

CHILDREN'S ASTHMA CARE CORE MEASURE SET SELECTION FORM

HCO ID#
 HCO NAME
 ADDRESS
 CITY, STATE, ZIP

Fax Completed Forms to
 (630) 792-4599

MEASUREMENT SYSTEM SELECTED

MEASUREMENT SYSTEM (VENDOR) NAME

SYSTEM ID#

- Please indicate all those patient age groups your organization treats by filling in the appropriate circles.
- Data must be collected and submitted for all measures and include all relevant patient age groups.

CAC-1 Use of Relievers for Inpatient Asthma

DATA COLLECTION
START DATE

- 14900 CAC-1a Overall rate (Ages 2 through 17)
- 14901 CAC-1b Ages 2 through 4
- 14902 CAC-1c Ages 5 through 12
- 14903 CAC-1d Ages 13 through 17

CAC-2 Use of Systemic Corticosteroids for Inpatient Asthma

- 14905 CAC-2a Overall rate (Ages 2 through 17)
- 14906 CAC-2b Ages 2 through 4
- 14907 CAC-2c Ages 5 through 12
- 14908 CAC-2d Ages 13 through 17

CAC-3 Home Management Plan of Care Given to Patient/Caregiver

- 14910 CAC-3a Overall Rate (Ages 2 through 17)

- If you currently submit data to The Joint Commission on a combination of core measure sets and non-core measures, or non-core measures only, and the CAC core measure set has applicability to the patient populations served by your hospital, you are required to collect and submit data to The Joint Commission on the CAC core measure set.
- If you currently are submitting data to The Joint Commission on non-core measures and you are selecting the CAC measure set, you may discontinue data submission on the relevant number of non-core measures that exceed the minimum number of required non-core measures. Please list below the non-core measures for which you will discontinue data submission and indicate the last calendar quarter for which The Joint Commission will receive data for those measures.

MEASUREMENT SYSTEM (VENDOR) NAME

SYSTEM ID#

NON-CORE
MEASURE ID#

DESCRIPTION OF MEASURE

END DATE

DATA COLLECTION

Joint Commission policy requires that your organization provide written confirmation of the performance measurement system(s) and performance measures your organization has selected to meet performance measurement requirements for accreditation.

Primary Contact	Phone	Date
Chief Executive Officer	Signature	Date