

## GLOSSARY FOR MEASURE INFORMATION FORM B

**clinical measures** Measures designed to evaluate the processes or outcomes of care associated with the delivery of clinical services; allow for intra- and interorganizational comparisons to be used to continuously improve patient health outcomes; may focus on the appropriateness of clinical decision making and implementation of these decisions; must be condition specific, procedure specific, or address important function of patient care (e.g., medication use, infection control, patient assessment, etc.).

**continuous variable** An aggregate data measure in which the value of each measurement can fall anywhere along a continuous scale, e.g., the change in GAF score between admission and discharge.

**continuous variable statement** A statement that describes the performance measure when numerator and/or denominator statements are not appropriate, such as a measure of central tendency (continuous variable).

**denominator** The lower part of a fraction used to calculate a proportion or ratio. Also the proportion for a rate-based measure.

**denominator statement** A statement that depicts the population evaluated by the performance measure, e.g., “Persons diagnosed with schizophrenia.”

**excluded populations** Detailed information describing the populations which should not be included in the numerator, denominator or continuous variable, e.g., specific age groups, diagnoses, procedures, enrollment periods, insurance and health plan groups, etc.

**health status measures** Measures that address the functional well-being of specific populations, both in general and in relation to specific conditions, demonstrating change over time, e.g., physical functioning, bodily pain, social functioning, mental health.

**included populations** Detailed information describing the population(s) that the numerator, denominator or continuous variable intends to measure. Details could include such information as specific age groups, diagnoses, procedures, enrollment periods, insurance and health plan groups, and so forth.

**numerator** The upper portion of a fraction used to calculate a proportion or ratio.

**numerator statement** A statement that depicts the portion of the denominator population that satisfies the conditions of the performance measure to an indicator event, e.g., “Number of persons diagnosed with schizophrenia that report being homeless.”

**outcome measure** A measure that indicates the result of the performance (or non-performance) of a function(s) or process(es)

**perception of care/services measures** Satisfaction measures that focus on the delivery of clinical care from the patient’s/family’s/caregiver’s perspective. These include but are not limited to the following aspects of patient care: patient education, medication use, pain management, communication regarding plans and outcomes of care, prevention and illness, improvement in health status, etc. A measure may address one or more aspects of care.

**performance measure** A quantitative tool (e.g., rate, ratio, index, percentage) that provides an indication of an organization’s performance in relation to a specified process or outcome.

**process** An interrelated series of events, activities, actions, mechanisms, or steps that transform inputs into outputs.

**process and outcome** A measure that addresses a process and an outcome as defined by those terms.

**proportion** Derived by dividing the numerator (for example, cases that meet the criterion for good or poor care) by the denominator (for example, all cases to which the criterion applies) within a given time frame. In other words, the numerator is a subset of the denominator.

**ratio** A relationship between two counted sets of data, which may have a value of zero or greater. In a ratio, the numerator is not necessarily a subset of the denominator, e.g., relapses to number of patients discharged from heroin detox program.

**rationale** An explanation of why an indicator is useful in specifying and assessing the process or outcome of care measured by the indicator. The rationale may include supportive evidence such as published literature, unpublished studies, focus group results, etc.