

MEASURE INFORMATION FORM B

HCO ID #
HCO NAME
ADDRESS
ADDRESS

Complete one form for each measure.
Retain for your records for presentation to
surveyors at time of survey.

For each measure identified by your organization to meet the ORYX requirements, please provide the following information.
(Make copies of this form as needed)

Performance Measure Name (Unique title of this measure; 50 characters or less):

Rationale (for selection):

Type of Measure: (Select one) Process Outcome Process and Outcome

Measure Category: (Select one) Clinical Health Status Perception of Care/Services

A. (For rate based measures reported as proportion or ratio, complete this section. For continuous variable, see section B.)

Numerator Statement:

Numerator Description

Included Populations:
Excluded Populations:

Denominator Statement:

Denominator Description

Included Populations:
Excluded Populations:

For proportion and ratio measures: What is the average number per month? numerator denominator

Source of Measure:

B. For continuous variables (central tendency) measures, complete this section.

Continuous Variable Statement:

Continuous Variable Description

Included Populations:
Excluded Populations:

For continuous variable measures: What is the average number per month? cases

Source of Measure:

CEO Signature: Date:

Complete one form for each measure