

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 # 2

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):

(3) Home care patients with suspected or confirmed central line infections where the catheter is removed and/or antibiotics are ordered.

Rationale (for selection): To evaluate ongoing education of the patient and/or caregiver by monitoring catheter related infections in patients with central lines.

Type of Measure: (Select one) ___ Process ___ Outcome X 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 total number of suspected or confirmed catheter related infections in patients with central lines for which the catheter is removed and /or antibiotics (oral or parenteral) are ordered.

Numerator Description

Included Populations: not applicable

Excluded Populations: Patients receiving antibiotics ordered to treat suspected or confirmed non-central line infections.

Denominator Statement: One thousand central line days. NOTE Calculation: # infections * 1000 / # line days

Denominator Description

Included Populations: Central line maintenance patients as well as those receiving courses of therapy through central lines.

Excluded Populations: Short peripheral and midline catheters. Also patients receiving antibiotics ordered to treat suspected or confirmed non-central line infections.

For proportion and ratio measures: What is the average number per month? 1 numerator 4 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