

**Oncology Nursing Society Registry in Collaboration with CE City
2015 Performance Measure Specifications**

ONSQIR 1**Non-PRQS Measure**

Performance Measure Name: Symptom Assessment

- 1-01a Symptom Assessment – Overall Rate
- 1-01b Symptom Assessment – Psychosocial Distress
- 1-01c Symptom Assessment – Fatigue
- 1-01d Symptom Assessment – Sleep-Wake Disturbance

Description: Documented assessment for Psychosocial Distress, Fatigue and Sleep-Wake Disturbance at least one time each chemotherapy cycle.

Numerator Statement: Total number of intravenous chemotherapy cycles where the patient received documented assessment for Psychosocial Distress, Fatigue and Sleep-Wake Disturbance at least one time during the cycle.

Denominator Statement: Total number of intravenous chemotherapy cycles at this facility for this episode of care.

Denominator Exclusions/Exceptions: Patients less than 18 years of age

Rationale: Disease and treatment related symptoms are common, but frequently under- or incompletely assessed during therapy. If untreated, symptoms may escalate and negatively impact the patient's quality of life and ability to receive uninterrupted cancer treatment.

Measure Type: Process

National Quality Strategy (NQS) Domain: Effective Clinical Care

Steward: ONS

Data Source: Patient and Clinician reported medical record documentation

ONSQIR 2**Non-PRQS Measure**

Performance Measure Name: Intervention for Psychosocial Distress

Description: Documented intervention for psychosocial distress score of 4 or greater on the NCCN Distress Thermometer or moderate or greater psychosocial distress via any other tool or narrative note at any visit.

Numerator Statement: Patients with at least one documented intervention to manage psychosocial distress.

Denominator Statement: Patients with cancer and a psychosocial distress score of 4 or greater on the NCCN Distress Thermometer or moderate or greater psychosocial distress via any other validated tool or narrative note at any visit.

Denominator Exclusions/Exceptions:

- Patients less than 18 years of age
- Patients with a psychosocial distress score of less than 4 on the NCCN Distress Thermometer or mild / no psychosocial distress via any tool or narrative notes.

Rationale: Interventions are intended to ameliorate negative outcomes in patients with documented moderate to severe symptoms.

Measure Type: Process

National Quality Strategy (NQS) Domain: Effective Clinical Care

Steward: ONS

Data Source: Patient and Clinician reported medical record documentation

ONSQIR 3

Non-PRQS Measure

Performance Measure Name: Intervention for Fatigue

Description: Patients with cancer who received a recommendation for an exercise program prior to the first chemotherapy treatment.

Numerator Statement: Patients with an exercise program recommended prior to the first chemotherapy treatment.

Denominator Statement: Patients with cancer who have begun chemotherapy.

Denominator Exclusions/Exceptions:

- Patients less than 18 years of age
- Contraindications to exercise

Rationale: Evidence indicates that exercise can manage common cancer related symptoms such as fatigue, anxiety, depression, lymphedema and others.

Measure Type: Process

National Quality Strategy (NQS) Domain: Effective Clinical Care

Steward: ONS

Data Source: Patient and Clinician reported medical record documentation

ONSQIR 4**Non-PRQS Measure**

Performance Measure Name: Intervention for Sleep-Wake Disturbance

Description: Documented intervention for sleep-wake disturbance of 4 or greater on the PROMIS scale, or moderate or greater sleep-wake disturbance determined via any tool or narrative note at any visit.

Numerator Statement: Patients with at least one documented intervention to manage sleep-wake disturbance.

Denominator Statement: Patients with cancer and with sleep-wake disturbance of 4 or greater on the PROMIS scale, or moderate or greater sleep-wake disturbance determined via any tool or narrative note at any visit.

Denominator Exclusions/Exceptions:

- Patients less than 18 years of age
- Patient with a sleep-wake disturbance of less than 4 on the PROMIS scale or mild / no sleep-wake disturbance via any tool or narrative note

Rationale: Interventions are intended to ameliorate negative outcomes in patients with documented moderate to severe symptoms

Measure Type: Process

National Quality Strategy (NQS) Domain: Effective Clinical Care

Steward: ONS

Data Source: Patient and Clinician reported medical record documentation

ONSQIR 5**Non-PRQS Measure**

Performance Measure Name: Assessment for Chemotherapy Induced Nausea and Vomiting

Description: Documented assessment for chemotherapy induced nausea and vomiting prior to the second round of moderately or highly emetogenic chemotherapy treatment.

Numerator Statement: Patients who received documented assessment for chemotherapy induced nausea and vomiting.

Denominator Statement: Patients with cancer prior to the second moderately or highly emetogenic chemotherapy treatment at this facility.

Denominator Exclusions/Exceptions:

- Patients less than 18 years of age
- Patients who did not receive moderately or highly emetogenic chemotherapy treatments
- Patients who did not receive a second moderately or highly emetogenic chemotherapy treatment at this facility

Rationale: Delayed CINV develops between 2-5 days but may last up to 7 days, depending on the emetogenic potential of the chemotherapy regimen administered, antiemetics utilized and individual patient risk factors. This measure intends to confirm that the antiemetic regimen prescribed in cycle 1 was sufficient prior to cycle 2 administration.

Measure Type: Process

National Quality Strategy (NQS) Domain: Effective Clinical Care

Steward: ONS

Data Source: Patient and Clinician reported medical record documentation

ONSQIR 6**Non-PRQS Measure**

Performance Measure Name: Education on Neutropenia Precautions

Description: Documented education on neutropenia precautions prior to or at the time of the first chemotherapy administration. Instructions include hand washing and to contact health care provider in the event of the development of a practice-defined specific level of fever.

Numerator Statement: Patients that have documented instruction on hand washing and to contact his or her health care provider in the event of the development of a practice-defined specific level of fever.

Denominator Statement: Patients with cancer who received intravenous chemotherapy.

Denominator Exclusions/Exceptions:

- Patients less than 18 years of age
- Patients who did not receive an intravenous chemotherapy regimen

Rationale: Patients who receive many intravenous chemotherapy agents are at risk of infection. Proper hand washing decreases risk of pathogen transmission. Patients at risk of febrile neutropenia must also be counseled on the degree of fever at which to immediately contact the oncologist to mitigate possible septic shock.

Measure Type: Process

National Quality Strategy (NQS) Domain: Effective Clinical Care

Steward: ONS

Data Source: Patient and Clinician reported medical record documentation

ONSQIR 7

Non-PQRS Measure

Performance Measure Name: Post-Treatment Symptom Assessment

- 7-01a Post-Treatment Symptom Assessment – Composite Rate
- 7-01b Post-Treatment Symptom Assessment – Bone Health Risk
- 7-01c Post-Treatment Symptom Assessment – Fatigue
- 7-01d Post-Treatment Symptom Assessment – Lymphedema
- 7-01e Post-Treatment Symptom Assessment – Menopausal
- 7-01f Post-Treatment Symptom Assessment – Neuropathy
- 7-01g Post-Treatment Symptom Assessment – Pain
- 7-01h Post-Treatment Symptom Assessment – Psychosocial Distress
- 7-01i Post-Treatment Symptom Assessment – Sleep

Description: At least once during the 12 month period after completing the final component of the treatment plan there is documentation of specific assessments. All patients should be assessed for fatigue, pain, psychosocial distress and sleep. Patients should be assessed for bone health risk, lymphedema, menopausal symptoms, or neuropathy based on the types of treatments received.

Numerator Statement: Patients with at least one documented assessment during the 12 months period after completing the final component of the treatment plan for each of the following fatigue, pain, psychosocial distress and sleep. Patients should be assessed for bone health risk, lymphedema, menopausal symptoms, or neuropathy as applicable to the patient based on the types of treatments received.

Denominator Statement: Breast cancer patients stage 0 to III who have completed the final component of the treatment plan.

Denominator Exclusions/Exceptions:

- Patients with recurrence of breast cancer
- Patients with development of any second primary cancer
- Patients who died
- Patients lost to follow up
- Patients who transfer to another care provider
- Patients who did not receive any treatments or refused treatments

Rationale: Treatment related symptoms are known to persist for months to years after therapy ends. Continued symptom assessment that addressed common problems seen after breast cancer therapy is necessary to promote post-treatment recovery.

Measure Type: Process

National Quality Strategy (NQS) Domain: Effective Clinical Care

Steward: ONS

Data Source: Patient and Clinician reported medical record documentation

ONSQIR 8

Non-PQRS Measure

Performance Measure Name: Post-Treatment Symptom Intervention

- 8-01a Post-Treatment Symptom Intervention – Composite Rate
- 8-01b Post-Treatment Symptom Intervention – Bone Health Risk
- 8-01c Post-Treatment Symptom Intervention – Fatigue
- 8-01d Post-Treatment Symptom Intervention – Lymphedema
- 8-01e Post-Treatment Symptom Intervention – Menopausal
- 8-01f Post-Treatment Symptom Intervention – Neuropathy
- 8-01g Post-Treatment Symptom Intervention – Pain
- 8-01h Post-Treatment Symptom Intervention – Psychosocial Distress
- 8-01i Post-Treatment Symptom Intervention – Sleep

Description: Documented intervention for clinically significant levels of symptoms for bone health risk, fatigue, lymphedema, menopausal symptoms, neuropathy, pain, psychosocial distress and sleep.

Numerator Statement: Patients with at least one documented intervention to manage significant levels of symptoms for bone health risk, fatigue, lymphedema, menopausal symptoms, neuropathy, pain, psychosocial distress and sleep.

Denominator Statement: Breast cancer patients stage 0 to III who have completed the final component of the treatment plan and have significant levels of symptoms for bone health risk, fatigue, lymphedema, menopausal symptoms, neuropathy, pain, psychosocial distress and sleep.

Denominator Exclusions/Exceptions:

- Patients with recurrence of breast cancer
- Patients with development of any second primary cancer
- Patients who died
- Patients lost to follow up
- Patients who transfer to another care provider
- Patients who did not receive any treatments or refused treatments

Rationale: Interventions are intended to promote post-treatment recovery in patients with documented moderate to severe symptoms.

Measure Type: Process

National Quality Strategy (NQS) Domain: Effective Clinical Care

Steward: ONS

Data Source: Patient and Clinician reported medical record documentation

ONSQIR 9

Non-PQRS Measure

Performance Measure Name: Post-Treatment Education

- 9-01a Post-Treatment Education – Composite Rate
- 9-01b Post-Treatment Education – Community Resources
- 9-01c Post-Treatment Education – Diet
- 9-01d Post-Treatment Education – Exercise
- 9-01e Post-Treatment Education – Late Effects
- 9-01f Post-Treatment Education – Lymphedema
- 9-01g Post-Treatment Education – Recurrence

Description: Documented education or reinforcement of prior education on community resources, diet, exercise, late effects, and signs and symptoms of recurrence. Patients should be educated on lymphedema based on the treatments received.

Numerator Statement: Patients with documented education (or reinforcement) on community resources, diet, exercise, late effects, and signs and symptoms or recurrence. Patients should be educated on lymphedema based on the treatments received.

Denominator Statement: Breast cancer patients stage 0 to III who have completed the final component of the treatment plan.

Denominator Exclusions/Exceptions:

- Patients with recurrence of breast cancer
- Patients with development of any second primary cancer
- Patients who died
- Patients lost to follow up
- Patients who transfer to another care provider
- Patients who did not receive any treatments or refused treatments

Rationale: People who have completed primary treatment for early stage breast cancer enter a new and distinct phase of survivorship, which emphasizes monitoring for symptoms resolution, emergence of late effects or disease recurrence as well as health maintenance activities tailored to the unique needs of the patient based on the treatment received and individual risk factors. Patient-centered education on these areas is recommended to enable the patient and family to engage with providers in health monitoring and promotion.

Measure Type: Process

National Quality Strategy (NQS) Domain: Patient Safety

Steward: ONS

Data Source: Patient and Clinician reported medical record documentation

ONSQIR 10

Non-PQRS Measure

Performance Measure Name: Post-Treatment Goal Setting

Description: There is evidence that at least one goal for the post-treatment period based on a patient identified topic was established collaboratively between the patient and the healthcare team. Goal setting occurs shortly before the Final Treatment Date or in the survivorship time period.

Numerator Statement: Patients with at least one goal documented based on a patient identified topic that was established collaboratively between the patient and the healthcare team, shortly before the Final Treatment Date or in the survivorship time period.

Denominator Statement: Breast cancer patients stage 0 to III who have completed the final component of the treatment plan.

Denominator Exclusions/Exceptions:

- Patients with recurrence of breast cancer
- Patients with development of any second primary cancer
- Patients who died
- Patients lost to follow up
- Patients who transfer to another care provider
- Patients who did not receive any treatments or refused treatments

Rationale: This measure is intended to look for evidence that patient, in collaboration with the healthcare team, set a health maintenance, health promotion and/or quality of life goal to be pursued in the 12 month period after completing the final component of the treatment plan. The topic of the goals should be derived based upon the patient's expressed concerns and/or desires, through clinician-led discussion of and encouragement to adopt healthy lifestyle changes may be included.

Measure Type: Process

National Quality Strategy (NQS) Domain: Person and Caregiver – Centered Experience & Outcomes

Steward: ONS

Data Source: Patient and Clinician reported medical record documentation

ONSQIR 11
Non-PQRS Measure

Performance Measure Name: Post-Treatment Goal Attainment

Description: Number of patients who made progress towards goals by the end of the 12 month period after completing the final component of the treatment plan.

Numerator Statement: Patients who made progress toward goals by the end of the survivor time period.

Denominator Statement: Breast cancer patients stage 0 to III who have completed the final component of the treatment plan.

Denominator Exclusions/Exceptions:

- Patients with Goals Collaborative answered allowable value 2 “No”
- Patients with recurrence of breast cancer
- Patients with development of any second primary cancer
- Patients who died
- Patients lost to follow up
- Patients who transfer to another care provider
- Patients who did not receive any treatments or refused treatments

Rationale: This measure is intended to assess the number of patients that attain or progress toward their goals by the end of the survivorship period. This measure may be dependent upon the clinician documentation of the progress toward goals, although this is a patient-focused outcome measure. While not all patients will be expected to reach their stated goals, the evidence suggests that patient participation and subsequent successful attainment increases when clinicians repeatedly query and provide positive reinforcement about efforts toward them.

Measure Type: Outcome

National Quality Strategy (NQS) Domain: Person and Caregiver – Centered Experience & Outcomes

Steward: ONS

Data Source: Patient and Clinician reported medical record documentation

ONSQIR 12
Non-PQRS Measure

Performance Measure Name: Post-Treatment Follow Up Care

- 12-01a Follow Up Care – Composite Rate
- 12-01b Follow Up Care – Breast Imaging
- 12-01c Follow Up Care – Coordination of Care
- 12-01d Follow Up Care – LVEF Assessment
- 12-01e Follow Up Care – Pelvic Exam

Description: Documentation of follow up care (recommendations) during the 12 month period after completing the final component of the treatment plan for breast imaging, coordination of care, LVEF assessment, and pelvic exam, where applicable based on treatments received.

Numerator Statement: Documentation of follow up care (recommendations) during the 12 month period after completing the final component of the treatment plan for, breast imaging, coordination of care, LVEF assessment, and pelvic exam, where applicable based on treatments received.

Denominator Statement: Breast cancer patients stage 0 to III who have completed the final component of the treatment plan.

Denominator Exclusions/Exceptions:

- Patients with recurrence of breast cancer
- Patients with development of any second primary cancer
- Patients who died
- Patients lost to follow up
- Patients who transfer to another care provider
- Patients who did not receive any treatments or refused treatments

Rationale: All patients should receive coordination of care. Follow up care (recommendations) for breast imaging, LVEF assessment, and pelvic exam are based on the types of treatments they received.

Measure Type: Process

National Quality Strategy (NQS) Domain: Communication & Care Coordination

Steward: ONS

Data Source: Patient and Clinician reported medical record documentation

ONSQIR 13
Non-PQRS Measure

Performance Measure Name: Fatigue Improvement

Description: Number of patients who had moderate or greater fatigue at baseline (end of treatment) and had improvement in fatigue from baseline to most recent visit in chart during the 12 month period after completing the final component of the treatment plan.

Numerator Statement: Patients who had improvement in fatigue from baseline to most recent visit in chart during 12 month period after completing the final component of the treatment plan.

Denominator Statement: Breast cancer patients stage 0 to III who have fatigue and completed the final component of the treatment plan.

Denominator Exclusions/Exceptions:

- Patients with recurrence of breast cancer
- Patients with development of any second primary cancer
- Patients who died
- Patients lost to follow up
- Patients who transfer to another care provider
- Patients who did not receive any treatments or refused treatments

Rationale: Persistent fatigue post-completion of primary treatment for breast cancer is among the most common complaints noted by patients. While the severity and persistence of this symptom may be related to multiple factors, interventions to improve fatigue should be offered, and their impact routinely assessed for symptom improvement over time.

Measure Type: Outcome

National Quality Strategy (NQS) Domain: Person and Caregiver – Centered Experience & Outcomes

Steward: ONS

Data Source: Patient and Clinician reported medical record documentation

ONSQIR 14
Non-PQRS Measure

Performance Measure Name: Psychosocial Distress Improvement

Description: Number of patients who had moderate or greater psychosocial distress at baseline (end of treatment) and had improvement in psychosocial distress from baseline to most recent visit in chart during the 12 month period after completing the final component of the treatment plan.

Numerator Statement: Patients who had improvement in psychosocial distress from baseline to most recent visit in chart during the 12 month period after completing the final component of the treatment plan.

Denominator Statement: Breast cancer patients stage 0 to III who have psychosocial distress and completed the final component of the treatment plan.

Denominator Exclusions/Exceptions:

- Patients with recurrence of breast cancer
- Patients with development of any second primary cancer
- Patients who died
- Patients lost to follow up
- Patients who transfer to another care provider
- Patients who did not receive any treatments or refused treatments

Rationale: Persistent psychosocial distress post-completion of primary treatment for breast cancer is the most common complaint noted by patients. While the severity and persistence of this symptom may be related to multiple factors, interventions to improve psychosocial distress should be offered, and their impact routinely assessed for symptom improvement over time.

Measure Type: Outcome

National Quality Strategy (NQS) Domain: Person and Caregiver – Centered Experience & Outcomes

Steward: ONS

Data Source: Patient and Clinician reported medical record documentation

PQRS # 154
eMeasure ID # 139v3
NQF# 0101

Performance Measure Name: Falls: Screening for Fall Risk

Description: Percentage of patients 65 years of age and older with a history of falls that had a risk assessment for falls completed within 12 months.

Numerator Statement: Patients who had a risk assessment for falls completed within 12 months.

Denominator Statement: All patients aged 65 years and older who have a history of falls (history of falls is defined as 2 or more falls in the past year or any fall with injury in the past year). Documentation of patient reported history of falls is sufficient.

Rationale: Screening for specific medical conditions may direct the therapy. Although the clinical guidelines and supporting evidence calls for an evaluation of many factors, it is felt that for the purposes of measuring performance and facilitating implementation this initial measure must be limited in scope. For this reason, the work group defined an evaluation of balance and gait as a core component that must be completed on all patients with a history of falls as well as four additional evaluations – at least one of which must be completed within the 12 month period. Data elements required for the measure can be captured and the measure is actionable by the physician.

Multifactorial assessment may include the following:

- Assessment of gait, balance and mobility, and muscle weakness
- Assessment of osteoporosis risk
- Assessment of older person's perceived functional ability and fear relating to falling
- Assessment of visual impairment
- Assessment of cognitive impairment and neurological examination
- Assessment of urinary incontinence
- Assessment of home hazards
- Cardiovascular examination and medication review

Measure Type: Process

National Quality Strategy (NQS) Domain: Patient Safety

Data Source: Patient and Clinician reported medical record documentation

PQRS# 131
NQF# 0420

Performance Measure Name: Pain Assessment and Follow Up

Description: Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow up plan when pain is present.

Numerator Statement: Patient visits with a documented pain assessment using a standardized tool(s) AND documentation of a follow-up plan when pain is present.

Denominator Statement: All visits for patients aged 18 years and older.

Rationale: The American Pain Foundation (2009) identified pertinent facts related to the impact of pain as follows:

- Approximately 76.5 million Americans suffer from pain.
- Pain affects more Americans than diabetes, heart disease and cancer combined. It is the number one reason people seek medical care.
- Uncontrolled pain is a leading cause of disability and diminishes quality of life for patients, survivors, and their loved ones. It interferes with all aspects of daily activity, including sleep, work, social and sexual relations.
- Under-treated pain drives up costs – estimated at \$100 billion annually in healthcare expenses, lost income, and lost productivity– extending length of hospital stays, as well as increasing emergency room trips and unplanned clinic visits.
- Medically underserved populations endure a disproportionate pain burden in all health care settings.

Measure Type: Process

National Quality Strategy (NQS) Domain: Community/Population Health

Data Source: Patient and Clinician reported medical record documentation

PQRS# 046
NQF# 0097

Performance Measure Name: Medication Reconciliation

Description: Percentage of patients aged 18 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 physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care who had a reconciliation of the discharge medications with the current medication list in the outpatient medical record documented.

Numerator Statement: Patients who had a reconciliation of the discharge medications with the current medication list in the outpatient medical record documented.

Denominator Statement: All patients 18 years of age 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, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care.

Rationale: Medications are often changed while a patient is hospitalized. Continuity between inpatient and on-going care is essential.

Measure Type: Process

National Quality Strategy (NQS) Domain: Communication & Care Coordination

Data Source: Patient and Clinician reported medical record documentation
