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Reports for the Agency for Healthcare Research and Quality

Title

Refinement of the HCUP Quality Indicators: Appendix 4

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APPENDIX 4

Data Collection Instruments

These data collection instruments were used in the preliminary and full abstraction phases of the Phase1 literature review: “Identifying indicators”. Three forms are provided in the following order: 1.) Full article abstraction, 2.) Risk adjustment, and 3.) Initial screening. They provide a structured mechanism for data collection. However, currently most literature available does not provide the level of detail required by these forms. These forms may be useful for future projects once the health care quality literature expands to include more validation studies and detailed reports of potential indicators.

Abstractor's Initials:

Date Abstracted:

Indicator Data Collection Instrument
UCSF-Stanford EPC/AHCPR HCUP QI

Measure Header			
Measure Set Name (e.g., HEDIS, DEMPAQ):			
Developer Subset Name			
Performance Measure Name:			
Measure Code:		<i>System assigned</i>	
Type of Measure: (structure/process/proxy-outcome/outcome)			
Year Published:			
Year Most Recently Updated: ("Update"= change in construction of measure)			
Developer Organization (ie. JCAHO, NCQA) Last Name, First Name Affiliation (University, Dept.) Address Phone Email			
Contact Person (<u>if different from Developer</u>) Last Name, First Name Affiliation (University, Dept.) Address Phone Email			
Technical Support Available:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Unclear (<i>For published work, contact author may have information on support by commercial organization.</i>)
Measure Detail			
Type of Measure: The activity or area of major concentration	<input type="checkbox"/> Mortality <input type="checkbox"/> Readmission <input type="checkbox"/> Complication <input type="checkbox"/> length of stay <input type="checkbox"/> avoidable hospitalization <input type="checkbox"/> potentially overused procedure <input type="checkbox"/> potentially underused procedure <input type="checkbox"/> other		

Enhancement Area: These are the areas AHCPR has asked us to focus on. You may choose more than one- as many as are applicable.	<input type="checkbox"/> Chronic medical condition	<input type="checkbox"/> Avoid. Hospit.	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> New Technol.	<input type="checkbox"/> None
Clinical Domain: One of these options should be chosen based on article. Check all that apply.	<input type="checkbox"/> Medical	<input type="checkbox"/> surgical	<input type="checkbox"/> pediatric	<input type="checkbox"/> obstetric	<input type="checkbox"/> psychiatric
Level of Intervention			<input type="checkbox"/> primary prevention (health promotion, disease prevention) <input type="checkbox"/> secondary prevention (screening, early detection) <input type="checkbox"/> tertiary prevention (optimal treatment of established disease to prevent complications/death)		
Measure Rationale					
Scoring method (e.g., percentage, proportion, rank, mean, median, etc.)			<input type="checkbox"/> rate (events/person-time at risk) <input type="checkbox"/> ratio (events/events, where the numerator is not a subset of the denominator) <input type="checkbox"/> mean <input type="checkbox"/> median <input type="checkbox"/> proportion/percentage (death/complication "rate") <input type="checkbox"/> index or score <input type="checkbox"/> rank or percentile <input type="checkbox"/> range <input type="checkbox"/> standard deviation or variance <input type="checkbox"/> odds ratio or relative risk <input type="checkbox"/> hazard rate <input type="checkbox"/> z score (standardized difference) <input type="checkbox"/> other		
Quality Standard: (if suggested <i>a priori</i> by developer or sponsor)			<input type="checkbox"/> accepted benchmark <input type="checkbox"/> external comparison <input type="checkbox"/> institutional comparison		
Numerator Statement: A statement that depicts the portion of the denominator population that satisfies the condition of the performance measure to be an indicator event. (ICD-9 diagnosis or procedure codes, DRG codes, MDC codes, or Revenue Center Codes)					

Denominator Statement: A statement that depicts the population evaluated.. (ICD-9 diagnosis or procedure codes, DRG codes, MDC codes, CPT or Revenue Center Codes)	
Population Inclusions (numerator): Additional information describing the population(s) not contained in the numerator statement.	
Population Inclusions (denominator): Additional information describing the population(s) not contained in the denominator statement	
Population Exclusions (numerator): Additional information describing the population(s) that should not be included in the numerator	
Population Exclusions (denominator): Additional information describing the population(s) that should not be included in the denominator	
Longitudinal Data Required: The measure requires the ability to match patient discharges over time	<input type="checkbox"/> yes <input type="checkbox"/> no
Additional Data Sources Required: (e.g., area population counts, etc.) Check all that apply, indicate specific data source (e.g. population/ census <u>birth certificate</u>)	<input type="checkbox"/> population/ census: _____ <input type="checkbox"/> chart data: _____ <input type="checkbox"/> lab data: _____ <input type="checkbox"/> pharmacy data: _____ <input type="checkbox"/> outpatient data: _____ <input type="checkbox"/> other: _____
Extent of prior use: (e.g., number/type of organizations)	<input type="checkbox"/> None <input type="checkbox"/> Single Site <input type="checkbox"/> Single organization/ Multiple Sites <input type="checkbox"/> Multiple organizations
Current Status	<input type="checkbox"/> measure defined but not pilot tested <input type="checkbox"/> pilot testing complete but not implemented <input type="checkbox"/> implemented without pilot testing <input type="checkbox"/> tested and implemented and still in use <input type="checkbox"/> tested and implemented but discontinued
Scientific support for measure (e.g., expert panel, published guideline, clinical trials, other empiric research) Check all that apply	<input type="checkbox"/> published guideline(s) <input type="checkbox"/> clinician/expert panel(s) <input type="checkbox"/> review of published literature (especially RCTs or equivalent) <input type="checkbox"/> application or revision of pre-existing instruments or measures <input type="checkbox"/> consensus within user group <input type="checkbox"/> theory/concept only

Reference Citations:	<i>List the publications according to the style from the software program EndNote.</i>
Validity	<input type="checkbox"/> face validity <input type="checkbox"/> consensual validity <input type="checkbox"/> criterion validity (gold standard measure) <input type="checkbox"/> predictive validity <input type="checkbox"/> construct validity (correlated with other measures in the absence of a gold standard) <input type="checkbox"/> other <input type="checkbox"/> none
Risk Adjustment:	<input type="checkbox"/> none <input type="checkbox"/> stratified/subgroup analysis <input type="checkbox"/> paired/matched data at patient level <input type="checkbox"/> risk-adjustment using publicly or commercially available software <input type="checkbox"/> risk-adjustment devised specifically for this measure and condition
Abstractor Comments:	

Risk-Adjustment Method Data Collection Instrument
 UCSF-Stanford EPC/AHCPR HCUP QI

Risk-Adjustment Method Header			
Method Name:			
Method Code:		<i>System assigned</i>	
Year Developed:			
Year Most Recently Update (“Update”= Change in risk adjustment strategy) (if applicable)			
Developer Organization (ie. JCAHO, NCQA) First Author Affiliation (University, Dept.) Address Phone Email			
Contact Name Affiliation (University, Dept.) Address Phone Email			
Technical Support Available:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Public Domain		<input type="checkbox"/> Unclear (inquire with developer)	
		<input type="checkbox"/> Proprietary	

Risk-Adjustment Method Detail	
Adjustment Rationale: An explanation of why the adjustment is necessary to reduce or remove the influences of confounding patient factors	
Classification or analytic approach (e.g., stratification (number of strata), logistic regression, linear regression, etc.) Check all that apply	<input type="checkbox"/> Stratification <input type="checkbox"/> Logistic regression <input type="checkbox"/> Linear regression <input type="checkbox"/> Other
System development method (e.g., empirical model, score based on empirical model, clinical judgment, etc.) Check all that apply	<input type="checkbox"/> Logistic regression <input type="checkbox"/> Score based on empirical model <input type="checkbox"/> A priori/ Clinical Judgement <input type="checkbox"/> Other
Published performance: discrimination (e.g., the extent to which the model predicts higher probabilities of an event for those who experience the event)	
Published performance: calibration (e.g., does the mean of the predicted equal the mean of the actual for the entire population and for population subgroups)	
Co-morbidities: Pre-existing diseases or conditions	
Severity of Illness Classification: (AJCC staging, ASA-PS classification for surgical patients)	
Patient Demographics (e.g., age and gender)	
Longitudinal Data Required: The measure requires the ability to match patient discharges over time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Data Sources Required: (e.g., chart review, registry data) Check all that apply, indicate specific data source (e.g. population/ census <u>birth certificate</u>)	<input type="checkbox"/> population/ census: _____ <input type="checkbox"/> chart data: _____ <input type="checkbox"/> lab data: _____ <input type="checkbox"/> pharmacy data: _____ <input type="checkbox"/> outpatient data: _____ <input type="checkbox"/> other: _____
Extent of prior or current use: (e.g., number/type of organizations)	<input type="checkbox"/> None <input type="checkbox"/> Single Site <input type="checkbox"/> Single organization/ Multiple Sites <input type="checkbox"/> Multiple organizations

Reference Citations:	<i>List the publications according to the style from the software program EndNote.</i>
Abstractor Comments:	

Screener's Initials:

Date Screened:

Indicator Data Screening Instrument
UCSF-Stanford EPC/AHCPR HCUP QI

Measure Header					
Lead Author:					
Article Title:					
Year Published:					
Measure Detail					
Type of Measure: The activity or area of major concentration		<input type="checkbox"/> Mortality <input type="checkbox"/> Readmission <input type="checkbox"/> Complication <input type="checkbox"/> length of stay <input type="checkbox"/> avoidable hospitalization <input type="checkbox"/> potentially overused procedure <input type="checkbox"/> potentially underused procedure <input type="checkbox"/> other			
Type of Measure: (structure/process/proxy-outcome/outcome)					
Enhancement Area: These are the areas AHCPR has asked us to focus on. You may choose more than one- as many as are applicable.	<input type="checkbox"/> Chronic medical condition	<input type="checkbox"/> Avoid. Hospit.	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> New Technol.	<input type="checkbox"/> None
Clinical Domain: One of these options should be chosen based on article.	<input type="checkbox"/> Medical	<input type="checkbox"/> surgical	<input type="checkbox"/> pediatric	<input type="checkbox"/> obstetric	<input type="checkbox"/> psychiatric
Measure Rationale					
Longitudinal Data Required: The measure requires the ability to match patient discharges over time		<input type="checkbox"/> yes <input type="checkbox"/> no			
Additional Data Sources Required: (e.g., area population counts, etc.)		<input type="checkbox"/> population/ census <input type="checkbox"/> chart data <input type="checkbox"/> lab data <input type="checkbox"/> pharmacy data <input type="checkbox"/> outpatient data <input type="checkbox"/> other			