	Acute Care Hospitalization	% of home health care patients who were admitted to a hospital for 24 hours or more while a home health patient	adult	UCHSC	outcome	OASIS	Y	A
Acute Myocardial Infarction	Emergency Department	ED-AMI-1: Aspirin at Arrival	% Emergency Department acute myocardial infarction (AMI) patients or chest pain patients (with a probable AMI) without aspirin contraindications who received aspirin within 24 hours before ED arrival or prior to transfer	adult	AMA PCPI/NCQA	process	medical record	Y	A

Acute Myocardial Infarction	Emergency Department	ED-AMI-2: Median Time to Fibrinolysis	Median time from emergency department arrival to administration of fibrinolytic therapy in ED patients with ST-segment elevation or left bundle branch block (LBBB) on the electrocardiogram (ECG) performed closest to ED arrival and prior to transfer	adult	CMS/NCQA	process	medical record		A
Acute Myocardial Infarction	Emergency Department	ED-AMI-3: Fibrinolytic Therapy Received Within 30 Minutes of Arrival	% Emergency Department acute myocardial infarction (AMI) patients receiving fibrinolytic therapy during the ED stay and having a time from ED arrival to fibrinolysis of 30 minutes or less	adult	CMS/NCQA	process	medical record		A
Acute Myocardial Infarction	Emergency Department	ED-AMI-4: Median Time to Electrocardiogram (ECG)	Median time from emergency department arrival to ECG (performed in the ED prior to transfer) for acute myocardial infarction (AMI) or Chest Pain patients	adult	CMS/NCQA	process	medical record		A
Acute Myocardial Infarction	Emergency Department	ED-AMI-5: Median Time to Transfer for Primary PCI	Median time from emergency department arrival to time of transfer to another facility for Primary PCI	adult	CMS/NCQA	process	medical record		A
Acute Myocardial Infarction	Emergency Department	Care Coordination for PCI for AMI	% of patients (regardless of age) with an emergency department diagnosis of STEMI or new LBBB on ECG who received primary PCI who had documentation that the emergency physician initiated communication with the cardiology intervention service within 10 minutes of the diagnostic ECG	adult	AMA/NCQA	process	medical record		A

Acute Myocardial Infarction	hospital	AMI-1 Aspirin at arrival	% of AMI patients who received aspirin within 24 hours before or after hospital arrival	adult	JCAHO/CMS	process	chart review	Y	A
Acute Myocardial Infarction	hospital	AMI-2 Aspirin at discharge	% of AMI patients who are prescribed aspirin at hospital discharge	adult	JCAHO/CMS	process	chart review	Y	A
Acute Myocardial Infarction	hospital	AMI-3 ACE inhibitor for left ventricular systolic dysfunction	% of AMI patients who are prescribed an ACEI or ARB at hospital discharge	adult	JCAHO/CMS	process	chart review	Y	A
Acute Myocardial Infarction	hospital	AMI-4 Adult smoking cessation advice/ counseling	% of AMI patients (cigarette smokers) who receive smoking cessation advice or counseling during the hospital stay	adult	JCAHO/CMS	process	chart review	Y	A
Acute Myocardial Infarction	hospital	AMI-5 Beta blocker prescribed at discharge	AMI patients who are prescribed a beta blocker at hospital discharge	adult	JCAHO/CMS	process	chart review	Y	A
Acute Myocardial Infarction	hospital	AMI-6 Beta blocker at arrival	AMI patients who received a beta blocker within 24 hours after hospital arrival	adult	JCAHO/CMS	process	chart review	Y	A
Acute Myocardial Infarction	hospital	AMI-7a Thrombolytic agent received within 30 minutes of hospital arrival	AMI patients whose time from hospital arrival to thrombolysis is 30 minutes or less	adult	JCAHO/CMS	process	chart review	Y	A
Acute Myocardial Infarction	hospital	AMI-8a PCI received within 120 minutes of hospital arrival	AMI patients whose time from hospital arrival to percutaneous coronary intervention (PCI) is 120 minutes or less	adult	JCAHO/CMS	process	chart review	Y	A
Acute Myocardial Infarction	hospital	AMI - 30 Day Mortality	Risk adjusted rate of patients who died of any cause within 30 days of index admission	adult	CMS	outcome	administrative	Y	A
Acute Myocardial Infarction	managed care	Beta-Blocker after heart attack	% of enrolled members 35 years and older hospitalized and discharged during the measurement year (January 1 through December 24) with a diagnosis of acute myocardial infarction (AMI) and who received an ambulatory prescription for beta-blockers upon discharge	adult	NCQA	process	administrative		A
Acute Myocardial Infarction	managed care	Persistence of Beta-Blocker after heart attack	% of enrolled members that continue to receive treatment with beta-blockers at least six months after a heart attack	adult	NCQA	process	administrative		A
Acute Otitis Externa	ambulatory	Topical therapy	% of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations	all	AMA PCPI	process			A
Acute Otitis Externa	ambulatory	Pain assessment	% of patient visits for those patients aged 2 years and older with a diagnosis of AOE with assessment for auricular or periauricular pain	all	AMA PCPI	process	medical record		A
Acute Otitis Externa	ambulatory	Systematic antimicrobial therapy -- inappropriate use	% of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobial therapy	pediatric	AMA PCPI	process	medical record		A

ADHD	ambulatory	ADHD Diagnosis	Follow-up visits for patients with ADHD treated with Stimulant Medication Treatment for ADHD	pediatric	ICSI	process	administrative	Y	A
ADL	home health	Improvement in Ambulation/Locomotion	% percentage of home health care patients who improve in ambulation/locomotion compared to a prior assessment	adult	UCHSC	outcome	OASIS	Y	A
ADL	home health	Improvement in bathing	% of home health care patients who improve in their bathing ability compared to a prior assessment. The measure identifies patients' ability to safely bathe the entire body in the shower or tub, also considering the type of assistance	adult	UCHSC	outcome	OASIS	Y	A
ADL	home health	Improvement in transferring	% of home health care patients who improve in their ability to safely transfer compared to a prior assessment.	adult	UCHSC	outcome	OASIS	Y	A
ADL	home health	Improvement in Management of Oral Medication	% of home health care patients who improve in their ability to manage their oral medications compared to a prior assessment	adult	UCHSC	outcome	OASIS	Y	A
ADL	nursing home	NH-1ADL Decline	% of residents whose need for help with activities of daily living have increased	NH residents	CMS	incidence	MDS	Y	A
ADL	nursing home	NH-11 Mobility Decline – locomotion self-performance decline	% of residents whose ability to move about in or around their room got worse	NH residents	CMS	prevalence	MDS	Y	A
Adverse Events	hospital	PSI - 4 - Failure to rescue	% of deaths for patients having developed specified complications of care during hospitalization.	adult	AHRQ	outcome	administrative		A
Adverse Events	hospital	PSI - 5 Foreign Body Left during procedure	% of discharges with foreign body accidentally left in during procedure	adult	AHRQ	outcome	administrative		A
Adverse Events	hospital	PSI - 6 Iatrogenic pneumothorax	% of cases of iatrogenic pneumothorax	adult	AHRQ	outcome	administrative		A
Asthma	ambulatory	Asthma Assessment	% of patients who were evaluated during at least one office visit for the frequency (numeric) of daytime and nocturnal asthma symptoms (age 5-40)	all	AMA PCPI	process	medical record	Y	A
Asthma	ambulatory	Asthma: Pharmacologic Therapy	% of patients identified as having persistent asthma during the year prior to the measurement year and were prescribed either an inhaled corticosteroid or acceptable alternative medication during the measurement year	all	NCQA	process	administrative	Y	A

Asthma	ambulatory	Asthma: Pharmacologic Therapy	% of all patients with mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment	all	AMA PCPI	process	administrative		QI
Asthma	ambulatory	Asthma: Pharmacologic Therapy	Distribution of long-term control therapy by category of medication, severity classification, and age range	all	AMA PCPI	process	administrative		QI
Asthma	ambulatory	Appropriate Medications for People with Asthma	% of members with persistent asthma who had at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolun sodium, leukotriene modifiers, or methylaxanthines in the measurement year (ages 5 to 56 years)	all	NCQA	process	administrative	Y	A
Asthma	ambulatory	Management plan for people with asthma	% of patients for whom there is documentation that a written asthma management plan was provided either to the patient or the patient's caregiver OR, at a minimum, specific written instructions on under what conditions the patient's doctor should be contacted or the patient should go to the emergency room	all	IPRO	process	medical record	Y	A
Asthma	Emergency Department	Return to ED within 48 hours following inpatient discharge for asthma	Return to the Emergency Department within 48 hours following discharge - same diagnosis	pediatric	JCAHO	outcome	abstraction		A
Asthma	hospital	Low Acuity Asthma Readmission Rate	Rate of readmission for asthma less than 15 days after discharge	pediatric	NACHRI; JCAHO	outcome	medical record		A
Asthma	hospital	Asthma admission rate	Number of patients admitted for asthma per 100,000 population.	pediatric	AHRQ	outcome	administrative		A
Asthma	hospital	Children's Asthma Care - 1	Unplanned readmission (Emergency Department, Observation Status or Inpatient Admission) for asthma within 7 days following discharge from the hospital for asthma - same diagnosis	pediatric	JCAHO	outcome	abstraction		A
Asthma	hospital	Children's Asthma Care - 1a	Unplanned readmission (Emergency Department, Observation Status or Inpatient Admission) for asthma within 30 days following discharge from the hospital for asthma - same diagnosis	pediatric	JCAHO	outcome	abstraction		A
Asthma	hospital	Children's Asthma Care - 2	Return to hospital (ED, Observation Status or Inpatient Admission) with same asthma diagnosis within 7 days following Emergency Room visit or Observation stay	pediatric	JCAHO	outcome	abstraction		A

Asthma	hospital	Children's Asthma Care - 2a	Return to hospital (Emergency Department, Observation Status or Inpatient Admission) with same asthma diagnosis within 30 days following Emergency Room visit or Observation stay	pediatric	JCAHO	outcome	abstraction		A
Asthma	hospital	Children's Asthma Care - 3	Use of relievers for inpatient asthma by AAP Age Groups	pediatric	JCAHO	process	administrative	Y	A
Asthma	hospital	Children's Asthma Care - 4	Use of systemic corticosteroids for Inpatient Asthma by AAP Groups	pediatric	JCAHO	process	administrative	Y	A
Asthma	hospital	Children's Asthma Care - 5	Risk adjusted length of stay for asthma patients	pediatric	JCAHO	outcome	administrative		A
Asthma	hospital	Children's Asthma Care - 6	Home Management Plan of Care discussed with patient/family	pediatric	JCAHO	outcome	administrative		A
Attention Deficit Hyperactivity Disorder	ambulatory	ADHD Medication Management	Follow-up visits for patients with ADHD treated with Stimulant Medication	pediatric	ICSI	process	administrative		A
Attention Deficit Hyperactivity Disorder	ambulatory	ADHD Follow-up care, Medication	Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date with an ambulatory prescription dispensed for an ADHD medication and who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase	pediatric	NCQA	process		Y	A
Attention Deficit Hyperactivity Disorder	ambulatory	ADHD Follow-up care, continuation and maintenance	Percentage of children 6—12 years of age as of the Index Prescription Episode Start Date with an ambulatory prescription dispensed for an ADHD medication who remained on the medication for at least 210 days and who in addition to the visit in the Initiation Phase had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ends	pediatric	NCQA	process		Y	A
Avoidable Hospitalization	nursing home	Potentially avoidable hospitalization - short-stay residents	% of short-stay residents with a hospitalization within 30 days of admission or 7 days of discharge if length of stay is less than 23 days for a potentially avoidable condition	NH residents	CMS	outcome	medical record		A
Bipolar Disorder	ambulatory	Use of Mood Stabilizers for Bipolar Disorder	All members of a plan, 18 years of age and older, diagnosed with bipolar disorder, acute manic episode, during a specified period who receive lithium, valproic acid, or carbamazepine during a specified interval	adult	APA	process	administrative;pharmacy		A
Bipolar Disorder	hospital	Inpatient Lithium Level Testing	% of inpatients receiving lithium during the course of their hospital stay, who do not have a documented lithium blood level or whose highest measured level exceeds a specific threshold	adult	JCAHO	process	survey		A

Blood Lead	ambulatory	Blood Lead Toxicity Screening: Age one and two years	% of children age 6 to 16 months and 17 - 28 months at the date of service who had a blood lead screening test performed	pediatric	MEDDIC-MS	process	administrative		A
Blood Lead	ambulatory	Lead Screening in Children (LSC)	% of children two years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday	pediatric	NCQA	process	administrative; or medical record		A
Blood Lead	FQHC	Childhood Lead Test Screening	% of children with 3rd birthday during the measurement year with a blood test for elevated blood lead levels	pediatric	HRSA	process	administrative		A
Bone and Joint Conditions	ambulatory	Osteoporosis Management in Women who had a fracture	% of women who suffered a fracture, and who had either a bone mineral density test or prescription for a drug to treat or prevent osteoporosis in the 6 months after date of fracture	adult	NCQA	process	administrative	Y	A
Bone and Joint Conditions	ambulatory	Osteoarthritis: Assessment for use of Anti-inflammatory or Analgesic OTC conditions	% of patient visits with an assessment for use of anti-inflammatory or analgesic over the counter (OTC) medications (age ≥ 21 years)	adult	AAOS/AMA PCPI/CMS	process	administrative	Y	QI
Bone and Joint Conditions	ambulatory	Osteoarthritis: Gastrointestinal (GI) Prophylaxis	% of patients on prescribed or OTC non-steroidal anti-inflammatory drug (NSAID) who were assessed for presence of GI complications and if risk factors were present, medications to reduce the risk of serious GI complications are considered	adult	AAOS/AMA PCPI	process	administrative		QI
Bone and Joint Conditions	ambulatory	Osteoarthritis: Functional and Pain Assessment	% of patients diagnosed with symptomatic osteoarthritis who were assessed for function and pain annually (age ≥ 21 years)	adult	AAOS/AMA PCPI	process	administrative	Y	QI
Bone and Joint Conditions	ambulatory	Osteoarthritis: Non-steroidal anti-inflammatory Drug (NSAID) Risk Assessment	% of patients on prescribed or OTC NSAIDs who were assessed for GI/renal risk factors	adult	AAOS/AMA PCPI	process	administrative		QI
Bone and Joint Conditions	ambulatory	Osteoarthritis: Physical Examination of the Involved Joint	% of patients for whom a physical examination of the involved joint was performed during the initial visit	adult	AAOS/AMA PCPI	process	administrative		QI
Bone and Joint Conditions	ambulatory	Osteoarthritis: Anti-Inflammatory/ Analgesic Therapy	% of patient visits during which an anti-inflammatory agent or analgesic was considered	adult	AAOS/AMA PCPI	process	administrative		QI
Bone and Joint Conditions	ambulatory	Osteoarthritis: Therapeutic Exercise	% of patient visits during which therapeutic exercise for the involved joint was considered	adult	AAOS/AMA PCPI	process	administrative		QI
Bone and Joint Conditions	ambulatory	Arthritis: Disease modifying antirheumatic drug (DMARD) therapy in rheumatoid arthritis	Assess whether patients diagnosed with rheumatoid arthritis have had a least one ambulatory prescription dispensed for a DMARD	adult	NCQA	process	administrative	Y	A

Bone and Joint Conditions	ambulatory	Osteoporosis Screening For Patients On Systemic Steroids	% of patients on systemic corticosteroids who received treatment for osteoporosis or annual osteoporosis screening test (DEXA scan)	adult	HBI	process	administrative		A
Bone and Joint Conditions	ambulatory	Post-Fracture -- Communication with Physician Managing On-going Care	% of patients aged 50 years and older treated for a hip, spine or distal radial fracture with documentation of communication with the physician managing the patient's on-going care that a fracture occurred and that the patient was or should be tested or treated for osteoporosis	adult	AMA PCPI	process	medical record		A
Bone and Joint Conditions	ambulatory	General Population -- Screening or Therapy for Women Aged 65 Years and Older	% of female patients aged 65 years and older who have a central DXA measurement ordered or performed at least once since age 60 or pharmacologic therapy prescribed within 12 months	elderly	AMA PCPI	process	medical record		A
Bone and Joint Conditions	ambulatory	Post-Fracture -- Management Following Fracture	% of patients aged 50 years and older with a fracture of the hip, spine or distal radius who had a central DXA measurement ordered or performed or pharmacologic therapy prescribed	adult	AMA PCPI	process	medical record		A
Bone and Joint Conditions	ambulatory	Osteoporosis -- Pharmacologic Therapy	% of patients aged 50 years and older with a diagnosis of osteoporosis who were prescribed pharmacologic therapy within 12 months	adult	AMA PCPI	process	medical record		A
Bone and Joint Conditions	ambulatory	Osteoporosis -- Counseling for Vitamin D and Calcium Intake and Exercise	% of patients, regardless of age, with a diagnosis of osteoporosis who either received both calcium and vitamin D or had documented counseling regarding both calcium and vitamin D intake, and exercise at least once within 12 months	adult	AMA PCPI	process	medical record		A
Breast cancer	ambulatory	Mammography	% of women who have been screened within the performance period or previous year (women ages 52 -69)	adult	NCQA	process	administrative		A
Breast cancer	Ambulatory	Breast Cancer Screening	% of women (age 42 - 69) who had a mammogram during the measurement year or year prior to the measurement year	women	AQA, NCQA	process	administrative		A
Breast cancer	ambulatory	Breast cancer detection–screening mammography	% of mammograms provided by age cohort - ages 40 - 49 and 50+ years)	adult	MEDDIC-MS	process	administrative		A
Breast Cancer	ambulatory	Radiation Therapy Following Lumpectomy For Breast Cancer	% of patients who received lumpectomy for surgical treatment of breast cancer received radiation therapy.	adult, women	HBI	process	administrative		A
Care Coordination	hospital	Care Transition Measure (CTM) - 3	the measure of patients' perspectives on coordination of hospital discharge care	adult	UCHSC	process	survey	Y	A

Care for Children with Special Health Care Needs	ambulatory	CAHPS: Children with Special Health Care Needs (CSHCN) Module	Survey-based methods and tools designed to identify children with special health care needs and measure the basic aspects of health care quality domains including: access to prescription medications; access to specialized services; family-centered care; and coordination of care.	pediatric	CAHMI	outcome	survey	Y	A
Cervical Cancer	ambulatory	Cervical Cancer Screening	% of women who have been screened within the previous 24 months	adult	NCQA	process	administrative		A
Cervical Cancer	Ambulatory	Cervical Cancer Screening	% of women (age ≥ 18) who received one or more Pap tests during the measurement year or the two years prior to the measurement year.	women	AQA, NCQA	process	administrative		A
Cervical Cancer	ambulatory	Cervical Cancer Screening	% of female enrollees for each age cohort who had at least one Pap test in the measure look-back period, based on current and previous (if applicable) HMO claims/encounter data and FFS data.	adult	MEDDIC-MS	process	administrative		A
Cervical Cancer	ambulatory	Cervical Cancer Screening	% of enrollees diagnosed with cervical/uterine malignancy among those screened	adult	MEDDIC-MS	prevalence	administrative		QI
Chest Pain	Emergency Department	Electrocardiogram Performed for Non-Traumatic Chest Pain	% of patients aged 40 years and older with an emergency department discharge diagnosis of non-traumatic chest pain who had an ECG performed	adult	AMA PCPI/NCQA	process	medical record	Y	A
Children with Special Health Care Needs	ambulatory	Medical Home	% of children with special health care needs who receive coordinated, ongoing, comprehensive care within a medical home	pediatric	CAHMI; MCHB	prevalence	survey		A
Chronic Care	home health	Improvement in Dyspnea	% of home health care patients whose dyspnea improved compared to a prior assessment	adult	UCHSC	outcome	OASIS	Y	A
Chronic Care	home health	Improvement in Urinary Incontinence	% of home health care patients whose urinary incontinence improved compared to a prior assessment	adult	UCHSC	outcome	OASIS	Y	A
Chronic Care	nursing home	NH-8 Bedfast	% of residents who spent most of their time in a bed or a chair	NH residents	CMS	prevalence	MDS		A
Chronic Care	nursing home	NH-9 Indwelling Catheters	% of residents who have/had a catheter inserted and left in the bladder	NH residents	CMS	prevalence	MDS		A
Chronic Care	nursing home	NH-12 Weight Loss (more than 5% body weight in 30 days or 10% in 6 months)	% of resident who lose too much weight - more than 5% body weight in 30 days or 10% in 6 months	NH residents	CMS	incidence	MDS		A
Colorectal Cancer	Ambulatory	Colorectal Cancer Screening	% of patients who had appropriate screening for colorectal cancer	adult	AQA, NCQA	process	administrative		A

Colorectal Cancer	ambulatory	Follow Up Of Colorectal Cancer: Colonoscopy	% of patients status post resection for colorectal cancer who received follow up colonoscopy	adult	HBI	process	administrative		A
Colorectal Cancer	ambulatory	Follow Up Of Colorectal Cancer: CEA	% of patients status post resection for colorectal cancer who received follow up CEA testing	adult	HBI	process	administrative		A
Coronary Artery Disease	ambulatory	Coronary Artery Disease (CAD): Beta Blocker Therapy-Prior MI	% of patients with prior MI who were prescribed beta-blocker therapy	adult	NCQA	process	administrative		A
Coronary Artery Disease	ambulatory	CAD: Lipid Profile	% of patients receiving at least one LDL-C screen (ages: 18 - 25 years)	adult	NCQA	process	medical record		A
Coronary Artery Disease	ambulatory	CAD: Drug Therapy for Lowering LDL Cholesterol (LDL-C)	% of patients who were prescribed lipid lowering therapy	adult	AMA/PCPI/ACC /AHA	process	medical record		QI
Coronary Artery Disease	ambulatory	CAD: LDL Cholesterol Level	% of patients with LDL-C test results < 100 mg/dL after acute cardiac event (age: 18 - 75 years)	adult	NCQA	outcome	administrative	Y	A
Coronary Artery Disease	ambulatory	CAD: Diabetes	% of patients with coronary artery disease who also have diabetes and/or LVSD who were prescribed ACE inhibitor/ARB therapy	adult	AMA	process	administrative		
Coronary Artery Disease	ambulatory	CAD: Beta Blocker Therapy – Prior Myocardial Infarction (MI)	% of patients with prior MI who were prescribed beta-blocker therapy	adult	AMA PCPI/ ACC/AHA	process	medical record	Y	QI
Coronary Artery Disease	ambulatory	CAD: Antiplatelet therapy	% Patients who were prescribed antiplatelet therapy (aspirin, clopidogrel or combination of aspirin and dipyridamole); age ≥ 18 years	adult	AMA	process	medical record	Y	A
Coronary Artery Disease	ambulatory	CAD: Symptoms and Activity Assessment	% of patients who were evaluated for both level of activity and anginal symptoms during one or more visits (age ≥ 18 years)	adult	CMS/AMA PCPI/ ACC/AHA	process	medical record	Y	QI
Coronary Artery Disease	ambulatory	Cholesterol Screen (patients with cardiovascular disease)	% patients who have documentation in the medical record of cholesterol screening within the last year (patients 18 - 25 years)	adult	NCQA	process	administrative	Y	A
Coronary Artery Disease	ambulatory	LDL Cholesterol Level	Patients with most recent LDL-C < 130 mg/dl (age: ≥ 18)	adult	CMS	outcome	medical record	Y	A
Coronary Artery Disease	hospital	Coronary Artery Bypass Graft (CABG)	% of patients undergoing coronary artery bypass graft surgery who received an internal mammary artery graft	adult	CMS	process	medical record	Y	A
Deep Vein Thrombosis	hospital	ICU - 3 Deep Vein Thrombosis (DVT) Prophylaxis	Number of ventilator days where patients received DVT prophylaxis	adult	JCAHO	process	administrative		A
Dental	ambulatory	Dental Care	% of enrolled members ages 3 - 21 years who had at least one dental visit during the measurement year	pediatric	NCQA	process	administrative		A
Dental	ambulatory	Sealant use	% of third grade children who have received protective sealants on at least one permanent molar tooth	pediatric	HRSA	process	administrative		A

Dental	ambulatory	Dental Preventive Care	% of enrolles age 3 to 20 and age 21 and over who had a dental visit in the look back period	all	MEDDIC-MS	process	administrative		A
Depression	ambulatory	Screening for Depression and Follow-up	% of patients who were screened annually for depression in primary care setting	adult	VHA	process	medical record		QI
Depression	ambulatory	Screening for Depression and Follow-up	% of patients with a positive screen for depression with a follow-up assessment or referral	adult	VHA	process	medical record		QI
Depression	ambulatory	Antidepressant Medication Management: Effective Acute Phase Treatment	% of patients who were diagnosed with a new episode of depression and treated with antidepressant medication and remained on an antidepressant drug during the entire 84-day (12 week) Acute Treatment Phase	adult	NCQA		administrative	Y	A
Depression	ambulatory	Antidepressant Medication Management: Continuation of Antidepressant Medication	% of patients with Major Depressive Disorder (MDD) who were continued on medication for a minimum of 16 weeks following remission of symptoms	adult	AMA PCPI		medical record		QI
Depression	ambulatory	Antidepressant Medication Management: Optimal Practitioner Contacts for Medication Management	% of patients diagnosed with a new episode of depression and treated with antidepressant medication and had at least 3 follow-up contacts with a primary care or mental health practitioner coded with a mental health diagnosis during the 12 week acute treatment phase	adult	NCQA	process	administrative	Y	A
Depression	ambulatory	Effective Continuation Phase Treatment	% patients diagnosed with a new episode of depression and treated with antidepressant medication and remained on an antidepressant for at least 6 months	adult	NCQA	process	administrative	Y	A
Depression	ambulatory	Follow-up After Hospitalization for Mental Illness	% of discharges for patients hospitalized for treatment of selected mental health disorders, seen by a mental health provider within 30 days and 7 days	adult	NCQA	process	administrative		A
Depression	ambulatory	Diagnostic Evaluation	% of patients whose depressive symptoms were adequately assessed for the presence of MDD during the initial visit	all	AMA PCPI	process	medical record		QI
Depression	ambulatory	Suicide Risk Assessment	% of patients with MDD who had a suicide risk assessment completed at each visit	all	AMA PCPI	process	medical record		QI
Depression	ambulatory	Severity Classification	% of patients whose severity of MDD was classified at the initial visit	all	AMA PCPI	process	medical record		QI
Depression	ambulatory	Treatment: Psychotherapy, Medication Management, and/or Electroconvulsive Therapy (ECT)	% of patients with MDD who received therapy appropriate to their classification	all	AMA PCPI	process	medical record		QI

Depression	ambulatory	Treatment for Mild Depression	% of patients with a current diagnosis of major depression that is mild and not chronic during a specified period who received an antidepressant medication or psychotherapy during a specified period	adult	APA	process	administrative; pharmacy		A
Depression	ambulatory	Treatment for Moderate Depression	The number of individiduals with a current diagnosis of major depressive disorder of moderate subtype during a specified period of time who receive an antidepressant, psychotherapy or ECT	adult	APA	process	administrative; pharmacy		A
Depression	ambulatory	Treatment Changes for Nonresponsive Depression	Patients with a diagnosis of major depression who show no improvement in target symptoms after 8 weeks of the initiation of a treatment intervention who have documented changes in their treatment plan	adult	APA	process	administrative; pharmacy; medical record		A
Depression	ambulatory	Somatic Treatment for Psychotic Depression	% of adults with a current diagnosis of major depression, psychotic subtype (DSM IV: 296.24) during a specified	adult	APA	process	administrative; medical record		A
Depression	ambulatory	Somatic Treatment for Severe Depression	% of adults with a current diagnosis of major depressive disorder of severe or recurrent subtype (not in remission) during a specified period of time receive an antidepressant medication or ECT	adult	APA	process	administrative; medical record		A
Depression	nursing home	NH-7 Depressed or Anxious Mood Worsening	% of residents who were more depressed or anxious	NH residents	CMS	prevalence	MDS		A
Dermatology	ambulatory	Patient History#	% of patients with either a current diagnosis of melanoma or a history of cutaneous melanoma who had a medical	all	AMA PCPI	process	medical record		A
Dermatology	ambulatory	Complete Physical Skin Examination#	% of patients with either a current diagnosis of melanoma or a history of cutaneous melanoma who had a complete physical skin exam performed at least once within 12 months	all	AMA PCPI	process	medical record		A
Dermatology	ambulatory	Counseling on Self-Examination#	% of patients with either a current diagnosis of melanoma or a history of cutaneous melanoma who were counseled, at least once within 12 months, to perform a self examination for new or changing moles	all	AMA PCPI	process	medical record		A
Diabetes	Ambulatory	HbA1c Management (Screen)	% of patients receiving one or more A1c test (s)	adult	Alliance/NCQA	process	administrative		A
Diabetes	Ambulatory	HbA1c Management (Screen)	% of patients receiving one or more A1c test (s)	adult	AMA	process	administrative		QI
Diabetes	Ambulatory	HbA1c Management (Screen)	Distribution of number of tests done (0, 1, 2, 3 or more)	adult	AMA	process	administrative		QI
Diabetes	Ambulatory	HbA1c > 9 (Control)	% of patients with most recent A1c level > 9% (poor control)	adult	Alliance/NCQA	outcome	administrative		A
Diabetes	Ambulatory	HbA1c<7 (Control)	% of patients with most recent A1c level<7% (good control)	adult	Alliance/NCQA	outcome	administrative		A

Diabetes	Ambulatory	A1c Management (Control)	Distribution of most recent A1c value by range: < 6.0, 6.1-7.0, 7.1-8.0, 8.1-9.0, 9.1-10.0, > 10.0, undocumented	adult	AMA	outcome	administrative		QI
Diabetes	Ambulatory	Lipid Management	% of patients with most recent LDL-C<100	adult	Alliance/NCQA	outcome	administrative		A
Diabetes	Ambulatory	Lipid Management	% of patients who received at least one lipid profile (or ALL component tests)	adult	AMA	process	administrative		QI
Diabetes	Ambulatory	Blood Pressure Management	Distribution of most recent blood pressure values by range (mm Hg): Systolic: < 120, 120-129, 130-139, 140-149, 150-159, 160-169, 170-179, > 180, undocumented Diastolic: < 75, 75-79, 80-89, 90-99, 100-109, > 110, undocumented	adult	AMA	outcome	administrative, medical record		QI
Diabetes	Ambulatory	Blood Pressure < 140/90	% of patients with most recent BP < 140/90 mm Hg	adult	Alliance/NCQA	outcome	administrative		A
Diabetes	Ambulatory	Retinal Exam Conducted	% of patients who received a dilated eye exam or seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist or imaging validated to match diagnosis from these photos in the reporting year, or during the prior year if patient at low risk for retinopathy	adult	Alliance/NCQA	process	administrative		A
Diabetes	Ambulatory	LDL Cholesterol	% of patients with most recent LDL-C < 130	adult	NCQA	outcome	administrative		A
Diabetes	Ambulatory	LDL Cholesterol	Distribution of most recent test values by range: Total cholesterol: > 240, 200-239, < 200, undocumented; LDL-C: > 160, 130-159, 100-129, < 100, undocumented; HDL-C: < 40, 40-49, 50-59, > 60, undocumented; If Non-HDL cholesterol is reported, record the test values in the following ranges: ≥ 190, 160-189, 130-159, < 130, undocumented; Triglycerides: > 400, 200-399, < 200, 150-199, < 150, undocumented	adult	AMA	outcome	medical record		QI
Diabetes	Ambulatory	LDL Cholesterol	The percentage of patients with diabetes (type 1 and type 2) with most recent LDL-C < 100mg/dL	adult	NCQA	outcome	administrative		A
Diabetes	Ambulatory	Foot Exams	% of eligible patients who received at least one foot exam, defined in any manner	adult	NCQA	process	administrative		A
Diabetes	Ambulatory	Diabetic Nephropathy Monitoring	% of patients with a least one test for microalbumin during the measurement year; or who had evidence of medical attention for existing nephropathy	adult	NCQA	process	administrative		A

Diabetes	Ambulatory	Smoking Cessation	% of patients whose smoking status was ascertained and documented annually	adult	NCQA	process	administrative		A
Diabetes	Ambulatory	Aspirin Use	% of patients receiving aspirin therapy (dose ≥ 75mg)	adult	AMA	process	medical record, administrative		QI
Diabetes	Ambulatory	Influenza Vaccination	% of patients who received an influenza vaccine during the recommended calendar period	adult	AMA	process	administrative		QI
Diabetes	ambulatory	Diabetes Short-term Complication Admission Rate	Number of admissions for diabetes short-term complications per 100,000 population.	all	AHRQ	outcome	administrative	Y	QI
Diabetes	ambulatory	Diabetes Long-term Complication Admission Rate	Number of admissions for long-term diabetes per 100,000 population.	all	AHRQ	outcome	administrative	Y	QI
Diabetes	ambulatory	Uncontrolled Diabetes Admission Rate	Number of admissions for uncontrolled diabetes per 100,000 population.	all	AHRQ	outcome	administrative	Y	QI
Diabetes	ambulatory	Rate of Lower-extremity Amputation Among Patients with Diabetes	Number of admissions for lower-extremity amputation among patients with diabetes per 100,000 population.	all	AHRQ	outcome	administrative	Y	QI
Diabetes	ambulatory	Hemoglobin A1c Test for Pediatric Patients	Percentage of pediatric patients with diabetes with a HBA1c test in a 12-month measurement period	pediatric	Alliance/NCQA	process		Y	A
Diabetes	ambulatory	Diabetes Care	% of patients with Type 1 or Type 2 diabetes with at least one HbA1c test conducted in the measure look back period by age cohort- birth to 17 years and 18 to 75 years	all	MEDDIC-MS	process	administrative		A
Diabetes	ambulatory	Diabetes Care	% of patients with Type 1 or Type 2 diabetes with a lipid profile conducted in	all	MEDDIC-MS	process	administrative		A
Diabetes	ambulatory	Diabetes Care	At least one LDL test in the look-back period	pediatric	MEDDIC-MS	process	administrative		A
Diabetes	ambulatory	Oral hypoglycemia	% of Type 2 diabetics who have failed dietary therapy and received oral hypoglycemic therapy	adult	RAND	process	administrative		A
Diabetes	ambulatory	Adequacy of Therapy: Presence of ACE/ARB therapy	% of diabetics with proteinuria offered an ACE inhibitor within 3 months of the notation of proteinuria unless contraindicated.	adult	RAND	process	medical record		QI
Diabetes	hospital	Diabetes short term complication admission rate	Number of patients admitted for diabetes short-term complications (ketoacidosis, hyperosmolarity, coma) per 100,000 population.	pediatric	AHRQ	outcome	administrative		QI
Discharge Planning	home health	Discharge to Community	% of home health care patients who were discharged to the community	adult	UCHSC	outcome	OASIS	Y	A

Efficiency	ambulatory	Relative Resource Use for Chronic Conditions	Cost of care measure for plan members with chronic conditions – diabetes, cardiac conditions, asthma, COPD, uncomplicated hypertension, and acute low back pain	adult	NCQA	efficiency	administrative		A
EPSDT	ambulatory	Comprehensive EPSDT Examination Services-- birth to 2 years	% of children enrolled at birth or within 45 days of birth and enrolled with the same HMO at least 518 days contiunously with no more than one gap in enrollment up to 45 days from date of enrollment who receive five, six, abd seven or more comprehensive EPSDT examinations with different dates of service by the age of two years	pediatric	MEDDIC-MS	process	administrative		A
EPSDT	ambulatory	Comprehensive EPSDT Examination Services-- 3 to 20 years	% of children for each age cohort who receive at least one EPSDT examinations in the look-back period	pediatric	MEDDIC-MS	process	administrative		A
ESRD	ESRD/Dialysis Facility	ESRD-1 Hemodialysis Adequacy - Dosage	% of hemodialysis patients whose hemodialysis dose is measured monthly	Hemodialysis patients	CMS	process	dialysis record		QI
ESRD	ESRD/Dialysis Facility	ESRD-2 Hemodialysis Adequacy	Method used to calculate the delivered hemodialysis dose	Hemodialysis patients	CMS	process	dialysis record		QI
ESRD	ESRD/Dialysis Facility	ESRD-3a Adequacy of the delivered hemodialysis treatment using Kt/V	% of hemodialysis patients with spKt/V >= 1.2	Hemodialysis patients	CMS	outcome	dialysis record		QI
ESRD	ESRD/Dialysis Facility	ESRD -3b Adequacy of the delivered Hemodialysis treatment using URR	% of hemodialysis patients with URR >= 65% (claims data)	Hemodialysis patients	CMS, UM-KECC	outcome	dialysis record		A
ESRD	ESRD/Dialysis Facility	ESRD-4 Peritoneal dialysis total solute clearance is measured regularly	% of peritoneal dialysis patients with total solute clearance measured at least once in a six-month period	Peritoneal dialysis patients	CMS	process	dialysis record		QI
ESRD	ESRD/Dialysis Facility	ESRD-5 Peritoneal dialysis dose and total solute clearances are measured in a standard way	method used to calculate the delivered peritoneal dialysis dose	Peritoneal dialysis patients	CMS	process	dialysis record		QI
ESRD	ESRD/Dialysis Facility	ESRD-6 Adequacy of the delivered peritoneal dialysis dose	% of peritoneal dialysis patients with delivered peritoneal dialysis dose at target	Peritoneal dialysis patients	CMS	process	dialysis record		QI
ESRD	ESRD/Dialysis Facility	ESRD-7 Vascular Access I - AVF	% of hemodialysis patients with an arterial venus fistula	Hemodialysis patients	CMS	process	dialysis record		QI
ESRD	ESRD/Dialysis Facility	ESRD-8 Vascular Access II - Catheterization	% of hemodialysis patients with a chronic catheter (90 days or longer)	Hemodialysis patients	CMS	process	dialysis record		QI
ESRD	ESRD/Dialysis Facility	ESRD-9 Monitoring arterial venus grafts for stenosis	% of hemodialysis patients with an AV graft monitored for stenosis	Hemodialysis patients	CMS	process	dialysis record		QI
ESRD	ESRD/Dialysis Facility	ESRD-10a Target hemoglobin for Epoetin therapy	% of dialysis patients with hemoglobin at target	dialysis patients	CMS	outcome	dialysis record		QI
ESRD	ESRD/Dialysis Facility	ESRD-10b Target hematocrit or hemoglobin for adequate anemia management	% of dialysis patients with hematocrit or hemoglobin at target (claims data)	Dialysis patients	CMS, UM-KECC	outcome	dialysis record		A

ESRD	ESRD/Dialysis Facility	ESRD-11 Assessment of iron stores.	% of dialysis patients with iron stores assessed at specified intervals	Dialysis patients	CMS	process	dialysis record		QI
ESRD	ESRD/Dialysis Facility	ESRD-12 Maintenance of iron stores	% of dialysis patients with iron stores at target	Dialysis patients	CMS	outcome	dialysis record		QI
ESRD	ESRD/Dialysis Facility	ESRD-13 Administration of supplemental (IV) iron	% of dialysis patients prescribed IV iron	Dialysis patients	CMS	process	dialysis record		QI
ESRD	ESRD/Dialysis Facility	ESRD-14 Patient Survival	worse than expected/expected/better than expected survival for dialysis patients (DFC measure)	Dialysis patients	CMS, UM-KECC	outcome	dialysis record		A
Experience of Care	ambulatory	Children with Special Health Care Needs Module	Survey-based methods and tools designed to identify children with special health care needs and measure the basic aspects of health care quality domains including: access to prescription medications; access to specialized services; family-centered care; and coordination of care	pediatric	CAHMI	outcome	survey	Y	A
Eye Disorders	ambulatory	Postoperative Complications After Cataract Surgery	Risk adjusted % of patients who had complications status post cataract surgery.	adult	HBI	outcome	administrative		A
Eye Disorders	ambulatory	Visual Field Test for Primary Open Glaucoma	% of patients with primary open angle glaucoma who received a visual field test at least annually.	adult	HBI	process	administrative		A
Eye Disorders	ambulatory	Visual Field Test for Suspected Open Angle Glaucoma	% of patients with suspected open angle glaucoma who received a visual field test at least annually.	adult	HBI	process	administrative		A
Falls	hospital	NSC-3 Patient Falls	Number of documented falls with or without injury, experienced by patients on an eligible unit in a calendar month.	all	ANA/JCAHO	outcome	medical record, risk management reports, incidence reports	Y	A
Falls	hospital	NSC-4 Falls with Injury	% of documented patient falls with an injury level of minor or greater	all	ANA/JCAHO	outcome	medical record, risk management reports, incidence reports	Y	A
Gastroenteritis	hospital	Gastroenteritis admission rate	Number of patients admitted for gastroenteritis per 100,000 population.	pediatric	AHRQ	outcome	administrative		QI
Hearing	hospital	Hearing testing	% of newborns who have been screened for hearing before hospital discharge	pediatric	HRSA	process	administrative		A
Heart Failure	ambulatory	Heart Failure Assessment	% of patients with heart failure who have quantitative or qualitative results of LVF	adult	AMA	process	medical record	Y	A
Heart Failure	ambulatory	HF - Weight Management	% of heart failure patient visits with weight measurement recorded	adult	AMA	process	medical record	Y	A
Heart Failure	ambulatory	HF - Medication Therapy	% of patients with heart failure who also have LVSD who were prescribed beta-blocker therapy	adult	AMA	process	medical record	Y	A

Heart Failure	hospital	HF-1 Discharge instructions	% of heart failure patients discharged home with written instructions or educational material given to patient or care giver at discharge or during the hospital stay addressing all of the following: activity level, diet, discharge medications, follow-up appointment, weight monitoring, and what to do if symptoms worsen	adult	CMS/JCAHO	Process	medical record	Y	A
Heart Failure	hospital	HF-2 Left ventricular function assessment	% of heart failure patients with documentation in the hospital record that left ventricular function (LVF) was assessed before arrival, during hospitalization, or is planned for after discharge	adult	CMS/JCAHO	Process	medical record	Y	A
Heart Failure	hospital	HF-3 ACE inhibitor for left ventricular systolic dysfunction	% of heart failure patients with left ventricular systolic dysfunction (LVSD) and without angiotensin converting enzyme inhibitor (ACE inhibitor) contraindications or angiotensin receptor blocker (ARB) contraindications who are prescribed an ACE inhibitor or an ARB at hospital discharge.	adult	CMS/JCAHO	Process	medical record	Y	A
Heart Failure	hospital	HF-4 Adult smoking cessation advice/ counseling	% of heart failure patients with a history of smoking cigarettes, who are given smoking cessation advice or counseling during a hospital stay.	adult	CMS/JCAHO	Process	medical record	Y	A
Heart Failure	hospital	HF - 30 Day Mortality	Risk adjusted rate of patients who died of any cause within 30 days of index admission	adult	CMS	outcome	administrative	Y	A
HIV/AIDS	ambulatory	ARV Management	% of Patients with a CD4 Cell Count Below 200 cells/mm3 Receiving Pneumocystis Carinii Pneumonia (PCP) Prophylaxis	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	ambulatory	ARV Management	% of Patients with Appropriate ARV Therapy Management	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	ambulatory	ARV Management	% of Patients/Clients with Viral Load Test in the Past 4 Months	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	ambulatory	ARV Management	% of Patients/Clients with Diagnosis of Opportunistic Infections	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	ambulatory	ARV Management	% of Patients/Clients with an HIV Primary Care Visit in the Past 4 Months	HIV+ adults	HRSA	process	patient record		QI

HIV/AIDS	ambulatory	Adherence Self Management	% of Patients/Clients Assessed for Adherence to Antiretroviral (ARV) Therapy in the Past 4 Months	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	ambulatory	Adherence Self Management	% of Patients/Clients with Self-Management Goal Setting	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	ambulatory	Adherence Self Management	% of Patients/Clients who Co-Signed Their Service Care Plans in the Past 6 Months	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	ambulatory	Health Maintenance	% of Patients/Clients with at Least One HIV Specialist Visit in the Past Four Months	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	ambulatory	Health Maintenance	%of Patients with Annual Syphilis Screen	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	ambulatory	Health Maintenance	% of Patients on Antiretroviral (ARV) Therapy with Annual Lipid Screen	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	ambulatory	Health Maintenance	% of Patients with a Mental Health Screen in the Past 12 Months	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	ambulatory	Health Maintenance	% of Patients Receiving an Annual Dental Exam	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	ambulatory	Health Maintenance	% of Patients/Clients Assessed for Substance Use and/or Tobacco Use in the Past 12 Months	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	ambulatory	Health Maintenance	% of Patients/Clients with a Pneumococcal Vaccination in the Past 10 Years	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	ambulatory	Health Maintenance	% of Patients/Clients with Known Hepatitis C Status	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	ambulatory	Health Maintenance	Percent of Patients with Purified Protein Derivative (PPD) Screening in the Past 12 Months	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	ambulatory	Case Management	% of Patients/Clients with Complete Psychosocial Assessment in the Past 6 Months	HIV+ adults	HRSA	process	patient record		QI
HIV/AIDS	ambulatory	Pediatric Measures	% of Pediatric Patients Prescribed Prophylactic Therapy According to Immunologic Status	pediatric	HRSA	process	patient record		QI
HIV/AIDS	ambulatory	Pediatric Measures	% of Pediatric Patients Assessed for Adherence to Antiretroviral (ARV) Therapy in the Past Four Months	pediatric	HRSA	process	patient record		QI
HIV/AIDS	ambulatory	Pediatric Measures	% of Pediatric Patients with at Least One Pediatric HIV Specialist Visit in the Past Four Months	pediatric	HRSA	process	patient record		QI
HIV/AIDS	ambulatory	Pediatric Measures	% of Pediatric Patients with Viral Load Test in the Past Four Months	pediatric	HRSA	process	patient record		QI
HIV/AIDS	ambulatory	Pediatric Measures	% of Pediatric Patients with Appropriate ARV Therapy Management	pediatric	HRSA	process	patient record		QI
HIV/AIDS	ambulatory	Pediatric Measures	% Pediatric Patients with a CD4 Count Test in the Past Four Months	pediatric	HRSA	process	patient record		QI

Hospitalization Rate	health plan	Hospitalization Rate: All Conditions	Age and gender adjusted population based rate of hospitalization for acute and chronic conditions per 1000 enrollees age 0-14.	pediatric	CAHMI	outcome	administrative		QI
Hospitalization Rate	health plan	Hospitalization Rate: Acute Conditions Rate	Age and gender adjusted population based rate of hospitalization for acute conditions only per 1000 enrollees age 0-14.	pediatric	CAHMI	outcome	administrative		QI
Hospitalization Rate	health plan	Hospitalization Rate: Chronic Conditions Rate	Age and gender adjusted population based rate of hospitalization for chronic conditions only per 1000 enrollees age 0-14.	pediatric	CAHMI	outcome	administrative		QI
Hypertension	ambulatory	Blood Pressure Control	% of patients (age 18 - 85 years) with last BP < 140/90 mm Hg	adult	CMS/NCQA	outcome	administrative; medical record		A
Hypertension	ambulatory	Blood Pressure Measurement	% of patient visits with blood pressure (BP) measurement recorded	all	AMA PCPI/* ACC/AHA	process	medical record		QI
Hypertension	ambulatory	Blood Pressure Measurement	Distribution of most recent systolic and diastolic BP values by range (mm Hg): Systolic: < 120, 120-129, 130-139, 140-149, 150-159, 160-169, 170-179, > 180, undocumented Diastolic: < 75, 75-79, 80-89, 90-99, 100-109, > 110, undocumented	adult	AMA PCPI/* ACC/AHA	outcome	medical record		QI
Hypertension	ambulatory	Blood Pressure Control	% of patients with last BP < 140/90 mm Hg; patients age ≥ 18 years	adult	NCQA/CMS	outcome	medical record	Y	A
Hypertension	ambulatory	Plan of Care	% of patient visits during which either systolic blood pressure > 140 mm Hg or diastolic blood pressure > 90 mm Hg, with documented plan of care for hypertension	adult	CMS/AMA PCPI/* ACC/AHA	process	medical record	Y	A
Hypertension	ambulatory	First Line Therapy For Newly Diagnosed Hypertensive Patients	% of patients with newly diagnosed hypertension who received diuretics as first line therapy.	adult	HBI	process	administrative		A
Immunizations	ambulatory	Childhood Immunization	% of patients who turned 2 years old during the measurement year who had four DTaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B and one chicken pox vaccine (VZV) by the time period specified and by the child's second birthday	pediatric	NCQA	process	administrative		A
Immunizations	ambulatory	Adolescent Immunization	% of patients who turned 13 years old during the measurement year who had a second dose of MMR and three hepatitis B vaccinations, and one varicella vaccination by their thirteenth birthday	pediatric	NCQA	process	administrative		A
Immunizations	ambulatory	Childhood Immunization	% of enrolled children who have achieved full immunization status, substantial immunization status and who have incomplete immunization	pediatric	MEDDIC-MS	process	administrative		A

Immunizations	FQHC	Childhood Immunization	% of children with 2nd birthday during the measurement year with appropriate immunizations	pediatric	HRSA	process	administrative		A
Immunizations	hospital	Neonate Immunization Administration	% of neonates who received each of five specified immunizations	neonates	CHCA	process	medical record	Y	A
Infection	hospital	ICU - 4 Central Line-Associated Primary Bloodstream Infection (BSI)	% of patients receiving care in the ICU who develop a central line-associated primary bloodstream infection	adult	CDC	outcome	medical record	Y	QI
Infection	hospital	NSC-6 Catheter Associated Urinary Tract Infection	Urinary Catheter-Associated Urinary Tract Infection (CAUTI) Rate for Intensive Care Unit (ICU) Locations - Burn, Coronary, Medical, Medical/Surgical, Neurosurgical, Respiratory, Cardiothoracic, Surgical, Trauma, Pediatric	all	ANA/JCAHO	outcome	medical record	Y	A
Infection	hospital	NSC-7 Central Line Associated Blood Stream Infection	Rate of central line associated blood stream infection rate for Intensive Care Unit (ICU) Locations - Burn, Coronary, Medical, Medical/Surgical, Neurosurgical, Respiratory, Cardiothoracic, Surgical, Trauma, Pediatric and Neonatal Intensive Care Units (NICU) by birth weight, and NICU umbilical catheter	all	JCAHO	outcome	medical record	Y	A
Infection	hospital	Postoperative sepsis	Number of patients with sepsis per 1,000 eligible admissions (population at risk)	pediatric	AHRQ	outcome	administrative		QI
Infection	hospital	Selected Infections Due to Medical Care	Number of patients with specific infection codes per 1,000 eligible admissions (population at risk).	pediatric	AHRQ	outcome	administrative		QI
Infection	hospital	Urinary tract infection admission rate	Number of patients admitted for urinary tract infection per 100,000 population.	pediatric	AHRQ	outcome	administrative		QI
Infection	hospital	PSI - 7 Selected infections due to medical care	% of cases of secondary ICD-9-CM codes 9993 or 00662	adult	AHRQ	outcome	administrative		A
Infection	hospital	SIP/SCIP Inf-1 Prophylactic antibiotic received within 1 hour prior to surgical incision	% of surgical patients who received prophylactic antibiotics within one hour prior to surgical incision	adult	CMS/JCAHO	Process	abstraction	Y	A
Infection	hospital	SIP/SCIP Inf-2 Prophylactic antibiotics consistent with current recommendations	% of surgical patients who received prophylactic antibiotics recommended for their specific surgical procedure.	adult	CMS/JCAHO	Process	chart review	Y	A
Infection	hospital	SIP/SCIP Inf-3 Prophylactic antibiotics discontinued within 24 hours after surgery end time	% of surgical patients whose prophylactic antibiotics were discontinued within 24 hours after surgery end time	adult	CMS/JCAHO	Process	chart review	Y	A
Infection	hospital	SCIP Inf-4 Cardiac surgery patients with controlled perioperative serum glucose	% of cardiac surgery patients with 6 am controlled perioperative serum glucose	adult	CMS/JCAHO		chart review		A

Infection	hospital	SCIP Inf-5 Post-operative wound infections diagnosed during index hospitalization	% of patients with post-operative wound infections diagnosed during index hospitalization	adult	CMS/JCAHO	outcome	chart review		A
Infection	hospital	SCIP Infection 6 Pre-operative hair removal	% of surgical patients with appropriate hair removal. No hair removal, or hair removal with clippers or depilatory is considered appropriate. Shaving is considered inappropriate.	adult	CMS/JCAHO	process	chart review		A
Infection	hospital	SCIP Inf-7 Colorectal surgical patients with immediate postoperative Normothermia	% of colorectal surgical patients with immediate postoperative Normothermia	adult	CMS/JCAHO	outcome	chart review		A
Infection	nursing home	NH-4 Urinary Tract Infections	% of residents with a urinary tract infection	NH residents	CMS	prevalence	MDS	Y	A
Influenza	Ambulatory	Influenza Vaccination	% of patients who received an influenza vaccine	adult	CMS, NCQA, AQA	process	administrative		A
Language	ambulatory	Language Diversity of Membership	The number and percentage of Medicaid and Medicare Members enrolled at any time during the measurement year by demand for language interpreter services and spoken language	all	NCQA	outcome	administrative		QI
Length of Stay	hospital	ICU - 5 ICU Length of Stay	Risk adjusted mean Intensive Care Unit (ICU) length of stay by type of unit	adult	JCAHO	process/ outcome	medical record		A
LOS	hospital	PICU Severity-adjusted LOS	Number of PICU days between PICU admission and PICU discharge	pediatric	NACHRI	outcome	chart review, administrative		A
Low Back Pain	ambulatory	Low Back Pain: Use of imaging studies	% of patients with new low back pain who receive an imaging study (plain x-ray, MRI, CT scan) conducted on the episode start date or in the 28 days following the episode start date	adult	NCQA	process	administrative	Y	A
Medication Adherence	ambulatory	Gap in Therapy	% of prevalent users, a patient who fills a prescription for a medication in the therapeutic class of interest at any time during the measurement period, who experienced a significant gap, of 30 days or more, beginning on the last day covered by a prescription claim for the drug of interest and ending on the date of the next prescription claim for the same drug or another in its therapeutic class in medication therapy.	all	PQA/NCQA	outcome	pharmacy claims		A

Medication Management	ambulatory	Documentation of the Allergies and Adverse reaction in the Outpatient record	% of patients having documentation of allergies and adverse reactin the medical record	all	CMS/NCQA	process	medical record	Y	A
Medication Management	ambulatory	Documentation of medication list in the outpatient record	% patients having a medication list in the medical record	all	CMS/NCQA	process	medical record	Y	A
Medication Management	ambulatory	Therapeutic monitoring	% patients 18 years and older who received at least 180-day supply of medication therapy for the selected therapeutic agent and who received	adult	NCQA	process	medical record	Y	A
Medication Management	ambulatory	Drugs to be avoided in the elderly	% of patients ages 65 years and older who received at least one drug to be avoided in the elderly in the measurement year; 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	adult	NCQA	process	administrative	Y	A
Medication Management	ambulatory	Lipid Level Monitoring For Patients Receiving Accutane	% of patients on accutane who received appropriate lipid level monitoring tests.	all	HBI	process	administrative		A
Medication Management	ambulatory	Digoxin Monitoring	% of patients taking digoxin who received appropriate annual laboratory monitoring	adult	HBI	process	administrative		A
Medication Management	ambulatory	Avoidance Of "High Severity" Medications In The Elderly	% of seniors who did not receive a "high severity" medication from the 2003 Beers criteria.	seniors	HBI	process	administrative		A
Medication Management	ambulatory	Avoidance Of "Low Severity" Medications In The Elderly	% of seniors who did not receive a "low severity" medication from the 2003 Beers criteria.	seniors	HBI	process	administrative		A
Medication Management	ambulatory	Always Avoid Medications In The Elderly	% of seniors who did not receive a "always avoid" medication from the 2003 Beers criteria.	seniors	HBI	process	administrative		A
Medication Management	ambulatory	Appropriate Monitoring For Methotrexate Use	% of patients on long term methotrexate who received appropriate laboratory monitoring .	adult	HBI	process	administrative		A
Medication Management	ambulatory	Appropriate Monitoring For Patients Initiated On Valproic Acid Or Carbamazepine	% of patients on valproic acid or carbamazepine who received appropriate laboratory tests.	all	HBI	process	administrative		A
Medication Management	ambulatory	Appropriate Monitoring Of Theophylline Use	% of patients on theophylline who received appropriate laboratory monitoring yearly.	adult	HBI	process	administrative		A
Medication Management	ambulatory	Appropriate Follow-Up For Patients Initiated On Levothyroxine For Hypothyroidism	% of patients newly started on levothyroxine or had dosage change who received appropriate TSH laboratory testing in follow-up.	adult	HBI	process	administrative		A
Medication Management	ambulatory	Hepatic Enzyme Monitoring For Use Of Antifungal Pharmacotherapy	% of patients on oral antifungal therapy receive baseline hepatic enzyme testing prior to initiating therapy	all	HBI	process	administrative		A
Medication Management	hospital	PICU Medication Safety Practices	Documentation of all 5 aspects of adoption of PICU safety practices	pediatric	NACHRI	process			A

Mental Health	ambulatory	Post-hospitalization care for mental illnes/substance abuse within 7 and 30 days	% of discharges in the look back period that were followed by an ambulatory mental health or substance abuse encounter or day/night treatment within 7 and 30 days of hospital discharge	pediatric	MEDDIC-MS	process	administrative		A
Mental Health	ambulatory	Post-hospitalization care for mental illness/substance abuse within 7 and 30 days	% of discharges in the look back period that were followed by an ambulatory mental health or substance abuse encounter or day/night treatment within 7 and 30 days of hospital discharge	adult	MEDDIC-MS	process	administrative		A
Mental Health	ambulatory	Community Based Mental Health Services (CMHS) Adult Consumer Outcome Measures for Discretionary Programs	Tool to assess the outcomes of clients in all SAMHSA-funded programs to improve services for people with mental and addictive disorders. Domains assessed include functioning, stability in housing, education, perception of care, social connectedness, reassessment status and discharge services	adult	SAMHSA	outcome	survey		A
Mental Health	ambulatory	Community Based Mental Health Services (CMHS) Child Consumer Outcome Measures for Discretionary Service Programs Child or Adolescent/Caregiver Combined	Tool to assess the outcomes of clients in all SAMHSA-funded programs to improve services for people with mental and addictive disorders. Domains assessed include functioning, stability in housing, education, perception of care, social connectedness, reassessment status and discharge services	pediatric	SAMHSA	outcome	survey		A
Mental Health	ambulatory	Depression: Screening for bipolar mania/hypomania prior to treatment for depression	% of patients with depression who were assessed, prior to initiation for treatment, for the presence of prior or current symptoms and/or behaviors associated with mania or hypomania	adult	STABLE	process	medical record and adminisrative	Y	A
Mental Health	ambulatory	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance	% of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for	adult	STABLE	process	medical record and adminisrative	Y	A
Mental Health	ambulatory	Bipolar Disorder and Major Depression: Assessment for Diabetes	% of patients treated for bipolar disorder who are assessed for diabetes within 16 weeks after initiating treatment with an atypical antipsychotic agent	adult	STABLE	process	medical record and adminisrative	Y	A
Mental Health	ambulatory	Bipolar Disorder: Level of function evaluation	% of patients treated for bipolar disorder with evidence of level-of-function evaluation at the time of the initial assessment and a gain withing 12 weeks of initiating treatment	adult	STABLE	process	medical record and adminisrative	Y	A
		Bipolar Disorder: Appraisal for	% of patients diagnosed with bipolar the risk of suicide						

Mortality	hospital	Pediatric Heart Surgery Mortality	Number of in-hospital deaths in patients undergoing surgery for congenital heart disease per 100 patients	pediatric	AHRQ	outcome	administrative		A
Mortality	hospital	PICU Standardized Mortality Ratio	% of patients under the age of 18 years who died in the PICU and were admitted to the ICU for greater than 2 hours and had at least 2 consecutive sets of vitals signs consistent with life	pediatric	NACHRI	outcome	medical record		A
Mortality	hospital	SCIP Global-1	Mortality within 30 days of surgery	adult	CMS/JCAHO	outcome	chart review		A
Musculoskeletal	ambulatory	Avoidance Of Steroid Injections For Plantar Fasciitis	% of patients who did not receive more than 2 steroid injection per year for plantar fasciitis.	adult	HBI	process	administrative		A
Musculoskeletal	ambulatory	Plain Radiography Prior To MRI For Evaluation Of Knee Pain	% of patients with knee pain who received an x-ray prior to an MRI.	adult	HBI	process	administrative		A
Musculoskeletal	ambulatory	Plain Radiography Prior To MRI For Evaluation Of Back Pain	% of patients with back pain who received an x-ray prior to an MRI.	adult	HBI	process	administrative		A
Neonatal Care	hospital	Neonatal Readmission Rate	Rate of readmission for low acuity neonatal ailments less than 15 days after discharge	pediatric	NACHRI; JCAHO	outcome	medical record		A
Neonatal Care	hospital	Neonatal Readmission Rate	Rate of readmission for high acuity neonatal ailments less than 15 days after discharge	pediatric	NACHRI; JCAHO	outcome	medical record		A
Neonatal Care	hospital	PSI - 17 Birth Trauma - injury to neonate	Cases of birth trauma, injury to neonate, per 1,000 liveborn births.	pediatric	AHRQ	outcome	administrative		A
Nursing Home	nursing home	NH-10 Incontinence – Low-risk	% of low-risk residents who lose control of their bowels or bladder	NH residents	CMS	prevalence	MDS	Y	A
Obesity	ambulatory	Body Mass Index (BMI) Documentation	Adults >18 years old with BMI documented in the past 24 months	adult	NYCDHMH	process	medical record	Y	A
Obesity	ambulatory	Body Mass Index (BMI) Documentation	Number of children 2 through 18 years of age who came in for a well child visit in the measurement period month and who were classified based on BMI percentile for age and gender	pediatric	NICHQ	process	medical record	Y	A
Obesity	ambulatory	BMI	% of children, ages 2 to 5 years, receiving WIC services that have a Body Mass Index (BMI) at or above the 85th percentile	pediatric	HRSA	outcome	administrative		A
Obstetrics	hospital	PR -1 VBAC	% of vaginal births after cesarean section	women	JCAHO	outcome	administrative		QI
Obstetrics	hospital	PR -2 Inpatient Neonatal Mortality	% of live-born neonates who expire at the facility before the neonate becomes age 28 days	neonate	JCAHO	outcome	administrative	Y	
Obstetrics	hospital	PR - 3 Third and Fourth Degree Lacerations	% of patients who have vaginal deliveries with third or fourth degree perineal laceration	women	JCAHO	outcome	administrative		QI
Obstetrics	hospital	PSI - 18 Obstetric Trauma - vaginal delivery with instrument	Cases of obstetric trauma (4th degree lacerations, other obstetric lacerations) per 1,000 instrument-assisted vaginal deliveries.	women	AHRQ	outcome	administrative		A

Obstetrics	hospital	PSI - 19 Obstetric Trauma - vaginal delivery without instrument	Cases of obstetric trauma (4th degree lacerations, other obstetric lacerations) per 1,000 vaginal deliveries without instrument assistance.	women	AHRQ	outcome	administrative		A
Obstetrics	hospital	PSI - 20 Obstetric Trauma-cesarean section	Cases of obstetric trauma (4th degree lacerations, other obstetric lacerations) per 1,000 Cesarean deliveries.	women	AHRQ	outcome	administrative		A
Obstetrics	hospital	PSI - 27 Obstetric Trauma 3rd Degree - Vaginal with instrument	Cases of obstetric trauma (3rd and 4th degree lacerations, other obstetric lacerations) per 1,000 instrument-assisted vaginal deliveries.	women	AHRQ	outcome	administrative		A
Obstetrics	hospital	PSI - 28 Obstetric Trauma with 3rd Degree —Vaginal Delivery without Instrument	Cases of obstetric trauma (3rd and 4th degree lacerations, other obstetric lacerations) per 1,000 vaginal deliveries without instrument assistance.	women	AHRQ	outcome	administrative		A
Obstetrics	hospital	PSI - 29 Obstetric Trauma with 3rd Degree — Cesarean Delivery	Cases of obstetric trauma (3rd and 4th degree lacerations, other obstetric lacerations) per 1,000 Cesarean deliveries	women	AHRQ	outcome	administrative		A
Osteoarthritis	ambulatory	Osteoarthritis: Weight management advice	% of overweight patients (as defined by body mass index of greater than or equal to 27 kg/m2) who are advised to lose weight annually to prevent incident knee or hip osteoarthritis	adult	RAND	Process	medical record		QI
Osteoporosis	ambulatory	Post-Fracture -- Communication with Physician Managing On-going Care	% of patients aged 50 years and older treated for a hip, spine or distal radial fracture with documentation of communication with the physician managing the patient's on-going care that a fracture occurred and that the patient was or should be tested or treated for osteoporosis	adult	AMA PCPI	process	medical record		A
Osteoporosis	ambulatory	General Population -- Screening or Therapy for Women Aged 65 Years and Older	% of female patients aged 65 years and older who have a central DXA measurement ordered or performed at least once since age 60 or pharmacologic therapy prescribed within 12 months	elderly	AMA PCPI	process	medical record		A
Osteoporosis	ambulatory	Post-Fracture -- Management Following Fracture	% of patients aged 50 years and older with a fracture of the hip, spine or distal radius who had a central DXA measurement ordered or performed or pharmacologic therapy prescribed	adult	AMA PCPI	process	medical record		A
Osteoporosis	ambulatory	Osteoporosis -- Pharmacologic Therapy	% of patients aged 50 years and older with a diagnosis of osteoporosis who were prescribed pharmacologic therapy within 12 months	adult	AMA PCPI	process	medical record		A

Osteoporosis	ambulatory	Osteoporosis -- Counseling for Vitamin D and Calcium Intake and Exercise	% of patients, regardless of age, with a diagnosis of osteoporosis who either received both calcium and vitamin D or had documented counseling regarding both calcium and vitamin D intake, and exercise at least once within 12 months	adult	AMA PCPI	process	medical record		A
Otitis Media with Effusion	ambulatory	Diagnostic evaluation -- Assessment of tympanic membrane mobility	% of patient visits for those patients aged 2 months through 12 years with a diagnosis of OME with assessment of tympanic membrane mobility with pneumatic otoscopy or tympanometry	pediatric	AMA PCPI	process	medical record		A
Otitis Media with Effusion	ambulatory	Hearing testing	% of patients aged 2 months through 12 years with a diagnosis of OME who received tympanostomy tube insertion who had a hearing test performed within 6 months prior to tympanostomy tube insertion	pediatric	AMA PCPI	process	medical record		A
Otitis Media with Effusion	ambulatory	Antihistamines or decongestants -- inappropriate use	% of patients aged 2 months through 12 years with a diagnosis of OME were not prescribed/recommended either antihistamines or decongestants	pediatric	AMA PCPI	process	medical record		A
Otitis Media with Effusion	ambulatory	Systematic antimicrobials -- inappropriate use	% of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials	pediatric	AMA PCPI	process	medical record		A
Otitis Media with Effusion	ambulatory	Systematic steroids -- inappropriate use	% of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic steroids	pediatric	AMA PCPI	process	medical record		A
Pain	home health	Improvement in Pain Interfering with Activity	% of home health care patients who improve in pain interfering with activity or movement compared to a prior assessment	adult	UCHSC	outcome	OASIS	Y	A
Pain	hospital	PICU Pain Assessment on Admission	% of patients who were assessed for pain on admission to the PICU	pediatric	NACHRI	process	chart review		A
Pain	hospital	PICU Periodic Pain Assessment	% of patients who are assessed for pain at a minimum of every six hours	pediatric	NACHRI	process	Survey		A

Pain	nursing home	NH-2 Pain	% of residents who have moderate to severe pain	NH residents	CMS	prevalence	MDS	Y	A
Pain	nursing home	NH-14 Pain – post-acute residents	% of short-stay residents who had moderate to severe pain	NH residents	CMS	prevalence	MDS		A
Patient Safety	hospital	NSC-1 Death among surgical inpatients with treatable serious complications (failure	% of surgical inpatients with complications of care whose discharge status is death	all	ANA/JCAHO	outcome	medical record	Y	A
Patient Safety	hospital	Leap 1 - CPOE	Progress in implementation of computerized physician order entry (CPOE) systems: Assurance that at least 75% of medication orders entered via a computer system; 2. Demonstrate that inpatient CPOE system can alert physicians of at least 50% of common, serious prescribing errors; and 3. Require that physicians electronically document a reason for overriding an interception prior to doing so.	all	Leapfrog	process	Survey		A
Patient Safety	hospital	Leap 2 - ICU	Hospitals fulfilling the Standard operate adult and/pediatric ICUs that are managed or co-managed by intensivists: present during daytime hours and provide clinical care exclusively in the ICU and at other times - at least 95% of the time return ICU pages within 5 mins and arrange for a FCCS-certified non-physician effector to reach ICU Patients within 5 mins	all	Leapfrog	process	survey		A
Patient Safety	hospital	Leap 4 - Safe Practices Score	27 procedures to minimize preventable medical mistakes	all	Leapfrog	process	Survey		A
Patient Safety	hospital	Accidental Puncture or Laceration	Cases of technical difficulty (e.g., accidental cut or laceration during procedure) per 1,000 eligible discharges (population at risk)	pediatric	AHRQ	outcome	administrative		QI

Patient Safety	hospital	Foreign body left in after procedure	Number of patients with a foreign body unintentionally left in during a procedure per 1,000 eligible admissions (population at risk)	pediatric	AHRQ	outcome	administrative		A
Patient Safety	hospital	Iatrogenic pneumothorax in neonates at risk	Number of patients with an iatrogenic pneumothorax per 1,000 eligible admissions (population at risk)	pediatric	AHRQ	outcome	administrative		QI
Patient Safety	hospital	Iatrogenic pneumothorax in non-neonates	Number of patients with an iatrogenic pneumothorax per 1,000 eligible admissions (population at risk)	pediatric	AHRQ	outcome	administrative		QI
Patient Safety	hospital	Post-operative hemorrhage and hematoma	Number of patients with postoperative hemorrhage or hematoma requiring a procedure per 1000 eligible admissions (population at risk)	pediatric	AHRQ	outcome	administrative		A
Patient Safety	hospital	Post-operative wound dehiscence	Indicator definition: Number of abdominopelvic surgery patients with disruption of abdominal wall per 1000 eligible admissions (population at risk).	pediatric	AHRQ	outcome	administrative		A
Patient Safety	hospital	Transfusion reaction	Number of patients with transfusion reaction per 1,000 eligible admissions (population at risk).	pediatric	AHRQ	outcome	administrative		QI
Patient Safety	hospital	Perforated appendix admission rate	Number of patients admitted for perforated appendix per 100 admissions for appendicitis within an area.	pediatric	AHRQ	outcome	administrative		A
Patient Safety	hospital	PSI - 2 Death in Low-Mortality diagnosis-related groups (DRGs)	% of in-hospital deaths in DRGs with less than 0.5% mortality.	adult	AHRQ	outcome	administrative		A
Patient Safety	hospital	PSI - 8 Postoperative hip fracture	% of cases of in-hospital hip fracture	adult	AHRQ	outcome	administrative		A
Patient Safety	hospital	PSI - 15 Accidental Puncture or laceration	Cases of technical difficulty (e.g., accidental cut or laceration during procedure) per 1,000 discharges.	adult	AHRQ	outcome	administrative		A
Patient Safety	hospital	PSI - 16 Transfusion reaction	Cases of transfusion reaction per 1,000 discharges.	adult	AHRQ	outcome	administrative		A
Pneumonia	Ambulatory	Pneumonia Vaccination	% of patients who ever received a pneumococcal vaccine; (age ≥ 65 years)	adult	NCQA, CMS	process	administrative	Y	A

Pneumonia	Emergency Department	Vital Signs for Community-Acquired Bacterial Pneumonia	% of patients aged 18 years and older with the diagnosis of community-acquired bacterial pneumonia with vital signs recorded and reviewed	adult	CMS/NCQA	process	medical record		A
Pneumonia	Emergency Department	Assessment of Mental Status for Community -Acquired Pneumonia	% of patients aged 18 years and older with the diagnosis of community-acquired bacterial pneumonia with mental status	adult	AMA PCPI/NCQA	process	medical record	Y	A
Pneumonia	Emergency Department	Empiric Antibiotic for Community-Acquired Bacterial Pneumonia	% of patients aged 18 years and older with the diagnosis of community-acquired bacterial pneumonia with an appropriate empiric antibiotic prescribed	adult	AMA PCPI/NCQA	process	medical record	Y	A
Pneumonia	hospital	NSC-8 Ventilator Associated Pneumonia	Ventilator Associated Pneumonia rate for Intensive Care Unit (ICU) Location and	all	JCAHO	outcome	medical record	Y	A
Pneumonia	hospital	ICU - 1 - Ventilator-Associated Pneumonia Prevention	Number of ventilator days where the patient's head of bed (HOB) is elevated (two times per day) ≥ 30 degrees	adult	JCAHO	process	administrative		A
Pneumonia Care	hospital	PNE-1 Antibiotic	% of pneumonia patients who receive their first dose of antibiotics within 4 hours after arrival at the hospital	adult	JCAHO, CMS	Process	administrative	Y	A
Pneumonia Care	hospital	PNE-2 Antibiotic selection	Appropriate initial antibiotic selection for community-acquired pneumonia (CAP) in immunocompetent patients	adult	JCAHO, CMS	Process	administrative	Y	A
Pneumonia Care	hospital	PNE-3 Blood culture	% of pneumonia patients whose initial hospital blood culture specimen was collected prior to first hospital dose of antibiotic	adult	JCAHO, CMS	Process	administrative	Y	A
Pneumonia Care	hospital	PNE-4 Influenza vaccination	% of pneumonia patients age 50 years and older, hospitalized during October, November, December, January, or February who were screened for or were vaccinated prior to discharge, if indicated	adult	JCAHO, CMS	Process	administrative	Y	A
Pneumonia Care	hospital	PNE-5 Pneumococcal vaccination status	% of pneumonia patients age 65 and older who were screened for pneumococcal vaccine status and were administered the vaccine prior to discharge, if indicated	adult	JCAHO, CMS	Process	administrative	Y	A

Pneumonia Care	hospital	PNE-6 Adult smoking cessation advice/ counseling	% of pneumonia patients with a history of smoking cigarettes who are given smoking cessation advice or counseling during hospital stay.	adult	JCAHO, CMS	Process	administrative	Y	A
Pneumonia Care	hospital	PNE-7 Oxygenation assessment	% of pneumonia patients whose arterial oxygenation was assessed by arterial blood gas (ABG) or pulse oximetry within 24 hours prior to or after hospital arrival	adult	JCAHO, CMS	Process	administrative	Y	A
Post-Acute Care	nursing home	NH-13 Delirium – post-acute residents	% of Short-stay residents with Delirium	NH residents	CMS	prevalence	MDS	Y	A
Prenatal Care	ambulatory	Prenatal Flow	% of patients with a flow sheet in use by the date of the first physician visit, which contains at a minimum: blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery	women	AMA PCPI	process	medical record		QI
Prenatal Care	ambulatory	Blood Groups (ABO), D(Rh) Type, and Antibody Testing	% of patients who had a determination of blood group (ABO) and D (Rh) type by the second prenatal care visit	women	AMA PCPI	process	medical record		QI
Prenatal Care	ambulatory	Blood Groups (ABO), D(Rh) Type, and Antibody Testing	% of patients who received antibody screening during the first or second prenatal care visit	women	AMA PCPI	process	medical record		QI
Prenatal Care	ambulatory	Anti-D Immune Globulin	% of D (Rh) negative, unsensitized patients who received anti-D immune globulin at 26-30 weeks gestation	women	AMA PCPI	process	medical record	Y	QI
Prenatal Care	ambulatory	Screening for Congenital Anomalies	% of patients less than 35 years of age at the time of expected delivery who were offered testing for congenital anomalies	women	AMA PCPI	process	medical record		QI
Prenatal Care	ambulatory	Screening for gestational diabetes	% of patients who had glucose challenge test or oral glucose tolerance test performed	women	AMA PCPI	process	medical record		QI
Prenatal Care	ambulatory	Cervical Cytology	% of patients who had a cervical cytology smear performed during the preceding year or by the second prenatal care visit	women	AMA PCPI	process	medical record		QI
Prenatal Care	ambulatory	Screening for Human Immunodeficiency Virus	% of patients who were screened for HIV infection during the first or second prenatal care visit	women	AMA PCPI	process	medical record	Y	QI
Prenatal Care	ambulatory	Screening for Asymptomatic Bacteriuria	% of patients who were at least one test to screen for asymptomatic bacteriuria	women	AMA PCPI	process			QI
Prenatal Care	hospital	PR-1 VBAC	% of prenatal patient evaluation, management, and treatment selection concerning vaginal deliveries in patients who have a history of previous cesarean section	women	JCAHO	outcome	administrative	Y	A
Prenatal Care	hospital	PR-2 Inpatient Neonatal Mortality	% of live-born neonates who expire before the neonate becomes age 28 days	women	JCAHO	outcome	administrative	Y	A

Prenatal Care	hospital	PR-3 Third and Fourth degree laceration	% of patients who have vaginal deliveries with third or fourth degree perineal laceration	women	JCAHO	outcome	administrative	Y	A
Pressure ulcer	hospital	ICU - 2 Stress Ulcer Disease (SUD) Prophylaxis	Number of ventilator days where patients received SUD prophylaxis	adult	JCAHO	process	administrative		A
Pressure ulcer	Hospital	Pressure Ulcers	% of patients with documented ulcer (stage I-IV on day of prevalence study. Also have Hospital-acquired ulcer - % of patients with documented ulcer (stage I-IV) on day of prevalence study	all	ANA/CalNOC	prevalence	chart review	Y	QI
Pressure ulcer	hospital	NSC-2 Pressure Ulcer Prevalence	% of patients that have nosocomial (hospital-acquired) stage II or greater pressure ulcers on the day of the prevalence study	adult	ANA/JCAHO	outcome	medical record, risk management reports, incidence reports	Y	A
Pressure ulcer	hospital	Decubitus Ulcer	Number of patients with decubitus ulcer per 1,000 eligible admissions (population at risk)	pediatric	AHRQ	outcome	administrative		A
Pressure ulcer	hospital	PSI - 3 Decubitus Ulcer	% of cases of decubitus ulcer discharges with a length of stay of 5 or more days.	adult	AHRQ	outcome	administrative		A
Pressure ulcer	nursing home	NH-5 Pressure Sores – High-Risk	% of high-risk residents who have pressure sores	NH residents	CMS	prevalence	MDS	Y	A
Pressure ulcer	nursing home	NH-6 Pressure Sores – Low-Risk	% of low-risk residents who have pressure sores	NH residents	CMS	prevalence	MDS	Y	A
Pressure ulcer	nursing home	NH-15 Pressure Sores – post-acute residents	% of short-stay residents with pressure sores	NH residents	CMS	prevalence	MDS		A
Prevention	ambulatory	Young Adult Health Care Survey (YAHCS)	54-item teen survey assessing whether young adults (aged 14 and older) receive nationally-recommended preventive services. Yields six measures focused on clinically recommended care–preventive screening and counseling on risky behaviors, sexual activity and STDs; weight, healthy diet and exercise; emotional health and relationship issues; whether care provided in a private and confidential setting, health information and two measures focused on patient-centered care.	pediatric	CAHMI	outcome	survey	Y	A
Prevention	ambulatory	Promoting Healthy Development Survey (PHDS)	Survey assesses parent's experience with care for the provision of preventive and developmental services consistent with American Academy of Pediatrics and	pediatric	CAHMI	outcome	survey	Y	A

Preventive	ambulatory	Well Child Visits	% of members who received zero, one, two, three, four, five, and six or more well child visits with a primary care practitioner during their first 15 months of life	pediatric	NCQA	process	administrative		A
Preventive	ambulatory	Well Child Visits in 3rd, 4th, 5th and 6th Year	% of members age 3 to 6 years old who received one or more well-child visits with a primary care practitioner during the measurement year	pediatric	NCQA	process	administrative		A
Preventive	ambulatory	Adolescent Well Care Visit	% of members age 12 through 21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	pediatric	NCQA	process	administrative		A
Prostate Cancer	ambulatory	Follow-Up After Diagnosis Of Prostate Cancer	% of men with prostate cancer who received appropriate follow up PSA test annually	adult, men	HBI	process	administrative		A
Prostatitis	ambulatory	Diagnostic Work-Up Of Chronic Prostatitis	% of patients with newly diagnosed chronic prostatitis receive appropriate work-up	adult	HBI	process	administrative		A
Re-admission	hospital	PICU Unplanned Readmission Rate	% of patients requiring unscheduled readmission to the ICU within 24 hours of discharge or transfer	pediatric	NACHRI	outcome	chart review, administrative		A
Re-admission	hospital	SCIP Global-2	Readmission within 30 days of surgery	adult	CMS/JCAHO	outcome	chart review		A
Respiratory	ambulatory	Chronic Obstructive Pulmonary Disease (COPD): assessment of oxygen saturation	% of patients with COPD with oxygen saturation assessed annually	adult	AMA PCPI	process	medical record	Y	QI
Respiratory	ambulatory	Chronic Obstructive Pulmonary Disease (COPD): spirometry evaluation	% of patients with COPD who had a spirometry evaluation documented	adult	AMA PCPI	process	medical record	Y	QI
Respiratory	ambulatory	Chronic Obstructive Pulmonary Disease (COPD): inhaled bronchodilator therapy	% of symptomatic patients with COPD who were prescribed an inhaled bronchodilator	adult	AMA PCPI	process	medical record	Y	QI
Respiratory	ambulatory	Inappropriate antibiotic treatment for adults with acute bronchitis	% of patients who were diagnosed with bronchitis and were dispensed an antibiotic on or within three days after the episode date	adult	NCQA	process	administrative	Y	A
Respiratory	ambulatory	Appropriate Treatment for Children with Upper	% of patients who were given a diagnosis of upper respiratory infection (URI) and	pediatric	NCQA	process	administrative	Y	A
Respiratory	ambulatory	Appropriate Testing for Children with Pharyngitis	% of patients who were diagnosed with pharyngitis, prescribed an antibiotic and who received a group A streptococcus	pediatric	NCQA	process	administrative	Y	A
Respiratory	ambulatory	Appropriate Treatment Of Allergic Rhinitis	% of patients with allergic rhinitis who received nasal steroid medication as first line treatment.	all	HBI	process	administrative		A
Respiratory	ambulatory	Duplications in treatment therapy	Percentage of patients who have 2 or more different medications that contain the same active ingredient being filled concurrently for 2 or more consecutive fills each.	all	PQA/NCQA	process	pharmacy claims		A

Respiratory	hospital	Post-operative respiratory failure	Number of patients with respiratory failure per 1000 eligible admissions (population at risk)	pediatric	AHRQ	outcome	administrative		A
Respiratory	hospital	Respiratory readmission Rate	Rate of readmission for low acuity respiratory ailments less than 15 days after discharge	pediatric	NACHRI; JCAHO	outcome	administrative		A
Respiratory	hospital	Respiratory readmission Rate	Rate of readmission for high acuity respiratory ailments less than 15 days after discharge	pediatric	NACHRI; JCAHO	outcome	administrative		A
Respiratory	hospital	Low Acuity Bronchiolitis Readmission Rate	Rate of readmission for bronchiolitis less than 15 days after discharge	pediatric	NACHRI; JCAHO	outcome	medical record		A
Respiratory	hospital	SCIP Resp-1	Number of Days Ventilated Surgery Patients Had Documentation of the Head of the Bed (HOB) Being Elevated From Recovery End Date (Day Zero) Through Postoperative Day Seven	adult	CMS/JCAHO	process	chart review		A
Respiratory	hospital	SCIP Resp-2	Patients diagnosed with post-operative ventilator-associated pneumonia (VAP) during index hospitalization	adult	CMS/JCAHO	outcome	chart review		A
Respiratory	hospital	SCIP Resp-3	Number of days ventilated surgery patients had documentation of stress ulcer disease (SUD) prophylaxis from recovery end date (day zero) through postoperative day seven	adult	CMS/JCAHO	outcome	chart review		A
Respiratory	hospital	SCIP Resp-4 Ventilator weaning program	Surgery patients whose medical record contained an order for a ventilator weaning program (protocol or clinical pathway)	adult	CMS/JCAHO	process	chart review		A
Restraints	hospital	NSC-5 Restraint Prevalence	Total number of patients that have vest and/or limb restraint (upper or lower body or both) on the day of the prevalence study	adult	ANA/JCAHO	outcome	prevalence study	Y	A
Restraints	nursing home	NH-3 Physical Restraints	% of residents who were physically restrained	NH residents	CMS	prevalence	MDS	Y	A

Satisfaction	ambulatory	CAHPS 3.0H Child Survey	Survey to assess the quality of care received by children in health plans. Medicaid FFS version and Medicaid Managed Care version asks parents about their experience with their child's care. Addresses: Getting needed care for a child; Getting care quickly for a child; How well the child's doctors communicate courtesy, respect, and helpfulness of office staff; Health plan customer service, information, and paperwork	pediatric	AHRQ	outcome	Survey	Y	A
Satisfaction	ambulatory	CAHPS - Clinician and Group Survey: Adult Primary Care and Specialist Care	Patient Experience of Care survey of the quality of care in primary care physician and medical group offices addressing: access to care; coordination of care; doctor's communication and thoroughness; shared decision making;	adult	AHRQ	outcome	Survey	Y	A
Satisfaction	ambulatory	CAHPS Health Plan Survey v 3.0 children with chronic conditions supplement	31- questions that supplement the CAHPS Child Survey v 3.0 Medicaid and Commercial Core Surveys, that enables health plans to identify children who have chronic conditions and assess their experience with the health care system.	pediatric	AHRQ	outcome	survey	Y	A
Satisfaction	ambulatory	CAHPS Clinician/Group Surveys: Pediatric Care	Patient experience of care survey of quality of care for outpatient pediatric patients	pediatric	AHRQ	outcome	survey	Y	A
Satisfaction	Health Plan	CAHPS 4.0 Adult Survey	Health Plan Survey covering domains of timely access, getting needed care, provider communication, health plan paperwork and health plan customer service	adults	AHRQ	outcome	Survey	Y	A
Satisfaction	Health Plan - MBHO	ECHO 3.0H Survey for MBHOs	Survey assessing the experience of enrollees with behavioral health care, including mental health and chemical dependency services	adults	AHRQ	outcome	Survey	Y	A
Satisfaction	Hospital	Hospital CAHPS	Patient Experience of Care Survey covers 7 areas of hospital care through 22 questions addressing: communication with doctors, communication with nurses, responsiveness of hospital staff, pain control, communication about medicines, cleanliness and quiet of the environment, and discharge information	adults	AHRQ	outcome	Survey	Y	A

Schizophrenia	ambulatory	PACT Utilization for Individuals with Schizophrenia	% of adult patients in a plan who have two or more inpatient stays or four emergency room crisis visits with a diagnosis of schizophrenia in the prior 12 month period who are enrolled in a Program for Assertive Community Treatment (PACT)	adult	APA	process	administrative		A
Seizure Disorder	hospital	Pediatric Seizure Readmission Rate	Rate of readmission for seizure less than 30 days after discharge	pediatric	NACHRI; JCAHO	outcome	medical record		A
Sickle Cell Anemia	hospital	Sickle Cell Anemia Readmission Rate	Rate of readmission for sickle cell less than 30 days after initial discharge home	pediatric	NACHRI; JCAHO	outcome	medical record		A
Skin Cancer	ambulatory	Skin Cancer Follow Up	% of patients diagnosed with skin cancer received the appropriate follow-up consultation within 1 year.	adult	HBI	process	administrative		A
Skin Cancer	ambulatory	Follow-Up After Diagnosis Of Actinic Keratosis	% of patients with newly diagnosed actinic keratosis who received appropriate follow up care by a dermatologist	adult	HBI	process	administrative		A
Smoking Cessation	Ambulatory	Tobacco Use	% of patients who were queried about tobacco use one or more times during the measurement year	adult	AQA, NCQA	process	administrative		A
Smoking Cessation	Ambulatory	Smoking Cessation	% of patients who received advise to quit smoking	adult	NCQA	process	administrative		A
Smoking Cessation	Ambulatory	Discussion of Smoking Cessation Medication	% of patients whose practitioner recommended or discussed smoking cessation medications	adult	NCQA	process	administrative		A
Staffing	Hospital	NSC-13 Nursing Hours Per Patient Day (HPPD)	RN, LPN/LVN, UAP - number of productive hours worked by nursing staff with direct patient care responsibilities	all	ANA	structure	payroll data	Y	QI
Staffing	Hospital	NSC 12 Skill Mix	the total number of productive hours worked by each skill mix category (RN, LPN, UAP)/total staff hours	all	ANA	structure	medical record, Human resources	Y	QI
Staffing	nursing home	Staffing - RN Staffing	RN hours worked per resident day	NH residents	CMS	structure	facility data		A
Staffing	nursing home	Staffing - Total nursing hours	Total nursing (RN, LPN, aides) hours worked per resident day	NH residents	ANA	structure	facility data		A
Staffing	nursing home	Turnover percentage-nursing staff	Overall turnover percentage for nursing staff	NH residents	VHA	structure	payroll data		A
STD	ambulatory	Chlamydia Screening in Women	% of women who were identified as sexually active who had at least one test for Chlamydia during the measurement year	adult	NCQA	process	administrative		A
Stroke	ambulatory	Carotid Imaging Reports	% of patients aged 18 years and older with the diagnosis of ischemic stroke or TIA whose final reports of the carotid imaging studies performed, with characterization of an internal carotid stenosis in the 30-99% range include reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement	adult	AMA PCPI	process	medical record		A

Stroke	ambulatory	Deep Vein Thrombosis (DVT) Prophylaxis for Ischemic Stroke or Intracranial Hemorrhage	% of patients aged 18 years and older with the diagnosis of ischemic stroke OR intracranial hemorrhage who received DVT prophylaxis by end of hospital day	adult	AMA PCPI	process	medical record		A
Stroke	ambulatory	Discharged on Antiplatelet Therapy	% of patients aged 18 years and older with the diagnosis of ischemic stroke or TIA who were prescribed antiplatelet therapy at discharge	adult	AMA PCPI	process	medical record		A
Stroke	ambulatory	Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge	% of patients aged 18 years and older with the diagnosis of ischemic stroke or TIA with documented permanent, persistent, or paroxysmal atrial fibrillation who were prescribed an anticoagulant at discharge	adult	AMA PCPI	process	medical record		A
Stroke	ambulatory	Tissue Plasminogen Activator (t-PA) Considered	% of patients aged 18 years and older with the diagnosis of ischemic stroke whose time from symptom onset to arrival is less than 3 hours who were considered for t-PA administration	adult	AMA PCPI	process	medical record		A
Stroke	ambulatory	Screening for Dysphagia	% of patients aged 18 years and older with the diagnosis of ischemic stroke or intracranial hemorrhage who underwent a dysphagia screening process before taking any foods, fluids or medication by mouth	adult	AMA PCPI	process	medical record		A
Stroke	ambulatory	Consideration of rehabilitation services	% of patients aged 18 years and older with the diagnosis of ischemic stroke or intracranial hemorrhage for whom consideration of rehabilitation services is documented	adult	AMA PCPI	process	medical record		A
Stroke	ambulatory	Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports	Percentage of patients aged 18 years and older with the diagnosis of ischemic stroke or TIA or intracranial hemorrhage undergoing CT or MRI of the brain within 24 hours of arrival at the hospital whose final report of the CT or MRI includes documentation of the presence or absence of each of the following: hemorrhage and mass lesion and acute infarction	adult	AMA PCPI	process	medical record		A

Stroke	hospital	CT or MRI Reports	% of patients aged 18 years and older with the diagnosis of ischemic stroke or TIA or intracranial hemorrhage undergoing CT or MRI of the brain within 24 hours of arrival at the hospital whose final report of the CT or MRI includes documentation of the presence or absence of each of the following: hemorrhage and mass lesion and acute infarction	adult	AMA PCPI	process	medical record		A
Surgery	hospital	PSI - 1 Complications of Anesthesia	% of cases of anesthetic overdose, reaction, or endotrachial tube misplacement	adult	AHRQ	outcome	administrative		A
Surgical Infection Prevention	hospital	SCIP Card-1 Non-cardiac surgery patients with CAD prescribed beta blockers in postoperative period	% of Non-cardiac surgery patients with CAD prescribed beta blockers in postoperative period	adult	CMS/JCAHO	process	chart review		A
Surgical Infection Prevention	hospital	SCIP Card-2 Surgical patients already on beta blockers prescribed beta blockers in postoperative period	% of surgical patients already on beta blockers prescribed beta blockers in postoperative period	adult	CMS/JCAHO	process	chart review		A
Surgical Safety	hospital	PSI - 9 Postoperative hemorrhage or hematoma	% of cases of hematoma or hemorrhage requiring a procedure	adult	AHRQ	outcome	administrative		A
Surgical Safety	hospital	PSI - 10 Postoperative physiological and metabolic derangements	Cases of specified physiological or metabolic derangement in elective surgical discharges.	adult	AHRQ	outcome	administrative		A
Surgical Safety	hospital	PSI - 11 Postoperative respiratory failure	Cases of acute respiratory failure per 1,000 elective surgical discharges.	adult	AHRQ	outcome	administrative		A
Surgical Safety	hospital	PSI - 12 Postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT)	Cases of deep vein thrombosis or pulmonary embolism per 1,000 surgical discharges.	adult	AHRQ	outcome	administrative		A
Surgical Safety	hospital	PSI - 13 Postoperative Sepsis	Cases of sepsis per 1,000 elective surgery patients, with length of stay more than 3 days.	adult	AHRQ	outcome	administrative		A

Surgical Safety	hospital	PSI - 14 Postoperative wound dehiscense	Cases of reclosure of postoperative disruption of abdominal wall per 1,000 cases of abdominopelvic surgery.	adult	AHRQ	outcome	administrative		A
Syncope	Emergency Department	Electrocardiogram Performed for Syncope	% of patients aged 18 years and older with an emergency department discharge diagnosis of syncope who had an ECG performed	adult	CMS/NCQA	process	medical record		A
Venous Thrombo-embolism	hospital	SCIP VTE-1	% of patients who received the recommended thromboembolism prophylaxis	adult	CMS/JCAHO	process	chart review		A
Venous Thrombo-embolism	hospital	SCIP VTE-2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours after Surgery	adult	CMS/JCAHO	process	chart review		A
Venous Thrombo-embolism	hospital	SCIP VTE-3	Intra or post-operative pulmonary embolism (PE) diagnosed during index hospitalization and within 30 days of surgery	adult	CMS/JCAHO	outcome	chart review		A
Venous Thrombo-embolism	hospital	SCIP VTE-4	Intra or post-operative deep venous thrombosis (DVT) diagnosed during Index hospitalization and within 30 days of surgery	adult	CMS/JCAHO	outcome	chart review		A
	ambulatory	Substance Abuse Education in Primary Care	% of all enrollees of a health plan age 18 and older who had a primary care visit and responded to an enrollee survey within a specified time period, who report that they were advised or given information about alcohol and/or drug abuse by the primary care provider	adult	Washington Circle Group		administrative; survey		A

The Guide to Quality Measures: A Compendium Version 2.0

Category	Measure Setting	Measure	Description	Population	Source	Type	Data Source	NQF Endorsement	QI/A
Acute Myocardial Infarction	*Emergency*	*AMI - Time to PCI of 120 minutes or less*	*developmental*	*adult*	*CMS*	*outcome*	*chart review*		
Asthma	*Emergency*	*Antiasthmatic medication*	*Corticosteroids and/or Beta2 agonist administered in ED*	*adult*	*CMS (Qualis)*	*process*	*abstraction*		*QI*
Asthma	*Emergency*	*Antiasthmatic medication*	*Patient Discharged from the ED on corticosteroids*	*adult*	*CMS (Qualis)*	*process*	*abstraction*		*QI*
Autoimune Disease	*ambulatory*	*Follow-Up For Rheumatoid Arthritis*	*% of patients with rheumatoid arthritis who received ESR and CRP testing at least annually.*	*all*	*HBI*	*process*	*administrative*		*A*
Bone Conditions	*ambulatory*	*Treatment Of Osteoporosis*	*% of patients with osteoporosis who received appropriate pharmacologic therapy.*	*adult*	*HBI, AMA*	*process*	*administrative*		*A*
Continuity of Care	*Emergency*	*Percentage of patients who return to the ED within 7 days*	*developmental*	*adult*	*CMS*	*outcome*	*administrative*		
Emergency Department	*Emergency*	*Discharge Instructions*	*Patient received discharge instructions on discharge from the ED Instructions for Follow-up as part of discharge instructions*	*adult*	*CMS*	*process*	*chart review*	*N*	*QI*
Headache	*ambulatory*	*Migraine Treatment*	*% of patients with moderate to severe migraine who received recommended first line therapy (i.e., tryptans, dihydroergotamine [DHE], and ergotamine) prior to rescue medications such as butalbital-containing analgesics, or opiate analgesics.*	*adult*	*HBI*	*process*	*administrative*		*A*
Heart Disease	*ambulatory*	*Treatment For Atrial Fibrillation*	*% of patients with atrial fibrillation at risk of thromboembolic event who received appropriate anticoagulation treatment with warfarin.*	*adult*	*HBI*	*process*	*administrative*		*A*
Liver Disease	*ambulatory*	*Surveillance For Hepatocellular Carcinoma*	*% of patients with cirrhosis who received screening for hepatocellular carcinoma with alpha-fetoprotein and abdominal imaging yearly.*	*adult*	*HBI*	*process*	*administrative*		*A*
Mental Illness	*ambulatory*	*Use Of Atypical Antipsychotic Drugs In Patients With Schizophrenia*	*% of patients with schizophrenia who received a atypical antipsychotic medication as first line treatment.*	*adult*	*HBI/CQAIMH*	*process*	*administrative*		*A*
Neonatal Care	*Hospital*	*N -1 Antenatal Practices*	*Timely identification of pregnant women likely to deliver high-risk newborns, to hospitals with Level III neonatal intensive care units. (in development)*	*neonates*	*CMS*	process			
Neonatal Care	*Hospital*	*N -2 Antenatal Practices*	*Use of Antenatal Steroids in pregnant women at risk of preterm delivery (in development)*	*neonates*	*CMS*	*process*			

Neonatal Care	Hospital	N -3: Immediate Postnatal Practices	Optimal resuscitation and stabilization of high-risk newborns who are born in community hospitals or in other hospitals without Level III neonatal intensive care units (in development)	neonates	CMS	process			
Neonatal Care	Hospital	N -4: Immediate Postnatal Practices	Prophylactic or early administration of the first dose of surfactant in preterm infants at risk for, or with signs of respiratory distress syndrome (in development)	neonates	CMS	process			
Neonatal Care	Hospital	N -5 Postnatal Practices	Infection control practices to prevent catheter-related bloodstream infections and other nosocomial infections (in development)	neonates	CMS	process			
Neonatal Care	Hospital	N -6 Postnatal Practices	Optimizing NICU discharge planning and post-discharge comprehensive follow-up of high-risk NICU graduates (in development)	neonates	CMS	process			
Nursing Home	nursing home	Satisfaction - Nursing Home CAHPS	Residents experience of care in a nursing home	NH residents	AHRQ	outcome	survey		A
Nursing Home	nursing home	Potentially avoidable hospitalization - long-stay residents	Rate of potentially avoidable hospitalization per long-stay resident	NH residents	CMS	outcome	medical record		A
Otitis Externa	ambulatory	Treatment Of Otits Externa	% of patients with diffuse otitis externa who did not inappropriately receive oral antibiotics.	all	HBI, AMA	process	administrative		A
Patient Safety	Emergency	ED visit	Percentage of ED patients who left prior to completion of medication treatment and decision on disposition (Against Medical Advice or AMA) or LWOBS (left without being seen)	adult	CMS	process	abstraction		QI
Pediatrics	ambulatory	Inappropriate Fluroquinolone Use In Children	% of children who inappropriately received fluroquinolones	children	HBI	process	administrative		A
Pediatrics	ambulatory	Otitis Media With Effusion: Hearing Test	% of children who received a hearing test prior to tympanostomy tube insertion for treatment of otitis media with effusion.	children	HBI, AMA	process	administrative		A
Respiratory	Emergency	Patient with Peak Expiratory Flow (PEF) or Other Measurement of Pulmonary Function	developmental	adult	CMS	process	abstraction		QI
Respiratory	Emergency	ED patients with ST Elevation AMI (STEMI) or Left Bundle Branch Block (LBBB) who are eligible for thromobolysis and receive it within 30 minutes of arrival to the ED.	developmental	adult	CMS	process	abstraction		QI
Women's Health	ambulatory	Treatment Of Pelvic Organ Prolapse	% of women with pelvic organ porlapse who received trial of non surgical treatment (i.e., fitted with pessaries) prior to having surgery.	adult, women	HBI	process	administrative		A

Women's Health	*ambulatory*	*Work Up Prior To Endometrial Ablation Procedure*	*% of women who had endometrial sampling prior to having endometrial ablation.*	*adult, women*	*HBI*	*process*	*administrative*		*A*
Women's Health	*ambulatory*	*Work Up Prior To Treatment For Vulvovaginal Candidiasis*	*% of women who had a wet mount prior to receiving treatment for vulvovaginal candidiasis.*	*adult, women*	*HBI*	*process*	*administrative*		*A*