

HOME CARE MEASURE INFORMATION FORM B

HCO ID # 654321
HCO NAME XYZ Home Care
ADDRESS 123 East West Street
ADDRESS Home Town, USA
APPLICABLE PROGRAM OME

OME Example # 1
OME = home care

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):

(1) The rate of patient utilization of prescribed and necessary equipment in the home.

Rationale (for selection): The effective use of necessary and prescribed equipment in the home may be critical to the improvement or optimal recovery in a patient's condition. A decreased rate in the number of patients who can use necessary equipment may be indicative if potential problems are related to patient education and management.

Type of Measure: (Select one) [X] Process [ ] Outcome [ ] Process and Outcome

Measure Category: (Select one) [X] 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: The number of adult patients who are able to use prescribed and necessary equipment. Data collected through OASIS question #78.

Numerator Description

Included Populations: not applicable

Excluded Populations: none

Denominator Statement: All adult patients with prescribed equipment.

Denominator Description

Included Populations: Patients 18 years of age or older.

Excluded Populations: none

For proportion and ratio measures: What is the average number per month? 5 numerator 8 denominator

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

CEO Signature: J Q Public

Date: 6/28/99

Complete one form for each measure