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| **Mnemonic** | **Description** | **Catnum** | Denominator | Numerator |
| **Mrec42** | **Home medications reviewed with patient upon admission or documented reason why not** | **70** | Includes all cases | Cases included in the denominator will pass if:  * **There is evidence in the medical record that the physician/APN/PA, pharmacist, or nurse reviewed the patient’s list of medications and/or active medication list in the record with the patient/caregiver upon admission or within the 24 hours after admission**   **OR**   * **There is documentation that medications were not currently prescribed for the patient upon admission**   **OR**   * **There is NO evidence in the medical record that the physician/APN/PA, pharmacist, or nurse reviewed the patient’s list of medications and/or active medication list in the record with the patient/caregiver upon admission or within the 24 hours after admission and one of the following:** * **An emergent life-threatening situation existed with this patient prohibiting completion of medication reconciliation upon admission or within the 24 hours after admission**   **OR**   * **There is documentation by the physician/APN/PA, pharmacist or nurse that the patient /caregiver was unable to confirm the patient’s medications upon admission or within the 24 hours after admission**   **OR**   * **the physician/APN/PA, pharmacist or nurse documents at least 2 attempts to obtain the patient’s medication list from a referring facility upon admission or within the 24 hours after admission** |

**Non-core ORYX Measures**

**Medication Reconciliation Inpatient (Global)**

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| **Mnemonic** | **Description** | Catnum | Denominator | Numerator |
| mrec21 | Reconciled medication list provided to patient | 70 | Includes all cases except:  * Patient was discharged to a hospice facility, an acute care facility, other healthcare facility, left AMA or expired | Cases included in the denominator will pass if:  * At the time of discharge, there is documentation that a written list of the reconciled discharge medications was provided to the patient/caregiver   OR   * Documented medications were not prescribed at discharge |
| mrec22 | Same medication list documented in discharge instructions and discharge summary | 70 | Includes all cases except:  * Patient was discharged to a hospice facility, an acute care facility, other healthcare facility, left AMA or expired * Documented medications were not prescribed at discharge | Cases included in the denominator will pass if:  * the medications listed on the patient’s discharge instructions were the same as the medications listed in the discharge summary |

**Medication Reconciliation Outpatient (CGPI)**

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| **Mnemonic** | **Description** | **Catnum(s)** | Denominator | Numerator |
| mrec41 | Home medications reviewed with patient or documented reason why not | 50 or 51 and othrcare not=1, 54 and FE flag =1 and othrcare not=1 | Includes all cases except:  * the Nexus clinic stop code is not :323, 303, 305, 306, 309, 312, 322, 350 when the catnum is 50 or 54 * the Nexus clinic stop code is not 503, 509, 552, 560, 562, 576 when the catnum is 51 * Medications were not modified or prescribed during the most recent Nexus clinic visit in the past year by a physician/APN/PA AND * Medications were not modified or prescribed during an OP clinical visit in the past year by a physician/APN/PA | Cases included in the denominator will pass if:  * During the outpatient clinic visit on (computer to display medrxdt), there is evidence in the medical record that the physician/APN/PA, pharmacist, or nurse reviewed the patient’s list of medications and/or active medication list in the record with the patient/caregiver   OR   * there is no evidence in the medical record that the physician/APN/PA, pharmacist, or nurse reviewed the patient’s list of medications and/or active medication list in the record with the patient/caregiver during the outpatient clinic visit and   + the medical record documented that an emergent, life threatening situation existed with this patient prohibiting completion of medication reconciliation at this time   OR   * + the medical record documented that the patient and/or caregiver was unable to confirm the patient’s medications |
| mrec27 | Reconciled medication list provided to patient | 50 or 51 and othrcare not=1, 54 and FE flag =1 and othrcare not=1 | Includes all cases except:  * the Nexus clinic stop code is not :323, 303, 305, 306, 309, 312, 322, 350 when the catnum is 50 or 54 * the Nexus clinic stop code is not 503, 509, 552, 562, 576 when the catnum is 51 * Medications were not modified or prescribed during the most recent Nexus clinic visit in the past year by a physician/APN/PA AND * Medications were not modified or prescribed during an OP clinical visit in the past year by a physician/APN/PA * The only medication action by the physician, APN or PA documented at the visit on medrxdt was renewal of the patient’s current medications | Cases included in the denominator will pass if:  * At the time of discharge from the most recent outpatient clinic visit, there is documentation that a written list of the reconciled discharge medications was provided to the patient/caregiver   OR   * At the time of discharge from the most recent outpatient clinic visit, there is documentation that the physician/APN/PA, pharmacist or nurse provided written information to the patient on minor medication changes |

**Quality Indicators**

**Delirium Risk (GM, VTE, Stroke)**

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| **Mnemonic** | **Description** | **Catnum(s)** | Denominator | Numerator |
| fe81 | Hospitalized patients age >65 identified at risk for delirium | 65, 66, 67,  70, 71 | * The denominator **includes** cases with INPT\_FE flag received on the pull list | Cases included in the denominator will pass if:  * One of the following is documented in the assessment plan section of the H&P, ED note or admission note by a physician/APN/PA   + a current problem of delirium   + a current change in mental status   + a current problem of confusion   + a current problem of disorientation   + the patient is at risk for delirium |

**Pilot Indicators**

**Frail Elders age 75 and older (CGPI)**

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| **Mnemonic** | **Description** | **Catnum(s)** | Denominator | Numerator |
| Fe9 | Assessed functional status (ADL and IADL) in the past 12 months | 54 and othrcare not=1 | Includes all cases except:Age <75 | Cases included in the denominator will pass if:An assessment of the patient’s ADLs was performed in the last 12 months using a standardized tool AND An assessment of the patient’s instrumental activities of daily living (IADLs) was performed in the last 12 months using a standardized tool |

**Communication of Test Results (CGPI)**

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| **Mnemonic** | **Description** | **Catnum(s)** | Denominator | Numerator |
| ctr17 | Urgent/Abnormal outpatient test results communicated to patient within 7 days | 16, 48, 50, 51, 54, 60 | Includes all cases except:Cases with none of the following tests done at this VAMC within 90 days prior to or on the study end date:  * + Guaiac fecal occult blood testing or immunochemical fecal occult blood testing   + HCV antibody testing   + HIV testing   + Serum potassium   + Serum bilirubin   + WBC   + Hematocrit  Cases with none of the following tests done at this VAMC within 365 days prior to or on the study end date:  * + Chest x-ray   + CT scan   + Mammogram   + Gastrointestinal biopsy   + Prostate biopsy   + Pap test * Pap tests done within 365 days with no results in the lab package * Mammograms performed outside VA whether fee basis or not * Tests done within 7 days prior to an inpatient admission at this VAMC * Cases with all of the tests results within normal range or negative * Cases in which the test results were not communicated and 30 days has not elapsed since the date of all tests * Note: records will be included in the denominator once for each of the above tests that are within the applicable timeframe. Each record has the opportunity to be included multiple times for this measure. A case that is included for some tests may also have tests that are not included | Each test (except pap tests and mammogram) for each case in the denominator will be added to the numerator if one of the following:  * The patient had a face to face encounter with the provider who ordered the test within 14 days of the date the test was reported   OR if no face to face visit within 14 days   * The test result was communicated to the patient by licensed health care staff within 7 days of the date the test was reported   For pap tests with abnormal results or results unable to be determined the case will be added to the numerator if   * an HPV test was done and   + The test result was communicated to the patient   by licensed health care staff within 5 business days of the date of the report of the HPV test  OR   * no HPV test was done and   + The test result was communicated to the patient   by licensed health care staff within 5 business  days of the date of the report of the most recent  pap test  For mammograms with bi-rad code 0, 3, 4, 5, 6, or 99 the case will be added to the numerator if:   * + The test result was communicated to the patient   by licensed health care staff within 5 business  days of the date of the report of the most recent  mammogram The score is the sum of the numerator/sum of the denominator |

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| **Mnemonic** | **Description** | **Catnum(s)** | Denominator | Numerator |
| ctr5 | Normal outpatient test results communicated to patient within 14 days | 16, 48, 50, 51, 54, 60 | Includes all cases except:Cases with none of the following tests done at this VAMC within 90 days prior to or on the study end date:  * + Guaiac fecal occult blood testing or immunochemical fecal occult blood testing with negative result   + HCV antibody testing with negative result   + HIV testing with result not positive or indeterminate   + Serum potassium within normal lab reference range   + Serum bilirubin <=2.0   + WBC <=15000   + Hematocrit >=35  Cases with none of the following tests done at this VAMC within 365 days prior to or on the study end date:  * + Chest x-ray with no abnormal findings   + CT scan with no abnormal findings   + Mammogram with BI-RAD code 1 or 2   + Gastrointestinal biopsy with no abnormal finding   + Prostate biopsy with no abnormal finding   + Pap tests with no abnormal findings * Pap tests done within 365 days with no results in the lab package * Mammograms performed outside VA fee basis or in the private sector not fee basis * Cases in which the test results were not communicated and 30 days has not elapsed since the date of all tests * Tests done within 7 days prior to an inpatient admission at this VAMC  Note: records will be included in the denominator once for each of the above tests that are within the applicable timeframe. Each record has the opportunity to be included multiple times for this measure. A case that is included for some tests may also have tests that are not included | Each test (except pap tests and mammogram) for each case in the denominator will be added to the numerator if one of the following:  * The patient had a face to face encounter with the provider who ordered the test within 14 days of the date the test was reported   OR if no face to face visit within 14 days   * The test result was communicated to the patient by licensed health care staff within 14 days of the date the test was reported   For pap tests with normal results the case will be added to the numerator if   * The pap test result was communicated to the patient by licensed health care staff within 14 days of the date of the report of the most recent pap test OR * The pap test result was not communicated to the patient by licensed health care staff within 14 days of the date of the report of the most recent pap test and an HPV test was done and the result of the pap test was communicated to the patient within 14 days of the HPV report date   For mammograms with BI\_RAD code 1 or 2, the case will be added to the numerator if:   * The result was communicated to the patient with 14 days of the date the report  The score is the sum of the numerator/sum of the denominator |

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| **Mnemonic** | **Description** | | **Catnum(s)** | | Denominator | | Numerator |
| ctr6 | Outpatient test results communicated to patient within 30 days | | 16, 48, 50, 51, 54, 60 | | Includes all cases except:Cases with none of the following tests done at this VAMC within 90 days prior to or on the study end date:  * + Guaiac fecal occult blood testing or immunochemical fecal occult blood testing   + HCV antibody testing   + HIV testing   + Serum potassium   + Serum bilirubin   + WBC   + Hematocrit  Cases with none of the following tests done at this VAMC within 365 days prior to or on the study end date:  * + Chest x-ray   + CT scan   + Mammogram   + Gastrointestinal biopsy   + Prostate biopsy   + Pap tests * Pap tests done within 365 days with no results in the lab package * Mammograms performed outside VA fee basis or in the private sector not fee basis * Cases in which the test results were not communicated and 30 days has not elapsed since the date of all tests * Tests done within 7 days prior to an inpatient admission at this VAMC  Note: records will be included in the denominator once for each of the above tests that are within the applicable timeframe. Each record has the opportunity to be included multiple times for this measure. A case that is included for some tests may also have tests that are not included | | Each test (except pap tests and mammograms) for each case in the denominator will be added to the numerator if one of the following:  * The patient had a face to face encounter with the provider who ordered the test within 14 days of the date the test was reported   OR if no face to face visit within 14 days   * The test result was communicated to the patient by licensed health care staff within 30 days of the date the test was reported   For pap tests with normal results the case will be added to the numerator if   * The test result was communicated to the patient by licensed health care staff within 30 days of the date of the report of the most recent pap test   OR   * The pap test result was not communicated to the patient by licensed health care staff within 30 days of the date of the report of the most recent pap test and an HPV test was done and the result of the pap test was communicated to the patient within 30 days of the HPV report date   For pap tests with abnormal results or results unable to be determined the case will be added to the numerator if   * an HPV test was done and   + The pap test result was communicated to the patient by licensed health care staff within 30 days of the date of the report of the HPV test   OR   * no HPV test was done and   + The test result was communicated to the patient   by licensed health care staff within 30 days of  the date of the report of the most recent pap test  For mammograms, the case will be added to the numerator if:   * The result was communicated to the patient within 30 days of the date of the report of the most recent mammogram  The score is the sum of the numerator/sum of the denominator |
| **Mnemonic** | **Description** | **Catnum(s)** | | Denominator | | Numerator | |
| ctr7 | Face to face notification of test results | 16, 48, 50, 51, 54, 60 | | Includes all cases except:Cases with none of the following tests done at this VAMC within 90 days prior to or on the study end date:  * + Guaiac fecal occult blood testing or immunochemical fecal occult blood testing   + HCV antibody testing   + HIV testing   + Serum potassium   + Serum bilirubin   + WBC   + Hematocrit  Cases with none of the following tests done at this VAMC within 365 days prior to or on the study end date  * + Chest x-ray   + CT scan   + Mammogram   + Gastrointestinal biopsy   + Prostate biopsy   + Pap test * Pap tests done within 365 days with no results in the lab package * Mammograms performed outside VA fee basis or in the private sector not fee basis * Cases in which no test results were communicated  Cases in which test results were not communicated andthe 30 day timeframe has not elapsed for all tests  * Tests done within 7 days prior to an inpatient admission at this VAMC  Note: records will be included in the denominator once for each of the above tests that are within the applicable timeframe. Each record has the opportunity to be included multiple times for this measure. A case that is included for some tests may also have tests that are not included | | Each test (except pap tests and mammogram) for each case in the denominator will be added to the numerator if:  * The patient had a face to face encounter with the provider who ordered the test within 14 days of the date the test was reported OR * Test results were communicated by licensed healthcare staff during a face to face encounter within 30 days of the date the test was reported   For pap tests with normal results the case will be added to the numerator if   * The date the pap test report was communicated to the patient is a valid date AND * The test result was communicated to the patient by licensed health care staff during a face to face encounter within 30 days of the date of the report of the most recent pap test   OR   * The pap test result was not communicated to the patient by licensed health care staff during a face to face encounter within 30 days of the date of the report of the most recent pap test and an HPV test was done and the result of the pap test was communicated to the patient during a face to face encounter within 30 days of the HPV report date   For pap tests with abnormal results or results unable to be determined the case will be added to the numerator if   * an HPV test was done and   + The pap test result was communicated to the patient by licensed health care staff during a face to face encounter within 30 days of the date of the report of the HPV test   OR   * no HPV test was done and   + The test result was communicated to the patient   by licensed health care staff during a face to  face encounter within 30 days of  the date of the report of the most recent pap test  For mammograms, the case will be added to the numerator if:   * The result was communicated to the patient by licensed healthcare staff within 30 days of the date of the report of the most recent mammogram  The score is the sum of the numerator/sum of the denominator | |
| **Mnemonic** | **Description** | | **Catnum(s)** | | Denominator | | Numerator |
| ctr8 | Telephone notification of test results | | 16, 48, 50, 51, 54, 60 | | Includes all cases except:Cases with none of the following tests done at this VAMC within 90 days prior to or on the study end date:  * + Guaiac fecal occult blood testing or immunochemical fecal occult blood testing   + HCV antibody testing   + HIV testing   + Serum potassium   + Serum bilirubin   + WBC   + Hematocrit  Cases with none of the following tests done at this VAMC within 365 days prior to or on the study end date:  * + Chest x-ray   + CT scan   + Mammogram   + Gastrointestinal biopsy   + Prostate biopsy   + Pap test * Pap tests done within 365 days with no results in the lab package * Mammograms performed outside VA fee basis or in the private sector not fee basis * Cases in which no test results were communicated  Cases in which test results were not communicatedand the 30 day timeframe has not elapsed for all tests  * Tests done within 7 days prior to an inpatient admission at this VAMC  Note: records will be included in the denominator once for each of the above tests that are done within the applicable timeframe. Each record has the opportunity to be included multiple times for this measure. A case that is included for some tests may also have tests that are not included | | Each test (except pap test) for each case in the denominator will be added to the numerator if:  * The test result was communicated to the patient by licensed health care staff **by telephone** within 30 days of the date the test was reported   For pap tests with normal results the case will be added to the numerator if   * The date the pap test report was communicated to the patient is a valid date AND * The test result was communicated to the patient by licensed health care staff by telephone within 30 days of the date of the report of the most recent pap test   OR   * The pap test result was not communicated to the patient by licensed health care staff by telephone within 30 days of the date of the report of the most recent pap test and an HPV test was done and the result of the pap test was communicated to the patient by telephone within 30 days of the HPV report date   For pap tests with abnormal results or results unable to be determined the case will be added to the numerator if   * an HPV test was done and   + The test result was communicated to the patient   by licensed health care staff by telephone within 30 days of the date of the report of the HPV test  OR   * no HPV test was done and   + The test result was communicated to the patient   by licensed health care staff by telephone  within 30 days of the date of the report of the  most recent pap test The score is the sum of the numerator/sum of the denominator |

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| **Mnemonic** | **Description** | **Catnum(s)** | Denominator | Numerator |
| ctr9 | Mail notification of test results | 16, 48, 50, 51, 54, 60 | Includes all cases except:Cases with none of the following tests done at this VAMC within 90 days prior to or on the study end date:  * + Guaiac fecal occult blood testing or immunochemical fecal occult blood testing   + HCV antibody testing   + HIV testing   + Serum potassium   + Serum bilirubin   + WBC   + Hematocrit  Cases with none of the following tests done at this VAMC within 365 days prior to or on the study end date:  * + Chest x-ray   + CT scan   + Mammogram   + Gastrointestinal biopsy   + Prostate biopsy   + Pap test * Pap tests done within 365 days with no results in the lab package * Mammograms performed outside VA fee basis or in the private sector not fee basis * Cases in which no test results were communicated  Cases in which test results were not communicatedand the 30 day timeframe has not elapsed for all tests  * Tests done within 7 days prior to an inpatient admission at this VAMC  Note: records will be included in the denominator once for each of the above tests that are within the applicable timeframe. Each record has the opportunity to be included multiple times for this measure. A case that is included for some tests may also have tests that are not included | Each test for each case (except pap tests in the denominator will be added to the numerator if:  * The test result was communicated to the patient by licensed health care staff **by mail** within 30 days of the date the test was reported   For pap tests with normal results the case will be added to the numerator if   * The date the pap test report was communicated to the patient is a valid date AND * The test result was communicated to the patient by licensed health care staff by mail within 30 days of the date of the report of the most recent pap test   OR   * The pap test result was not communicated to the patient by licensed health care staff by mail within 30 days of the date of the report of the most recent pap test and an HPV test was done and the result of the pap test was communicated to the by mail within 30 days of the HPV report date   For pap tests with abnormal results or results unable to be determined the case will be added to the numerator if   * an HPV test was done and   + The test result was communicated to the patient   by licensed health care staff by mail within 30 days of the date of the report of the HPV test  OR   * no HPV test was done and   + The test result was communicated to the patient   by licensed health care staff by mail within 30  days of the date of the report of the most recent  pap test The score is the sum of the numerator/sum of the denominator |

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| **Mnemonic** | **Description** | **Catnum(s)** | Denominator | Numerator |
| ctr10 | Telehealth notification of test results | 16, 48, 50, 51, 54, 60 | Includes all cases except:Cases with none of the following tests done at this VAMC within 90 days prior to or on the study end date:  * + Guaiac fecal occult blood testing or immunochemical fecal occult blood testing   + HCV antibody testing   + HIV testing   + Serum potassium   + Serum bilirubin   + WBC   + Hematocrit  Cases with none of the following tests done at this VAMC within 365 days prior to or on the study end date:  * + Chest x-ray   + CT scan   + Mammogram   + Gastrointestinal biopsy   + Prostate biopsy   + Pap test * Pap tests done within 365 days with no results in the lab package * Mammograms performed outside VA fee basis or in the private sector not fee basis * Cases in which no test results were communicated  Cases in which test results were not communicatedand the 30 day timeframe has not elapsed for all tests  * Tests done within 7 days prior to an inpatient admission at this VAMC  Note: records will be included in the denominator once for each of the above tests that are within the applicable timeframe. Each record has the opportunity to be included multiple times for this measure. A case that is included for some tests may also have tests that are not included | Each test for each case (except pap tests) in the denominator will be added to the numerator if:  * The test result was communicated to the patient by licensed health care staff **by clinic based video telehealth** within 30 days of the date the test was reported   For pap tests with normal results the case will be added to the numerator if   * The date the pap test report was communicated to the patient is a valid date AND * The test result was communicated to the patient by licensed health care staff by clinic based video telehealth within 30 days of the date of the report of the most recent pap test   OR   * The pap test result was not communicated to the patient by licensed health care staff by clinic based video telehealth within 30 days of the date of the report of the most recent pap test and an HPV test was done and the result of the pap test was communicated to the patient by clinic based video telehealth within 30 days of the HPV report date   For pap tests with abnormal results or results unable to be determined the case will be added to the numerator if   * an HPV test was done and   + The test result was communicated to the patient   by licensed health care staff by clinic based video telehealth within 30 days of the date of the report of the HPV test  OR   * no HPV test was done and   + The test result was communicated to the patient   by licensed health care staff by clinic based  video telehealth within 30 days of the date of  the report of the most recent pap test The score is the sum of the numerator/sum of the denominator |

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| **Mnemonic** | **Description** | **Catnum(s)** | Denominator | Numerator |
| ctr11 | Secure messaging notification of test results | 16, 48, 50, 51, 54, 60 | Includes all cases except:Cases with none of the following tests done at this VAMC within 90 days prior to or on the study end date:  * + Guaiac fecal occult blood testing or immunochemical fecal occult blood testing   + HCV antibody testing   + HIV testing   + Serum potassium   + Serum bilirubin   + WBC   + Hematocrit  Cases with none of the following tests done at this VAMC within 365 days prior to or on the study end date:  * + Chest x-ray   + CT scan   + Mammogram   + Gastrointestinal biopsy   + Prostate biopsy   + Pap test * Pap tests done within 365 days with no results in the lab package * Mammograms performed outside VA fee basis or in the private sector not fee basis * Cases in which no test results were communicated  Cases in which test results were not communicatedand the 30 day timeframe has not elapsed for all tests  * Tests done within 7 days prior to an inpatient admission at this VAMC  Note: records will be included in the denominator once for each of the above tests that are within the applicable timeframe. Each record has the opportunity to be included multiple times for this measure. A case that is included for some tests may also have tests that are not included | Each test for each case (except pap tests) in the denominator will be added to the numerator if:  * The test result was communicated to the patient by licensed health care staff **by secure message** within 30 days of the date the test was reported   For pap tests with normal results the case will be added to the numerator if   * The date the pap test report was communicated to the patient is a valid date AND * The test result was communicated to the patient by licensed health care staff by secure message within 30 days of the date of the report of the most recent pap test   OR   * The pap test result was not communicated to the patient by licensed health care staff by secure message within 30 days of the date of the report of the most recent pap test and an HPV test was done and the result of the pap test was communicated to the patient by secure message within 30 days of the HPV report date   For pap tests with abnormal results or results unable to be determined the case will be added to the numerator if   * an HPV test was done and   + The test result was communicated to the patient   by licensed health care staff by secure message within 30 days of the date of the report of the HPV test  OR   * no HPV test was done and   + The test result was communicated to the patient   by licensed health care staff by secure  message within 30 days of the date of the  report of the most recent pap test The score is the sum of the numerator/sum of the denominator |