

SMALL HOSPITAL MEASURE INFORMATION FORM - EXAMPLE 1

HCO ID # 123456
HCO NAME ABC Hospital
ADDRESS 123 South Mail Street
ADDRESS Our Town, USA 12312

Complete one form for each measure.
Retain for your records for presentation to
surveyors at time of survey. Fax Completed Forms to
(630)-792-4599
by June 30, 2002

For each measure identified by your organization to meet the core measure 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):

Length of stay for congestive heart failure patients

Rationale (for selection): Length of stay has been consistently monitored in HCOs over the years. Data from this
measure may help our organization to identify outliers where appropriateness and efficiency of care may need further
evaluation.

Type of Measure: (Select one) Process X 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:

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: Patients in DRG 127, heart failure and shock: number of days from admission to
discharge.

Continuous Variable Description

Included Populations: Inpatient admissions with the specified ICD-9-CM diagnosis codes for DRG 127

Excluded Populations: None

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

Source of Measure:

CEO Signature: Date: May 5, 2002

Complete one form for each measure

EXAMPLE