National Voluntary Consensus Standards for Home Health Care
Foreword

The old saying that “there is no place like home” is increasingly relevant in healthcare today. More than 4 million patients currently receive home health services, and the number is steadily increasing. Despite the growing popularity of home care, information to assist patients and their families in assessing the quality of home care providers is scant.

This report details 15 standardized performance measures that will facilitate the comparison of the quality of home health care providers. These measures have been carefully reviewed and endorsed by a diverse group of stakeholders pursuant to the National Quality Forum’s (NQF’s) formal Consensus Development Process, giving them the special status of voluntary consensus standards.

The primary purpose of these NQF-endorsed voluntary consensus standards is to help consumers select high-quality home health care providers. The Centers for Medicare and Medicaid Services will report data from these measures for all Medicare-certified home health agencies on its web site, Home Health Compare (www.medicare.gov/HHCompare). The consensus standards also may be used by home health care providers for internal quality improvement efforts and by purchasers, policymakers, researchers, and regulators for their various purposes.

We thank the Home Health Care Performance Measures Steering Committee and its Technical Advisory Panel, as well as the NQF Member organizations, for their assistance with this project and for their collective dedication to improving the quality of home health care.

Kenneth W. Kizer, MD, MPH
President and Chief Executive Officer
National Voluntary Consensus Standards for Home Health Care

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National Voluntary Consensus Standards for Home Health Care

Executive Summary

The quality of home health care—defined as any healthcare services provided to clients in their homes, including but not limited to skilled nursing services, home health aide services, palliative and end-of-life care (e.g., in-home hospice services), therapies (i.e., physical, speech-language, and occupational), homemaker services/personal care, social services, infusion and pharmacy services, medical supplies and equipment, and in-home physician services—is a subject of growing national concern. Although more than 4 million patients receive care from approximately 20,000 home health agencies, of which nearly 7,000 are Medicare certified, limited information is available to support quality-based decisions by patients and their families.

Publicly reported measures of performance that allow comparisons among providers have been reported by the Centers for Medicare and Medicaid Services (CMS) for home health care since 2003, when the federal government launched its Home Health Quality Initiative (www.medicare.gov/HHCompare). However, information to be gleaned from this initiative was limited, and consensus among consumers, providers, purchasers, researchers, and quality improvement organizations on these measures had not been achieved. To ensure that those stakeholders had the opportunity to provide their input, CMS asked the National Quality Forum (NQF) to identify a set of voluntary consensus standards for home health care. Based on its review of available measures, NQF has endorsed a set of 15 performance measures, 8 research recommendations, and 8 additional recommendations.
The primary purpose of these home health care voluntary consensus standards is to provide information to help consumers select home health care providers. The standards are intended to emphasize care provided by the range of personnel providing home health care services, as well as the variety of provider organizations delivering home-based care. However, given the paucity of measures in certain areas, these consensus standards are an initial set that collectively only begins to address the quality of home health care services in the United States. Today, CMS is collecting and publicly reporting information on the quality of home health care providers as part of the Home Health Quality Initiative, which is based on the NQF-endorsed™ consensus standards.

**National Voluntary Consensus Standards for Home Health Care**

- Improvement in ambulation/locomotion
- Improvement in bathing
- Improvement in transferring
- Improvement in management of oral medications
- Improvement in pain interfering with activity
- Improvement in status of surgical wounds
- Improvement in dyspnea
- Improvement in urinary incontinence
- Increase in number of pressure ulcers
- Emergent care for wound infections, deteriorating wound status
- Emergent care for improper medication administration, medication side effects
- Emergent care for hypo/hyperglycemia
- Acute care hospitalization
- Discharge to community
- Emergent care
Appendix A
Specifications of the National Voluntary Consensus Standards for Home Health Care

The following table summarizes the detailed specifications for each of the National Quality Forum (NQF)-endorsed home health care performance measures. All information presented has been derived directly from measure sources/developers without modification or alteration (except when the measure developer agreed to such modification during the NQF Consensus Development Process) and is current as of September 1, 2005.

All NQF-endorsed voluntary consensus standards are open source, meaning they are fully accessible and disclosed. References to related risk-adjustment methodologies and definitions are provided to assure openness and transparency.

Issues regarding any NQF-endorsed consensus standard (e.g., modifications to specifications, emerging evidence) may be submitted to NQF for review and consideration via the “Implementation Feedback Form” found at www.qualityforum.org/implementation_feedback.htm. NQF will transmit this information to the measure developers and/or compile it for consideration in updating the measure set.
## Appendix A – Specifications of the National Voluntary Consensus Standards for Home Health Care

<table>
<thead>
<tr>
<th>Framework Category</th>
<th>Measure</th>
<th>Source of Measure</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Exclusions</th>
</tr>
</thead>
</table>
| Functional activities of daily living (ADLs) | 1. Improvement in ambulation/locomotion*<sup>1</sup> | Outcome and Assessment Information Set (OASIS)/Outcome-Based Quality Improvement (OBQI)<sup>2,3,4</sup> | Patients for whom the value of OASIS item M0700 Ambulation/Locomotion (a scale ranging from 0 to 5) at discharge from home health care is lower numerically (indicating less impairment) than the value of the same item at the start of or resumption of care | Patients for whom the value of the OASIS item M0700 Ambulation/Locomotion at the start of or resumption of care is >0 (i.e., it is possible for improvement to occur) | - Non-responsive at start or resumption of care  
- Episodes of home health care ending with admission to an inpatient facility or death  
- Maternity patients  
- <18 years of age |
| | 2. Improvement in bathing*<sup>1</sup> | OASIS/OBQI<sup>2,3,4</sup> | Patients for whom the value of OASIS item M0670 Bathing (a scale ranging from 0 to 5) at discharge from home health care is lower numerically (indicating less impairment) than the value of the same item at the start of or resumption of care | Patients for whom the value of the OASIS item M0670 Bathing at the start of or resumption of care is >0 (i.e., it is possible for improvement to occur) | - Non-responsive at start or resumption of care  
- Episodes of home health care ending with admission to an inpatient facility or death  
- Maternity patients  
- <18 years of age |


<sup>1</sup> All Outcome-Based Quality Improvement (OBQI) and Outcome-Based Quality Monitoring (OBQM) measures are derived from the OASIS datasets. Available at [www.cms.hhs.gov/oasis/oasisdat.asp](http://www.cms.hhs.gov/oasis/oasisdat.asp). Last accessed August 2, 2004.

<sup>2</sup> For all OBQI and OBQM measures, transformation documentation is provided in appendix A, table 1.

<sup>3</sup> Measures derived from OASIS (i.e., OBQIs and OBQMs) apply to “adult patients receiving home health skilled services” (see [www.cms.hhs.gov/oasis/hhregs.asp](http://www.cms.hhs.gov/oasis/hhregs.asp)) as a subset of the broader definition of home health care adopted for these national voluntary consensus standards.
### Functional activities of daily living (ADLs) continued

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<tbody>
<tr>
<td></td>
<td>3.</td>
<td>OASIS/OBQI²,³,⁴</td>
<td>Patients for whom the value of OASIS item M0690 Transferring (a scale ranging from 0 to 5) at discharge from home health care is lower numerically (indicating less impairment) than the value of the same item at the start of or resumption of care</td>
<td>Patients for whom the value of the OASIS item M0690 Transferring at the start or resumption of care is &gt;0 (i.e., it is possible for improvement to occur)</td>
<td>□ Non-responsive at start or resumption of care □ Episodes of home health care ending with admission to an inpatient facility or death □ Maternity patients □ &lt;18 years of age</td>
</tr>
<tr>
<td></td>
<td>4.</td>
<td>OASIS/OBQI²,³,⁴</td>
<td>Patients for whom the value of OASIS item M0780 Management of Oral Medications (a scale ranging from 0 to 2) at discharge from home health care is lower numerically (indicating less impairment) than the value of the same item at the start of or resumption of care</td>
<td>Patients for whom the value of the OASIS item M0780 Management of Oral Medications at the start of or resumption of care is &gt;0 (i.e., it is possible for improvement to occur)</td>
<td>□ Non-responsive at start or resumption of care □ Episodes of home health care ending with admission to an inpatient facility or death □ Maternity patients □ &lt;18 years of age</td>
</tr>
<tr>
<td>Physiologic</td>
<td>5.</td>
<td>OASIS/OBQI²,³,⁴</td>
<td>Patients for whom the value of OASIS item M0420 Frequency of Pain (a scale ranging from 0 to 3) at discharge from home health care is lower numerically (indicating less impairment) than the value of the same item at the start of or resumption of care</td>
<td>Patients for whom the value of the OASIS item M0420 Frequency of Pain at the start of or resumption of care is &gt;0 (i.e., it is possible for improvement to occur)</td>
<td>□ Non-responsive at start or resumption of care □ Episodes of home health care ending with admission to an inpatient facility or death □ Maternity patients □ &lt;18 years of age</td>
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</tbody>
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² Although this measure is risk adjusted by CMS for its Home Health Compare web site, the measure is not risk adjusted for OBQI reports. The NQF-endorsed version is risk adjusted.
<table>
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<tr>
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<th>Exclusions</th>
</tr>
</thead>
</table>
| Physiologic        | 6. Improvement in status of surgical wounds | OASIS/OBQI\(^{2,3,4}\) | Patients for whom:  
- the value of OASIS item M0488 Status of Most Problematic (Observable) Surgical Wound (a scale ranging from 1 to 3) at discharge from home health care is lower numerically (indicating more healing) than the value of the same item at the start of or resumption of care OR  
- the value of OASIS item M0482 Surgical Wound or M0440 Skin Lesion or Open Wound (0-1 indicators) at discharge from home health care is 0, and the value of M0482 Surgical Wound at the start of or resumption of care is 1 | Patients for whom:  
- the value of the OASIS item M0482 Surgical Wound at the start of or resumption of care is >0 (i.e., it is possible for improvement to occur) AND  
- the value of OASIS item M0488 Status of Most Problematic (Observable) Surgical Wound is not equal to “NA - No Observable Surgical Wound” |  
- Non-responsive at start or resumption of care  
- Episodes of home health care ending with admission to an inpatient facility or death  
- Maternity patients  
- <18 years of age |
|                    | 7. Improvement in dyspnea\(^3\) | OASIS/OBQI\(^{2,3,4}\) | Patients for whom the value of OASIS item M0490 Short of Breath (a scale ranging from 0 to 4) at discharge from home health care is lower numerically (indicating less impairment) than the value of the same item at the start of or resumption of care | Patients for whom the value of the OASIS item M0490 Short of Breath at the start of or resumption of care is >0 (i.e., it is possible for improvement to occur) |  
- Non-responsive at start or resumption of care  
- Episodes of home health care ending with admission to an inpatient facility or death  
- Maternity patients  
- <18 years of age |
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<th>Denominator</th>
<th>Exclusions</th>
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</thead>
</table>
| Physiologic        | 8. Improvement in urinary incontinence | OASIS/DBQ | Patients for whom:  
- the value of OASIS item M0520 Urinary Incontinence or Urinary Catheter Presence at discharge from home health care indicates no incontinence when incontinence was indicated at start or resumption of care OR  
- the value of OASIS item M0520 Urinary Incontinence or Urinary Catheter Presence at discharge indicates no catheter when catheter was indicated as present at start or resumption of care OR  
- the value of OASIS item M0530 Urinary Incontinence (a scale of 0 to 2) at discharge from home health care is lower numerically (indicating less frequent incontinence) than the value of the same item at the start of or resumption of care when urinary incontinence occurs | Patients for whom the value of the OASIS items M0520 Urinary Incontinence or Urinary Catheter Presence or M0530 Urinary Incontinence at start or resumption of care is >0 (i.e., it is possible for improvement to occur) |  
- Non-responsive at start or resumption of care  
- Episodes of home health care ending with admission to an inpatient facility or death  
- Maternity patients  
- <18 years of age |
|                    | 9. Increase in number of pressure ulcers | OASIS/DBQM | Patients for whom on OASIS item M0450 there are more pressure ulcers (all stages 1-4) at the end of care than there were at the beginning time point (summed across all 4 stages at each time point) | Patients for whom on OASIS item M0450 it is possible to have more pressure ulcers at the end time point than at the beginning time point (If there is no wound or pressure ulcer at one or both time points, then a count of 0 is assigned for the time point in question) |  
- Number of pressure ulcers is 16 at the beginning time point  
- Episodes of home health care ending with admission to an inpatient facility or death  
- Maternity patients  
- <18 years of age |
<table>
<thead>
<tr>
<th>Framework Category</th>
<th>Measure</th>
<th>Source of Measure</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Exclusions</th>
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<tbody>
<tr>
<td>Safety</td>
<td>10. Emergent care for wound infections, deteriorating wound status</td>
<td>OASIS/OBQM2,3,4</td>
<td>Patients for whom this event happens (emergent care reason is wound infection or deteriorating wound status) on transfer to inpatient facility or discharge from agency</td>
<td>All emergent care reasons (except &quot;unknown&quot; on M0840) and patients for whom no emergent utilization occurred</td>
<td>Episodes of home care ending with death, Maternity patients, &lt;18 years of age</td>
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<td></td>
<td>11. Emergent care for improper medication administration, medication side effects</td>
<td>OASIS/OBQM2,3,4</td>
<td>Patients for whom this event happens (emergent care reason is improper medication administration or medication side effects) on transfer to inpatient facility or discharge from agency</td>
<td>All emergent care reasons (except &quot;unknown&quot; on M0840) and patients for whom no emergent utilization occurred</td>
<td>Episodes of home care ending with death, Maternity patients, &lt;18 years of age</td>
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<td></td>
<td>12. Emergent care for hypo/hyperglycemia</td>
<td>OASIS/OBQM2,3,4</td>
<td>Patients for whom this event happens (emergent care reason is hypo/hyperglycemia) on transfer to inpatient facility or discharge from agency</td>
<td>All emergent care reasons (except &quot;unknown&quot; on M0840) and patients for whom no emergent utilization occurred</td>
<td>Episodes of home care ending with death, Maternity patients, &lt;18 years of age</td>
</tr>
<tr>
<td>Utilization</td>
<td>13. Acute care hospitalization1</td>
<td>OASIS/OBQ2,3,4</td>
<td>Patients for whom the response on OASIS item M0855 Inpatient Facility Admission is 1-Hospital</td>
<td>All patients</td>
<td>Non-responsive at start or resumption of care, Episodes of home health care ending with death, Maternity patients, &lt;18 years of age</td>
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<td>14. Discharge to community1</td>
<td>OASIS/OBQ2,3,4</td>
<td>Patients for whom the value of M0100 Reason for Assessment for the episode of care end point assessment is equal to 9-Discharge from Agency, and the response to M0870 Discharge Disposition is 1-Patient remained in the community</td>
<td>All patients</td>
<td>Response to M0870 Discharge Disposition is &quot;unknown&quot;, Non-responsive at start or resumption of care, Episodes of home health care ending with death, Maternity patients, &lt;18 years of age</td>
</tr>
</tbody>
</table>
### Appendix A – Specifications of the National Voluntary Consensus Standards for Home Health Care (continued)

<table>
<thead>
<tr>
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<th>Measure</th>
<th>Source of Measure</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Exclusions</th>
</tr>
</thead>
</table>
| **Utilization**    | 15. Emergent care    | OASIS/OBQI        | Patients for whom the response on OASIS item M0830 Emergent Care is 1-Hospital emergency room, 2-Doctor's office emergency visit/house call, or 3-Outpatient department/clinic emergency | All patients | - Value of the OASIS item M0830 Emergent Care at discharge or transfer is “unknown”  
- Non-responsive at start or resumption of care  
- Episodes of home health care ending with death  
- Maternity patients  
- < 18 years of age |
### Table 1 – Outcome Measure Transformation Documentation*

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>TRANSFORMATION DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvement in ambulation/</td>
<td>IF M0700_CUR_AMBULATION NOT = 00, 01, 02, 03, 04, 05 OR M0700_CUR_AMBULATION(2) NOT = 00, 01, 02, 03, 04, 05 THEN IMP_AMBULATION = MISSING</td>
</tr>
<tr>
<td>locomotion</td>
<td>ELSE IF (M0700_CUR_AMBULATION = 01 AND M0700_CUR_AMBULATION(2) = 00) OR</td>
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<tr>
<td></td>
<td>(M0700_CUR_AMBULATION = 02 AND M0700_CUR_AMBULATION(2) = 00, 01) OR</td>
</tr>
<tr>
<td></td>
<td>(M0700_CUR_AMBULATION = 03 AND M0700_CUR_AMBULATION(2) = 00, 01, 02) OR</td>
</tr>
<tr>
<td></td>
<td>(M0700_CUR_AMBULATION = 04 AND M0700_CUR_AMBULATION(2) = 00, 01, 02, 03) OR</td>
</tr>
<tr>
<td></td>
<td>(M0700_CUR_AMBULATION = 05 AND M0700_CUR_AMBULATION(2) = 00, 01, 02, 03, 04) THEN</td>
</tr>
<tr>
<td></td>
<td>IMP_AMBULATION = 1 ELSE IF M0700_CUR_AMBULATION = 00 THEN IMP_AMBULATION = MISSING</td>
</tr>
<tr>
<td>Improvement in bathing</td>
<td>IF M0670_CUR_BATHING NOT = 00, 01, 02, 03, 04, 05 OR M0670_CUR_BATHING(2) NOT = 00, 01, 02, 03, 04, 05 THEN IMP_BATHING = MISSING</td>
</tr>
<tr>
<td></td>
<td>ELSE IF (M0670_CUR_BATHING = 01 AND M0670_CUR_BATHING(2) = 00) OR</td>
</tr>
<tr>
<td></td>
<td>(M0670_CUR_BATHING = 02 AND M0670_CUR_BATHING(2) = 00, 01) OR</td>
</tr>
<tr>
<td></td>
<td>(M0670_CUR_BATHING = 03 AND M0670_CUR_BATHING(2) = 00, 01, 02) OR</td>
</tr>
<tr>
<td></td>
<td>(M0670_CUR_BATHING = 04 AND M0670_CUR_BATHING(2) = 00, 01, 02, 03) OR</td>
</tr>
<tr>
<td></td>
<td>(M0670_CUR_BATHING = 05 AND M0670_CUR_BATHING(2) = 00, 01, 02, 03, 04) THEN</td>
</tr>
<tr>
<td></td>
<td>IMP_BATHING = 1 ELSE IF M0670_CUR_BATHING = 00 THEN IMP_BATHING = MISSING</td>
</tr>
</tbody>
</table>

*Transformation documentation is the formula or logical expression indicating how the measure is calculated from specific OASIS data fields.*
### Table 1 – Outcome Measure Transformation Documentation* (continued)

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>TRANSFORMATION DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvement in transferring</td>
<td>IF M0690_CUR_TRNSFERRING NOT = 00, 01, 02, 03, 04, 05 OR M0690_CUR_TRNSFERRING[2] NOT = 00, 01, 02, 03, 04, 05 THEN IMP_TRNSFERRING = MISSING STAB_TRNSFERRING = MISSING [SHOULD NEVER OCCUR] ELSE IF (M0690_CUR_TRNSFERRING = 01 AND M0690_CUR_TRNSFERRING[2] = 00) OR (M0690_CUR_TRNSFERRING = 02 AND M0690_CUR_TRNSFERRING[2] = 00, 01) OR (M0690_CUR_TRNSFERRING = 03 AND M0690_CUR_TRNSFERRING[2] = 00, 01, 02) OR (M0690_CUR_TRNSFERRING = 04 AND M0690_CUR_TRNSFERRING[2] = 00, 01, 02, 03) OR (M0690_CUR_TRNSFERRING = 05 AND M0690_CUR_TRNSFERRING[2] = 00, 01, 02, 03, 04) THEN IMP_TRNSFERRING = 1 ELSE IF (M0690_CUR_TRNSFERRING = 01 AND M0690_CUR_TRNSFERRING[2] = 01, 02, 03, 04, 05) OR (M0690_CUR_TRNSFERRING = 02 AND M0690_CUR_TRNSFERRING[2] = 02, 03, 04, 05) OR (M0690_CUR_TRNSFERRING = 03 AND M0690_CUR_TRNSFERRING[2] = 03, 04, 05) OR (M0690_CUR_TRNSFERRING = 04 AND M0690_CUR_TRNSFERRING[2] = 04, 05) OR (M0690_CUR_TRNSFERRING = 05 AND M0690_CUR_TRNSFERRING[2] = 05) THEN IMP_TRNSFERRING = 0 ELSE IF M0690_CUR_TRNSFERRING = 00 THEN IMP_TRNSFERRING = MISSING</td>
</tr>
<tr>
<td>Improvement in management of oral medications</td>
<td>IF M0780_CUR_ORAL_MEDS NOT = 00, 01, 02, NA OR M0780_CUR_ORAL_MEDS[2] NOT = 00, 01, 02, NA THEN IMP_ORALMEDS = MISSING STAB_ORALMEDS = MISSING [SHOULD NEVER OCCUR] ELSE IF (M0780_CUR_ORAL_MEDS = 01 AND M0780_CUR_ORAL_MEDS[2] = 00) OR (M0780_CUR_ORAL_MEDS = 02 AND M0780_CUR_ORAL_MEDS[2] = 00, 01) THEN IMP_ORALMEDS = 1 ELSE IF (M0780_CUR_ORAL_MEDS = 01 AND M0780_CUR_ORAL_MEDS[2] = 01, 02) OR (M0780_CUR_ORAL_MEDS = 02 AND M0780_CUR_ORAL_MEDS[2] = 02) THEN IMP_ORALMEDS = 0 ELSE IF M0780_CUR_ORAL_MEDS = 00, NA OR M0780_CUR_ORAL_MEDS[2] = NA THEN IMP_ORALMEDS = MISSING</td>
</tr>
<tr>
<td>Improvement in pain interfering with activity</td>
<td>IF M0420_FREQ_PAIN NOT = 00, 01, 02, 03 OR M0420_FREQ_PAIN[2] NOT = 00, 01, 02, 03 THEN IMP_PAIN = MISSING [SHOULD NEVER OCCUR] ELSE IF (M0420_FREQ_PAIN = 01 AND M0420_FREQ_PAIN[2] = 00) OR (M0420_FREQ_PAIN = 02 AND M0420_FREQ_PAIN[2] = 00, 01) OR (M0420_FREQ_PAIN = 03 AND M0420_FREQ_PAIN[2] = 00, 01, 02) THEN IMP_PAIN = 1 ELSE IF (M0420_FREQ_PAIN = 01 AND M0420_FREQ_PAIN[2] = 01, 02, 03) OR (M0420_FREQ_PAIN = 02 AND M0420_FREQ_PAIN[2] = 02, 03) OR (M0420_FREQ_PAIN = 03 AND M0420_FREQ_PAIN[2] = 03) THEN IMP_PAIN = 0 ELSE IF M0420_FREQ_PAIN = 00 THEN IMP_PAIN = MISSING</td>
</tr>
</tbody>
</table>

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### Table 1 – Outcome Measure Transformation Documentation* (continued)

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<tr>
<th>MEASURE</th>
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<tbody>
<tr>
<td>Improvement in status of surgical wounds</td>
<td>IF ( M0440_\text{LESION_WND} = 0 ) OR ( M0482_\text{SURG_WOUND} = 0 ) THEN ( \text{STAT_INT1} = 00 ) ELSE IF ( M0482_\text{SURG_WOUND} = 1 ) THEN ( \text{STAT_INT1} = M0488_\text{STAT_PRB_SURGWND} ) IF ( M0440_\text{LESION_WND}[2] = 0 ) OR ( M0482_\text{SURG_WOUND}[2] = 0 ) THEN ( \text{STAT_INT2} = 00 ) ELSE IF ( M0482_\text{SURG_WOUND}[2] = 1 ) THEN ( \text{STAT_INT2} = M0488_\text{STAT_PRB_SURGWND}[2] ) IF ( (M0440_\text{LESION_OPEN_WND} = 1 ) OR ( M0482_\text{SURG_WOUND} = 1 ) AND ( \text{STAT_INT1 \ NOT} = 00, 01, 02, 03, \text{NA} ) OR ( (M0440_\text{LESION_OPEN_WND}[2] = 1 ) OR ( M0482_\text{SURG_WOUND}[2] = 1 ) AND ( \text{STAT_INT2 \ NOT} = 00, 01, 02, 03, \text{NA} ) THEN ( \text{IMP_STATUSWOUNDS} = \text{MISSING} ) [SHOULD NEVER OCCUR] ELSE IF ( (\text{STAT_INT1} = 01 ) AND ( \text{STAT_INT2} = 00 ) OR ( (\text{STAT_INT1} = 02 ) AND ( \text{STAT_INT2} = 00, 01) ) OR ( (\text{STAT_INT1} = 03 ) AND ( \text{STAT_INT2} = 00, 01, 02) ) THEN ( \text{IMP_STATUSWOUNDS} = 1 ) ELSE IF ( (\text{STAT_INT1} = 01 ) AND ( \text{STAT_INT2} = 01, 02, 03) ) OR ( (\text{STAT_INT1} = 02 ) AND ( \text{STAT_INT2} = 02, 03) ) OR ( (\text{STAT_INT1} = 03 ) AND ( \text{STAT_INT2} = 03) ) THEN ( \text{IMP_STATUSWOUNDS} = 0 ) ELSE IF ( (\text{STAT_INT1} = 00, \text{NA}) ) OR ( (\text{STAT_INT2} = \text{NA}) ) THEN ( \text{IMP_STATUSWOUNDS} = \text{MISSING} )</td>
</tr>
<tr>
<td>Improvement in dyspnea</td>
<td>IF ( \text{M0490_WHEN_DYSPNEIC \ NOT} = 00, 01, 02, 03, 04 ) OR ( \text{M0490_WHEN_DYSPNEIC}[2] \ NOT = 00, 01, 02, 03, 04 ) THEN ( \text{IMP_DYSPNEA} = \text{MISSING} ) [SHOULD NEVER OCCUR] ELSE IF ( (\text{M0490_WHEN_DYSPNEIC} = 01 ) AND ( \text{M0490_WHEN_DYSPNEIC}[2] = 00) ) OR ( (\text{M0490_WHEN_DYSPNEIC} = 02 ) AND ( \text{M0490_WHEN_DYSPNEIC}[2] = 00, 01) ) OR ( (\text{M0490_WHEN_DYSPNEIC} = 03 ) AND ( \text{M0490_WHEN_DYSPNEIC}[2] = 00, 01, 02) ) OR ( (\text{M0490_WHEN_DYSPNEIC} = 04 ) AND ( \text{M0490_WHEN_DYSPNEIC}[2] = 00, 01, 02, 03) ) THEN ( \text{IMP_DYSPNEA} = 1 ) ELSE IF ( (\text{M0490_WHEN_DYSPNEIC} = 01 ) AND ( \text{M0490_WHEN_DYSPNEIC}[2] = 01, 02, 03, 04) ) OR ( (\text{M0490_WHEN_DYSPNEIC} = 02 ) AND ( \text{M0490_WHEN_DYSPNEIC}[2] = 02, 03, 04) ) OR ( (\text{M0490_WHEN_DYSPNEIC} = 03 ) AND ( \text{M0490_WHEN_DYSPNEIC}[2] = 03, 04) ) OR ( (\text{M0490_WHEN_DYSPNEIC} = 04 ) AND ( \text{M0490_WHEN_DYSPNEIC}[2] = 04) ) THEN ( \text{IMP_DYSPNEA} = 0 ) ELSE IF ( \text{M0490_WHEN_DYSPNEIC} = 00 ) THEN ( \text{IMP_DYSPNEA} = \text{MISSING} )</td>
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</tbody>
</table>

* Transformation documentation is the formula or logical expression indicating how the measure is calculated from specific OASIS data fields.
<table>
<thead>
<tr>
<th>MEASURE</th>
<th>TRANSFORMATION DOCUMENTATION</th>
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<tbody>
<tr>
<td>Improvement in urinary incontinence</td>
<td>IF M0520_UR_INCONT NOT = 00, 01, 02 OR (M0520_UR_INCONT = 01 AND M0530_UR_INCONT_OCCURS NOT = 00, 01, 02) OR (M0520_UR_INCONT = 00, 02 AND M0530_UR_INCONT_OCCURS = 00, 01, 02) OR (M0520_UR_INCONT = 00, 02 AND M0530_UR_INCONT_OCCURS = 00, 01, 02) OR M0520_UR_INCONT[2] NOT = 00, 01, 02 OR (M0520_UR_INCONT[2] = 01 AND M0530_UR_INCONT_OCCURS[2] NOT = 00, 01, 02) OR M0520_UR_INCONT[2] = 00, 02 AND M0530_UR_INCONT_OCCURS[2] = 00, 01, 02) THEN OUT_INTERIM1 = MISSING OUT_INTERIM2 = MISSING [SHOULD NEVER OCCUR] ELSE IF M0520_UR_INCONT = 00 THEN OUT_INTERIM1 = 0 ELSE IF M0530_UR_INCONT_OCCURS = 00 THEN OUT_INTERIM1 = 1 ELSE IF M0530_UR_INCONT_OCCURS = 01 THEN OUT_INTERIM1 = 2 ELSE IF M0530_UR_INCONT_OCCURS = 02 THEN OUT_INTERIM1 = 3 ELSE IF M0520_UR_INCONT_OCCURS = 02 THEN OUT_INTERIM1 = 4 IF M0520_UR_INCONT[2] = 00 THEN OUT_INTERIM2 = 0 ELSE IF M0530_UR_INCONT_OCCURS[2] = 00 THEN OUT_INTERIM2 = 1 ELSE IF M0530_UR_INCONT_OCCURS[2] = 01 THEN OUT_INTERIM2 = 2 ELSE IF M0530_UR_INCONT_OCCURS[2] = 02 THEN OUT_INTERIM2 = 3 ELSE IF M0520_UR_INCONT[2] = 02 THEN OUT_INTERIM2 = 4 IF OUT_INTERIM1 = NOT = 0, 1, 2, 3, 4, OR OUT_INTERIM2 NOT = 0, 1, 2, 3, 4 THEN IMP_INCONT = MISSING [SHOULD NEVER OCCUR] ELSE IF (OUT_INTERIM1 = 1 AND OUT_INTERIM2 = 0) OR (OUT_INTERIM1 = 2 AND OUT_INTERIM2 = 0, 1) OR (OUT_INTERIM1 = 3 AND OUT_INTERIM2 = 0, 1, 2) OR (OUT_INTERIM1 = 4 AND OUT_INTERIM2 = 0, 1, 2, 3) THEN IMP_INCONT = 1 ELSE IF (OUT_INTERIM1 = 1 AND OUT_INTERIM2 = 1, 2, 3, 4) OR (OUT_INTERIM1 = 2 AND OUT_INTERIM2 = 2, 3, 4) OR (OUT_INTERIM1 = 3 AND OUT_INTERIM2 = 3, 4) OR (OUT_INTERIM1 = 4 AND OUT_INTERIM2 = 4) THEN IMP_INCONT = 0 ELSE IF OUT_INTERIM1 = 0 THEN IMP_INCONT = MISSING</td>
</tr>
</tbody>
</table>

* Transformation documentation is the formula or logical expression indicating how the measure is calculated from specific OASIS data fields.
Table 1 – Outcome Measure Transformation Documentation* (continued)

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>TRANSFORMATION DOCUMENTATION</th>
</tr>
</thead>
</table>
| Increase in number of pressure ulcers | 1 if PRESSURE1 < 16 and PRESSURE2 > PRESSURE1; 0 if M0100_ASSMT_REASON[2] = 09 and PRESSURE1 < 16, and PRESSURE2 <= PRESSURE1; MISSING Otherwise. This measure requires the computation of two interim measures. PRESSURE1 represents the number of stageable pressure ulcers at SOC/ROC while PRESSURE2 represents the number of stageable pressure ulcers at DC. 

PRESSURE1
M0450_NBR_PRSULC_STG1 + M0450_NBR_PRSULC_STG2 + M0450_NBR_PRSULC_STG3 + M0450_NBR_PRSULC_STG4 
if M0100_ASSMT_REASON[2] = 09 and M0440_LESION_OPEN_WND = 1 and M0445_PRESS_ULCER = 1; 
0 if M0100_ASSMT_REASON[2] = 09 and (M0440_LESION_OPEN_WND = 0 or M0445_PRESS_ULCER = 0); 
MISSING otherwise. 

PRESSURE2
0 if M0100_ASSMT_REASON[2] = 09 and (M0440_LESION_OPEN_WND[2] = 0 or M0445_PRESS_ULCER[2] = 0); 
MISSING otherwise. |

* Transformation documentation is the formula or logical expression indicating how the measure is calculated from specific OASIS data fields.
### Table 1 – Outcome Measure Transformation Documentation* (continued)

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>TRANSFORMATION DOCUMENTATION</th>
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</thead>
</table>

* Transformation documentation is the formula or logical expression indicating how the measure is calculated from specific OASIS data fields.

**Sources:**


Appendix B
Members and Board of Directors

Members*

CONSUMER COUNCIL
AARP
AFL-CIO
AFT Healthcare
American Hospice Foundation
Consumers Advancing Patient Safety
Consumers’ Checkbook
Consumer Coalition for Quality
Health Care
March of Dimes
National Citizens’ Coalition for
Nursing Home Reform
National Coalition for Cancer
Survivorship
National Family Caregivers
Association
National Partnership for Women and
Families
Service Employees International Union

HEALTH PROFESSIONAL, PROVIDER,
AND HEALTH PLAN COUNCIL
Administrators for the Professions
Adventist HealthCare
Aetna
Alexian Brothers Medical Center
Alliance for Quality Nursing Home
Care
American Academy of Family
Physicians
American Academy of Orthopaedic
Surgeons
American Association of Homes and
Services for the Aging
American Association of Nurse
Anesthetists
American Association of Nurse
Assessment Coordinators
American College of Cardiology
American College of Gastroenterology
American College of Obstetricians and
Gynecologists
American College of Physicians
American College of Radiology
American College of Surgeons
American Health Care Association
American Heart Association
American Hospital Association
American Managed Behavioral
Healthcare Association
American Medical Association
American Medical Group Association
American Nurses Association
American Optometric Association
American Osteopathic Association
American Psychiatric Institute for
Research and Education
American Society for Therapeutic
Radiology and Oncology
American Society of Clinical Oncology
American Society of Health-System
Pharmacists
America’s Health Insurance Plans
Ascension Health
Association for Professionals in
Infection Control and Epidemiology
Association of Professors of Medicine
Aurora Health Care

*When voting under the NQF Consensus Development Process occurred for this report.
<table>
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<tbody>
<tr>
<td>Bayhealth Medical Center</td>
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<td>WellPoint</td>
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<td>Yale-New Haven Health System</td>
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PURCHASER COUNCIL
Booz Allen Hamilton
Buyers Health Care Action Group
Centers for Medicare and Medicaid Services
Central Florida Health Care Coalition
District of Columbia Department of Health
Employer Health Care Alliance Cooperative (The Alliance)
Employers’ Coalition on Health
Ford Motor Company
General Motors
Greater Detroit Area Health Council
HealthCare 21
The Leapfrog Group
Lehigh Valley Business Conference on Health
Maine Health Management Coalition
Midwest Business Group on Health
National Association of State Medicaid Directors
National Business Coalition on Health
National Business Group on Health
New Jersey Health Care Quality Institute
Pacific Business Group on Health
Schaller Anderson
South Central Michigan Health Alliance
US Office of Personnel Management
Washington State Health Care Authority

RESEARCH AND QUALITY IMPROVEMENT COUNCIL
AAAHC-Institute for Quality Improvement
Abbott Laboratories
ACC/AHA Task Force on Performance Measures
ACS/MIDAS+
Agency for Healthcare Research and Quality
AI Insight
American Academy of Nursing
American Association of Colleges of Nursing
American Board for Certification in Orthotics and Prosthetics
American Board of Internal Medicine Foundation
American Board of Medical Specialties
American College of Medical Quality
American Health Quality Association
American Pharmacists Association Foundation
American Psychiatric Institute for Research and Education
American Society for Quality-Health Care Division
Anesthesia Patient Safety Foundation
Aspect Medical Systems
Association for Professionals in Infection Control and Epidemiology
Association of American Medical Colleges
Aventis Pharmaceuticals
California HealthCare Foundation
Cancer Quality Council of Ontario
Cardinal Health
CareScience
Center to Advance Palliative Care
Centers for Disease Control and Prevention
City of New York Department of Health and Hygiene
Cleveland Clinic Foundation
Coral Initiative
Council for Affordable Quality Healthcare
CRG Medical
Delmarva Foundation
Dialog Medical
eHealth Initiative
Eli Lilly and Company
First Consulting Group
Florida Initiative for Children’s Healthcare Quality
Forum of End Stage Renal Disease Networks
Health Care Excel
Health Grades
Health Resources and Services Administration
Illinois Department of Public Health
Institute for Clinical Systems Improvement
Institute for Safe Medication Practices
Integrated Healthcare Association
Integrated Resources for the Middlesex Area
Iowa Foundation for Medical Care
IPRO
Jefferson Health System Office of Health Policy and Clinical Outcomes
Joint Commission on Accreditation of Healthcare Organizations
Long Term Care Institute
Loyola University Health System-Center for Clinical Effectiveness
Lumetra
Maine Quality Forum
Medical Review of North Carolina
Medstat
National Academy of State Health Policy
National Association for Healthcare Quality
National Committee for Quality Assurance
National Committee for Quality Health Care
National Institutes of Health
National Patient Safety Foundation
National Research Corporation
New England Healthcare Assembly
Niagara Health Quality Coalition
Northeast Health Care Quality Foundation
Ohio KePRO
OmniCare
Partnership for Prevention
Pennsylvania Health Care Cost Containment Council
Pfizer
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Washington, DC
Debra L. Ness  
Executive Vice President  
National Partnership for Women and Families  
Washington, DC

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Employer Health Care Alliance Cooperative  
Madison, WI

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Chair  
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Washington, DC

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AFL-CIO  
Washington, DC

Dennis G. Smith  
Acting Administrator  
Centers for Medicare & Medicaid Services  
Washington, DC

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Chief Medical Officer  
Hudson Health Plan  
Tarrytown, NY

James W. Varnum  
President  
Dartmouth-Hitchcock Alliance  
Lebanon, NH

Marina L. Weiss, PhD  
Senior Vice President for Public Policy and Government Affairs  
March of Dimes  
Washington, DC

Dale Whitney  
Corporate Health Care Director  
UPS  
Atlanta, GA

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Immediate Past President  
American Medical Association  
Chicago, IL

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Institute of Medicine  
Washington, DC

David J. Lansky  
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Foundation for Accountability  
Portland, OR

Nancy H. Nielsen, MD, PhD  
Speaker, House of Delegates  
AMA for Physician Consortium for Performance Improvement  
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National Committee for Quality Assurance  
Washington, DC

Dennis S. O’Leary, MD  
President  
Joint Commission on Accreditation of Healthcare Organizations  
Oakbrook Terrace, IL

Elias A. Zerhouni, MD  
Director  
National Institutes of Health  
Bethesda, MD

** During project period
1 Resigned from Board of Directors in February 2004; renamed to Board of Directors and named Chair-Elect in May 2005
2 Vice-Chair since November 2004
3 Since February 2005
4 Since May 2004
5 Through December 2004
6 Through February 2005
7 Through January 2005
8 Through November 2004
9 Since April 2004
10 Since January 2005
11 Through December 2003
12 Through March 2004
13 Since February 2004
14 Since May 2004
15 Through September 2004
16 Since June 2004
Appendix C
Steering Committee and Project Staff

Steering Committee

Kathleen E. Chavanu, MSN, RN (Co-Chair)
Children’s National Medical Center
Washington, DC

Charles Sabatino, Esq. (Co-Chair)
American Bar Association,
Commission on Law and Aging
Washington, DC

Margaret Berkhouisen, RN, BA
Trinity Home Health Services
Farmington Hills, MI

Stephen R. Connor, PhD
National Hospice and Palliative Care Organization
Alexandria, VA

Penny Feldman, PhD
Visiting Nurse Service of New York
New York, NY

Christie L. Franklin, RN
AseraCare
Fort Smith, AR

Jon D. Fuller, MD
VA Palo Alto Health Care System
Palo Alto, CA

Sally Kozak, RN
Department of Public Welfare/Office of Medical Assistance Programs
Harrisburg, PA

Katie Maslow, MSW
Alzheimer’s Association
Washington, DC

Cathy S. Meckes
CareLink
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Delmarva Foundation for Medical Care
Easton, MD

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Los Angeles, CA

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Aurora, CO

Teresa Twilley, RN, MS
Home Health Corporation of America
Salisbury, MD
Project Staff

Kenneth W. Kizer, MD, MPH
President and Chief Executive Officer

Robyn Y. Nishimi, PhD
Chief Operating Officer

Ellen T. Kurtzman, RN, MPH
Senior Program Director

Dianne Feeney, BSN, MS
Vice President

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