

**VENOUS THROMBOEMBOLISM
CORE MEASURE SET
SELECTION FORM**

HCO ID#
HCO NAME
ADDRESS
CITY, STATE, ZIP

Fax Completed Forms to (630) 792-4599
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MEASUREMENT SYSTEM SELECTED

MEASUREMENT SYSTEM NAME	SYSTEM ID#	DATA COLLECTION START DATE
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*Data **MUST** be collected on **EACH MEASURE** and submitted to The Joint Commission.*

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|-------|-------|--|
| 15971 | VTE-1 | VTE Prophylaxis |
| 15972 | VTE-2 | ICU VTE Prophylaxis
_____ N/A (Please check if you do not maintain any type of ICU) |
| 15973 | VTE-3 | VTE Patients with Anticoagulation Overlap Therapy |
| 15974 | VTE-4 | VTE Patients Receiving UFH with Dosages/Platelet Count
Monitoring by Protocol or Nomogram |
| 15975 | VTE-5 | VTE Discharge Instructions |
| 15976 | VTE-6 | Incidence of Potentially Preventable VTE |

Joint Commission policy requires that your organization provide written confirmation of the performance measurement system(s) and performance measures your organization has selected to meet performance measurement requirements for accreditation.

Primary Contact

Phone

Date

Chief Executive Officer

Signature

Date