# Compass Hospital Improvement Innovation Network (HIIN) Measure Set

| Legend | |
|---|---|
| * | **Statewide Databases** |
| ** | **National Safety Healthcare Network (NHSN)** |
| *** | **Self-Reported** |

| PfP Focus Area | Measure Name | Process (P)/ Outcome (O) | Numerator Description | Denominator Description | Data Source | Toolkit Pg # | Legend Key |
|---|---|---|---|---|---|---|---|
| ADVERSE DRUG EVENTS | Adverse Drug Event Rate | O | Number of Acute Care, SNF, Swing Bed and Observation adverse drug events | Number of Acute Care, SNF, Swing Bed and Observation patient days | Self-Reported through PfP Compass HIIN Reporting Database | 21 | *** |
| ADVERSE DRUG EVENTS | Adverse Drug Events Originating During Hospital Stay, (AHRQ Statistical Brief #109) | O | Number of Acute Care adverse drug events that cause harm | Number of Acute Care, Skilled Nursing Facility and Swing Bed discharges | Statewide Databases (if available), Otherwise Self-Reported | 23 | * |
| ADVERSE DRUG EVENTS | Blood Glucose Less Than 50 | P | Number of blood glucose measurements (per lab reports, POCT, EMR, Charge Data, etc.) for Acute Care, Skilled Nursing Facility, Swing Bed and Observation patients where blood glucose <50 | Number of blood glucose measurements (per lab reports/POCT, EMR, Charge Data, etc.) for Acute Care, Skilled Nursing Care, Swing Bed and Observation patients | Self-Reported through PfP Compass HIIN Reporting Database | 24 | *** |
| ADVERSE DRUG EVENTS | INRs Greater Than 5 | P | Number of lab measurements for Acute Care, Skilled Nursing Facility, Swing Bed and Observation patients on Warfarin where documented INR >5 | Number of INR lab measurements for Acute Care, Skilled Nursing Facility, Swing Bed and Observation patients on Warfarin | Self-Reported through PfP Compass HIIN Reporting Database | 25 | *** |
| ADVERSE DRUG EVENTS | Stat naloxone Administration | P | Number of episodes when a reversal agent (e.g. naloxone) is administered to Acute Care, Skilled Nursing Facility, Swing Bed and Observation patients prescribed opioids | Number of Acute Care, Skilled Nursing Facility, Swing Bed and Observation patients prescribed opioids | Self-Reported through PfP Compass HIIN Reporting Database | 26 | *** |
| ADVERSE DRUG EVENTS **(NEW)** | Opioid Therapy Treatment Plan | P | Number of patients discharged from a hospital on opioids with patient-specific goals of therapy at discharge | Number of patients discharged on opioids | Self-Reported through PfP Compass HIIN Reporting Database | 27 | *** |
| ADVERSE DRUG EVENTS **(NEW)** | Prevalence of naloxone usage in community setting prior to admission | P | Number of patients who received naloxone in community setting prior to admission (include ambulance, in-home, and law enforcement use of naloxone) | Number of Acute Care admissions | Self-Reported through PfP Compass HIIN Reporting Database | 28 | *** |
| CLOSTRIDIUM DIFF (NEW) | Healthcare facility-onset Clostridium difficile Infection Rate | O | Number of healthcare facility-onset Clostridium difficile infections | Number of Acute Care inpatient days | NHSN | 30 | ** |
| CLOSTRIDIUM DIFF **(NEW)** | Clostridium difficile Prevalence | O | Number of Clostridium difficile Lab ID events | Number of Acute Care inpatient admissions | NHSN | 32 | ** |
| CLOSTRIDIUM DIFF **(NEW)** | Hand Hygiene Compliance | P | Number of observations where appropriate hand-washing technique was applied | Number of handwashing observations | Self-Reported through PfP Compass HIIN Reporting Database | 33 | *** |

| PfP Focus Area | Measure Name | Process (P)/ Outcome (O) | Numerator Description | Denominator Description | Data Source | Toolkit Pg # | Legend Key |
|---|---|---|---|---|---|---|---|
| CLOSTRIDIUM DIFF **(NEW)** | Contact Precaution Compliance | P | Number of contact precautions performed consistent with guidelines | Number of observations | Self-Reported through PfP Compass HIIN Reporting Database | 34 | *** |
| CAUTI | NHSN CAUTI SIR - ICU Units excluding NICU, (NQF 0138) | O | Observed number of CAUTI infections for ICU units excluding NICU based on NHSN aggregate data | Expected number of CAUTI infections for ICU units excluding NICU based on NHSN aggregate data | NHSN | | ** |
| CAUTI | NHSN CAUTI SIR - ICU Units + Other Units, (NQF 0138) | O | Observed number of CAUTI infections for ICU units plus other units based on NHSN aggregate data | Expected number of CAUTI infections for ICU units plus other units based on NHSN aggregate data | NHSN | | ** |
| CAUTI | Catheter-Associated Urinary Tract Infection Rate | O | Number of hospital-acquired urinary tract infections | Number of Acute Care urinary catheter days | NHSN | 36 | ** |
| CAUTI | Unnecessary Urinary Catheters | P | Number of Acute Care, Skilled Nursing Facility and Swing Bed inpatients with new indwelling urinary catheters inserted without appropriate indication | Number of Acute Care, Skilled Nursing Facility and Swing Bed inpatients with new indwelling urinary catheter insertions | Self-Reported through PfP Compass HIIN Reporting Database | 37 | *** |
| CAUTI | Emergency Department Catheter Utilization | P | Number of Emergency Department urinary catheter placements in the Emergency Department | Number of Emergency Department visits | Statewide Databases (if available), Otherwise Self-Reported | 40 | * |
| CAUTI | Urinary Catheter Utilization Ratio | P | Number of Acute Care, Skilled Nursing Facility and Swing Bed inpatient days with urinary catheter in place | Number of Acute Care, Skilled Nursing Facility and Swing Bed inpatient days | NHSN | 39 | ** |
| CLABSI | *NHSN CLABSI SIR - ICU Units including NICU, (NQF 0139) | O | Observed number of CLABSI infections for ICU units excluding NICU based on NHSN aggregate data | Expected number of CLABSI infections for ICU units excluding NICU based on NHSN aggregate data | NHSN | | ** |
| CLABSI | *NHSN CLABSI SIR - ICU Units + Other Units, (NQF 0139) | O | Observed number of CLABSI infections for ICU units plus other units based on NHSN aggregate data | Expected number of CLABSI infections for ICU units plus other units based on NHSN aggregate data | NHSN | | ** |
| CLABSI | *Central Line-Associated Bloodstream Infection Rate | O | Number of hospital-acquired, central line-associated bloodstream infections | Number of Acute Care central line catheter days | NHSN | 41 | ** |
| CLABSI | *Cental Line Utilization Ratio | P | Number of central line days | Total number of patient days | NHSN | 42 | ** |
| CLABSI | *Central Line Insertion Compliance | P | Number of Acute Care, Skilled Nursing Facility ans Swing Bed inpatients with full PICC line and/or central line catheter insertion bundle compliance | Number of Acute Care, Skilled Nursing Facility and Swing Bed inpatients with PICC line and/or central line insertions | Self-Reported through PfP Compass HIIN Reporting Database | 43 | *** |
| FALLS | Fall Resulting in Fracture or Dislocation (CMS HAC) | O | Number of Acute Care inpatient discharges with ICD-9/10 fracture or dislocation code(s) not present on admission | Number of Acute Care discharges | Statewide Databases (if available), Otherwise Self-Reported | 45 | * |
| FALLS | Falls Resulting in No Apparent Injury Rate | O | Number of falls for Acute Care, Skilled Nursing Facility, Swing Bed and Observation patients that have unplanned descent to the floor resulting in no visible sign of injury, stable vital signs and patient denial or pain or discomfort | Number of patient days for Acute Care, Skilled Nursing Care, Swing Bed and Observation patient days - exclude newborn and respite patients | Self-Reported through PfP Compass HIIN Reporting Database | 47 | *** |

| PfP Focus Area | Measure Name | Process (P)/ Outcome (O) | Numerator Description | Denominator Description | Data Source | Toolkit Pg # | Legend Key |
|---|---|---|---|---|---|---|---|
| FALLS | Fall Resulting in Minor Injury Rate | O | Number of for Acute Care, Skilled Nursing Facility, Swing Bed and Observation patients that have unplanned descent to the floor resulting in minor cuts, minor bleeding, minor skin abrasions, minor swelling and minor contusions or bruising | Number of patient days for Acute Care, Skilled Nursing Care, Swing Bed and Observation patient days - exclude newborn and respite patients | Self-Reported through PfP Compass HIIN Reporting Database | 47 | *** |
| FALLS | Fall Resulting in Moderate Injury Rate | O | Number of for Acute Care, Skilled Nursing Facility, Swing Bed and Observation patients that have unplanned descent to the floor resulting in excessive bleeding, lacerations requiring sutures, temporary loss of consciousness or moderate head trauma | Number of patient days for Acute Care, Skilled Nursing Care, Swing Bed and Observation patient days - exclude newborn and respite patients | Self-Reported through PfP Compass HIIN Reporting Database | 48 | *** |
| FALLS | Fall Resulting in Major Injury Rate | O | Number of for Acute Care, Skilled Nursing Facility, Swing Bed and Observation patients that have unplanned descent to the floor resulting in fracture, subdural hematoma, other major head trauma, cardiac arrest or patient requiring transfer to ICU or OR | Number of patient days for Acute Care, Skilled Nursing Care, Swing Bed and Observation patient days - exclude newborn and respite patients | Self-Reported through PfP Compass HIIN Reporting Database | 49 | *** |
| FALLS | Fall Resulting in Death Rate | O | Number of for Acute Care, Skilled Nursing Facility, Swing Bed and Observation patients that have unplanned descent to the floor resulting in death | Number of patient days for Acute Care, Skilled Nursing Care, Swing Bed and Observation patient days - exclude newborn and respite patients | Self-Reported through PfP Compass HIIN Reporting Database | 50 | *** |
| FALLS | Fall Risk Assessment on Admission | P | Number of Acute Care, Skilled Nursing Facility, Swing Bed and Observation patients assessed for fall risk on admission | Number of Acute Care, Skilled Nursing Care, Swing Bed and Observation patients admitted | Self-Reported through PfP Compass HIIN Reporting Database | 51 | *** |
| FALLS | Count of Assisted Falls | O | Number of Acute Care, Skilled Nursing Facility, Swing Bed and Observation events where the patient is assisted or eased to the floor | No denominator for this measure | Self-Reported through PfP Compass HIIN Reporting Database | 51 | *** |
| PRESSURE ULCER | Pressure Ulcer Rate, Stage 3+ (AHRQ) | O | Number of inpatients with ICD-9/10 code(s) for pressure ulcer AND secondary ICD-9/10 diagnosis code(s) for Stage III, Stage IV or unstageable pressure ulcer, non-POA | Number of discharges for Acute Care, Skilled Nursing and Swing Bed patients | Statewide Databases (if available), Otherwise Self-Reported | 53 | * |
| PRESSURE ULCER | At-risk Patients Receiving Full Pressure Ulcer Preventative Care | P | Number of at-risk Acute Care, Skilled Nursing Facility and Swing Bed inpatients receiving full pressure ulcer preventative care | Number of at-risk Acute Care, Skilled Nursing Care and Swing Bed inpatients | Self-Reported through PfP Compass HIIN Reporting Database | 55 | *** |
| READMISSIONS | Unplanned All-Cause, 30-Day Readmissions to Any Hospital | O | Number of Acute Care inpatient discharges that meet criteria inclusion as a readmission to any hospital using unplanned, 30-day, all-cause, all-payer methodology | Number of Acute Care inpatient discharges meeting eligibility for inclusion as an index admission | Statewide Databases (if available), Otherwise Self-Reported | 57 | * |
| READMISSIONS | Unplanned All-Cause, 30-Day Readmissions to Same Hospital | O | Number of Acute Care inpatient discharges that meet criteria inclusion as a readmission to the same hospital using unplanned, 30-day, all-cause, all-payer methodology | Number of Acute Care inpatient discharges meeting eligibility for inclusion as an index admission | Statewide Databases (if available), Otherwise Self-Reported | 58 | * |

| PfP Focus Area | Measure Name | Process (P)/ Outcome (O) | Numerator Description | Denominator Description | Data Source | Toolkit Pg # | Legend Key |
|---|---|---|---|---|---|---|---|
| READMISSIONS | Handover Communication | P | Number of Acute Care, Skilled Nursing Facility and Swing Bed inpatient discharges where critical information is transmitted to the next site of care (e.g. office, LTC, HH) or person continuing care | Number of discharges for Acute Care, Skilled Nursing Care and Swing Bed inpatient discharges | Self-Reported through PfP Compass HIIN Reporting Database | 63 | *** |
| READMISSIONS | Community Provider Involvement in identifying Post-Discharge Needs | P | Number of Acute Care, Skilled Nursing Facility and Swing Bed inpatient discharges where community providers (e.g. home care, primary care, nurses, skilled nursing) were included in assessing post discharge needs | Number of discharges for Acute Care, Skilled Nursing Care and Swing Bed inpatient discharges | Self-Reported through PfP Compass HIIN Reporting Database | 61 | *** |
| READMISSIONS | Post-Hospital Follow-up Appointment | P | Number of Acute Care, Skilled Nursing Facility and Swing Bed inpatient discharges with follow-up appointment scheduled before discharge in accordance with risk assessment | Number of discharges for Acute Care, Skilled Nursing Care and Swing Bed inpatient discharges | Self-Reported through PfP Compass HIIN Reporting Database | 62 | *** |
| READMISSIONS | Patient Teach-Back | P | Number of observations of nurses where teach-back is used to assess understanding | Number of observations of nurse teaching | Self-Reported through PfP Compass HIIN Reporting Database | 60 | *** |
| SEVERE SEPSIS AND SEPTIC SHOCK (NEW) | Postoperative Sepsis Rate, (AHRQ PSI 13) | O | Number of Acute Care elective surgical inpatient discharges with any secondary ICD-9/10 diagnosis code for sepsis | Number of Acute Care elective surgical inpatient discharges with any-listed ICD-9/10 procedure code for an operating room procedure and admission type recorded as elective | Statewide Databases (if available), Otherwise Self-Reported | 65 | * |
| SEVERE SEPSIS AND SEPTIC SHOCK (NEW) | Severe Sepsis and Septic Shock 3 hour Management Bundle Compliance (NQF 0500) | P | Number of Acute Care, Skilled Nursing Facility and Swing Bed inpatients in the denominator population who receive all elements of the 3 hour Severe Sepsis and Septic Shock Management Bundle | Number of Acute Care, Skilled Nursing Facility and Swing Bed inpatients presenting with severe sepsis or septic shock (exclude patients comfort care only, where central line cannot be placed or is contraindicated, or where clinical condition precludes total measure completion) | Self-Reported through PfP Compass HIIN Reporting Database | 66 | *** |
| SEVERE SEPSIS AND SEPTIC SHOCK (NEW) | Severe Sepsis and Septic Shock 6-hour Management Bundle Compliance (NQF 0500) | P | Number of Acute Care, Skilled Nursing and Swing Bed inatients in the denominator population who receive all elements of the 6 hour Severe Sepsis and Septic Shock Management Bundle | Number of Acute Care, Skilled Nursing Facility and Swing Bed inpatients presenting with severe sepsis or septic shock (exclude patients comfort care only, where central line cannot be placed or is contraindicated, or where clinical condition precludes total measure completion) | Self-Reported through PfP Compass HIIN Reporting Database | 68 | *** |
| SSI | *CDC Harmonized Procedure-Specific SSI SIR - Colon Surgeries, (CMS IQR xx), (NQF 0753) | O | Observed number of Colon SSI infections based on NHSN aggregate data | Expected number of Colon SSI infections based on NHSN aggregate data | NHSN | | ** |
| SSI | *CDC Harmonized Procedure-Specific SSI SIR - Abdominal Hysterectomies, (NQF 0753) | O | Observed number of Abdominal Hysterectomy SSI infections based on NHSN aggregate data | Expected number of Abdominal Hysterectomy SSI infections based on NHSN aggregate data | NHSN | | ** |

| PfP Focus Area | Measure Name | Process (P)/ Outcome (O) | Numerator Description | Denominator Description | Data Source | Toolkit Pg # | Legend Key |
|---|---|---|---|---|---|---|---|
| SSI | *CDC Harmonized Procedure-Specific SSI SIR - Total Hip Replacements, (NQF 0753) | O | Observed number of Total Hip SSI infections based on NHSN aggregate data | Expected number of Total Hip SSI infections based on NHSN aggregate data | NHSN | | ** |
| SSI | *CDC Harmonized Procedure-Specific SSI SIR - Total Knee Replacements, (NQF 0753) | O | Observed number of Total Knee SSI infections based on NHSN aggregate data | Expected number of Total Knee SSI infections based on NHSN aggregate data | NHSN | | ** |
| SSI | *Colon Surgical Site Infection Rate | O | Number of hospital-acquired colon surgical site infections | Number colon surgical episodes | NHSN | 70 | ** |
| SSI | *Abdominal Hysterectomy Surgical Site Infection Rate | O | Number of hospital-acquired abdominal hysterectomy surgical site infections | Number of abdominal hysterectomy surgical episodes | NHSN | 71 | ** |
| SSI | *Hip Replacement Surgical Site Infection Rate | O | Number of hospital-acquired hip replacement surgical site infections | Number of hip replacement surgical episodes | NHSN | 72 | ** |
| SSI | *Knee Replacement Surgical Site Infection Rate | O | Number of hospital-acquired knee replacement surgical site infections | Number of knee replacement surgical episodes | NHSN | 74 | ** |
| SSI | *Surgery Patients with Perioperative Temperature Management | P | Number of surgical inpatients for whom either active warming was used intraoperatively or who had at least one body temperature equal to or greater than 96.8F/36C within 30 minutes immediately prior to or 15 minutes immediately after anesthesia end time | Number of surgical inpatients undergoing procedure under general or neuraxial anesthesia of greater than or equal to 60 minutes duration | Self-Reported through PfP Compass HIIN Reporting Database | 75 | *** |
| SSI (NEW) | *Surgical Safety Checklist Compliance | P | Number of operating room procedures in which the checklist was used | Number of operating room procedures during observed time period | Self-Reported through PfP Compass HIIN Reporting Database | 76 | *** |
| VAE | *Ventilator-Associated Condition (VAC) | O | Number of events that meet VAC criteria | Number of ventilator days | NHSN | 78 | ** |
| VAE | *Infection-Related Ventilator-Associated Complication (IVAC) | O | Number of events that meet IVAC criteria | Number of ventilator days | NHSN | 79 | ** |
| VAE | *Possible/Probable Ventilator-Associated Pneumonia | O | Number of events that meet possible/probable Ventilator-Associated Pneumonia criteria | Number of ventilator days | NHSN | 80 | ** |
| VAE | *Ventilator Bundle Compliance | P | Number of ICU patients in the denominator population on mechanical ventilation with full ventilator-associated prevention bundle compliance | Number of ICU patients on mechanical ventilation on day of week sample | Self-Reported through PfP Compass HIIN Reporting Database | 81 | *** |
| VTE | Post-Operative Pulmonary Embolism (PE) or Deep Venous Thrombosis (DVT) (AHRQ) | O | Number of Acute Care surgical inpatients with non-POA secondary ICD-9/10 code(s) for DVT or PE | Number of Acute Care surgical inpatient discharges excluding cases where DVT/PE are present on admission | Statewide Databases (if available), Otherwise Self-Reported | 83 | * |
| VTE (NEW) | Venous Thromboembolism Warfarin Therapy Discharge Instructions (CMS VTE-5) | P | Number of patients with documentation that they or their caregivers were given written discharge instructions or other educational material about warfarin | Number of patients with confirmed VTE discharged on warfarin therapy | Self-Reported through PfP Compass HIIN Reporting Database | 86 | *** |

| PfP Focus Area | Measure Name | Process (P)/ Outcome (O) | Numerator Description | Denominator Description | Data Source | Toolkit Pg # | Legend Key |
|---|---|---|---|---|---|---|---|
| VTE | VTE Appropriate Prophylaxis | P | Number of Acute Care, Skilled Nursing Facility, Swing Bed and Observation patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given | Number of admissions to Acute Care, Skilled Nursing Facility, Swing Bed and Observation patients with stays of >48 hours | Self-Reported through PfP Compass HIIN Reporting Database | 84 | *** |

## Compass Hospital Improvement Innovation Network (HIIN) Additional Harm Area Measure Set (OPTIONAL)

| Legend | |
|---|---|
| * | **Statewide Databases** |
| ** | **National Safety Healthcare Network (NHSN)** |
| *** | **Self-Reported** |

| PfP Focus Area | Measure Name | Process (P)/ Outcome (O) | Numerator Description | Denominator Description | Data Source | Toolkit Pg # | Legend Key |
|---|---|---|---|---|---|---|---|
| MDRO/ANTI-MICROBIAL STEWARDSHIP **(NEW)** | Carbapenem-resistant Enterobacteriaceae (CRE) Prevalence | O | Number of LabID CRE events | Number of Acute Care Inpatient days | NHSN | 88 | ** |
| MDRO/ANTI-MICROBIAL STEWARDSHIP **(NEW)** | Standardized Antimicrobial Administration Ratio (SAAR) | O | Number of observed days of antimicrobial therapy reported by a healthcare facility for a specified category of antimicrobial agents used in a patient care location or group of locations | Number of days of antimicrobial therapy predicted for a healthcare facility's use of a specified category of antimicrobial agents in a patient care location or group of locations, calculated by applying negative binomial regression modeling to nationally aggregated AU data | NHSN | 89 | ** |
| MDRO/ANTI-MICROBIAL STEWARDSHIP **(NEW)** | Antibiotic Time Out | P | Number of patients administered antibiotics that have antibiotic "time out" in order to reassess the continuing need and choice of antibiotics, within 48 hours of initiation of antimicrobial therapy | Number of patients prescribed/administered antimicrobial therapy | Self-Reported through PfP Compass HIIN Reporting Database | 90 | *** |
| MDRO/ANTI-MICROBIAL STEWARDSHIP **(NEW)** | Antimicrobial agent days | O | Number of patient-days when any antimicrobial was prescribed/administered (alone or in combination) | Total number of patient days | Self-Reported through PfP Compass HIIN Reporting Database | 90 | *** |
| HOSPITAL CULTURE OF SAFETY/WORKER SAFETY | Work-related Back Injuries | O | Number of work-related back injuries | Number of FTEs | Self-Reported through PfP Compass HIIN Reporting Database | 92 | *** |
| HOSPITAL CULTURE OF SAFETY/WORKER SAFETY | Needlesticks | O | Number of needlestick events | Number of FTEs | Self-Reported through PfP Compass HIIN Reporting Database | 93 | *** |
| HOSPITAL CULTURE OF SAFETY/WORKER SAFETY | Safe Patient Handling Program Equipment Checklist Compliance | P | Number of units with all checklist items 'In Place' | Number of units assessed | Self-Reported through PfP Compass HIIN Reporting Database | 94 | *** |
| UNDUE EXPOSURE TO RADIATION | Abdomen CT - Use of Contrast Material (CMS) | O | Number of abdomen CT studies with and without contrast ('combined studies') | Number of abdomen CT studies performed (with contrast, without contrast or both with and without contrast) | Statewide Databases (if available), Otherwise Self-Reported | 96 | * |

| PfP Focus Area | Measure Name | Process (P)/ Outcome (O) | Numerator Description | Denominator Description | Data Source | Toolkit Pg # | Legend Key |
|---|---|---|---|---|---|---|---|
| UNDUE EXPOSURE TO RADIATION | Thorax CT - Use of Contrast Material (CMS) | O | Number of thorax CT studies with and without contrast ('combined studies') | Number of thorax CT studies performed (with contrast, without contrast or both with and without contrast) | Statewide Databases (if available), Otherwise Self-Reported | 97 | * |
| UNDUE EXPOSURE TO RADIATION | Total CT Dose Capture Compliance - Dose Length Product (DLP) | P | Total number of CTs in which the total DLP is recorded | Total number of CTs | Self-Reported through PfP Compass HIIN Reporting Database | 98 | *** |
| UNDUE EXPOSURE TO RADIATION | Total CT Dose Capture Compliance - Volume CT Dose Index (CTDIvol) | P | Total number of CTs in which the total CTDIvol is recorded | Total number of CTs | Self-Reported through PfP Compass HIIN Reporting Database | 98 | *** |
| UNDUE EXPOSURE TO RADIATION | Total CT Dose Capture Compliance - Size-specific Dose Estimate (SSDE) | P | Total number of CTs in which the total SSDE is recorded | Total number of CTs | Self-Reported through PfP Compass HIIN Reporting Database | 99 | *** |
| MBQIP PHASE 3 - Eligible Iowa CAHs | *ED Transfer Communication | P | Number of ED patients transferred to another healthcare facility where all elements were communicated to the receiving facility | Number of ED patients transferred to another healthcare facility (Hospice Healthcare Facility, Acute Care Facility (CAH/General Inpatient Care/Cancer/Children's/VA) | Self-Reported through PfP Compass HIIN Reporting Database | 106 | *** |
| MBQIP PHASE 3 - Eligible Iowa CAHs | *ED Transfer Communication | P | Number of ED patients transferred to another healthcare facility whose medical record documents indicate that all Administarive Communication (nurse-to-nurse communication and physician-to-physician communication) was communicated | Number of ED patients transferred to another healthcare facility (Hospice Healthcare Facility, Acute Care Facility (CAH/General Inpatient Care/Cancer/Children's/VA) | Self-Reported through PfP Compass HIIN Reporting Database | 107 | *** |
| MBQIP PHASE 3 - Eligible Iowa CAHs | *ED Transfer Communication | P | Number of ED patients transferred to another healthcare facility whose medical record documents indicate that all Patient Information (name, address, age, gender, significant other contact info and insurance information) was communicated | Number of ED patients transferred to another healthcare facility (Hospice Healthcare Facility, Acute Care Facility (CAH/General Inpatient Care/Cancer/Children's/VA) | Self-Reported through PfP Compass HIIN Reporting Database | 107 | *** |
| MBQIP PHASE 3 - Eligible Iowa CAHs | *ED Transfer Communication | P | Number of ED patients transferred to another healthcare facility whose medical record documents indicate that all Vital Signs (pulse, respiratory rate, blood pressure, oxygen saturation, temperature and Glasgow Coma Scale/neuro assessment) was communicated | Number of ED patients transferred to another healthcare facility (Hospice Healthcare Facility, Acute Care Facility (CAH/General Inpatient Care/Cancer/Children's/VA) | Self-Reported through PfP Compass HIIN Reporting Database | 107 | *** |
| MBQIP PHASE 3 - Eligible Iowa CAHs | *ED Transfer Communication | P | Number of ED patients transferred to another healthcare facility whose medical record documents indicate that all Medication Information (medications administered in ED, allergies and home medications) was communicated | Number of ED patients transferred to another healthcare facility (Hospice Healthcare Facility, Acute Care Facility (CAH/General Inpatient Care/Cancer/Children's/VA) | Self-Reported through PfP Compass HIIN Reporting Database | 107 | *** |
| MBQIP PHASE 3 - Eligible Iowa CAHs | *ED Transfer Communication | P | Number of ED patients transferred to another healthcare facility whose medical record documents indicate that all Pactitioner-Generated Information (history and physical, reason for transfer and plan of care) was communicated | Number of ED patients transferred to another healthcare facility (Hospice Healthcare Facility, Acute Care Facility (CAH/General Inpatient Care/Cancer/Children's/VA) | Self-Reported through PfP Compass HIIN Reporting Database | 107 | *** |

*Focus area optional depending on hospital services

| PfP Focus Area | Measure Name | Process (P)/ Outcome (O) | Numerator Description | Denominator Description | Data Source | Toolkit Pg # | Legend Key |
|---|---|---|---|---|---|---|---|
| MBQIP PHASE 3 - Eligible Iowa CAHs | *ED Transfer Communication | P | Number of ED patients transferred to another healthcare facility whose medical record documents indicate that all the Nurse-Generated Information (nursing assessments/interventions/response, sensory status, catheters, immobilizations, respiratory support and oral limitations) was communicated | Number of ED patients transferred to another healthcare facility (Hospice Healthcare Facility, Acute Care Facility (CAH/General Inpatient Care/Cancer/Children's/VA) | Self-Reported through PfP Compass HIIN Reporting Database | 108 | *** |
| MBQIP PHASE 3 - Eligible Iowa CAHs | *ED Transfer Communication | P | Number of ED patients transferred to another healthcare facility whose medical record documents indicate that all Tests and Procedures done and Test and Procedure Results Sent were communicated | Number of ED patients transferred to another healthcare facility (Hospice Healthcare Facility, Acute Care Facility (CAH/General Inpatient Care/Cancer/Children's/VA) | Self-Reported through PfP Compass HIIN Reporting Database | 108 | *** |
| OBSTETRICAL ADVERSE EVENTS | *Early Elective Delivery | O | Number of elective maternal deliveries between 37-39 weeks gestation with no medical indication | All deliveries between 37-39 weeks gestation | Self-Reported through PfP Compass HIIN Reporting Database | 100 | *** |
| OBSTETRICAL ADVERSE EVENTS | *Primary Cesarean Delivery Rate, Uncomplicated | O | Number of maternal inpatients with either MS-DRG code for Cesarean delivery or any-listed ICD-9/10 procedure code(s) for Cesarean delivery without any-listed ICD-9/10 procedure code(s) for hysterotomy | Number of deliveries | Statewide Databases (if available), Otherwise Self-Reported | 101 | * |
| OBSTETRICAL ADVERSE EVENTS | *Birth Trauma Rate - Injury to Newborn (ARHQ PSI 18) | O | Number of Newborns with ICD-9/10 code(s) for birth trauma | Number of Newborns | Statewide Databases (if available), Otherwise Self-Reported | 102 | * |
| OBSTETRICAL ADVERSE EVENTS | *Obstetrical Trauma Rate - Vaginal Delivery With Instrument | O | Number of vaginally-delivering, instrument-assisted Moms with ICD-9/10 code(s) for 3rd or 4th degree obstetric trauma | Number of vaginal deliveries with ICD-9/10 procedure code(s) for instrument-assisted delivery | Statewide Databases (if available), Otherwise Self-Reported | 103 | * |
| OBSTETRICAL ADVERSE EVENTS | *Obstetrical Trauma Rate - Vaginal Delivery Without Instrument (ARHQ PSI 19) | O | Number of vaginally-delivering, non instrument-assisted Moms with ICD-9/10 code(s) for 3rd or 4th degree obstetric trauma | Number of vaginal deliveries without ICD-9/10 procedure code(s) for non instrument-assisted delivery | Statewide Databases (if available), Otherwise Self-Reported | 104 | * |

*Focus area optional depending on hospital services