

Minnesota Statewide Quality Reporting and Measurement System

FINAL Slate of Proposed Measures for Clinics

2010 Quality Rule

Existing Measures

Measure	Eligible Providers	Collection Date / Dates of Service	Data Elements ¹	Risk Adjustment
<p>Optimal Vascular Care Composite:</p> <ul style="list-style-type: none"> • Low-density lipoprotein (LDL) cholesterol (less than 100 mg/dL) • Blood pressure control (less than 130/80 mm Hg) • Daily aspirin use or contraindication to aspirin • Documented tobacco free 	<ul style="list-style-type: none"> • Family Medicine • Internal Medicine • Geriatric Medicine • Cardiology 	<p>Collecting January 1, 2011 on calendar 2010 dates of service.</p>	<ul style="list-style-type: none"> • Adults age 18 to 75 • Seen by an eligible provider in an eligible specialty face-to-face at least 2 times during the prior 2 years with visits coded with an ischemic vascular disease code. • Seen by an eligible provider in an eligible specialty face-to-face at least 1 time during the prior 12 months for any reason. 	<p>Insurance Product Type:</p> <ul style="list-style-type: none"> • Commercial • Medicare • MN Government Programs • Self-pay / Uninsured
<p>Health Information Technology Survey</p> <ul style="list-style-type: none"> • Survey topics cover adoption of HIT, use of HIT, exchange of information, and on-line services • See attached MN Ambulatory Clinic HIT Survey for complete list of questions 	<p>All Specialties</p>	<p>Collecting February 15 through March 15 2011 on current HIT status.</p>	<p>Clinic-level survey</p>	<p>Not applicable – data reported as descriptive statistics only</p>

¹ Please see measure specifications attached

Minnesota Statewide Quality Reporting and Measurement System
 FINAL Slate of Proposed Measures for Clinics
 2010 Quality Rule

Modified Measures

Measure	Eligible Providers	Collection Date / Dates of Service	Data Elements ¹	Risk Adjustment
<p>Optimal Diabetes Care Composite (Revised 2010):</p> <ul style="list-style-type: none"> • HbA1c (less than 8 percent) • Low-density lipoprotein (LDL) cholesterol (less than 100 mg/dL) • Blood pressure control (less than 130/80 mm Hg) • Daily aspirin use if patient has diagnosis of IVD (or valid contraindication to aspirin) • Documented tobacco free 	<ul style="list-style-type: none"> • Family Medicine • Internal Medicine • Geriatric Medicine • Endocrinology 	<p>Collecting January 1, 2011 on calendar 2010 dates of service.</p>	<ul style="list-style-type: none"> • Adults age 18 to 75 • Seen by an eligible provider in an eligible specialty face-to-face at least 2 times during the prior 2 years with visits coded with a diabetes ICD-9 code. • Seen by an eligible provider in an eligible specialty face-to-face at least 1 time during the prior 12 months for any reason. 	<p>Insurance Product Type:</p> <ul style="list-style-type: none"> • Commercial • Medicare • MN Government Programs • Self-pay / Uninsured

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Minnesota Statewide Quality Reporting and Measurement System
 FINAL Slate of Proposed Measures for Clinics
 2010 Quality Rule

New Measures

Measure	Eligible Providers	Collection Date / Dates of Service	Data Elements ¹	Risk Adjustment
<p>Depression Remission at 6 months</p> <ul style="list-style-type: none"> Patients with major depression or dysthymia <u>and</u> an initial PHQ-9 score > nine whose PHQ-9 score at six months (+/- 30 days) is less than 5. 	<p>Reporting in 2011 and thereafter:</p> <ul style="list-style-type: none"> Family Medicine Internal Medicine Geriatric Medicine Psychiatry <p>Reporting in 2012 and thereafter:</p> <ul style="list-style-type: none"> Behavioral Health 	<p>Collecting February 7, 2011 on calendar 2010 dates of service.</p>	<ul style="list-style-type: none"> Adults age 18 and older Patient visits or contacts during the measurement period with Diagnosis of Major Depression or Dysthymia Initial PHQ-9 score is > nine 	<ul style="list-style-type: none"> Risk adjustment not recommended due to newness of measure If necessary, RA by initial PHQ-9 severity bands

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Minnesota Statewide Quality Reporting and Measurement System
 FINAL Slate of Proposed Measures for Clinics
 2010 Quality Rule

Measure	Eligible Providers	Collection Date / Dates of Service	Data Elements ¹	Risk Adjustment
<p>Optimal Asthma Care</p> <ul style="list-style-type: none"> • Asthma is well controlled (asthma control tool/test results indicate control) • Patient is not at risk for future exacerbations (patient has less than two total emergency department visits and hospitalizations during previous 12 months) • Patient has been educated about asthma and has a current written asthma management plan containing information on medication doses and effects, what to do during an exacerbation, and information on the patient’s triggers (written/reviewed within the measurement period) 	<ul style="list-style-type: none"> • Family Medicine • Internal Medicine • General Practice • Pediatrics • Allergy/Immunology • Pulmonology 	<p>Collecting July 1, 2011 on dates of service: July 1, 2010 – June 30, 2011</p>	<ul style="list-style-type: none"> • Patients age 5-50 • Seen by an eligible provider in an eligible specialty face-to-face at least 2 times during the prior 2 years with visits coded with an asthma ICD-9 code • Seen by an eligible provider in an eligible specialty face-to-face at least 1 time during the prior 18 months for any reason. 	<p>Insurance Product Type:</p> <ul style="list-style-type: none"> • Commercial • Medicare • MN Government Programs • Self-pay / Uninsured

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2010 Quality Rule

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<p>Colorectal Cancer Screen</p> <ul style="list-style-type: none"> • Patient is current with colorectal cancer screening (allowable screens: colonoscopy within 10 years, sigmoidoscopy within 5 years, FOBT or FIT within the reporting period) 	<ul style="list-style-type: none"> • Family Medicine • Internal Medicine • Geriatric Medicine • Obstetrics / Gynecology 	<p>Collecting July 1, 2011 on dates of service: July 1, 2010 – June 30, 2011</p>	<ul style="list-style-type: none"> • Adults age 50-75 • Seen by an eligible provider in an eligible specialty face-to-face at least 2 times during the prior 2 years for any reason. • Seen by an eligible provider in an eligible specialty face-to-face at least 1 time during the prior 12 months for any reason. 	<p>Insurance Product Type:</p> <ul style="list-style-type: none"> • Commercial • Medicare • MN Government Programs • Self-pay / Uninsured
<p>Patient Experience of Care Survey topics cover:</p> <ul style="list-style-type: none"> • Getting care when needed / access to care • Communication • Helpfulness of office staff • Doctors with an exceptional rating <p><i>Clinic sites with fewer than 2,200 unique patients visiting the clinic in calendar year 2010 are not required to submit survey results.</i></p>	<ul style="list-style-type: none"> • All specialties except Psychiatry 	<p>Survey Period: September 1 – November 30, 2011</p>	<p>All patients ages 18 and older with a face-to-face visit at the clinic during the timeframe, are eligible for inclusion in the survey regardless of:</p> <ul style="list-style-type: none"> • Physician specialty • Reason for visit • Duration of patient/physician relationship 	<ul style="list-style-type: none"> • Health status • Age

¹ Please see measure specifications attached

Minnesota Statewide Quality Reporting and Measurement System
FINAL Slate of Proposed Measures for Clinics
2010 Quality Rule

Retired Measures

Measure	Eligible Providers	Collection Date / Dates of Service	Data Elements¹	Risk Adjustment
NONE				

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 FINAL Slate of Proposed Measures for Hospitals
 2010 Quality Rule

Existing Measures

CMS Measures	Collection Date / Dates of Service	Data Elements
<p>Acute myocardial infarction (AMI) / heart attack process of care measures for applicable hospital discharge dates</p> <ul style="list-style-type: none"> • Aspirin at arrival (AMI-1) • Aspirin prescribed at discharge (AMI-2) • ACEI or ARB for LVSD (AMI-3) • Adult smoking cessation advice/counseling (AMI-4) • Beta-blocker prescribed at discharge (AMI-5) • Fibrinolytic therapy received within 30 minutes of hospital arrival (AMI-7a) • Primary PCI received within 90 minutes of hospital arrival (AMI-8a) • NEW 2011: Appropriate Care Measure (percent of patients that met ALL heart attack process of care measures, if eligible) 	<p>(CMS schedule) / DOS ending 3rd Quarter 2010</p>	<p>Hospitals must submit data for each of the hospital compare acute myocardial infarction (AMI) / heart attack process of care quality measures. This data includes the following information:</p> <ul style="list-style-type: none"> • Denominator: Number of patients meeting the criteria for inclusion in each of the quality measures • Numerator: Number of patients meeting the targets in each of the quality measures • Calculated rate
<p>All heart failure (HF) process of care measures for applicable hospital discharge dates</p> <ul style="list-style-type: none"> • Discharge instructions (HF-1) • Evaluation of LVS function (HF-2) • ACEI or ARB for LVSD (HF-3) • Adult smoking cessation advice/counseling (HF-4) • NEW 2011: Appropriate Care Measure (percent of patients that met ALL heart failure process of care measures, if eligible) 	<p>(CMS schedule) / DOS ending 3rd Quarter 2010</p>	<p>Hospitals must submit data for each of the hospital compare heart failure process of care quality measures. This data includes the following information:</p> <ul style="list-style-type: none"> • Denominator: Number of patients meeting the criteria for inclusion in each of the quality measures • Numerator: Number of patients meeting the targets in each of the quality measures • Calculated rate

Minnesota Statewide Quality Reporting and Measurement System
 FINAL Slate of Proposed Measures for Hospitals
 2010 Quality Rule

CMS Measures	Collection Date / Dates of Service	Data Elements
<p>Pneumonia (PN) process of care measures for applicable hospital discharge dates</p> <ul style="list-style-type: none"> • Pneumococcal vaccination (PN-2) • Blood cultures performed in the emergency department prior to initial antibiotic received in hospital (PN-3b) • Adult smoking cessation advice/counseling (PN-4) • Initial antibiotic received within 6 hours of hospital arrival (PN-5c) • Initial antibiotic selection for community-acquired pneumonia (CAP) in immunocompetent patients (PN-6) • Influenza vaccination (PN-7) • NEW 2011: Appropriate Care Measure (percent of patients that met ALL pneumonia process of care measures, if eligible) 	<p>(CMS schedule) / DOS ending 3rd Quarter 2010</p>	<p>Hospitals must submit data for each of the hospital compare pneumonia process of care quality measures. This data includes the following information:</p> <ul style="list-style-type: none"> • Denominator: Number of patients meeting the criteria for inclusion in each of the quality measures • Numerator: Number of patients meeting the targets in each of the quality measures • Calculated rate
<p>All surgical care improvement project (SCIP) process of care measures for applicable hospital discharge dates</p> <ul style="list-style-type: none"> • Prophylactic antibiotic received within one hour prior to surgical incision * (SCIP-Inf-1) • Prophylactic antibiotic selection for surgical patients (SCIP-Inf-2) • Prophylactic antibiotics discontinued within 24 hours after surgery end time * (SCIP-Inf-3) • Cardiac surgery patients with controlled 6 a.m. postoperative blood glucose (SCIP-Inf-4) • Surgery patients with appropriate hair removal (SCIP-Inf-6) • Surgery patients on beta-blocker therapy prior to arrival who received a beta-blocker during the perioperative period (SCIP-Card-2) • Surgery patients with recommended venous thromboembolism prophylaxis ordered (SCIP-VTE-1) • Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery (SCIP-VTE-2) 	<p>(CMS schedule) / DOS ending 3rd Quarter 2010</p>	<p>Hospitals must submit data for each of the hospital compare surgical care improvement project (SCIP) process of care quality measures. This data includes the following information:</p> <ul style="list-style-type: none"> • Denominator: Number of patients meeting the criteria for inclusion in each of the quality measures • Numerator: Number of patients meeting the targets in each of the quality measures • Calculated rate

Minnesota Statewide Quality Reporting and Measurement System
 FINAL Slate of Proposed Measures for Hospitals
 2010 Quality Rule

AHRQ Measures	Collection Date / Dates of Service	Data Elements
Abdominal aortic aneurysm (AAA) repair volume (IQI 4) – This measure is used to assess the raw volume of provider-level abdominal aortic aneurysm (AAA) repair (surgical procedure).	DOS 4 th Quarter 2009 through 3 rd quarter 2010	Hospitals must submit data for the abdominal aortic aneurysm (AAA) repair volume (IQI 4) quality measure. This data includes the following information: <ul style="list-style-type: none"> • Volume
Abdominal aortic aneurysm (AAA) repair mortality rate (IQI 11) – This measure is used to assess the number of deaths per 100 discharges with procedure code of abdominal aortic aneurysm (AAA) repair.	DOS 4 th Quarter 2009 through 3 rd quarter 2010	Hospitals must submit data for the abdominal aortic aneurysm (AAA) repair mortality rate (IQI 11) quality measure. This data includes the following information: <ul style="list-style-type: none"> • Denominator: Number of patients meeting the criteria for inclusion in the quality measure • Numerator: Number of patients meeting the targets in the quality measure • Calculated rate
Coronary artery bypass graft (CABG) volume (IQI 5) – This measure is used to assess the raw volume of provider-level coronary artery bypass graft (CABG) (surgical procedure).	DOS 4 th Quarter 2009 through 3 rd quarter 2010	Hospitals must submit data for the coronary artery bypass graft (CABG) volume (IQI 5) quality measure. This data includes the following information: <ul style="list-style-type: none"> • Volume
Coronary artery bypass graft (CABG) mortality rate (IQI 12) – This measure is used to assess the number of deaths per 100 discharges with a procedure code of coronary artery bypass graft (CABG).	DOS 4 th Quarter 2009 through 3 rd quarter 2010	Hospitals must submit data for the coronary artery bypass graft (CABG) mortality rate (IQI 12) quality measure. This data includes the following information: <ul style="list-style-type: none"> • Denominator: Number of patients meeting the criteria for inclusion in the quality measure • Numerator: Number of patients meeting the targets in the quality measure • Calculated rate

Minnesota Statewide Quality Reporting and Measurement System
 FINAL Slate of Proposed Measures for Hospitals
 2010 Quality Rule

AHRQ Measures	Collection Date / Dates of Service	Data Elements
<p>Percutaneous transluminal coronary angioplasty (PTCA) volume (IQI 6) – This measure is used to assess the raw volume of providerlevel percutaneous transluminal coronary angioplasty (PTCA) (surgical procedure).</p>	<p>DOS 4th Quarter 2009 through 3rd quarter 2010</p>	<p>Hospitals must submit data for the percutaneous transluminal coronary angioplasty (PTCA) volume (IQI 6) quality measure. This data includes the following information:</p> <ul style="list-style-type: none"> • Volume
<p>Percutaneous transluminal coronary angioplasty (PTCA) mortality rate (IQI 30) – This measure is used to assess the number of deaths per 100 percutaneous transluminal coronary angioplasties (PTCAs).</p>	<p>DOS 4th Quarter 2009 through 3rd quarter 2010</p>	<p>Hospitals must submit data for the percutaneous transluminal coronary angioplasty (PTCA) mortality rate (IQI 30) quality measure. This data includes the following information:</p> <ul style="list-style-type: none"> • Denominator: Number of patients meeting the criteria for inclusion in the quality measure • Numerator: Number of patients meeting the targets in the quality measure • Calculated rate
<p>Hip fracture mortality rate (IQI 19) – This measure is used to assess the number of deaths per 100 discharges with principal diagnosis code of hip fracture.</p>	<p>DOS 4th Quarter 2009 through 3rd quarter 2010</p>	<p>Hospitals must submit data for the hip fracture mortality rate (IQI 19) quality measure. This data includes the following information:</p> <ul style="list-style-type: none"> • Denominator: Number of patients meeting the criteria for inclusion in the quality measure • Numerator: Number of patients meeting the targets in the quality measure • Calculated rate

Minnesota Statewide Quality Reporting and Measurement System
 FINAL Slate of Proposed Measures for Hospitals
 2010 Quality Rule

AHRQ Measures	Collection Date / Dates of Service	Data Elements
<p>Pressure ulcer (PSI 3) – This measure is used to assess the number of cases of decubitus ulcer per 1,000 discharges with a length of stay greater than 4 days.</p>	<p>DOS 4th Quarter 2009 through 3rd quarter 2010</p>	<p>Hospitals must submit data for the pressure ulcer (PSI 3) quality measure. This data includes the following information:</p> <ul style="list-style-type: none"> • Denominator: Number of patients meeting the criteria for inclusion in the quality measure • Numerator: Number of patients meeting the targets in the quality measure • Calculated rate
<p>Death among surgical inpatients with serious treatable complications (PSI 4) – This measure is used to assess the number of deaths per 1,000 patients having developed specified complications of care during hospitalization.</p>	<p>DOS 4th Quarter 2009 through 3rd quarter 2010</p>	<p>Hospitals must submit data for the death among surgical inpatients with serious treatable complications (PSI 4) quality measure. This data includes the following information:</p> <ul style="list-style-type: none"> • Denominator: Number of patients meeting the criteria for inclusion in the quality measure • Numerator: Number of patients meeting the targets in each of the quality measure • Calculated rate
<p>Postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT) (PSI 12) – This measure is used to assess the number of cases of deep vein thrombosis (DVT) or pulmonary embolism (PE) per 1,000 surgical discharges with an operating room procedure.</p>	<p>DOS 4th Quarter 2009 through 3rd quarter 2010</p>	<p>Hospitals must submit data for the postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT) (PSI 12) quality measure. This data includes the following information:</p> <ul style="list-style-type: none"> • Denominator: Number of patients meeting the criteria for inclusion in the quality measure • Numerator: Number of patients meeting the targets in the quality measure • Calculated rate

Minnesota Statewide Quality Reporting and Measurement System
 FINAL Slate of Proposed Measures for Hospitals
 2010 Quality Rule

AHRQ Measures	Collection Date / Dates of Service	Data Elements
<p>Obstetric trauma – vaginal delivery with instrument (PSI 18) – This measure is used to assess the number of cases of obstetric trauma (3rd or 4th degree lacerations) per 1,000 instrument-assisted vaginal deliveries.</p>	<p>DOS 4th Quarter 2009 through 3rd quarter 2010</p>	<p>Hospitals must submit data for the obstetric trauma – vaginal delivery with instrument (PSI 18) quality measure. This data includes the following information:</p> <ul style="list-style-type: none"> • Denominator: Number of patients meeting the criteria for inclusion in the quality measure • Numerator: Number of patients meeting the targets in the quality measure • Calculated rate
<p>Obstetric trauma – vaginal delivery without instrument (PSI 19) – This measure is used to assess the number of cases of obstetric trauma (3rd or 4th degree lacerations) per 1,000 without instrument assistance.</p>	<p>DOS 4th Quarter 2009 through 3rd quarter 2010</p>	<p>Hospitals must submit data for the obstetric trauma – vaginal delivery without instrument (PSI 19) quality measure. This data includes the following information:</p> <ul style="list-style-type: none"> • Denominator: Number of patients meeting the criteria for inclusion in the quality measure • Numerator: Number of patients meeting the targets in the quality measure • Calculated rate
Other Measures	Collection Date / Dates of Service	Data Elements
<p>Health Information Technology (HIT)</p> <p>This survey is used to assess <i>a hospital's</i> adoption and use of Health Information Technology (HIT) in <i>its</i> clinical practice.</p>	<p>2011</p>	<p>Survey</p>

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 FINAL Slate of Proposed Measures for Hospitals
 2010 Quality Rule

New / Revised Measures

CMS Measures	Collection Date / Dates of Service	Data Elements
<p>Outpatient acute myocardial infarction (AMI) and chest pain Measures.</p> <p>The hospital outpatient process of care measures include the following measures related to acute myocardial infarctions (AMI) and chest pain emergency department care:</p> <ul style="list-style-type: none"> • Median time to fibrinolysis (OP-1) • Fibrinolytic therapy received within 30 minutes of emergency department (ED) arrival (OP-2) • Median time to transfer to another facility for acute coronary intervention (OP-3) • Aspirin at arrival (OP-4) • Median time to ECG (OP-5) 	<p>(CMS schedule) / DOS ending 3rd Quarter 2010</p>	<p>Hospitals must submit data for each of the outpatient acute myocardial infarction (AMI) and chest pain quality measures. This data includes the following information:</p> <ul style="list-style-type: none"> • Denominator: Number of patients meeting the criteria for inclusion in each of the quality measures • Numerator: Number of patients meeting the targets in each of the quality measures • Calculated rate
<p>Outpatient surgery department measures.</p> <p>The hospital outpatient process of care measures include the following measures related to hospital outpatient surgery care:</p> <ul style="list-style-type: none"> • Timing of antibiotic prophylaxis (prophylactic antibiotic initiated within one hour prior to surgical incision*) (OP- 6) • Prophylactic antibiotic selection for surgical patients (OP-7) 	<p>(CMS schedule) / DOS ending 3rd Quarter 2010</p>	<p>Hospitals must submit data for each of the outpatient surgery department quality measures. This data includes the following information:</p> <ul style="list-style-type: none"> • Denominator: Number of patients meeting the criteria for inclusion in each of the quality measures • Numerator: Number of patients meeting the targets in each of the quality measures • Calculated rate

Minnesota Statewide Quality Reporting and Measurement System
 FINAL Slate of Proposed Measures for Hospitals
 2010 Quality Rule

AHRQ Measures	Collection Date / Dates of Service	Data Elements ¹
<p>Mortality for selected conditions composite measure. This composite measure includes the Agency for Healthcare Research and Quality (AHRQ) Inpatient Quality Indicators (IQI) related to hospital inpatient mortality for specific conditions:</p> <ul style="list-style-type: none"> • Acute myocardial infarction (AMI) mortality rate (IQI 15) • Congestive heart failure (CHF) mortality rate (IQI 16) • Acute stroke mortality rate (IQI 17) • GI Hemorrhage mortality rate (IQI 18) • Hip fracture mortality rate (IQI 19) • Pneumonia mortality rate (IQI 20) 	<p>DOS 4th Quarter 2009 through 3rd quarter 2010</p>	<p>Hospitals must submit data for the mortality for selected conditions composite measure and for each of the mortality for selected conditions composite measure component indicators. This data includes the following information:</p> <ul style="list-style-type: none"> • Denominator: Number of patients meeting the criteria for inclusion in each of the quality measures • Numerator: Number of patients meeting the targets in each of the quality measures • Calculated rate
<p>Patient safety for selected indicators composite measure. This composite measure includes all of the Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators related to hospital inpatient mortality for specific conditions:</p> <ul style="list-style-type: none"> • Pressure ulcer (PSI 3) • Iatrogenic pneumothorax (PSI 6) • Selected infections due to medical care (PSI 7) • Postoperative hip fracture (PSI 8) • Postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT) (PSI 12) • Postoperative sepsis (PSI 13) • Postoperative wound dehiscence (PSI 14) • Accidental puncture or laceration (PSI 15) 	<p>DOS 4th Quarter 2009 through 3rd quarter 2010</p>	<p>Hospitals must submit data for the patient safety for selected indicators composite measure and for each of the patient safety for selected indicators composite measure component indicators. This data includes the following information:</p> <ul style="list-style-type: none"> • Denominator: Number of patients meeting the criteria for inclusion in each of the quality measures • Numerator: Number of patients meeting the targets in each of the quality measures • Calculated rate

Minnesota Statewide Quality Reporting and Measurement System
 FINAL Slate of Proposed Measures for Hospitals
 2010 Quality Rule

AHRQ Measures	Collection Date / Dates of Service	Data Elements
<p>Pediatric patient safety for selected indicators composite measure. This composite measure includes all of the Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators related to hospital inpatient mortality for specific conditions:</p> <ul style="list-style-type: none"> • Accidental puncture or laceration (PDI 1) • Pressure ulcer (PDI 2) • Iatrogenic pneumothorax (PDI 5) • Postoperative sepsis (PDI 10) • Postoperative wound dehiscence (PDI 11) • Selected infections due to medical care (PDI 12) 	<p>DOS 4th Quarter 2009 through 3rd quarter 2010</p>	<p>Hospitals must submit data for the pediatric patient safety for selected indicators composite measure and for each of the pediatric patient safety for selected indicators composite measure component indicators. This data includes the following information:</p> <ul style="list-style-type: none"> • Denominator: Number of patients meeting the criteria for inclusion in each of the quality measures • Numerator: Number of patients meeting the targets in each of the quality measures • Calculated rate
<p>Pediatric Heart Surgery Volume measure. (PDI 7) This measures the number of in-hospital congenital heart surgeries for pediatric patients.</p>	<p>DOS 4th Quarter 2009 through 3rd quarter 2010</p>	<p>Hospitals must submit data for the pediatric patient for selected indicators: Volume: Pediatric patients undergoing surgery for congenital heart disease</p>

Minnesota Statewide Quality Reporting and Measurement System
 FINAL Slate of Proposed Measures for Hospitals
 2010 Quality Rule

AHRQ Measures	Collection Date / Dates of Service	Data Elements
<p>Pediatric Heart Surgery Mortality Rate measure (PDI 6) This measures the number of in-hospital deaths in pediatric patients undergoing surgery for congenital heart disease</p>	<p>DOS 4th Quarter 2009 through 3rd quarter 2010</p>	<p>Hospitals must submit data for the pediatric patient for selected indicators:</p> <ul style="list-style-type: none"> • Denominator: Pediatric patients undergoing surgery for congenital heart disease • Numerator: Number of in-hospital deaths in pediatric patients undergoing surgery for congenital heart disease • Calculated rate
<p>Central Venous Catheter-related Bloodstream Infections (PDI 12) This measures the number of patients with specific infection codes per 1,000 eligible admissions (population at risk).</p>	<p>DOS 4th Quarter 2009 through 3rd quarter 2010</p>	<p>Hospitals must submit data for the pediatric patient for selected indicators:</p> <ul style="list-style-type: none"> • Denominator: All medical and surgical patients (defined by DRG), age 0-17 years • Numerator: Other infection (Infection, sepsis or septicemia following infusion, injection, transfusion, or vaccination) and Infection and inflammatory reaction due to other vascular device, implant, and graft • Calculated Rate

Minnesota Statewide Quality Reporting and Measurement System
 FINAL Slate of Proposed Measures for Hospitals
 2010 Quality Rule

Other Measures	Collection Date / Dates of Service	Data Elements
<p>Home Management Plan of Care Given to Patient/Caregiver for Pediatric Asthma (Joint Commission CAC-3) Measures the number of pediatric asthma inpatients with documentation that they or their caregivers were given a written Home Management Plan of Care (HMPC) document</p>	<p>DOS ending 3rd Quarter 2010</p>	<p>Hospitals must submit data for the pediatric patient for selected indicators:</p> <ul style="list-style-type: none"> • Denominator: Pediatric asthma inpatients (ages 2-17) discharged home • Numerator: Pediatric asthma inpatients with documentation that they or their caregivers were given a written Home Management Plan of Care (HMPC) document that addresses all of the following: <ol style="list-style-type: none"> 1. Arrangements for follow-up care 2. Environmental control and control of other triggers 3. Method and timing of rescue actions 4. Use of controllers 5. Use of relievers • Calculated rate
<p>Late Sepsis or Meningitis in Neonates (Vermont Oxford Network) Measures the infection rate for inborn and outborn infants meeting certain age and weight requirements.</p>	<p>TBD</p>	<p>Hospitals must submit data for the pediatric patient for selected indicators:</p> <ul style="list-style-type: none"> • Denominator: inborn and outborn infants meeting criteria (see full specifications) • Numerator: Infection criteria (see full specifications) • Calculated rate.

Minnesota Statewide Quality Reporting and Measurement System
 FINAL Slate of Proposed Measures for Hospitals
 2010 Quality Rule

Other Measures	Collection Date / Dates of Service	Data Elements
<p>Late Sepsis or Meningitis in Very Low Birth Weight Neonates (Vermont Oxford Network) Measures the infection rate for inborn and outborn infants meeting certain age and weight requirements.</p>	<p>TBD</p>	<p>Hospitals must submit data for the pediatric patient for selected indicators:</p> <ul style="list-style-type: none"> • Denominator: inborn and outborn infants meeting criteria (see full specifications) • Numerator: Infection criteria (see full specifications) • Calculated rate.
<p>Patient experience – This measure is used to assess patients’ perception of their hospital care using a national survey called the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). <i>(This measure is not required for hospitals with less than 500 admissions in the previous calendar year.)</i></p>	<p>2011</p>	<p>Consumer assessment of healthcare providers and systems hospital (HCAHPS) survey</p>

Retired Measures

Measures	Collection Date / Dates of Service	Data Elements
<ul style="list-style-type: none"> • Colorectal surgery patients with immediate postoperative normothermia (SCIP-Inf-7) 	<p>(CMS schedule) / DOS ending 2nd Quarter 2010</p>	

Minnesota Statewide Quality Reporting and Measurement System
 FINAL Slate of Proposed Measures for Ambulatory Surgery Centers
 2010 Quality Rule

New Measures

Measure	Eligible Providers	Collection Date / Dates of Service	Data Elements	Risk Adjustment
Prophylactic intravenous (IV) antibiotic timing	Ambulatory Surgery Centers (ASC) as defined by MDH Quality Rule.	Collecting July 1, 2011 on dates of service: July 1, 2010 – June 30, 2011	<ul style="list-style-type: none"> • Numerator: Number of ASC admissions with an order for a prophylactic IV antibiotic for prevention of surgical site infection, who received the prophylactic antibiotic on time (within one hour prior to the time of the initial surgical incision or the beginning of the procedure or two hours prior if vancomycin or fluoroquinolones are administered. • Denominator: All ASC admissions with a preoperative order for a prophylactic IV antibiotic for prevention of surgical site infection 	To be Determined
Hospital transfer/admission	Ambulatory Surgery Centers (ASC) as defined by MDH Quality Rule.	Collecting July 1, 2011 on dates of service: July 1, 2010 – June 30, 2011	<ul style="list-style-type: none"> • Numerator: (ASC) admissions requiring a hospital transfer or hospital admission upon discharge from the ASC • Denominator: All ASC admissions 	To be Determined
Appropriate surgical site hair removal	Ambulatory Surgery Centers (ASC) as defined by MDH Quality Rule.	Collecting July 1, 2011 on dates of service: July 1, 2010 – June 30, 2011	<ul style="list-style-type: none"> • Numerator: ASC admissions with surgical site hair removal with clippers or depilatory cream • Denominator: All ASC admissions with surgical site hair removal 	To be Determined