Selected Measures - MASTER

Row	Measure	Level*	Source	Notes
	HEDIS 2010 Measures			
1	Adult BMI Assessment	PC/HP	HEDIS 2010	
2	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	PC/HP	HEDIS 2010	
3	Childhood Immunization Status	PC/HP	HEDIS 2010	
4	Immunizations for Adolescents	PC/HP	HEDIS 2010	
5	Lead Screening in Children	PC/HP	HEDIS 2010	
6	Breast Cancer Screening	PC/HP	HEDIS 2010	
7	Cervical Cancer Screening	PC/HP	HEDIS 2010	
8	Colorectal Cancer Screening	PC/HP	HEDIS 2010	
9	Chlamydia Screening in Women	PC/HP	HEDIS 2010	
10	Glaucoma Screening in Older Adults	PC/HP	HEDIS 2010	
11	Appropriate Testing for Children With Pharyngitis	PC/HP	HEDIS 2010	
12	Appropriate Treatment for Children With Upper Respiratory Infection	PC/HP	HEDIS 2010	
13	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	PC/HP	HEDIS 2010	
14	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	PC/HP	HEDIS 2010	
15	Pharmacotherapy of COPD Exacerbation	PC/HP	HEDIS 2010	
16	Persistence of Beta-Blocker Treatment After a Heat Attack	PC/HP	HEDIS 2010	
17	Comprehensive Diabetes Care	PC/HP	HEDIS 2010	
18	Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	PC/HP	HEDIS 2010	
19	Osteoporosis Managament in Women Who Had a Fracture	PC/HP	HEDIS 2010	
20	Use of Imaging Studies for Low Back Pain	PC/HP	HEDIS 2010	
21	Antidepressant Medication Management	PC/HP	HEDIS 2010	
22	Follow-Up Care for Children Prescribed ADHD Medication	PC/HP	HEDIS 2010	
23	Follow-Up After Hospitalization for Mental Illness	PC/HP	HEDIS 2010	
24	Annual Monitoring For Patients on Persistent Medications	PC/HP	HEDIS 2010	
25	Medication Reconciliation Post-Discharge	PC/HP	HEDIS 2010	
26	Potentially Harmful Drug-Disease Interactions in the Elderly	PC/HP	HEDIS 2010	
27	Use of High-Risk Medications in the Elderly	PC/HP	HEDIS 2010	
28	Fall Risk Management	PC/HP	HEDIS 2010	
29	Management of Urinary Incontinence in Older Adults	PC/HP	HEDIS 2010	
30	Osteoporosis Testing in Older Women	PC/HP	HEDIS 2010	
31	Physical Activity in Older Adults	PC/HP	HEDIS 2010	
32	Aspirin Use and Discussion	PC/HP	HEDIS 2010	

Selected Measures - MASTER

Row	Measure	Level*	Source	Notes
33	Flu Shots for Older Adults	PC/HP	HEDIS 2010	
34	Medical Assistance With Smoking and Tobacco Use Cessation	PC/HP	HEDIS 2010	
35	Pneumonia Vaccination Status for Older Adults	PC/HP	HEDIS 2010	
36	Adults' Access to Preventive/ Ambulatory Health Services	HP	HEDIS 2010	
37	Children's and Adolescents' Access to Primary Care Practitioners	HP	HEDIS 2010	
38	Annual Dental Visit	HP	HEDIS 2010	
39	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	HP	HEDIS 2010	
40	Prenatal and Portpartum Care	HP	HEDIS 2010	
41	Call Abandonment	HP	HEDIS 2010	
42	Call Answer Timeleness	HP	HEDIS 2010	
43	CAHPS Health Plan Survey 4.0H, Adult Version	PC/HP	HEDIS 2010	
44	CAHPS Health Plan Survey 4.0H, Child Version	PC/HP	HEDIS 2010	
45	Children With Chronic Conditions Satisfaction w experience of care	PC/HP	HEDIS 2010	
46	Frequency of Ongoing Prenatal Care	HP	HEDIS 2010	
47	Well-Child Visits in the Third, Fourth, Fifth and Sixth years of Life	HP	HEDIS 2010	
48	Adolescent Well-Care Visits	HP	HEDIS 2010	
49	Frequency of Selected Procedures	HP	HEDIS 2010	
50	Ambulatory Care	HP	HEDIS 2010	
51	Inpatient Utilization--General Hospital/Acute Care	HP	HEDIS 2010	
52	Inpatient Utilization--Nonacute Care	HP	HEDIS 2010	
53	Identification of Alcohol and Other Drug Services	HP	HEDIS 2010	
54	Mental Health Utilization	HP	HEDIS 2010	
55	Antibiotic Utilization	HP	HEDIS 2010	
56	Outpatient Drug Utilization	HP	HEDIS 2010	
57	Relative Resource Use for People With Diabetes	HP	HEDIS 2010	
58	Relative Resource Use for People With Asthma	HP	HEDIS 2010	
59	Relative Resource Use for People With Acute Low Back Pain	HP	HEDIS 2010	
60	Relative Resource Use for People With Cardiovascular Conditions	HP	HEDIS 2010	
61	Relative Resource Use for People With Umcomplicated Hypertension	HP	HEDIS 2010	
62	Relative Resource Use for People With COPD	HP	HEDIS 2010	
63				
64	**The National Quality Forum's Health Care "Never Events" (2006)**			
65	**Surgical events**			

Selected Measures - MASTER

Row	Measure	Level*	Source	Notes
66	Surgery performed on the wrong body part		NQF	
67	Surgery performed on the wrong patient	SC	NQF	
68	Wrong surgical procedure performed on a patient	SC	NQF	
69	Unintended retention of a foreign object in a patient after surgery or other procedure	SC	NQF	
70	Intraoperative or immediately postoperative death in an American Society of Anesthesiologists Class I patient	SC	NQF	
71	Artificial insemination with the wrong sperm or donor egg	SC	NQF	
72	**Product or device events**			
73	Patient death or serious disability associated with the use of contaminated drugs, devices, or biologics provided by the health care facility	Hosp	NQF	
74	Patient death or serious disability associated with the use or function of a device in patient care, in which the device is used for functions other than as intended	Hosp	NQF	
75	Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a health care facility	Hosp	NQF	
76	**Patient protection events**			
77	Infant discharged to the wrong person	Hosp	NQF	
78	Patient death or serious disability associated with patient elopement (disappearance)	Hosp	NQF	
79	Patient suicide, or attempted suicide resulting in serious disability, while being cared for in a health care facility	Hosp	NQF	
80	**Care management events**			
81	Patient death or serious disability associated with a medication error (eg, errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration)	All care	NQF	
82	Patient death or serious disability associated with a hemolytic reaction due to the administration of ABO/HLA-incompatible blood or blood products	Hosp	NQF	
83	Maternal death or serious disability associated with labor or delivery in a low-risk pregnancy while being cared for in a health care facility	Hosp	NQF	
84	Patient death or serious disability associated with hypoglycemia, the onset of which occurs while the patient is being cared for in a health care facility	Hosp	NQF	
85	Death or serious disability (kernicterus) associated with failure to identify and treat hyperbilirubinemia in neonates	Hosp	NQF	
86	Stage 3 or 4 pressure ulcers acquired after admission to a health care facility	LTC	NQF	
87	Patient death or serious disability due to spinal manipulative therapy	PC	NQF	
88	**Environmental events**		NQF	

Selected Measures - MASTER

Row	Measure	Level*	Source	Notes
89	Patient death or serious disability associated with an electric shock or electrical cardioversion while being cared for in a health care facility	Hosp	NQF	
90	Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances	Hosp	NQF	
91	Patient death or serious disability associated with a burn incurred from any source while being cared for in a health care facility	LTC	NQF	
92	Patient death or serious disability associated with a fall while being cared for in a health care facility	LTC	NQF	
93	Patient death or serious disability associated with the use of restraints or bedrails while being cared for in a health care facility	LTC	NQF	
94	**Criminal events**			
95	Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider	All care	NQF	
96	Abduction of a patient of any age	Hosp	NQF	
97	Sexual assault on a patient within or on the grounds of the health care facility	Hosp	NQF	
98	Death or significant injury of a patient or staff member resulting from a physical assault (ie, battery) that occurs within or on the grounds of the health care facility	Hosp	NQF	
99				
100	**CMS - Hospital Process of Care Measures**			
101	**Heart Attack Process of Care Measures**			
102	Percent of Heart Attack Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	Hosp	CMS - Hospital Process of Care Measures	
103	Percent of Heart Attack Patients Given Aspirin at Arrival	Hosp	CMS - Hospital Process of Care Measures	
104	Percent of Heart Attack Patients Given Aspirin at Discharge	Hosp	CMS - Hospital Process of Care Measures	
105	Percent of Heart Attack Patients Given Beta Blocker at Discharge	Hosp	CMS - Hospital Process of Care Measures	
106	Percent of Heart Attack Patients Given Fibrinolytic Medication Within 30 Minutes Of Arrival	Hosp	CMS - Hospital Process of Care Measures	
107	Percent of Heart Attack Patients Given PCI Within 90 Minutes Of Arrival	Hosp	CMS - Hospital Process of Care Measures	
108	Percent of Heart Attack Patients Given Smoking Cessation Advice/Counseling	Hosp	CMS - Hospital Process of Care Measures	
109	**Heart Failure Process of Care Measures**			
110	Percent of Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	Hosp	CMS - Hospital Process of Care Measures	
111	Percent of Heart Failure Patients Given an Evaluation of Left Ventricular Systolic (LVS) Function	Hosp	CMS - Hospital Process of Care Measures	
112	Percent of Heart Failure Patients Given Discharge Instructions	Hosp	CMS - Hospital Process of Care Measures	
113	Percent of Heart Failure Patients Given Smoking Cessation Advice/Counseling	Hosp	CMS - Hospital Process of Care Measures	
114	**Pneumonia Process of Care Measures**			
115	Percent of Pneumonia Patients Assessed and Given Influenza Vaccination	Hosp	CMS - Hospital Process of Care Measures	

Selected Measures - MASTER

Row	Measure	Level*	Source	Notes
116	Percent of Pneumonia Patients Assessed and Given Pneumococcal Vaccination	Hosp	CMS - Hospital Process of Care Measures	
117	Percent of Pneumonia Patients Given Initial Antibiotic(s) within 6 Hours After Arrival	Hosp	CMS - Hospital Process of Care Measures	
118	Percent of Pneumonia Patients Given Oxygenation Assessment	Hosp	CMS - Hospital Process of Care Measures	
119	Percent of Pneumonia Patients Given Smoking Cessation Advice/Counseling	Hosp	CMS - Hospital Process of Care Measures	
120	Percent of Pneumonia Patients Given the Most Appropriate Initial Antibiotic(s)	Hosp	CMS - Hospital Process of Care Measures	
121	Percent of Pneumonia Patients Whose Initial Emergency Room Blood Culture Was Performed Prior To The Administration Of The First Hospital Dose Of Antibiotics	Hosp	CMS - Hospital Process of Care Measures	
122				
123	**Surgical Care Improvement Project Process of Care Measures**			
124	**Preventing Blood Clots**			
125	Percent of Surgery patients **whose doctors ordered treatments to prevent blood clots** after certain types of surgeries	Hosp	CMS - Hospital Process of Care Measures	
126	Percent of Patients **who got treatment at the right time** (within 24 hours before or after their surgery) to help prevent blood clots after certain types of surgery	Hosp	CMS - Hospital Process of Care Measures	
127	**Preventing Infection**			
128	Percent of **all** heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery	Hosp	CMS - Hospital Process of Care Measures	
129	Percent of Surgery patients needing hair removed from the surgical area before surgery, who had hair removed using a safer method (electric clippers or hair removal cream – not a razor)	Hosp	CMS - Hospital Process of Care Measures	
130	Percent of Surgery patients who were given an antibiotic at the **right time** (within one hour before surgery) to help prevent infection	Hosp	CMS - Hospital Process of Care Measures	
131	Percent of Surgery patients who were given the **right kind** of antibiotic to help prevent infection	Hosp	CMS - Hospital Process of Care Measures	
132	Percent of Surgery patients whose preventive antibiotics were **stopped at the right time** (within 24 hours after surgery)	Hosp	CMS - Hospital Process of Care Measures	
133	**Children's Asthma Care Process of Care Measures**			
134	Percent of Children Who Received Reliever Medication While Hospitalized for Asthma	Hosp	CMS - Hospital Process of Care Measures	
135	Percent of Children Who Received Systemic Corticosteroid Medication (oral and IV Medication That Reduces Inflammation and Controls Symptoms) While Hospitalized for Asthma	Hosp	CMS - Hospital Process of Care Measures	
136	**CMS - Hospital Outcome of Care Measures**			
137	**Mortality measures**			
138	All admissions for people with Medicare aged 65 or over who were enrolled in Original Medicare (traditional fee-for-service Medicare) for the entire 12 months prior to their hospital admission for heart attack or heart failure or pneumonia, and for whom c	Hosp	CMS - Hospital Outcome of Care Measures	

Selected Measures - MASTER

Row	Measure	Level*	Source	Notes
139	(1) all short-stay acute-care hospital discharges for heart attack or heart failure or pneumonia in the reference year based on a principal discharge diagnosis on the Medicare beneficiary's inpatient claim,	Hosp	CMS - Hospital Outcome of Care Measures	
140	(2) all deaths (for all causes) within 30 days of admission. Hospital stays that lasted one day or less are excluded, provided the patient was discharged alive and not against medical advice.	Hosp	CMS - Hospital Outcome of Care Measures	
141	**Readmission measures**			
142	Acute myocardial infarction (AMI): thirty-day all-cause risk standardized readmission rate following AMI hospitalization.	Hosp	National Hospital Inpatient Quality Measures	
143	Heart failure (HF): thirty-day all-cause risk standardized readmission rate following HF hospitalization.	Hosp	National Hospital Inpatient Quality Measures	
144	Pneumonia: thirty-day all-cause risk standardized readmission rate following pneumonia hospitalization.	Hosp	National Hospital Inpatient Quality Measures	
145				
146	**Meaningful Use Criteria (Stage 1, 2011-12)**			
147	For Hospitals			
148	1. CPOE is used for at least 10% of all orders	Hosp	Meaningful Use Criteria (Stage 1, 2011-12)	
149	2. Medication interaction checks (drug-drug, drug-allergy, drug- formulary) functionality must be enabled.	Hosp	Meaningful Use Criteria (Stage 1, 2011-12)	
150	3. Maintain an up-to-date problem list for 80% of patients admitted, include current and active diagnoses, based on ICD-9-CM or SNO-MED	Hosp	Meaningful Use Criteria (Stage 1, 2011-12)	
151	4. Maintain an active medication list for at least 80% of patients admitted.	Hosp	Meaningful Use Criteria (Stage 1, 2011-12)	
152	5. Maintain an active medication allergy list for at least 80% of patients admitted.	Hosp	Meaningful Use Criteria (Stage 1, 2011-12)	
153	6. Record demographics information (as structured data) for at least 80% of patients admitted.	Hosp	Meaningful Use Criteria (Stage 1, 2011-12)	
154	7. Record and chart changes in vital signs for at least 80% of patients admitted age 2 and over: BP, BMI, and growth chart (kids 2-20)	Hosp	Meaningful Use Criteria (Stage 1, 2011-12)	
155	8. Record smoking status for at least 80% of patients admitted 13 years old or older.	Hosp	Meaningful Use Criteria (Stage 1, 2011-12)	
156	9. Incorporate clinical lab-test results into EHR as structured data for at least 50% of all clinical lab results ordered.	Hosp	Meaningful Use Criteria (Stage 1, 2011-12)	

Selected Measures - MASTER

Row	Measure	Level*	Source	Notes
157	10. Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, and outreach (at least one report must be generated listing patients with a specific condition).	Hosp	Meaningful Use Criteria (Stage 1, 2011-12)	
158	11. Report hospital quality measures to CMS or the States (can be manually submitted in 2011, and must be electronically submitted in 2012).	Hosp	Meaningful Use Criteria (Stage 1, 2011-12)	
159	12. Implement five clinical decision support rules relevant to specific clinical quality metrics; must be relevant to specialty or high clinical priority, including ordering of diagnostic tests, must have ability to track compliance with these rules.	Hosp	Meaningful Use Criteria (Stage 1, 2011-12)	
160	13. Electronic insurance eligibility checking (from public and private payers) for at least 80% of patients admitted.	Hosp	Meaningful Use Criteria (Stage 1, 2011-12)	
161	14. Electronic claims submission (to public and private payers) for at least 80% of claims.	Hosp	Meaningful Use Criteria (Stage 1, 2011-12)	
162	15. Provide patients with an electronic copy of their health information within 48 hours (including diagnostic test results, problem list, medication lists, and allergies) for at least 80% of patients requesting electronic copies.	Hosp	Meaningful Use Criteria (Stage 1, 2011-12)	
163	16. Provide patients with an electronic copy of their discharge instructions and procedures at the time of discharge, for at least 80% of patients requesting electronic copies.	Hosp	Meaningful Use Criteria (Stage 1, 2011-12)	
164	17. Demonstrate the capability to electronically exchange clinical information (discharge summary, procedures, problem list, medication list, allergies, diagnostic test results, etc.) by performing at least one test of transmission.	Hosp	Meaningful Use Criteria (Stage 1, 2011-12)	
165	18. Perform medication reconciliation at relevant encounters and each transition of care for at least 80% of relevant encounters.	Hosp	Meaningful Use Criteria (Stage 1, 2011-12)	
166	19. Provide a summary care record for each transition of care and referral for at least 80% of transitions and referrals.	Hosp	Meaningful Use Criteria (Stage 1, 2011-12)	
167	20. Demonstrate the capability to submit electronic data to immunization registries and actual submission where required and accepted, by performing at least one test of transmission to immunization registries.	Hosp	Meaningful Use Criteria (Stage 1, 2011-12)	
168	21. Demonstrate the capability to provide electronic submission of reportable lab results to public health agencies, and actual submission where it can be received, by performing at least one test of transmission to public health agencies.	Hosp	Meaningful Use Criteria (Stage 1, 2011-12)	
169	22. Demonstrate the capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice, by performing at least one test of transmission to public health agencies.	Hosp	Meaningful Use Criteria (Stage 1, 2011-12)	
170				

Selected Measures - MASTER

Row	Measure	Level*	Source	Notes
171	For Providers			
172	1. CPOE is used for at least 80% of all orders	PC, SC, HP	Meaningful Use Criteria (Stage 1, 2011-12)	
173	2. Medication interaction checks (drug-drug, drug-allergy, drug- formulary) functionality must be enabled.	PC, SC, HP	Meaningful Use Criteria (Stage 1, 2011-12)	
174	3. Maintain an up-to-date problem list for 80% of patients admitted, include current and active diagnoses, based on ICD-9-CM or SNO-MED	PC, SC, HP	Meaningful Use Criteria (Stage 1, 2011-12)	
175	4. Use e-prescribing (eRx) for at least 75% of prescriptions.	PC, SC, HP	Meaningful Use Criteria (Stage 1, 2011-12)	
176	5. Maintain an active medication list for at least 80% of patients.	PC, SC, HP	Meaningful Use Criteria (Stage 1, 2011-12)	
177	6. Maintain an active medication allergy list for at least 80% of patients.	PC, SC, HP	Meaningful Use Criteria (Stage 1, 2011-12)	
178	7. Record demographics information (as structured data) for at least 80% of patients.	PC, SC, HP	Meaningful Use Criteria (Stage 1, 2011-12)	
179	8. Record and chart changes in vital signs for at least 80% of patients age 2 and over ; BP, BMI, and growth chart (kids 2-20)	PC, SC, HP	Meaningful Use Criteria (Stage 1, 2011-12)	
180	9. Record smoking status for at least 80% of patients 13 years old or older	PC, SC, HP	Meaningful Use Criteria (Stage 1, 2011-12)	
181	10. Incorporate clinical lab-test results into EHR as structured data for at least 50% of all clinical lab results ordered.	PC, SC, HP	Meaningful Use Criteria (Stage 1, 2011-12)	
182	11. Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, and outreach (at least one report must be generated listing patients with a specific condition).	PC, SC, HP	Meaningful Use Criteria (Stage 1, 2011-12)	
183	12. Report ambulatory quality measures to CMS or the States (can be manually submitted in 2011, and must be electronically submitted in 2012).	PC, SC, HP	Meaningful Use Criteria (Stage 1, 2011-12)	
184	13. Send patient reminders for preventive/ follow-up care for at least 50% of patients age 50 and over.	PC, SC, HP	Meaningful Use Criteria (Stage 1, 2011-12)	
185	14. Implement five clinical decision support rules relevant to specific clinical quality metrics, Must be relevant to specialty or high clinical priority, including ordering of diagnostic tests, must have te ability to track compliance with these rules	PC, SC, HP	Meaningful Use Criteria (Stage 1, 2011-12)	
186	15. Electronic insurance eligibility checking (from public and private payers) for at least 80% of patients.	PC, SC, HP	Meaningful Use Criteria (Stage 1, 2011-12)	

Selected Measures - MASTER

Row	Measure	Level*	Source	Notes
187	16. Electronic claims submission (to public and private payers) for at least 80% of claims.	PC, SC, HP	Meaningful Use Criteria (Stage 1, 2011-12)	
188	17. Provide patients with an electronic copy of their health information within 48 hours (including diagnostic test results, problem list, medication lists, and allergies) for at least 80% of patients requesting electronic copies.	PC, SC, HP	Meaningful Use Criteria (Stage 1, 2011-12)	
189	18. Provide patients with electronic access to their health information (including lab results, problem list, medication lists, allergies) for at least 10% of patients.	PC, SC, HP	Meaningful Use Criteria (Stage 1, 2011-12)	
190	19. Provide clinical summaries to patients for at least 80% of all office visits.	PC, SC, HP	Meaningful Use Criteria (Stage 1, 2011-12)	
191	20. Demonstrate the capability to electronically exchange clinical information (problem list, medication list, allergies, diagnostic test results, etc.) by performing at least one test of transmission.	PC, SC, HP	Meaningful Use Criteria (Stage 1, 2011-12)	
192	21. Perform medication reconciliation at relevant encounters and each transition of care for at least 80% of relevant encounters.	PC, SC, HP	Meaningful Use Criteria (Stage 1, 2011-12)	
193	22. Provide a summary care record for each transition of care and referral for at least 80% of transitions and referrals.	PC, SC, HP	Meaningful Use Criteria (Stage 1, 2011-12)	
194	23. Demonstrate the capability to submit electronic data to immunization registries and actual submission where required and accepted, by performing at least one test of transmission to immunization registries.	PC, SC, HP	Meaningful Use Criteria (Stage 1, 2011-12)	
195	24. Demonstrate the capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice, by performing at least one test of transmission to public health agencies.	PC, SC, HP	Meaningful Use Criteria (Stage 1, 2011-12)	
196	25. Protect & ensure the security of electronic health information by implementing appropriate technical capabilities, and conducting a security risk analysis, and implementing security updates as necessary.	PC, SC, HP	Meaningful Use Criteria (Stage 1, 2011-12)	
197				
198	**Q-Corp Measures**			
199	Use of appropriate medications for people with persistent asthma (HEDIS)	PC/HP	Q-Corp basic set	
200	Patients with Cardiovascular Conditions: LDL-C Testing (HEDIS)	PC/HP	Q-Corp basic set	
201	Patients with Diabetes: LDL-C Testing (HEDIS)	PC/HP	Q-Corp basic set	
202	Patients with Diabetes: HbA1c Testing (HEDIS)	PC/HP	Q-Corp basic set	
203	Patients with Diabetes: Eye Exam (HEDIS)	PC/HP	Q-Corp basic set	
204	Patients with Diabetes: Nephropathy Exam (HEDIS)	PC/HP	Q-Corp basic set	
205	Antidepressant Medication Management, Continuous Phase (HEDIS)	PC/HP	Q-Corp basic set	
206	Antidepressant Medication Management, Acute Phase (HEDIS)	PC/HP	Q-Corp basic set	
207	Breast Cancer Screening (HEDIS)	PC/HP	Q-Corp basic set	

Selected Measures - MASTER

Row	Measure	Level*	Source	Notes
208	Cervical Cancer Screening (HEDIS)	PC/HP	Q-Corp basic set	
209	Chlamydia Screening (HEDIS)	PC/HP	Q-Corp basic set	
210	Patients with Cardiovascular Conditions: LDL-C Control (HEDIS)	PC/HP	Q-Corp expanded set	
211	Patients with Cardiovascular Conditions: Blood Pressure Control (HEDIS)	PC/HP	Q-Corp expanded set	
212	Patients with Diabetes: HbA1c Control (HEDIS)	PC/HP	Q-Corp expanded set	
213	Patients with Diabetes: LDL-C Testing (HEDIS)	PC/HP	Q-Corp expanded set	
214	Tobacco Cessation assessment and intervention (HEDIS)	PC/HP	Q-Corp expanded set	
215				
216	**Patient Activation Measure (PAM)**			
217	1. When all is said and done, I am the person who is responsible for taking care of my health.	PC, SC	Patient Activation Measure (PAM)	
218	2. Taking an active role in my own health care is the most important thing that affects my health.	PC, SC	Patient Activation Measure (PAM)	
219	3. I am confident I can help prevent or reduce problems associated with my health.	PC, SC	Patient Activation Measure (PAM)	
220	4. I know what each of my prescribed medications do.	PC, SC	Patient Activation Measure (PAM)	
221	5. I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself.	PC, SC	Patient Activation Measure (PAM)	
222	6. I am confident that I can tell a doctor concerns I have even when he or she does not ask.	PC, SC	Patient Activation Measure (PAM)	
223	7. I am confident that I can follow through on medical treatments I may need to do at home.	PC, SC	Patient Activation Measure (PAM)	
224	8. I understand my health problems and what causes them.	PC, SC	Patient Activation Measure (PAM)	
225	9. I know what treatments are available for my health problems.	PC, SC	Patient Activation Measure (PAM)	
226	10. I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising.	PC, SC	Patient Activation Measure (PAM)	
227	11. I know how to prevent problems with my health.	PC, SC	Patient Activation Measure (PAM)	
228	12. I am confident I can figure out solutions when new problems arise with my health.	PC, SC	Patient Activation Measure (PAM)	
229	13. I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress.	PC, SC	Patient Activation Measure (PAM)	
230				
231	**NRC+Picker**			
232	2. Were you able to get an appointment as soon as you wanted?	PC, SC, HP	NRC+Picker	
233	3. Were you able to get an appointment with the health care provider of your choice?	PC, SC, HP	NRC+Picker	
234	4. What happened when you called for an appointment? (fill all that apply)	PC, SC, HP	NRC+Picker	
235	5. How would you rate the courtesy of the person who made your appointment?	PC, SC, HP	NRC+Picker	
236	8. Did you have to wait too long in the waiting room?	PC, SC, HP	NRC+Picker	
237	9. Did you have to wait too long in the examining room?	PC, SC, HP	NRC+Picker	
238	10. If your appointment did not start on time, did someone give you a reason for the delay?	PC, SC, HP	NRC+Picker	

Selected Measures - MASTER

Row	Measure	Level*	Source	Notes
239	11. How would you rate the courtesy of the office staff?	PC, SC, HP	NRC+Picker	
240	12. Which type of health care provider was your appointment with?	PC, SC, HP	NRC+Picker	
241	13. Do you consider this person to be your regular health care provider?	PC, SC, HP	NRC+Picker	
242	14. When you saw your health care provider, did he or she give you a chance to explain the reasons for your visit?	PC, SC, HP	NRC+Picker	
243	15. Did the provider listen to what you had to say?	PC, SC, HP	NRC+Picker	
244	16. Did you have trouble talking with your provider because of a language problem?	PC, SC, HP	NRC+Picker	
245	17. When you asked questions, did you get answers you could understand?	PC, SC, HP	NRC+Picker	
246	18. Did you have questions about your care or treatment that you wanted to discuss but did not?	PC, SC, HP	NRC+Picker	
247	19. If you and your provider didn't talk about your questions, was it because... (mark all that apply) embarrased, forgot, I didn't have time, provider didn't have time, too many interruptions/no privacy, no questions	PC, SC, HP	NRC+Picker	
248	20. Did you have confidence and trust in the health care provider treating you?	PC, SC, HP	NRC+Picker	
249	21. Did your health care provider treat you with respect and dignity?	PC, SC, HP	NRC+Picker	
250	22. Were you involved in decisions about your care as much as you wanted?	PC, SC, HP	NRC+Picker	
251	23. Did the provider ask you about how your family or living situation might affect your health?	PC, SC, HP	NRC+Picker	
252	24. Did the provider explain what to do if problems or symptoms continued, got worse, or came back?	PC, SC, HP	NRC+Picker	
253	25. Did someone explain the purpose of any prescribed medicines in a way that you could understand?	PC, SC, HP	NRC+Picker	
254	26. Did someone tell you about side effects the medicines might have?	PC, SC, HP	NRC+Picker	
255	27. Did you get as much information about your condition and treatment as you wanted from your health care provider?	PC, SC, HP	NRC+Picker	
256	28. Did you spend as much time with your provider as you wanted?	PC, SC, HP	NRC+Picker	
257	29. During your clinic visit, did your family or someone close to you, have enough privacy?	PC, SC, HP	NRC+Picker	
258	30. During your clinic visit, was your family or someone close to you involved in your care as much as you wanted?	PC, SC, HP	NRC+Picker	
259	31. Overall, how would you rate the courtesy of your provider?	PC, SC, HP	NRC+Picker	
260	32. Overall, did you feel supported by your provider during your clinic visit?	PC, SC, HP	NRC+Picker	
261	33. On this visit, did you have any tests?	PC, SC, HP	NRC+Picker	
262	34. Did your provider explain why you needed tests in a way that you could understand?	PC, SC, HP	NRC+Picker	
263	35. Did someone tell you how you would find out the results of your tests?	PC, SC, HP	NRC+Picker	
264	36. Did someone tell you when you would find out the results of your tests?	PC, SC, HP	NRC+Picker	
265	37. After the tests were done, did someone explain the results in a way that you could understand?	PC, SC, HP	NRC+Picker	

Selected Measures - MASTER

Row	Measure	Level*	Source	Notes
266	38. If you needed another visit with this provider, did the staff do everything they could to make the necessary arangements?	PC, SC, HP	NRC+Picker	
267	39. If you needed another visit with another health care provider, did the staff do everything they could to make the necessary arrangements?	PC, SC, HP	NRC+Picker	
268	40. Did you know who to call if you needed help or had more questions after you left your appointment?	PC, SC, HP	NRC+Picker	
269	41. Was the main reason you came for this visit addressed to your satisfaction?	PC, SC, HP	NRC+Picker	
270	42. How well organized was the office you visited?	PC, SC, HP	NRC+Picker	
271	43. Would you have preferred to receive care in a different way - other than an office visit?	PC, SC, HP	NRC+Picker	
272	44. How would you have preferred to receive care?	PC, SC, HP	NRC+Picker	
273	45. Overall, how would you rate this visit?	PC, SC, HP	NRC+Picker	
274	46. Would you recommend this office to your family and friends?	PC, SC, HP	NRC+Picker	
275				
276	**Commonwealth Fund state scorecard**			
277	ACCESS			
278	1. Nonelderly adults (ages 18-64) insured	Pop	Commonwealth Fund state scorecard	
279	2. Children (ages 0-17) insured	Pop	Commonwealth Fund state scorecard	
280	3. At-risk adults visited a doctor for routine chechup in the past two years	Pop	Commonwealth Fund state scorecard	
281	4. Adults without a time in the past year when they needed to see a doctor because of cost	Pop	Commonwealth Fund state scorecard	
282	PREVENTION & TREATMENT			
283	5. Adults age 50 and older received recommended screening and preventive care	PC/HP	Commonwealth Fund state scorecard	
284	6. Adult diabetics received some preventive care	PC/HP	Commonwealth Fund state scorecard	
285	7. Children ages 19-36 months received all recommended doses of five key vaccines	PC/HP	Commonwealth Fund state scorecard	
286	8. Children with both a medical and dental preventive care visit in the past year	PC/HP	Commonwealth Fund state scorecard	
287	9. Children who received needed mental health care in the past year	PC/HP	Commonwealth Fund state scorecard	
288	10. Hospitalized patients received recommended care for heart attack, heat failure, and pneumonia	Hosp	Commonwealth Fund state scorecard	
289	11. Surgical patients received appropriate care to precent complications	Hosp	Commonwealth Fund state scorecard	
290	12. Home health patients who get better at walking or moving around	HH	Commonwealth Fund state scorecard	
291	13. Adults with a usual source of care	PC/HP	Commonwealth Fund state scorecard	
292	14. Children with a medical home	PC/HP	Commonwealth Fund state scorecard	
293	15. Heart failure patients given written instructions at discharge	Hosp	Commonwealth Fund state scorecard	
294	16. Medicare patients whose health care providers always listens, explains, shows respect, and spends enough time with them	PC/HP	Commonwealth Fund state scorecard	
295	17. Medicare patients giving a best rating for health care received in the past year	PC/HP	Commonwealth Fund state scorecard	

Selected Measures - MASTER

Row	Measure	Level*	Source	Notes
296	18. High-risk nursing home residents with pressure sores	LTC	Commonwealth Fund state scorecard	
297	19. Long-stay nursing home residents who were physically restrained	LTC	Commonwealth Fund state scorecard	
298	20. Long-stay nursing residents who have moderate to severe pain	LTC	Commonwealth Fund state scorecard	
299	POTENTIALLY AVOIDABLE USE OF HOSPITALS COSTS OF CARE			
300	21. Hospital admission for pediatric asthma per 100,000 children	PC/HP	Commonwealth Fund state scorecard	
301	22. Adult asthmatics with an emergency room or urgent care visit in the past year	PC/HP	Commonwealth Fund state scorecard	
302	23. Medicare hospital admissions for ambulatory care sensitive conditions per 100,00 beneficiaries	PC/HP	Commonwealth Fund state scorecard	
303	24. Medicare 30-day hospital readmissions as a percent of admissions	Hosp	Commonwealth Fund state scorecard	
304	25. Long-stay nursing home residents with a hospital admission	LTC	Commonwealth Fund state scorecard	
305	26. Short-stay nursing home residents with a hospital readmission withing 20 days	LTC	Commonwealth Fund state scorecard	
306	27. Home health patients with a hospital adimssion	HH	Commonwealth Fund state scorecard	
307	28. Hospital Care Intensity Index, based on inpatient days and inpatient visits among chronically ill Medicare beneficiairies in last two years of life	Hosp	Commonwealth Fund state scorecard	
308	29. Total single premium per enrolled employee at private-sector establishments that offer health insurance	HP	Commonwealth Fund state scorecard	
309	30. Total Medicare (Parts (A & B) reimbursement per enrollee	HP	Commonwealth Fund state scorecard	
310	HEALTHY LIVES			
311	31. Mortality amenable to helath care, deaths per 100,000 population	Pop	Commonwealth Fund state scorecard	
312	32. Infant mortality, deaths per 1,000 live births	Pop	Commonwealth Fund state scorecard	
313	33. Breast cancer deaths per 100,000 femal population	Pop	Commonwealth Fund state scorecard	
314	34. Colorectal cancer deaths per 100,000 populaion	Pop	Commonwealth Fund state scorecard	
315	35. Suicide deaths per 100,000 populations	Pop	Commonwealth Fund state scorecard	
316	36. Nonelderly adults (ages 18-64) limited in any activities because of physical, mental, or emotional problems	Pop	Commonwealth Fund state scorecard	
317	37. Adults who smoke	Pop	Commonwealth Fund state scorecard	
318	38. Children ages 10-17 who are overweight or obese	Pop	Commonwealth Fund state scorecard	
319				
320	**Functional Capacity of Basic, Intermediate and Advanced Primary Care Homes**		Oregon Patient Centered Primary Care (PC2) Home Standards Advisory Committee	
321	**Tier 1**			
322	After Hours Appointments: PCH offers appointments at least 4 hours weekly outside traditional business hours.	PC	PC^2	

Selected Measures - MASTER

Row	Measure	Level*	Source	Notes
323	Telephone Advice: PCH provides continuous access to clinical advice by telephone	PC	PC[2]	
324	Performance Improvement: PCH tracks at least three performance indicators and reports goals for improvement	PC	PC[2]	
325	Preventive Services: PCH offers a certain percentage of recommended preventive services.	PC	PC[2]	
326	Medical Services: PCH offers acute care, chronic care, procedures, patient education, and end of life counseling.	PC	PC[2]	
327	Mental Health and Substance Abuse Services: PCH documents its screening strategy for mental health and substance use conditions AND documents on-site and local referral resources.	PC	PC[2]	
328	Health Risk Behaviors: PCH documents routine assessment and intervention for at least 3 health risk behaviors.	PC	PC[2]	
329	Personal Clinician Assignment: PCH reports the % of active patients assigned a personal clinician and team.	PC	PC[2]	
330	Personal Clinician Continuity: PCH reports patients' usual provider continuity with their personal clinician/team.	PC	PC[2]	
331	Organization of Clinical Information: PCH maintains an up-to-date health record containing certain elements.	PC	PC[2]	
332	Specialized Care Settings: PCH has a written agreement with its usual hospital providers.	PC	PC[2]	
333	Population Data Management: PCH demonstrates the ability to reliably identify, track and proactively manage the care needs of a sub-population of its patients.	PC	PC[2]	
334	Care Coordination: PCH assigns individual responsibility for care coordination for each patient.	PC	PC[2]	
335	Test and Result Tracking: PCH tracks ordered tests and notifies patients and clinicians of results.	PC	PC[2]	
336	Referral and Specialty Care Coordination: PCH demonstrates tracking referrals ordered by its clinicians, including referral status and whether consultation results have been communicated to patients and clinicians.	PC	PC[2]	
337	Referral and Specialty Care Coordination: PCH either manages hospital and nursing facility care or demonstrates active involvement and coordination of care when its patients receive care in these specialized settings.	PC	PC[2]	
338	Comprehensive Care Planning: PCH demonstrates that it can provide all patients with a written care summary.	PC	PC[2]	
339	End of Life Planning: PCH offers patients the opportunity to complete a POLST or advanced directive.	PC	PC[2]	
340	Roles and Responsibilities: PCH educates patients about PCH and patient roles and responsibilities.	PC	PC[2]	
341	Interpreter Services: PCH communicates with patients in their language of choice.	PC	PC[2]	

Selected Measures - MASTER

Row	Measure	Level*	Source	Notes
342	Education and Self-Management Support: PCH documents patient and family education and self-management support efforts, including available community resources.	PC	PC[2]	
343	Patient Experience Survey: PCH surveys its patients at least annually on their experience of care.	PC	PC[2]	
344	**Tier 2**			
345	Appointment Access: PCH sets a goal for improving an appointment access measure and demonstrates improvement.	PC	PC[2]	
346	Performance Improvement: PCH demonstrates improvement towards its reported goals on at least three performance indicators.	PC	PC[2]	
347	Public Reporting: PCH publically reports practice-level clinical quality indicators to an external entity.	PC	PC[2]	
348	Mental Health and Substance Abuse Services: PCH documents direct collaboration or co-management of patients with a specialty mental health and substance abuse provider.	PC	PC[2]	
349	Personal Clinician Assignment: PCH meets a benchmark or demonstrates improvement in the percentage of active patients assigned to a personal clinician and team.	PC	PC[2]	
350	Personal Clinician Continuity: PCH meets a benchmark or demonstrates improvement in patients' usual provider continuity with their assigned personal clinician and team.	PC	PC[2]	
351	Specialized Care Settings: PCH meets benchmark or demonstrates improvement in the percentage of patients seen or contacted within 1 week of hospital discharge.	PC	PC[2]	
352	Care Coordination: PCH describes and demonstrates its process for identifying and coordinating the care of patients with complex care needs.	PC	PC[2]	
353	Comprehensive Care Planning: PCH demonstrates the ability to identify high-risk individuals and demonstrates that it can provide these individuals with a written care plan containing specific elements.	PC	PC[2]	
354	End of Life Planning: PCH meets a benchmark or demonstrates improvement in the percentage of patients age 65 or older who are offered the opportunity to complete a POLST.	PC	PC[2]	
355	Communication of Patient and PCH Expectations: PCH meets benchmark of the percentage of active patients who have received educational materials on PCH and patient roles and responsibilities.	PC	PC[2]	
356	Patient Experience Survey: PCH demonstrates using the results of its patient experience survey to improve care	PC	PC[2]	
357	**Tier 3**			
358	Appointment Access: PCH meets a benchmark or demonstrates improvement in the percentage of patients reporting high satisfaction with access to appointments on a patient experience survey.	PC	PC[2]	
359	Clinical Quality Improvement: PCH demonstrates improvement in a certain number of clinical quality indicators. PCHs achieving a benchmark level of performance on a given indicator would be required to maintain excellent performance, but not demonstrate continued improvement.	PC	PC[2]	

Selected Measures - MASTER

Row	Measure	Level*	Source	Notes
360	Mental Health and Substance Abuse Services: PCH documents actual or virtual co-location with specialty mental health and substance abuse providers.	PC	PC[2]	
361	Clinical Information Exchange: PCH shares clinical information electronically in real time with other health care providers.	PC	PC[2]	
362	Electronic Health Record: PCH has an electronic health record and demonstrates "meaningful use" of the electronic record, according to CMS rules.	PC	PC[2]	
363	Comprehensive Care Planning: PCH measures and demonstrates improvement in the percentage of high-risk individuals with a written care plan that has been updated in the past year.	PC	PC[2]	
364	Patient Experience Survey: PCH collects and reports patient experience data using a standardized survey that can be used to compare patient experience across clinics.	PC	PC[2]	
365				
366	**PSC benchmarks**			
367	Outcome measure: Number of 'retained objects' accidentally left after surgery or procedure.	Hosp	Oregon Patient Safety Commission Hospital Benchmarks	
368	Safe practices measure: Percentage of hospitals that have implemented three specific best practices to eliminate surgical site infections (SCIP 1 – 3).	Hosp	Oregon Patient Safety Commission Hospital Benchmarks	
369	Risk Assessment Measures: a) Number of hospitals that actively share data with the Patient Safety Commission; b) Number of adverse events reported to the Commission.	Hosp	Oregon Patient Safety Commission Hospital Benchmarks	
370	Culture of Safety Measure: Number of hospitals that routinely monitor their safety culture (ability to learn from adverse events) by using a facility-wide survey.	Hosp	Oregon Patient Safety Commission Hospital Benchmarks	
371	Patient Empowerment Measure: Number of Oregon hospitals that actively encourage their patients to report patient safety concerns.	Hosp	Oregon Patient Safety Commission Hospital Benchmarks	
372	Connectivity Measure: Hospital progress toward implementing electronic medical records (EMR)	Hosp	Oregon Patient Safety Commission Hospital Benchmarks	
373				
374	**Inpatient Quality Indicators (IQI)**			
375	Abdominal aortic aneurysm (AAA) repair: mortality rate.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
376	Abdominal aortic aneurysm (AAA) repair: volume.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
377	Acute myocardial infarction (AMI): mortality rate, without transfer cases.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
378	Acute myocardial infarction (AMI): mortality rate.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
379	Acute stroke: mortality rate.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
380	Carotid endarterectomy (CEA): mortality rate.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
381	Carotid endarterectomy (CEA): volume.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	

Selected Measures - MASTER

Row	Measure	Level*	Source	Notes
382	Cholecystitis/cholelithiasis: laparoscopic cholecystectomy rate.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
383	Congestive heart failure (CHF): mortality rate.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
384	Coronary artery bypass graft (CABG): volume.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
385	Coronary artery disease: bilateral cardiac catheterization rate.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
386	Coronary artery disease: coronary artery bypass graft (CABG) area rate.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
387	Coronary artery disease: coronary artery bypass graft (CABG) mortality rate.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
388	Coronary artery disease: percutaneous transluminal coronary angioplasty (PTCA) area rate.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
389	Craniotomy: mortality rate.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
390	Esophageal cancer: esophageal resection mortality rate.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
391	Esophageal resection: volume.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
392	Gastrointestinal (GI) hemorrhage: mortality rate.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
393	Hip fracture: mortality rate.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
394	Hip osteoarthrosis: hip replacement mortality rate.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
395	Hysterectomy: hysterectomy area rate.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
396	Incidental appendectomy: incidental appendectomy among the elderly rate.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
397	Laminectomy or spinal fusion: laminectomy or spinal fusion area rate.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
398	Maternity care: Cesarean delivery rate.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
399	Maternity care: primary Cesarean delivery rate.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
400	Maternity care: vaginal birth after Cesarean (VBAC) rate, all.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
401	Maternity care: vaginal birth after Cesarean (VBAC) rate, uncomplicated.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
402	Pancreatic cancer: pancreatic resection mortality rate.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
403	Pancreatic resection: volume.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
404	Percutaneous transluminal coronary angioplasty (PTCA): mortality rate.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
405	Percutaneous transluminal coronary angioplasty (PTCA): volume.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
406	Pneumonia: mortality rate.	Hosp	AHRQ Inpatient Quality Indicators (IQI)	
407				
408	**Patient Safety Indicators (PSI)**			
409	Accidental puncture or laceration (area-level): rate per 100,000 population.	Hosp	AHRQ Patient Safety Indicators (PSI)	
410	Accidental puncture or laceration (provider level): rate per 1,000 discharges.	Hosp	AHRQ Patient Safety Indicators (PSI)	
411	Birth trauma -- injury to neonate: rate per 1,000 liveborn births.	Hosp	AHRQ Patient Safety Indicators (PSI)	
412	Death among surgical inpatients with serious treatable complications: deaths per 1,000 discharges.	Hosp	AHRQ Patient Safety Indicators (PSI)	
413	Death in low-mortality DRGs: in-hospital deaths per 1,000 discharges.	Hosp	AHRQ Patient Safety Indicators (PSI)	
414	Decubitus ulcer: rate per 1,000 discharges.	Hosp	AHRQ Patient Safety Indicators (PSI)	

Selected Measures - MASTER

Row	Measure	Level*	Source	Notes
415	Foreign body left during procedure (area level): discharges per 100,000 population.	Hosp	AHRQ Patient Safety Indicators (PSI)	
416	Iatrogenic pneumothorax (area-level): rate per 100,000 population.	Hosp	AHRQ Patient Safety Indicators (PSI)	
417	Iatrogenic pneumothorax (provider-level): rate per 1,000 discharges.	Hosp	AHRQ Patient Safety Indicators (PSI)	
418	Obstetric trauma (3rd or 4th degree lacerations): rate per 1,000 instrument-assisted vaginal deliveries.	Hosp	AHRQ Patient Safety Indicators (PSI)	
419	Obstetric trauma (3rd or 4th degree lacerations): rate per 1,000 vaginal deliveries without instrument assistance.	Hosp	AHRQ Patient Safety Indicators (PSI)	
420	Postoperative hemorrhage or hematoma requiring a procedure (area-level): rate per 100,000 population.	Hosp	AHRQ Patient Safety Indicators (PSI)	
421	Postoperative hemorrhage or hematoma requiring a procedure (provider level): rate per 1,000 surgical discharges.	Hosp	AHRQ Patient Safety Indicators (PSI)	
422	Postoperative hip fracture: rate per 1,000 surgical discharges.	Hosp	AHRQ Patient Safety Indicators (PSI)	
423	Postoperative physiologic and metabolic derangement: rate per 1,000 elective surgical discharges with an operating room procedure.	Hosp	AHRQ Patient Safety Indicators (PSI)	
424	Postoperative pulmonary embolism or deep vein thrombosis: rate per 1,000 surgical discharges with an operating room procedure.	Hosp	AHRQ Patient Safety Indicators (PSI)	
425	Postoperative respiratory failure: rate per 1,000 elective surgical discharges with an operating room procedure.	Hosp	AHRQ Patient Safety Indicators (PSI)	
426	Postoperative sepsis: rate per 1,000 elective surgery discharges with an operating room procedure and a length of stay of 4 days or more.	Hosp	AHRQ Patient Safety Indicators (PSI)	
427	Postoperative wound dehiscence (area-level): rate of reclosure of post operative disruption of abdominal wall per 100,000 population.	Hosp	AHRQ Patient Safety Indicators (PSI)	
428	Postoperative wound dehiscence (provider-level): rate of reclosure of postoperative disruption of abdominal wall per 1,000 cases of abdominopelvic surgery.	Hosp	AHRQ Patient Safety Indicators (PSI)	
429	Selected infections due to medical care (area-level): rate per 100,000 population.		AHRQ Patient Safety Indicators (PSI)	
430	Selected infections due to medical care (provider level): rate per 1,000 discharges.		AHRQ Patient Safety Indicators (PSI)	
431	Transfusion reaction (area-level): rate per 100,000 population.	Hosp	AHRQ Patient Safety Indicators (PSI)	
432				
433	**Prevention Quality Indicators (PQI)**			
434	Adult asthma: hospital admission rate.	PC/HP	AHRQ Prevention Quality Indicators (PSI)	
435	Bacterial pneumonia: hospital admission rate.	PC/HP	AHRQ Prevention Quality Indicators (PSI)	
436	Chronic obstructive pulmonary disease (COPD): hospital admission rate.	PC/HP	AHRQ Prevention Quality Indicators (PSI)	
437	Congestive heart failure (CHF): hospital admission rate.	PC/HP	AHRQ Prevention Quality Indicators (PSI)	
438	Coronary artery disease: angina without procedure hospital admission rate.	PC/HP	AHRQ Prevention Quality Indicators (PSI)	
439	Dehydration: hospital admission rate.	PC/HP	AHRQ Prevention Quality Indicators (PSI)	

Selected Measures - MASTER

Row	Measure	Level*	Source	Notes
440	Diabetes mellitus: hospital admission rate for long-term complications.	PC/HP	AHRQ Prevention Quality Indicators (PSI)	
441	Diabetes mellitus: hospital admission rate for short-term complications.	PC/HP	AHRQ Prevention Quality Indicators (PSI)	
442	Diabetes mellitus: hospital admission rate for uncontrolled diabetes.	PC/HP	AHRQ Prevention Quality Indicators (PSI)	
443	Diabetes mellitus: lower-extremity amputation rate.	PC/HP	AHRQ Prevention Quality Indicators (PSI)	
444	Hypertension: hospital admission rate.	PC/HP	AHRQ Prevention Quality Indicators (PSI)	
445	Low birth weight: rate of infants with low birth weight.	PC/HP	AHRQ Prevention Quality Indicators (PSI)	
446	Perforated appendix: hospital admission rate.	PC/HP	AHRQ Prevention Quality Indicators (PSI)	
447	Urinary tract infection: hospital admission rate.	PC/HP	AHRQ Prevention Quality Indicators (PSI)	
448				
449	**CAHPS Clinician & Group Survey 1.0, Adult Primary Care Questionnaire**			
450	Patients' experiences: percentage of adult primary care patients who reported how often it was easy for them to get appointments and needed care.	PC	CAPHS (AHRQ)	
451	Patients' experiences: percentage of adult primary care patients who reported how often their doctor's office followed up on results for blood tests, x-rays or any other tests ordered.	PC	CAPHS (AHRQ)	
452	Patients' experiences: percentage of adult primary care patients who reported how often their doctor's office staff was courteous and helpful.	PC	CAPHS (AHRQ)	
453	Patients' experiences: percentage of adult primary care patients who reported how often their doctors communicated well.	PC	CAPHS (AHRQ)	
454	Patients' satisfaction with care: adult primary care patient's overall rating of their doctor.	PC	CAPHS (AHRQ)	
455	**CAHPS Clinician & Group Survey 1.0, Adult Specialty Care Questionnaire**			
456	Patients' experiences: percentage of adult specialty care patients who reported how often it was easy for them to get appointments and needed care.	SC	CAPHS (AHRQ)	
457	Patients' experiences: percentage of adult specialty care patients who reported how often their doctor's office followed up on results for blood tests, x-rays or any other tests ordered.	SC	CAPHS (AHRQ)	
458	Patients' experiences: percentage of adult specialty care patients who reported how often their doctor's office staff was courteous and helpful.	SC	CAPHS (AHRQ)	
459	Patients' experiences: percentage of adult specialty care patients who reported how often their doctors communicated well.	SC	CAPHS (AHRQ)	
460	Patients' satisfaction with care: adult specialty care patient's overall rating of their doctor.	SC	CAPHS (AHRQ)	
461	**CAHPS Health Plan Survey 4.0, Adult Questionnaire**			
462	Health plan members' experiences: percentage of adult health plan members who reported how often it was easy for them to get needed care.	HP	CAHPS Health Plan Survey 4.0 (Adult)	

Selected Measures - MASTER

Row	Measure	Level*	Source	Notes
463	Health plan members' experiences: percentage of adult health plan members who reported how often their personal doctor communicated well.	HP	CAHPS Health Plan Survey 4.0 (Adult)	
464	Health plan members' experiences: percentage of adult health plan members who reported how often they get care quickly.	HP	CAHPS Health Plan Survey 4.0 (Adult)	
465	Health plan members' experiences: percentage of adult health plan members who reported how often they were satisfied with their health plan information and customer service.	HP	CAHPS Health Plan Survey 4.0 (Adult)	
466	Health plan members' satisfaction with care: adult health plan members' overall ratings of their health care.	HP	CAHPS Health Plan Survey 4.0 (Adult)	
467	Health plan members' satisfaction with care: adult health plan members' overall ratings of their health plan.	HP	CAHPS Health Plan Survey 4.0 (Adult)	
468	Health plan members' satisfaction with care: adult health plan members' overall ratings of their personal doctor.	HP	CAHPS Health Plan Survey 4.0 (Adult)	
469	Health plan members' satisfaction with care: adult health plan members' overall ratings of their specialist.	HP	CAHPS Health Plan Survey 4.0 (Adult)	
470	**CAHPS Hospital Survey**			
471	Hospital inpatients' experiences: adult inpatients' ratings of this hospital.	Hosp	CAHPS Hospital Survey 4.0	
472	Hospital inpatients' experiences: percentage of adult inpatients who reported how often the area around their room was quiet at night.	Hosp	CAHPS Hospital Survey 4.0	
473	Hospital inpatients' experiences: percentage of adult inpatients who reported how often the hospital staff communicated well about medications.	Hosp	CAHPS Hospital Survey 4.0	
474	Hospital inpatients' experiences: percentage of adult inpatients who reported how often the hospital staff was responsive to their needs.	Hosp	CAHPS Hospital Survey 4.0	
475	Hospital inpatients' experiences: percentage of adult inpatients who reported how often their doctors communicated well.	Hosp	CAHPS Hospital Survey 4.0	
476	Hospital inpatients' experiences: percentage of adult inpatients who reported how often their nurses communicated well.	Hosp	CAHPS Hospital Survey 4.0	
477	Hospital inpatients' experiences: percentage of adult inpatients who reported how often their pain was controlled.	Hosp	CAHPS Hospital Survey 4.0	
478	Hospital inpatients' experiences: percentage of adult inpatients who reported how often their room and bathroom were kept clean.	Hosp	CAHPS Hospital Survey 4.0	
479	Hospital inpatients' experiences: percentage of adult inpatients who reported whether they were provided specific discharge information.	Hosp	CAHPS Hospital Survey 4.0	
480	Hospital inpatients' experiences: percentage of adult inpatients who reported whether they would recommend this hospital to their friends and family.	Hosp	CAHPS Hospital Survey 4.0	

Selected Measures - MASTER

Row	Measure	Level*	Source	Notes
481				
482	**Three-Item Care Transition Measure – CTM-3**			
483	The hospital staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left the hospital.	Hosp	U Colorado	
484	When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.	Hosp	U Colorado	
485	When I left the hospital, I clearly understood the purpose for taking each of my medications.	Hosp	U Colorado	
486				
487	**Behavioral Risk Factor Surveillance System (BRFSS) - selected items**			
488	HEALTH CARE COVERAGE & SOURCE			
489	Do you have any kind of health care coverage?	Pop	BRFSS	
490	Do you have one person who you think of as your personal doctor or health care provider?	Pop	BRFSS	
491	Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?	Pop	BRFSS	
492	About how long has it been since you last visited a doctor for a routine checkup (general physical exam)?	Pop	BRFSS	
493	HEALTH STATUS			
494	How is your general health?	Pop	BRFSS	
495	For how many days during the past 30 days was your physical health not good?	Pop	BRFSS	
496	For how many days during the past 30 days was your mental health not good?	Pop	BRFSS	
497	During the past 30 days, how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?	Pop	BRFSS	
498				
499	**Surgical Care Improvement Project (SCIP)**			
500	Percent of cardiac surgery patients with controlled 6 A.M. postoperative blood glucose.	SC/Hosp	Surgical Care Improvement Project (SCIP)	
501	Percent of patients who received prophylactic antibiotics consistent with current guidelines.	SC/Hosp	Surgical Care Improvement Project (SCIP)	
502	Percent of patients who received prophylactic antibiotics within one hour prior to surgical incision.	SC/Hosp	Surgical Care Improvement Project (SCIP)	
503	Percent of patients whose prophylactic antibiotics were discontinued within 24 hours after Anesthesia End Time.	SC/Hosp	Surgical Care Improvement Project (SCIP)	
504	Percent of surgery patients for whom either active warming was used intraoperatively for the purpose of maintaining normothermia or who had at least one body temperature equal to or greater than 96.8 degrees Fahrenheit/36 degrees Celsius recorded within the 30 minutes immediately prior to or the 15 minutes immediately after Anesthesia End Time.	SC/Hosp	Surgical Care Improvement Project (SCIP)	
505	Percent of surgery patients on beta-blocker therapy prior to arrival who received a beta-blocker during the perioperative period.	SC/Hosp	Surgical Care Improvement Project (SCIP)	

Selected Measures - MASTER

Row	Measure	Level*	Source	Notes
506	Percent of surgery patients who received appropriate VTE prophylaxis within 24 hours prior to Anesthesia Start Time to 24 hours after Anesthesia End Time.	SC/Hosp	Surgical Care Improvement Project (SCIP)	
507	Percent of surgery patients with appropriate hair removal.	SC/Hosp	Surgical Care Improvement Project (SCIP)	
508	Percent of surgery patients with recommended VTE prophylaxis ordered anytime from hospital arrival to 24 hours after Anesthesia End Time.	SC/Hosp	Surgical Care Improvement Project (SCIP)	
509	Percent of surgical patients with urinary catheter removed on postoperative day 1 or postoperative day 2 with the day of surgery being day zero.	SC/Hosp	Surgical Care Improvement Project (SCIP)	
510				
511	**Measurement List for Oregon HAI Reporting Program**			
512	**Current Report (Collected in 2009)**			
513	NHSN Annual Survey	SC/Hosp	Oregon HAI Reporting Program	
514	CLABSI in medical, surgical and medical/surgical ICUs	SC/Hosp	Oregon HAI Reporting Program	
515	Surgical site infection: Knee prosthesis	SC/Hosp	Oregon HAI Reporting Program	
516	Surgical site infection: Coronary artery bypass graft with and without donor site incision	SC/Hosp	Oregon HAI Reporting Program	
517	SCIP-Inf-1: prophylactic antibiotic received within one hour prior to surgical incision	SC/Hosp	Oregon HAI Reporting Program	
518	SCIP-Inf-2: prophylactic antibiotic selection for surgical patients	SC/Hosp	Oregon HAI Reporting Program	
519	SCIP-Inf-3: prophylactic antibiotics discontinued within 24 hours of surgery (48 hours for cardiac patients)	SC/Hosp	Oregon HAI Reporting Program	
520	**Data in Future Report (Collected in 2010/2011)**			
521	SCIP-Inf-6: surgery patients with appropriate hair removal	SC/Hosp	Oregon HAI Reporting Program	
522	Survey on healthcare worker vaccination rates	SC/Hosp	Oregon HAI Reporting Program	
523	Neonatal nosocomial infection rate	SC/Hosp	Oregon HAI Reporting Program	
524	Urinary tract infection rates using MDS	SC/Hosp	Oregon HAI Reporting Program	
525	Survey on healthcare worker vaccination rates	SC/Hosp	Oregon HAI Reporting Program	
526	Survey on evidence-based elements of patient safety performance	SC/Hosp	Oregon HAI Reporting Program	
527	Surgical site infection: hip replacement	SC/Hosp	Oregon HAI Reporting Program	
528	Surgical site infection: laminectomy	SC/Hosp	Oregon HAI Reporting Program	
529	Surgical site infection: colon surgery	SC/Hosp	Oregon HAI Reporting Program	
530	Surgical site infection: abdominal hysterectomy	SC/Hosp	Oregon HAI Reporting Program	
531	SCIP-Inf-4: Cardiac surgery patients with controlled 6 am postoperative glucose	SC/Hosp	Oregon HAI Reporting Program	
532	SCIP-Inf-10: Surgery patients with perioperative temperature management	SC/Hosp	Oregon HAI Reporting Program	
533				
534	**Press-Ganey**			
535	How well staff explained their roles in your care		Press-Ganey	

Selected Measures - MASTER

Row	Measure	Level*	Source	Notes
536	Degree to which your choices were respected to have family members/friends with you during your care		Press-Ganey	
537	Degree to which you and your family were able to participate in decisions about your care		Press-Ganey	
538	Degree to which staff respected your family's cultural and spiritual needs		Press-Ganey	
539	Degree to which the staff supported your family throughout your health care experience		Press-Ganey	
540				
541	**NQF voluntary consensus starndards on care coordination - *in development***			
542	Cardiac Rehabilitation patient referral from an inpatient setting	Hosp	NQF proposed care coord standard - originally from ACCF/AHA Taskforce	
543	Cardiac Rehabilitation Patient Referral From an Outpatient Setting	SC	NQF proposed care coord standard - originally from ACCF/AHA Taskforce	
544	Patients with a transient ischemic event ER visit that had a follow up office visit	Hosp/PC	NQF proposed care coord standard - originally from Ingenix	
545	Biopsy Follow-up	PC/SC	NQF proposed care coord standard - originally from American Academy of Dermatology	
546	Reconciled Medication List Received by Discharged Patients (Inpatient Discharges to Home/Self Care or Any Other Site of Care)	Hosp	NQF proposed care coord standard - originally from AMA PCPI measures	
547	Transition Record with Specified Elements Received by Discharged Patients (Inpatient Discharges to Home/Self Care or Any Other Site of Care)	Hosp	NQF proposed care coord standard - originally from AMA PCPI measures	
548	Timely (w/in 24 hrs) Transmission of Transition Record		NQF proposed care coord standard - originally from AMA PCPI measures	
549	Transition Record with Specified Elements Received by Discharged Patients (Emergency Department Discharges to Ambulatory Care [Home/Self Care])	Hosp	NQF proposed care coord standard - originally from AMA PCPI measures	
550	Melanoma Continuity of Care – Recall System	SC	NQF proposed care coord standard - originally from AMA PCPI measures and Am. Acad. Of Dermatology	
*	PC = primary care; SC = specialty care; HP = health plan, Hosp = hospital; Pop = population			

Type
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE

Type
QSE
QSE
QSE
A
A
A
A
A
A
A
P
P
P
utilization
utilization
utilization
utilization
utilization
utilization
utilization
utilization
utilization
utilization
utilization
C
C
C
C
C
C
QSE

Type
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE

Type
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE

Type
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE

Type
QSE
QSE
QSE/C
QSE/C
QSE/C

QSE

QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE

Type
QSE
QSE
QSE
C
C
P
P
QSE
QSE
QSE
QSE
QSE
QSE

Type
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
p
QSE
C

Type
C
P
P
P
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE

Type
QSE
QSE
QSE
QSE
QSE
QSE
QSE
P
P
P
P
P
P
P
P
P
P
P
P
P
P
P
P
P
P
P
P

Type
P
P
P
P
P
P
P
P
P
P
P
P
P
P
P
P
P
P
P
P
P
P
P
P
P
P
P
P
P

Type
P
P
P
P
P
P
P
P
A
A
A
C
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
A
A
QSE
P
P

Type
QSE
C
C
C
C
C
C
C
C
C
C
Pop
Pop
Pop
Pop
Pop
Pop
Pop
Pop
A

Type
A
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
P
P

Type
P
P
A
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
P
P
A
QSE

Type
QSE
QSE
QSE
QSE
P
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE

Type
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE

Type
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE/C
QSE/C
QSE/C
QSE/C
QSE/C
QSE/C

Type
QSE/C
QSE/C
QSE/C
QSE/C
QSE/C
QSE/C
QSE/C
QSE/C
A
P
P
P
P
A
P
P
P
P
A

Type
P
A
P
P
P
P
P
P
P
P
P
P
P
P
P
P
P

Type
P
P
P
A
A
C
A
P
P
P
P
QSE
QSE
QSE
QSE
QSE
QSE

Type
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
QSE
P

Type
P
P
P
P
QSE
QSE
QSE
QSE
QSE, P
QSE, P
QSE
QSE, P
QSE