For each data element fill in the cells for your site.

The cells with a tan background describe the data elements and the calculation criteria.

Do not edit the cells with the tan background.

The following is a description of the columns along with instructions.

Please note that many of the cells are populated with drop-down menus. Use these drop-down items as much as possible in order to facilitate subsequent analysis. If an option is not available, free text is acceptable

If your site has more than one source for a data element, create a row for each source.
To create a row, perform the following steps:

1. Select the row (click on the row number)

2. Copy the row (either right-click/Copy, control-c, or from the menu bar Edit/Copy)
3. Insert the copied cells (either right-click/Insert Copied Cells, or from the menu bar Insert/Copied Cells)

CHIPRA Measure Sequence Number

The sequence number assigned to the measure by the CHIPRA team for use in analysis

Measure Title

The title of the measure

Data Element

The name of the data element as specified by the measure. For example, Birth Date

Description

Further description of the data element. For example, Patient date of birth

EHR Data Source Application

The application at your site from which this data element is obtained. For example, Laboratory I.S.
This is a drop-down menu item

EHR Data Element Name

The name used to identify this data element in your EHR. For example, the table and column in a database or a column name in a file export.
This is a free text entry

Location in EHR Data Entered/Accessed by User (Front End User Facing)

The area within your EHR where the data element is primarily captured or accessed by the user
This is a drop-down menu item

Data Search Type

How you would search for the data type. For example, if looking for the "ADHD diagnosis validation, validated tool" data element it is likely that you would search for the LOINC code or vendor code that represents this. Therefore The Data Search Type would be Code.
N/A
Boolean - Use this for true/false or yes/no data elements
Code - Use if the data element is coded
Date
Number - Use for integer and decimal
Text - Use if unconstrained text (free text)
This is a drop-down menu item

Coding System (Data Search Type)

If this data element is coded, indicate the coding system. Note that there are entries for organization (site) and vendor specific coding systems.
For example, if your site uses a pharmacy vendor code for medications, select "Vendor specific"
This is a drop-down menu item

Stored Data Type

What data type is stored. For example, a lab result would be stored as a number
N/A
Boolean - Use this for true/false or yes/no data elements
Code - Use if the data element is coded
Date
Number - Use for integer and decimal
Text - Use if unconstrained text (free text)
This is a drop-down menu item

Coding System (Stored Data Type)

If this data element is coded, indicate the coding system. Note that there are entries for organization (site) and vendor specific coding systems.
For example, if your site uses a pharmacy vendor code for medications, select "Vendor specific"
This is a drop-down menu item

Coding System Comments

Enter any comments

Unit of Measure

The units of measure, if applicable, associated with this data element.
For data elements with date data type indicate the granularity of the date (format order is not relevant).
This is a drop-down menu item

Frequency

Number of times the data element is recorded for a typical patient during the measurement period
This is a drop-down menu item

Criteria

The measurement criteria for this data element as described in the measure

EHR Ability to Calculate Criteria

Indicate whether or not your EHR has the technical capability to calculate the specified criteria.
This is a drop-down menu item

EHR Ability to Calculate Criteria Comments

Enter any comments

EHR Exception Presence

Indicate whether or not this data element is associated with a discrete exception.
An example would be: Please prescribe ACE/ARB for CAD. On the ACE/ARB row, select Yes to indicate that there is an exception if there is a discrete place to document why the ACE/ARB was not prescribed for CAD.
An exception may be defined as valid reasons for patients who are included in the denominator population, but for whom a process or outcome of care does not occur. Patients may have Exceptions for medical reasons (for example, patient has an egg allergy so they did not receive flu vaccine); patient reasons (for example, patient refused flu vaccine); or system reasons (for example, patient did not receive flu vaccine due to vaccine shortage).
This is a drop-down menu item

EHR Exception Presence Comments

Enter any comments

Technical Feasibility (Can my EHR do this?)

Indicate whether all data can be collected and all calculations can be performed.
This is a drop-down menu item

Implementation Feasibility (Will workflow be used consistently?)

Indicate if this measure is implemented, whether you think the results you receive will be accurate for use at your institution
This is a drop-down menu item

Feasibility Comments

Must enter comments if "Nonfeasible, cannot do today" or "Feasible with workflow changes" is selected for Technical or Implementation Feasibility. Also enter any additional comments

Measure Retains Originally Stated Intention of the Measure (Integrity)

Select the value that best indicates whether the measure retains the original intention of the measure
5 Strongly Agree
4 Moderately Agree
3 Neither Disagree Nor Agree
2 Moderately Disagree
1 Strongly Disagree

Measure Retains Originally Stated Intention of the Measure Comments

Enter any comments

Scores Obtained from Measure as Specified Accurately Differentiate Quality of Performance Across Providers (Face Validity)

Select the value that best indicates whether the scores obtained from the measure as specified accurately differentiate the quality of performance across providers
5 Strongly Agree
4 Moderately Agree
3 Neither Disagree Nor Agree
2 Moderately Disagree
1 Strongly Disagree

Scores Obtained from Measure as Specified Accurately Differentiate Quality of Performance Across Providers Comments

Enter any comments

Additional Comments/Thoughts About Measure

Enter any additional comments or thoughts about the measure

DET Color Key

Denominator Elements
Numerator Elements
Exception Elements

PMCoE PICU Measure Sequence Number	Measure Title	Data Element	Description	EHR Data Source Application	EHR Data Element Name	Location in EHR Data Entered/Accessed by User	Data Search Type	Coding System (Data Search Type)	Stored Data Type	Coding System (Stored Data Type)	Coding System Comments	Unit of Measure	Frequency	Criteria	EHR Ability to Calculate Criteria	EHR Ability to Calculate Criteria Comments	EHR Exception Presence	EHR Exception Presence Comments
N/A	All Measures	Race	Patient race (e.g., Black or African American, Asian, etc.)											Last active race during end of measurement period			N/A	
N/A	All Measures	Gender	Patient gender (e.g., male, female)											Last active gender during end of measurement period			N/A	
N/A	All Measures	Ethnicity	Patient ethnicity (e.g., Hispanic or Latino)											Last active ethnicity during end of measurement period			N/A	
N/A	All Measures	Preferred Language	Patient preferred language (e.g.,English, Spanish, etc.)											Last active preferred language during end of measurement period			N/A	
N/A	All Measures	Payer	Insurance or payer on claim (e.g., Medicare Part A, Medicaid, Individual Policy, etc.)											Last active payer during end of measurement period			N/A	
3	Initial Risk Assessment for Immobility-related Pressure Ulcer within 24 hours of PICU Admission	Occurrence of a PICU admission (Occurrence A)												Patient had a "PICU Admission or Transfer" that lasted at least 24 hours			N/A	
3	Initial Risk Assessment for Immobility-related Pressure Ulcer within 24 hours of PICU Admission	Date and time of Occurrence A												(Dicharge time) - (Admission time) >= 24 hours				
3	Initial Risk Assessment for Immobility-related Pressure Ulcer within 24 hours of PICU Admission	Occurrence of administration of a pressure ulcer risk assessment by standardized tool (Occurrence B)												Patient had an assessment of immobility-related pressure ulcer risk using a standardized pressure ulcer risk assessment tool was documented within 24 hours of admission. The only tool currently used is the Braden-Q but other approved tools may be added in the future.			N/A	
3	Initial Risk Assessment for Immobility-related Pressure Ulcer within 24 hours of PICU Admission	Date and time of Occurrence B												Must be within 24 hours of admission			N/A	
4	Appropriateness of Red Cell Transfusions	Occurrence of a PICU admission (Occurrence A)												Patient had a "PICU Admission or Transfer"			N/A	
4	Appropriateness of Red Cell Transfusions	Date of Occurrence A												Admission date/time				
4	Appropriateness of Red Cell Transfusions	Occurrence of a blood transfusion (Occurrence B)												May be identified by: SNOMED-CT 116863004 (Transfusion of red blood cells)			N/A	
4	Appropriateness of Red Cell Transfusions	Date of Occurrence B												Documented time of occurrence for red cell transfusion			N/A	
4	Appropriateness of Red Cell Transfusions	Documentation of hemoglobin level (Occurrence C)	Patient has documentation that he/she received an Hgb (hemoglobin) lab test and results of the test are recorded											Hgb Laboratory Test result <= 7000 mg/dL (rounding down for 7.5 or less)			N/A	
4	Appropriateness of Red Cell Transfusions	Date of Occurrence C	The date the Hgb test occurred											Date of Hgb test must be within PICU admission and discharge times			N/A	
4	Appropriateness of Red Cell Transfusions	Documentation of reason for transfusion (Occurrence D)	The reason the provider believed an Hgb test was required											Many be in a drop down menu or the notes field			N/A	
4	Appropriateness of Red Cell Transfusions	Date of Occurrence D	The recorded date on which the reason for the Hgb test was written											Many be in a drop down menu or the notes field			N/A	
4	Appropriateness of Red Cell Transfusions	Patients with cyanotic heart disease												May be identified by: SNOMEDCT 12770006 (Cyanotic congenital heart disease)			N/A	
4	Appropriateness of Red Cell Transfusions	Patients with unstable shock	Unstable shock: The addition of or an increase in a continuous infusion of any cardioactive drug within the last 24 hours.											Any patient that had received and had an increase in a continuous infusion of any cardioactive drug within the last 24 hours.			N/A	
4	Appropriateness of Red Cell Transfusions	Patients who are on ECMO	ECMO: Extracorporeal Membrane Oxygenation											Identified by ICD-9-CM code 39.65 (Extracorporeal membrane oxygenation [ECMO])			N/A	
4	Appropriateness of Red Cell Transfusions	Patients with sickle cell disease												Identified by ICD-9-CM code 282.6 (Sickle-cell disease) or ICD-9-CM 282.60 (Sickle-cell disease, unspecified)			N/A	
5	Initial Baseline Screen of Nutritional Status for Every Patient Within 24 Hours of PICU Admission	Occurrence of a PICU admission (Occurrence A)												Patient had a "PICU Admission or Transfer" that lasted at least 24 hours			N/A	
5	Initial Baseline Screen of Nutritional Status for Every Patient Within 24 Hours of PICU Admission	Date and time of Occurrence A												(Dicharge time) - (Admission time) >= 24 hours			N/A	
5	Initial Baseline Screen of Nutritional Status for Every Patient Within 24 Hours of PICU Admission	Occurrence of a PICU discharge (Occurrence B)												Patient was discharged from PICU			N/A	
5	Initial Baseline Screen of Nutritional Status for Every Patient Within 24 Hours of PICU Admission	Date and time of Occurrence B												(Dicharge time) - (Admission time) >= 24 hours			N/A	
5	Initial Baseline Screen of Nutritional Status for Every Patient Within 24 Hours of PICU Admission	Occurrence of an administration of a nutritional status screening tool that is standardized within the institution (Occurrence C)	STAMP and the Paediatric Yorkhill Malnutrition Score are examples of standardized nutritional screening tools											Patient received a documented screening of nutritional status with use of a standardized nutrition screening tool within 24 hours of admission			N/A	
5	Initial Baseline Screen of Nutritional Status for Every Patient Within 24 Hours of PICU Admission	Date and time of Occurrence C												Must be within 24 hours of admission			N/A	
5	Initial Baseline Screen of Nutritional Status for Every Patient Within 24 Hours of PICU Admission	Patients who have already had a documented nutrition screening or assessment in the previous 48 hours												Patients who have already had a documented nutrition screening or assessment in the 48 hours prior to PICU admission or transfer			N/A	

Please provide responses to the questions below. The responses will provide a better understanding of the workflow that can help determine if the measure needs to be updated.

PMCoE PICU Measure Sequence Number	Questions	Responses
3	Does your facility use the Braden-Q tool? If not, do you use another standardized pressure ulcer risk assessment tool?	
3	How do you document the results of a standardized pressure ulcer risk assessment tool?	
3	If you consider the current methods unsatisfactory, how would you prefer to capture these data elements?	
4	How are the results from an Hgb test documented in your EMR system?	
4	How is the reason for an Hgb test documented in your EMR system? Is an associated date for this event typically recorded?	
4	How easily are you able to identify the exclusions for this measure within the patient's EMR? Are the exclusions identifiable from codified fields?	
4	How do you identify patients with 'unstable shock' in your EMR system?	
4	If you consider the current methods unsatisfactory, how would you prefer to capture these data elements?	
5	Does your instituition use STAMP, the Pediatric Yorkhill Malnutrition Score, or some other standardized nutrition screening tool?	
5	How are standardized nutrition screening tool results documented in your EMR?	
5	If you consider the current methods unsatisfactory, how would you prefer to capture these data elements?	

Scores Obtained from Measure as Specified Accurately Differentiate Quality of Performance Across Providers	Measure
5 Strongly Agree	Initial Risk Assessment for Immobility-related Pressure Ulcer within 24 hours of PICU Admission
4 Moderately Agree	Appropriateness of Red Cell Transfusions
3 Neither Disagree Nor Agree	Initial Baseline Screen of Nutritional Status for Every Patient Within 24 Hours of PICU Admission
2 Moderately Disagree	
1 Strongly Disagree	

PMCoE PICU Measure Sequence Number	Measure Title	Technical Feasibility (Can my EHR do this?)	Implementation Feasibility (Will workflow be used consistently?)	Feasibility Comments	Measure Retains Originally Stated Intention (Integrity)	Measure Retains Originally Stated Intention Comments	Scores Obtained from Measure as Specified Accurately Differentiate Quality of Performance Across Providers (Face Validity)	Scores Obtained from Measure as Specified Accurately Differentiate Quality of Performance Across Providers Comments	Additional Comments/Thoughts About Measure
3	Initial Risk Assessment for Immobility-related Pressure Ulcer within 24 hours of PICU Admission								
4	Appropriateness of Red Cell Transfusions								
5	Initial Baseline Screen of Nutritional Status for Every Patient Within 24 Hours of PICU Admission								

Attachment 8.A.2 Feasibility Testing Results

DET Quality Analysis Criteria	Advocate Lutheran General		Advocate Hope Children's		Stroger		Lurie Children's	
	Cerner		Cerner		Cerner		Epic	
		Workflow Mod		Workflow Mod		Workflow Mod		Workflow Mod
u. Measure 5 **(Nutrition)** Technical Feasibility	**Feasible. Can do today.**	**n/a**	**Feasible. Can do today.**	**n/a**	**Feasible with workflow mod/changes to EHR**	*Standardized or homegrown screening tool must be implemented*	**Feasible. Can do today.**	**n/a**
v. Measure 5 **(Nutrition)** Implementation Feasibility	**Feasible. Can do today.**	**n/a**	**Feasible. Can do today.**	**n/a**	**Feasible with workflow mod/changes to EHR**	*Staff must be trained to use screening tool if it is implemented*	**Feasible. Can do today.**	**n/a**