

SMALL HOSPITAL MEASURE INFORMATION FORM - EXAMPLE 2

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):

Medication error rate

Rationale (for selection): According to the January 2000 Institute of Medicine report, medication errors comprise a large proportion of the most frequently occurring medical errors. The most effective risk reduction/patient safety programs focus on prevention of medication errors and correction of systemic problems. This measure serves as a first step in reducing medication errors by assessing the performance of the drug distribution system.

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: Number of reported medication errors.

Numerator Description

Included Populations: Medication errors are defined as unauthorized drug, improper dose, omission, prescribing wrong rate, and wrong time of administration.

Excluded Populations: None

Denominator Statement: Total Number of doses dispensed.

Denominator Description

Included Populations:

Excluded Populations: None

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: May 5, 2002

Complete one form for each measure

EXAMPLE