PROSPECTIVE PAYMENT SYSTEM (PPS)-EXEMPT CANCER HOSPITALS MEASURES FOR COMMENT

Measure Name	Measure Description	Numerator Statement (Inclusions / Exclusions)	Denominator Statement (Inclusions / Exclusions)	Measure Type	Data Source	Unit of Measurement	Measure Source; NQF endorsement status
Adjuvant chemotherapy for Stage III colon cancer	Adjuvant chemotherapy is considered or administered within four months of diagnosis for patients under age 80 with AJCC Stage III (lymph node-positive) colon cancer	Consideration or administration of chemotherapy initiated within 4 months (120 days) of date of diagnosis	Age 18 to 79 at time of diagnosis Known or assumed to be first or only cancer diagnosis Primary tumors of the colon Epithelial malignancy only AJCC Stage III All or part of first course of treatment performed at the reporting facility Known to be alive within 4 months (120 days) of diagnosis	Process	Chart review and hospital cancer registries	Ambulatory care	Commission on Cancer; NQF endorsed
Combination chemotherapy for AJCC T1c, or Stage II or III hormone receptor-negative breast cancer	Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c, or Stage II or III hormone receptor negative breast cancer	Consideration or administration of multi-agent chemotherapy initiated within 4 months (120 days) of date of diagnosis	Women Age 18 to 69 at time of diagnosis Known or assumed first or only cancer diagnosis Primary tumors of the breast Epithelial malignancy only AJCC T1c, or Stage II or III Primary tumor is estrogen receptor negative and progesterone receptor negative All or part of first course of treatment performed at the reporting facility Known to be alive within 4 months (120 days) of diagnosis	Process	Chart review and hospital cancer registries	Ambulatory care	Commission on Cancer; NQF endorsed
Hormone therapy for AJCC T1c, or Stage II or III hormone receptor-positive breast cancer	Tamoxifen or third-generation aromatase inhibitor is considered or administered within one year of diagnosis for women with AJCC T1cN0M0 or Stage II or III hormone receptor-positive breast cancer	Consideration or administration of tamoxifen or third generation aromatase inhibitor initiated within 1 year (365 days) of date of diagnosis	Women Age greater than or equal to 18 at time of diagnosis Known or assumed first or only cancer diagnosis Epithelial malignancy only AJCC T1c, or Stage II or III Primary tumor is estrogen receptor (ER) positive or progesterone receptor (PR) positive All or part of first course of treatment performed at the reporting facility Known to be alive within 1 year (365 days) of diagnosis	Process	Chart review and hospital cancer registries	Ambulatory care	Commission on Cancer; NQF endorsed

Prepared for The Centers for Medicare and Medicaid Services by Mathematica Policy Research and the National Committee for Quality Assurance (HHS Contract: HHSM-2008-000201).

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Measure Name	Measure Description	Numerator Statement (Inclusions/ Exclusions)	Denominator Statement (Inclusions/ Exclusions)	Measure Type	Data Source	Unit of Measurement	Measure Source
Urinary-catheter-associated UTI (CAUTI)	Standardized infection ratio (SIR) of health care-associated, catheter-associated urinary tract infections (CAUTI) will be calculated among patients in the following patient-care locations: – Specialty care areas (SCAs), - Adult and pediatric: long term acute care, bone marrow transplant, acute dialysis, hematology/oncology, and solid organ transplant locations – Intensive care units (ICUs) (excluding patients in neonatal ICUs [NICUs: Level II/III and Level III nurseries]) – Other inpatient locations (excluding Level I and Level II nurseries)	Total number of observed healthcare-associated CAUTI among inpatients in ICUs (excluding patients in NICUs), SCAs, and other inpatient locations (excluding Level I and Level II nurseries).	Total number of expected CAUTIs, which is calculated by multiplying the number of urinary catheter days for each location under surveillance for CAUTI during the period by the CAUTI rate for the same types of locations obtained from the standard population. These expected numbers are summed across locations and used as the denominator of this measure Exclusions: Non-indwelling catheters by NHSN definitions: 1.Suprapubic catheters 2.Condom catheters 3. “In and out” catheterizations	Outcome	Chart review and hospital registries	Hospitals	Centers for Disease Control and Prevention; Submitted to NQF for endorsement

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Measure Name	Measure Description	Numerator Statement (Inclusions/ Exclusions)	Denominator Statement (Inclusions/ Exclusions)	Measure Type	Data Source	Unit of Measurement	Measure Source
Central line-associated blood stream infection (CLABSI)	Standardized infection ratio (SIR) of health care-associated, central line-associated bloodstream infections (CLABSI) will be calculated among patients in the following patient care locations: — Intensive care units (ICUs), neonatal intensive care units (NICUs) Level II/III and III — Special care areas (SCAs) — Adult and pediatric: long-term acute-care, bone marrow transplant, specialty care units, solid organ transplant units, hematology-oncology units, and acute dialysis units — Non-ICU inpatient locations (excluding Level I and Level II nurseries). This includes acute-care general hospitals, freestanding long-term care hospitals, rehabilitation hospitals, and behavior health hospitals. Only locations where patients reside overnight are included (i.e., inpatient locations).	Total number of observed healthcare-associated CLABSI among patients in ICUs, NICUs, SCAs and other acute care hospital locations where patients reside overnight.	Total number of expected CLABSIs, calculated by multiplying the number of central line device days for each location under surveillance for CLABSI during the period by the CLABSI rate for the same types of locations obtained from the standard population. Central line device- day denominator data that are collected differ according to the location of the patients being monitored. Exclusions: 1. Pacemaker wires and other nonlumened devices inserted into central blood vessels or the heart are excluded as central lines 2. Peripheral intravenous lines are excluded from this measure	Outcome	Chart review and hospital registries	Hospitals	Centers for Disease Control and Prevention; Submitted to NQF for endorsement

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