Measure/Indicator Development Worksheet

Directions: Use this worksheet to develop a performance measure/indicator. A new measure/indicator might be created as part of your overall QAPI monitoring or for a Performance Improvement Project. You will likely want to use existing measures when possible, but there may be times when you want to develop a new measure/indicator that is specific to your needs.

Note: What is the difference between an indicator and a measure? An indicator provides evidence that a certain condition exists but does not clearly identify the situation or issue in any detail. Indicators enable decision-makers to assess progress towards the achievement of intended outputs, outcomes, goals, and objectives. A measure is a stronger reflection of the underlying concept; a more developed and tested way of describing the concept that is being evaluated. However, in practice the two terms are used interchangeably.

MEASURE/INDICATOR OVERVIEW

NAME OF MEASURE/INDICATOR:
Example: Residents with a completed skin assessment within 12 hours of admission.

PURPOSE OR INTENT FOR MEASURE/INDICATOR:
Example: The purpose of this measure is to make sure our process of completing a skin assessment within 12 hours of admission is done consistently.

MEASURE/INDICATOR TYPE:

__ **Structural Measure:** Structural measures focus on the fixed characteristics of an organization, its professionals and staff. These measures distinguish between a capability or asset and the activity that may rely on that structure. In addition, structural measures are typically based on the organization or professional as the unit of assessment in the denominator. Example: The extent to which a facility use of electronic health records is implemented facility-wide. Numerator = Number of departments with EHR; Denominator = Number of all departments in facility.

__ **Process Measure:** Process measures assess the steps or activities carried out in order to deliver care or services. These measures focus on the action by professionals and staff. Consideration should be given to sample sizes for denominators, exclusion criteria, and alternative processes or work-arounds that may exist. Example: The percentage of newly admitted residents receiving admission skin assessments.

__ **Outcome Measure:** Outcome measures focus on the product (or outcome) of a process or system of care or services, which can identify different or more complex underlying causes. Example: The rate or incidence of nursing home acquired pressure ulcers.

The measure in the example above (residents with a completed skin assessment within 12 hours of admission) is a process measure.

DEFINING THE MEASURE/INDICATOR SPECIFICATIONS

NUMERATOR: (i.e., when will a person or event be counted as having met the desired result – this is the top number of the fraction you will calculate)	*Example: any resident with a completed skin assessment within 12 hours of admission* *Numerator: 19*
DENOMINATOR: (i.e., what is the total pool of persons or events you will be counting – this is the bottom number of the fraction you will calculate)	*Example: all residents admitted in last month. Denominator= 23*
EXCLUSION CRITERIA: (i.e., is there any reason you would exclude a particular person or event from the denominator count?]	*Example: exclude those residents in the nursing home for less than 24 hours because all assessment data not available* *Denominator after exclusions: 20*
RESULT CALCULATION: (i.e., typically expressed as Numerator/Denominator x 100 = rate %)	*Example: 19 / 20 X 100 = 90%*
INDICATOR/MEASURE GOAL: (i.e., the numerical goal aimed for – may be based on an already-established goal for the particular indicator)	*Example: Goal = 100%*
INDICATOR/MEASURE THRESHOLD: (i.e., the minimum acceptable level of performance)	*Example: Threshold = 95%*

MEASURE/INDICATOR DATA COLLECTION

DATA SOURCE:	*Example: Medical records, admission skin assessment form*
SAMPLE SIZE AND METHODOLOGY: (i.e., will you measure the total population under study or draw a sample to represent the whole? If sampling, how large will the sample size be? How will you determine the sample?)	*Example: The total population admitted in the last month who were in the nursing home for at least 24 hours will be reviewed.*
FREQUENCY OF MEASUREMENT: (i.e., how frequently will the indicator result be calculated: daily, weekly, monthly, quarterly, annually?)	*Example: Monthly*
DURATION: (i.e., what is the timeframe for which	*Example: Will collect this data for three consecutive months; then based on findings, will either develop corrective action and continue*

the data will be collected: number of cases/events in the past weeks, months, quarters? This will depend on how frequently cases/events occur.)	*monitoring monthly, or consider decreasing frequency of monitoring.*