

HOME CARE MEASURE INFORMATION FORM B

HCO ID #
HCO NAME
ADDRESS
ADDRESS

Complete one form for each measure.
Retain for your records for presentation to
surveyors at time of survey.

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):

Rationale (for selection): _____

Type of Measure: (Select one) _____ Process _____ Outcome _____ Process and Outcome

Measure Category: (Select one) _____ 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: _____

Source of Measure: _____

B. For continuous variables (central tendency) measures, complete this section.

Continuous Variable Statement: _____

Continuous Variable Description

Included Populations: _____

Excluded Populations: _____

Source of Measure: _____

CEO Signature: _____ Date: _____

Complete one form for each measure