

## Measures Scan: Person-Centered Care

60 measures

Row #	Steward	NQF #	Title	Description
<b>General</b>				
1	Maternal and Child Health Bureau, Health Resources & Services Administration	1333	Children Who Receive Family-Centered Care	A composite measure designed to assess the family-centeredness of care delivery along several dimensions: whether doctor 1) partners with family in care, 2) listens to patient/parent carefully, 3) spends enough time with child, 4) is sensitive to family values/customs, 5) provides needed information, 6) whether family is able to access interpreter help, if needed.
2	Child and Adolescent Health Measurement Initiative	0724	Measure of Medical Home for Children and Adolescents	This composite measure assesses whether or not children and adolescents (age 0-17 years) receive health care within a medical home according to the survey respondent (almost always the child's parent). The medical home measure is based on six of the seven components of care first proposed by the American Academy of Pediatrics (AAP)—health care that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.

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3	Center for Gerontology and Health Care Research	1632	CARE- Consumer Assessments and Reports of End of Life	The CARE survey is mortality follow back survey that is administered to the bereaved family members of adult persons (age 18 and older) who died of a chronic progressive illness receiving services for at least 48 hours from a home health agency, nursing homes, hospice, or acute care hospital. The survey measures perceptions of the quality of care either in terms of unmet needs, family reports of concerns with the quality of care, and overall rating of the quality of care. The time frame is the last 2 days of life up to last week of life spent in a hospice, home health agency, hospital, or nursing home.
<b>Experience of Care</b>				
4	CMS	166	HCAHPS	27-items survey instrument with 7 domain-level composites including: communication with doctors, communication with nurses, responsiveness of hospital staff, pain control, communication about medicines, cleanliness and quiet of the hospital environment, and discharge information

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5	Boston Children's Hospital	0725	Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay	This family-centered survey questionnaire consists of 62 questions that assess various aspects of care experiences during inpatient pediatric hospital stays. The dimensions that are included are overall impressions, interactions with nurses, interactions with doctors, the admission and discharge process, home care preparation, medications, pain management, parent involvement, hospital environment, support staff and food. Demographic questions are included at the end of the survey.
6	Heyland DK (independent)	NA	Family members' satisfaction with care in the intensive care unit: mean overall score on the Family Satisfaction in the Intensive Care Unit (FS-ICU 24) questionnaire	This measure is used to assess the overall satisfaction of family members of patients in the intensive care unit based upon their responses to the Family Satisfaction in the Intensive Care Unit© (FS-ICU 24) questionnaire.
7	National Association of State Mental Health Programs	0726	Inpatient Consumer Survey (ICS) consumer evaluation of inpatient behavioral healthcare services	Survey developed to gather client's evaluation of their inpatient care. Each domain is scored as the percentage of clients at time of discharge or at annual review who respond positively to the domain on the survey for a given month. Six domains in the survey include outcome, dignity, rights, treatment, environment, and empowerment. Questions in each domain are based on a standard 5-pt scale, evaluated on a scale from strongly disagree to strongly agree. Survey can be used with adolescents, adults, and older adults.
8	AMA	1888	Workforce development measure derived from workforce development domain of the C-CAT	0-100 measure of workforce development related to patient-centered communication, derived from items on the staff and patient surveys of the Communication Climate Assessment Toolkit

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9	AMA	1892	Individual engagement measure derived from the individual engagement domain of the C-CAT	0-100 measure of individual engagement related to patient-centered communication, derived from items on the staff and patient surveys of the Communication Climate Assessment Toolkit
10	AMA	1894	Cross-cultural communication measure derived from the cross-cultural communication domain of the C-CAT	0-100 measure of cross-cultural communication related to patient-centered communication, derived from items on the staff and patient surveys of the Communication Climate Assessment Toolkit
11	AMA	1896	Language services measure derived from language services domain of the C-CAT	0-100 measure of language services related to patient-centered communication, derived from items on the staff and patient surveys of the Communication Climate Assessment Toolkit (C-CAT)
12	AMA	1898	Health literacy measure derived from the health literacy domain of the C-CAT	0-100 measure of health literacy related to patient-centered communication, derived from items on the staff and patient surveys of the Communication Climate Assessment Toolkit
13	AMA	1901	Performance evaluation measure derived from performance evaluation domain of the C-CAT	0-100 measure of performance evaluation related to patient-centered communication, derived from items on the staff and patient surveys of the Communication Climate Assessment Toolkit
14	AMA	1905	Leadership commitment measure derived from the leadership commitment domain of the C-CAT	0-100 measure of leadership commitment to patient-centered communication, derived from items on the staff and patient surveys of the Communication Climate Assessment Toolkit

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15	NCQA	97	Medication Reconciliation	Percentage of patients aged 65 years and older discharged from any inpatient facility (e.g., hospital, skilled nursing facility, or rehabilitation facility) and seen within 30 days following discharge in the office by the physician providing on-going care who had a reconciliation of the discharge medications with the current medication list in the outpatient medical record documented
16	Child and Adolescent Health Measurement Initiative	0719	Children Who Receive Effective Care Coordination of Healthcare Services When Needed	This is a composite measure used to assess the need and receipt of care coordination services for children who required care from at least two types of health care services which may require communication between health care providers, or with others involved in child's care (e.g. school).
17	Maternal and Child Health Bureau, Health Resources & Services Administration	1340	Children with Special Health Care Needs (CSHCN) who Receive Services Needed for Transition to Adult Health Care	Whether children with special health care needs (CSHCN) ages 12-17 have doctors who usually/always encourage increasing responsibility for self-care AND (when needed) have discussed transitioning to adult health care, changing health care needs, and how to maintain insurance coverage
18	National Committee for Quality Assurance	0045	Osteoporosis: Communication with the Physician Managing On-going Care Post Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older	The percentage of patients aged 50 years and older treated for a hip, spine or distal radial fracture with documentation of communication with the physician managing the patient's ongoing care that a fracture occurred and that the patient was or should be tested or treated for osteoporosis.
<b>Health-Related Quality of Life</b>				

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19	RAND	260	Assessment of Health-Related Quality of Life (Physical and Mental Functioning)	Percentage of dialysis patients who receive a quality of life assessment using the KDQOL-36 (36-question survey that assesses patients' functioning and well-being) at least once per year.
20	American Association of Cardiovascular and Pulmonary Rehabilitation	700	Health-related Quality of Life in COPD patients before and after Pulmonary Rehabilitation	The percentage of patients with COPD enrolled in pulmonary rehabilitation (PR) who are found to increase their health-related quality of life score (HRQOL).
21	Focus on Therapeutic Outcomes, Inc.	0422	Functional status change for patients with knee impairments	Functional status change in patients aged 18 or older with a knee impairment associated with a functional deficit that had their functional status assessed at the beginning and end of rehabilitation
22	Focus on Therapeutic Outcomes, Inc.	0423	Functional status change for patients with hip impairments	Percentage of patients aged 18 or older with a hip impairment associated with a functional deficit that had their functional status assessed at the beginning and end of rehabilitation.
23	Focus on Therapeutic Outcomes, Inc.	0424	Functional status change for patients with foot/ankle impairments	Functional status change in patients aged 18 or older with a foot/ankle impairment associated with a functional deficit that had their functional status assessed at the beginning and end of rehabilitation

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24	Focus on Therapeutic Outcomes, Inc.	0425	Functional status change for patients with lumbar spine impairments	Percentage of patients aged 18 or older with a lumbar spine impairment associated with a functional deficit that had their functional status assessed at the beginning and end of rehabilitation.
25	Focus on Therapeutic Outcomes, Inc.	0426	Functional status change for patients with shoulder impairments	Percentage of patients aged 18 or older with a shoulder impairment associated with a functional deficit that had their functional status assessed at the beginning and end of rehabilitation.
26	Focus on Therapeutic Outcomes, Inc.	0427	Functional status change for patients with elbow, wrist or hand impairments	Percentage of patients aged 18 or older with an elbow, wrist or hand impairment associated with a functional deficit that had their functional status assessed at the beginning and end of rehabilitation.
27	Focus on Therapeutic Outcomes, Inc.	0428	Functional status change for patients with general orthopedic impairments	Functional status change in patients aged 18 or older with a general orthopedic impairment associated with a functional deficit that had their functional status assessed at the beginning and end of rehabilitation
28	CREcare	0429	Change in Basic Mobility as Measured by the AM-PAC:	The Activity Measure for Post Acute Care (AM-PAC) is a functional status assessment instrument developed specifically for use in facility and community dwelling post acute care (PAC) patients. A Basic Mobility domain has been identified which consists of functional tasks that cover in the following areas: transfers, walking, wheelchair skills, stairs, bend/lift/ and carrying tasks.

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29	CREcare	0430	Change in Daily Activity Function as Measured by the AM-PAC:	The Activity Measure for Post Acute Care (AM-PAC) is a functional status assessment instrument developed specifically for use in facility and community dwelling post acute care (PAC) patients. a Daily Activity domain has been identified which consists of functional tasks that cover in the following areas: feeding, meal preparation, hygiene, grooming, and dressing
30	American Speech-Language-Hearing Association	0442	Functional Communication Measure: Writing	Number of stroke patients who make progress as defined by an increase of one or more levels on the Writing Functional Communication Measure (FCM).
31	American Speech-Language-Hearing Association	0443	Functional Communication Measure: Swallowing	This measure describes the change in functional communication status subsequent to speech-language pathology treatment of patients who exhibit difficulty in swallowing.
32	American Speech-Language-Hearing Association	0444	Functional Communication Measure: Spoken Language Expression	This measure describes the change in functional communication status subsequent to speech-language pathology treatment related to spoken language expression.
33	American Speech-Language-Hearing Association	0445	Functional Communication Measure: Spoken Language Comprehension	This measure describes the change in functional communication status subsequent to speech-language pathology treatment related to spoken language comprehension.
34	American Speech-Language-Hearing Association	0446	Functional Communication Measure: Reading	This measure describes the change in functional communication status subsequent to speech-language pathology treatment of patients with reading disorders.



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35	American Speech-Language-Hearing Association	0447	Functional Communication Measure: Motor Speech	This measure describes the change in functional communication status subsequent to speech-language pathology treatment of patients who exhibit deficits in speech-production.
36	American Speech-Language-Hearing Association	0448	Functional Communication Measure: Memory	This measure describes the change in functional communication status subsequent to speech-language pathology treatment of patients with memory deficits.
37	American Speech-Language-Hearing Association	0449	Functional Communication Measure: Attention	This measure describes the change in functional communication status subsequent to speech-language pathology treatment of patients who have attention deficits.
<b><i>Mental and Emotional Status</i></b>				
38	Center for Quality Assessment and Improvement in Mental Health	0112	Bipolar Disorder: Level-of-function evaluation	Percentage of patients treated for bipolar disorder with evidence of level-of-function evaluation at the time of the initial assessment and again within 12 weeks of initiating treatment
39	CMS	418	Screening for Clinical Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for clinical depression during the measurement period using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen

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40	AMA-PCPI	104	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified
41	AMA-PCPI	1365	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk
42	The Joint Commission	1922	HBIPS-1 Admission Screening	The proportion of patients admitted to a hospital-based inpatient psychiatric setting who are screened within the first three days of hospitalization for all of the following: risk of violence to self or others, substance use, psychological trauma history and patient strengths. This measure is a part of a set of seven nationally implemented measures that address hospital-based inpatient psychiatric services (HBIPS-2: Physical Restraint, HBIPS-3: Seclusion, HBIPS-4: Multiple Antipsychotic Medications at Discharge, HBIPS-5: Multiple Antipsychotic Medications at Discharge with Appropriate Justification, HBIPS-6: Post Discharge Continuing Care Plan and HBIPS-7: Post Discharge Continuing Care Plan Transmitted) that are used in The Joint Commission's accreditation process.
<b>Burden of Illness</b>				
43	AMA-PCPI	0050	Osteoarthritis: Function and Pain Assessment	Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis with assessment for function and pain

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44	NCQA	0101	Falls: Screening, Risk-Assessment, and Plan of Care to Prevent Future Falls	This is a clinical process measure that assesses falls prevention in older adults. The measure has three rates: A) Screening for Future Fall Risk: Percentage of patients aged 65 years of age and older who were screened for future fall risk at least once within 12 months B) Falls: Risk Assessment: Percentage of patients aged 65 years of age and older with a history of falls who had a risk assessment for falls completed within 12 months C) Plan of Care for Falls: Percentage of patients aged 65 years of age and older with a history of falls who had a plan of care for falls documented within 12 months.
45	CMS	0420	Pain Assessment and Follow-Up	Percentage of patients aged 18 years and older with documentation of a pain assessment through discussion with the patient including the use of a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present
46	Virtual PICU Systems	341	PICU Pain Assessment on Admission	Percentage of PICU patients receiving: a. Pain assessment on admission
47	Virtual PICU Systems	342	PICU Periodic Pain Assessment	Percentage of PICU patients receiving: a periodic pain assessment

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48	American Nurses Association	0141	Patient Fall Rate	All documented falls, with or without injury, experienced by patients on eligible unit types in a calendar quarter. Reported as Total Falls per 1,000 Patient Days and Unassisted Falls per 1000 Patient Days. (Total number of falls / Patient days) X 1000
<b>Shared Decision-Making</b>				
49	NCQA	326	Advance Care Plan	Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.
50	NCQA	310	Back Pain: Shared Decision Making	Percentage of patients at least 18 years of age and younger than 80 with back pain with whom a physician or other clinician reviewed the range of treatment options, including alternatives to surgery prior to surgery. To demonstrate shared decision making, there must be documentation in the patient record of a discussion between the physician and the patient that includes all of the following: 1. Treatment choices, including alternatives to surgery; 2) risks and benefits; 3) evidence of effectiveness
51	Joint Commission	557	HBIPS-6 Post-discharge Continuing Care Plan created	The proportion of patients discharged from a hospital-based inpatient psychiatric setting with a post discharge continuing care plan created.

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52	ICSI	NA (NQ MC 0076 03)	Colorectal cancer screening: Percentage of patients who have had a shared-decision making conversation about colorectal cancer screening tests.	This measure is used to assess the percentage of patients who have had a shared decision-making conversation about colorectal cancer screening tests.
53	Kidney Care Alliance	NA (NQ MC 0068 81)	End stage renal disease (ESRD): percentage of all ESRD patients aged 18 years and older with medical record documentation of a discussion of renal replacement therapy modalities conducted by facility personnel at least once during the 12-month reporting period.	This measure is used to assess the percentage of all end stage renal disease (ESRD) patients aged 18 years and older with medical record documentation of a discussion of renal replacement therapy modalities (including hemodialysis, peritoneal dialysis, home hemodialysis, transplants and identification of potential living donors, and no/cessation of renal replacement therapy) conducted by facility personnel at least once during the 12-month reporting period.
54	RAND Corporation	1626	Patients Admitted to ICU who Have Care Preferences Documented	Percentage of vulnerable adults admitted to ICU who survive at least 48 hours who have their care preferences documented within 48 hours OR documentation as to why this was not done.

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55	RAND Corporation	1919	Cultural Competency Implementation Measure	The Cultural Competence Implementation Measure is an organizational survey designed to assist healthcare organizations in identifying the degree to which they are providing culturally competent care and addressing the needs of diverse populations, as well as their adherence to 12 of the 45 NQF-endorsed® cultural competency practices prioritized for the survey. The target audience for this survey includes healthcare organizations across a range of health care settings, including hospitals, health plans, community clinics, and dialysis organizations. Information from the survey can be used for quality improvement, provide information that can help health care organizations establish benchmarks and assess how they compare in relation to peer organizations, and for public reporting.
56	Department of Health Policy, George Washington University	1824	L1A: Screening for preferred spoken language for health care	This measure is used to assess the percent of patient visits and admissions where preferred spoken language for health care is screened and recorded.

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57	Department of Health Policy, George Washington University	1821	L2; Patients receiving language services supported by qualified language services provided	This measure is used to assess the percentage of limited English-proficient (LEP) patients receiving both initial assessment and discharge instructions supported by assessed and trained interpreters or from bilingual providers and bilingual workers/employees assessed for language proficiency.
<b>Patient Navigation and Self-Management</b>				
58	Maternal and Child Health Bureau, Health Resources & Services Administration	1340	Children with Special Health Care Needs (CSHCN) who Receive Services Needed for Transition to Adult Health Care	Whether children with special health care needs (CSHCN) ages 12-17 have doctors who usually/always encourage increasing responsibility for self-care AND (when needed) have discussed transitioning to adult health care, changing health care needs, and how to maintain insurance coverage
59	HRSA Health Disparities Collaborative	N/A	Diabetes mellitus: percent of patients with documented self-management goals in the last 12 months.	This measure is used to assess the percent of diabetic patients in the clinical information system with documented self-management goals in the last 12 months.
60	Optum	0603	Adult(s) taking insulin with evidence of self-monitoring blood glucose testing.	This measure identifies patients with diabetes mellitus taking insulin that had evidence of self-monitoring blood glucose testing in last 12 reported months.