



DASHBOARD 4.2 GLOSSARY

Click on any measure below to see detailed specifications



SCHEDULING & ACCESS TO CARE				POPULATION HEALTH MANAGEMENT				CARE MANAGEMENT			
ACCESS				6 Mth Trend Statewide				6 Mth Trend Statewide			
Medical Services								Asthma Care			
Dental Services								Therapeutic Anticoagulation			
Mental Health Services								Diabetes Care			
APPTS COMPLETED AS SCHEDULED								End Stage Liver Disease Care			
Cancelled Due to Custody								Colon Cancer Screening			
Seen as Scheduled								Breast Cancer Screening			
EFFECTIVE COMMUNICATION								Diagnostic Monitoring			
Effective Communication Provided								Utilization Specialty Services			
								Polypharmacy Medication Review			
MEDICATION MANAGEMENT				6 Mth Trend Statewide				AVAILABILITY OF HEALTH INFORMATION			
Non-EHRS Institutions - MAPIP								6 Mth Trend Statewide			
Medication Continuity-Transfer								All Documents			
Medication Non-Adherence Counseling								Specialty Notes			
Medication Administration								Community Hospital Records			
EHRS Institutions - Med Administration								Scanning Accuracy			
Medications Received Timely (EHRS)								APPEAL PROCESSING			
								6 Mth Trend Statewide			
FORMULARY MANAGEMENT								Timely Appeals			
Non-Formulary by Psychiatrists								MAJOR COSTS PER INMATE PER MONTH			
Non-Formulary by Medical Providers								LABOR YTD 15/16 YTD 14/15			
STAFFING IN FULL TIME EQUIVALENTS (FTE)				Actual Authority % of Auth				Medical Staff			
Total Staffing FTE								Nursing Staff			
Medical FTE								Pharmacy Staff			
Nursing FTE								Dental Clinical Staff			
Pharmacy FTE								Mental Health Clinical Staff			
Dental Clinical FTE								Clinical Support Staff			
Mental Health Clinical FTE								Administrative Support Staff			
Clinical Support FTE								NON LABOR			
Administrative Support FTE								Hospital			
								Emergency Department			
Total Actual FTE				6 Mth Trend Actual Statewide				Specialty			
Civil Service FTE								Medications			
Overtime FTE								Diagnostics			
Registry FTE											
								CONTINUITY OF CLINICIANS & SERVICES			
								6 Mth Trend Statewide			
								Primary Care Provider (PCP)			
								Mental Health Primary Clinician			
								Psychiatrist			
								RESOURCE MANAGEMENT			
								6 Mth Trend Statewide			
								Claims Processed			
								Specialty Teleservices			
								Health Care Staff Training			
								CONTINUOUS EVALUATION & IMPROVEMENT			
								QM & Patient Safety Program			
								Health Care Index			
								WORKLOAD PER DAY			
								6 Mth Trend Statewide			
								Appointments per PCP			
								Appointments per PCRN			
								Encounters per Primary MH Clinician			
								Encounters per Psychiatrist			
								OTHER TRENDS			
								6 Mth Trend Statewide			
								Hospital Admissions*			
								Emergency Department Visits*			
								Specialty Care Referrals*			
								Prescriptions Per Inmate			
								Diagnostics Per Inmate			
								Appeals Received*			
								Prison Population Capacity			

Dashboard 4.2

Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Access to Medical Services (Composite) EHRS Institutions</i>
Definition	Average of the following nine medical access measure percentages: 1) nurse face-to-face triage of health care services requests completed within 1 business day; 2) urgent referral to a physician seen within 1 calendar day; 3) routine referral to a physician seen as ordered or at least within 14 calendar days; 4) chronic care evaluation within the timeframe specified at the last chronic care encounter; 5) high priority specialty referrals seen as ordered or at least within 14 calendar days; 6) routine specialty referrals seen as ordered or at least within 90 calendar days; 7) patients discharged from a community hospital or CDCR inpatient unit who were seen by a primary care provider as ordered or at least within 5 calendar days; 8) laboratory appointments completed per provider's order; and 9) radiology appointments completed per provider's order.
Denominator	Number of component measures in the composite (maximum of 9). Denominator will only include component measures where data is available for evaluation.
Numerator	Sum of the percentages of each component measure.
Rate Calculation	Average percentage is the numerator divided by the denominator.
Data Source(s)	Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of patients who require care receive timely access to clinicians and diagnostic services.
Goal/Ranking	
Comments	

Dashboard 4.2

Specifications



Last Revised	201604 AL
Component Measures	Click on any link below to see component measure specifications: <ol style="list-style-type: none">1. RN FTF Triage 1 Business Day2. PCP Urgent Referrals 1 Calendar Day3. PCP Routine Referrals 14 Calendar Days4. Chronic Care as Ordered5. High Priority Specialty 14 Calendar Days6. Routine Specialty 90 Calendar Days7. Return from HLOC 5 Calendar Days8. Laboratory Services as Ordered9. Radiology Services as Ordered



Dashboard 4.2

Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Access to Medical Services: RN Face-to-Face Triage 1 Business Day EHRS Institutions</i>
Definition	The percentage of 7362 requests for health care services with medical symptoms seen within 1 business day for face-to-face triage with a nurse.
Denominator	All 7362 RN Initial Visit orders created on or between the following days: 1 day before the reporting month began and 1 day before the reporting month ended. Excludes all orders that were voided at any time OR cancelled/discontinued before the compliance date.
Numerator	Number 7362 RN Initial Visit Orders from the denominator completed within 1 business day. Orders or appointments were considered completed if <u>either</u> of the following was demonstrated: <ol style="list-style-type: none"> 1. The order had an associated appointment that was checked out before the order's end date. 2. The order itself was marked as completed before the end date.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Electronic Health Record System (EHRS)
Reporting Frequency	Monthly, based on compliance date of the 7362 RN Initial Visit Order. Compliance date from the first day of the month to the last day of the month.
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of patients who require care receive timely access to clinicians and diagnostic services.

Dashboard 4.2

Specifications



Domain and Measure	<i>Scheduling and Access to Care – Access to Medical Services: RN Face-to-Face Triage 1 Business Day EHRS Institutions</i>				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=85%</td> </tr> <tr> <td>High >=85%</td> </tr> <tr> <td>Moderate 75%-84%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=85%	High >=85%	Moderate 75%-84%	Low <75%
CCHCS Goal >=85%					
High >=85%					
Moderate 75%-84%					
Low <75%					
Comments	<p>*Under EHRS implementation, staff have been directed to place orders for 7362 RN Initial Visit only for 7362 requests that have symptoms.</p> <p>This measure is a component of the Access to Medical Services composite measure shown on the Dashboard.</p>				
Last Revised	20160701 - FH				

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Dashboard 4.2

Specifications



Domain and Measure	Scheduling and Access to Care – Access to Medical Services: PCP Urgent Referrals 1 Calendar Day EHRS Institutions
Definition	Percentage of urgent PCP referrals resulting from an RN face-to-face triage appointment that are seen within 1 calendar day of referral.
Denominator	All 7362 Medical Urgent/Emergent Follow Up orders created on or between the following days: 1 day before the reporting month began and 1 day before the reporting month ended. Excludes all orders that were voided at any time OR cancelled/discontinued before the compliance date.
Numerator	All orders from the denominator completed within 1 calendar day by a PCP. Orders or appointments were considered completed if <u>either</u> of the following was demonstrated: <ol style="list-style-type: none"> 1. The order had an associated appointment that was checked out before the order's end date. 2. The order itself was marked as completed before the end date.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Electronic Health Record System (EHRS)
Reporting Frequency	Monthly based on compliance date of the PCP Urgent Referral Order. Compliance date from the first day of the month to the last day of the month.
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of patients who require care receive timely access to clinicians and diagnostic services.
Goal/Ranking	<p>CCHCS Goal >=85%</p> <p>High >=85%</p> <p>Moderate 75%-84%</p> <p>Low <75%</p>

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Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Access to Medical Services: PCP Urgent Referrals 1 Calendar Day EHR Institutions</i>
Comments	This measure is a component of the Access to Medical Services composite measure shown on the Dashboard.
Last Revised	20160701 - FH



Dashboard 4.2

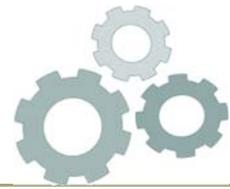
Specifications



Domain and Measure	Scheduling and Access to Care – Access to Medical Services: PCP Routine Referrals 14 Calendar Days EHRS Institutions				
Definition	Percentage of routine PCP referral orders resulting from an RN face-to-face triage encounter that are seen within 14 calendar days of referral or as ordered, whichever occurs first.				
Denominator	All 7362 Medical Routine Follow Up orders with a compliance date within the reporting month. Excludes all orders that were voided at any time OR cancelled/discontinued before the compliance date.				
Numerator	All orders from the denominator completed by the compliance date. Orders or appointments were considered completed if <u>either</u> of the following was demonstrated: <ol style="list-style-type: none"> 1. The order had an associated appointment that was checked out before the order's end date. 2. The order itself was marked as completed before the end date. 				
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.				
Data Source(s)	Electronic Health Record System (EHRS)				
Reporting Frequency	Monthly based on compliance date of the PCP Routine Referral Order. Compliance date from the first day of the month to the last day of the month.				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of patients who require care receive timely access to clinicians and diagnostic services.				
Goal/Ranking	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="background-color: #333; color: white;">CCHCS Goal >=85%</td> </tr> <tr> <td style="background-color: #008000; color: white;">High >=85%</td> </tr> <tr> <td style="background-color: #ffff00; color: black;">Moderate 75%-84%</td> </tr> <tr> <td style="background-color: #ff0000; color: white;">Low <75%</td> </tr> </table>	CCHCS Goal >=85%	High >=85%	Moderate 75%-84%	Low <75%
CCHCS Goal >=85%					
High >=85%					
Moderate 75%-84%					
Low <75%					

Dashboard 4.2

Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Access to Medical Services: PCP Routine Referrals 14 Calendar Days EHR Institutions</i>
Comments	<p>Compliance Date is based on Policy or the Provider Requested Order End Date/Time, whichever occurs first.</p> <ol style="list-style-type: none">1. Policy: 14 calendar days from the date of referral2. Nurse Request: Ordered end date/time. <p>This measure is a component of the Access to Medical Services composite measure shown on the Dashboard.</p>
Last Revised	20160701 - FH



Dashboard 4.2

Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Access to Medical Services: Chronic Care as Ordered EHRS Institutions</i>
Definition	The percentage of Chronic Care Program follow-up encounters completed by a primary care provider within timeframes as ordered.
Denominator	<p>All Medical Chronic Care Follow Up Orders with a follow up date during the measurement period (e.g., the initial order end date entered by the provider falls within the measurement period).</p> <p>Excludes all orders that were voided at any time OR cancelled/discontinued before the compliance date.</p>
Numerator	<p>Number of orders from the denominator that were completed by the provider's specified end date.</p> <p>Orders or appointments were considered completed if <u>either</u> of the following was demonstrated:</p> <ol style="list-style-type: none"> 1. The order had an associated appointment that was checked out before the order's end date. 2. The order itself was marked as completed before the end date.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Electronic Health Record System (EHRS)
Reporting Frequency	Monthly based on the initial end date of the Chronic Care Follow Up Order. The end date must fall within the first and last day of the month.
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of patients who require care receive timely access to clinicians and diagnostic services.
Goal/Ranking	

Dashboard 4.2

Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Access to Medical Services: Chronic Care as Ordered EHRS Institutions</i>
Comments	<p>Initial order end date is the end date first assigned to the order upon creation.</p> <p>This measure is a component of the Access to Medical Services composite measure shown on the Dashboard.</p>
Last Revised	20160701 – FH



Dashboard 4.2

Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Access to Medical Services: High Priority Specialty 14 Calendar Days EHRS Institutions</i>
Definition	The percentage of initial high priority specialty appointments that occur per the provider's order and at least within 14 calendar days of the referral.
Denominator	<p>All high priority specialty orders with a compliance date within the reporting month. Compliance date is the date entered by the provider in the order (e.g., the initial order end date) OR 14 calendar days from the order creation date, whichever comes first.</p> <p>Excludes all orders that were voided at any time OR cancelled/discontinued before the compliance date.</p>
Numerator	<p>Number of high priority specialty orders from the denominator that were completed by the compliance date.</p> <p>Orders or appointments were considered completed if <u>either</u> of the following was demonstrated:</p> <ol style="list-style-type: none"> 1. The order had an associated appointment that was checked out before the order's end date. 2. The order itself was marked as completed before the end date.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Electronic Health Record System (EHRS)
Reporting Frequency	<p>Monthly, based on compliance date of the initial High Priority Specialty Referral order.</p> <p>Compliance date from the first day of the month to the last day of the month.</p>
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of patients who require care receive timely access to clinicians and diagnostic services.

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Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Access to Medical Services: High Priority Specialty 14 Calendar Days EHR Institutions</i>				
Goal/Ranking	<table border="1"> <tr> <td data-bbox="513 487 821 533">CCHCS Goal >=85%</td> </tr> <tr> <td data-bbox="513 537 821 571">High >=85%</td> </tr> <tr> <td data-bbox="513 575 821 609">Moderate 75%-84%</td> </tr> <tr> <td data-bbox="513 613 821 646">Low <75%</td> </tr> </table>	CCHCS Goal >=85%	High >=85%	Moderate 75%-84%	Low <75%
CCHCS Goal >=85%					
High >=85%					
Moderate 75%-84%					
Low <75%					
Comments	This measure is a component of the Access to Medical Services composite measure shown on the Dashboard.				
Last Revised	20160504 - SDP				

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Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Access to Medical Services: Routine Specialty 90 Calendar Days EHRS Institutions</i>
Definition	The percentage of initial routine specialty appointments that occur per the provider's order and at least within 90 calendar days of the referral.
Denominator	<p>All routine specialty orders with a compliance date within the reporting month. Compliance date is the date entered by the provider in the order (e.g., the initial order end date) OR 14 calendar days from the order creation date, whichever comes first.</p> <p>Excludes all orders that were voided at any time OR cancelled/discontinued before the compliance date.</p>
Numerator	<p>Number of routine specialty orders from the denominator that were completed by the compliance date.</p> <p>Orders or appointments were considered completed if <u>either</u> of the following was demonstrated:</p> <ol style="list-style-type: none"> 1. The order had an associated appointment that was checked out before the order's end date. 2. The order itself was marked as completed before the end date.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Electronic Health Record System (EHRS)
Reporting Frequency	<p>Monthly based on compliance date of the Routine Specialty Referral order.</p> <p>Compliance date from the first day of the month to the last day of the month.</p>
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of patients who require care receive timely access to clinicians and diagnostic services.

Dashboard 4.2

Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Access to Medical Services: Routine Specialty 90 Calendar Days EHRS Institutions</i>
Goal/Ranking	<p>CCHCS Goal >=85%</p> <p>High >=85%</p> <p>Moderate 75%-84%</p> <p>Low <75%</p>
Comments	<p>Compliance Date is based on policy or the provider-requested order end date/time, whichever occurs first.</p> <ol style="list-style-type: none"> 1. Policy: Within 90 days of the order being created 2. Provider Request: Ordered end date/time. <p>This measure is a component of the Access to Medical Services composite measure shown on the Dashboard.</p>
Last Revised	20160701 – FH



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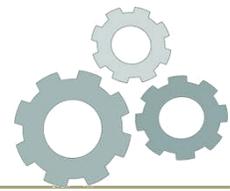
Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Access to Medical Services: Return from HLOC 5 Calendar Days EHRS Institutions</i>
Definition	The percentage of patients returning from a community hospital, emergency department, or CDCR inpatient housing unit who are seen by a primary care provider within 5 calendar days or as ordered, whichever occurs first.
Denominator	<p>All orders for Medical Return From Higher Level of Care Follow Up with a compliance date within the reporting month. Compliance date is the date entered by the provider in the order (e.g., the initial order end date) OR 5 calendar days from the order creation date, whichever comes first.</p> <p>Excludes all orders that were voided at any time OR cancelled/discontinued before the compliance date.</p>
Numerator	<p>Number of orders for Medical Return from Higher Level of Care Follow Up from the denominator completed by the compliance date.</p> <p>Orders or appointments were considered completed if <u>either</u> of the following was demonstrated:</p> <ol style="list-style-type: none"> 1. The order had an associated appointment that was checked out before the order's end date. 2. The order itself was marked as completed before the end date.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Electronic Health Record System (EHRS)
Reporting Frequency	<p>Monthly, based on compliance date of the Return from Higher Level of Care Follow Up order.</p> <p>Compliance date from the first day of the month to the last day of the month.</p>
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of patients who require care receive timely access to clinicians and diagnostic services.

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Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Access to Medical Services: Return from HLOC 5 Calendar Days EHRS Institutions</i>				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=85%</td> </tr> <tr> <td>High >=85%</td> </tr> <tr> <td>Moderate 75%-84%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=85%	High >=85%	Moderate 75%-84%	Low <75%
CCHCS Goal >=85%					
High >=85%					
Moderate 75%-84%					
Low <75%					
Comments	<p>Compliance Date is based on Policy or the Provider Requested Order End Date/Time, whichever occurs first.</p> <ol style="list-style-type: none"> 1. Policy: 5 days following the patient’s discharge from a higher level of care. 2. Provider Request: Ordered end date/time. <p>This measure is a component of the Access to Medical Services composite measure shown on the Dashboard.</p>				
Last Revised	20160701 - FH				



Dashboard 4.2

Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Access to Medical Services: Laboratory Services as Ordered EHRS Institutions</i>
Definition	The percentage of laboratory appointments that were completed within specific timeframes ordered by the provider.
Denominator	<p>All laboratory orders with a compliance date during the measurement period. Compliance date is the date entered by the provider in the order (e.g., the initial order end date).</p> <p>Excludes all orders that were voided at any time OR cancelled/discontinued before the compliance date.</p>
Numerator	Number of laboratory orders from the denominator that had a specimen collected within the compliance date.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Electronic Health Record System (EHRS)
Reporting Frequency	Monthly based on the initial end date/time of the Laboratory Order. The end date must fall within the first and last day of the month.
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of patients who require care receive timely access to clinicians and diagnostic services.
Goal/Ranking	
Comments	This measure is a component of the Access to Medical Services composite measure shown on the Dashboard.
Last Revised	20160701 - FH



Dashboard 4.2

Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Access to Medical Service: Radiology Services as Ordered EHRS Institutions</i>
Definition	The percentage of radiology orders that were completed within specific timeframes ordered by the provider.
Denominator	<p>All radiology orders with a compliance date during the measurement period. Compliance date is the date entered by the provider in the order (e.g., the initial order end date).</p> <p>Excludes all orders that were voided at any time OR cancelled/discontinued before the compliance date.</p>
Numerator	<p>All orders from the denominator completed by ordered end date/time.</p> <p>Orders or appointments were considered completed if <u>either</u> of the following was demonstrated:</p> <ol style="list-style-type: none"> 1. The order had an associated appointment that was checked out before the order's end date. 2. The order itself was marked as completed before the end date.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Electronic Health Record System (EHRS)
Reporting Frequency	<p>Monthly, based on compliance date of the radiology order.</p> <p>Compliance date from the first day of the month to the last day of the month.</p>
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of patients who require care receive timely access to clinicians and diagnostic services.
Goal/Ranking	<p>CCHCS Goal >=85%</p> <p>High >=85%</p> <p>Moderate 75%-84%</p> <p>Low <75%</p>

Dashboard 4.2

Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Access to Medical Service: Radiology Services as Ordered EHR Institutions</i>
Comments	This measure is a component of the Access to Medical Services composite measure shown on the Dashboard.
Last Revised	20160701 - FH



Dashboard 4.2

Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Access to Medical Services (Composite)
Definition	Average of the following nine medical access measure percentages: 1) nurse face-to-face triage of health care services requests completed within 1 business day; 2) urgent referral to a physician seen within 1 calendar day; 3) routine referral to a physician seen within 14 calendar days; 4) chronic care evaluation within the timeframe specified at the last chronic care encounter; 5) high priority specialty referrals seen within 14 calendar days; 6) routine specialty referrals seen within 90 calendar days; 7) patients discharged from a community hospital or CDCR inpatient unit who were seen by a primary care provider within 5 calendar days; 8) laboratory appointments completed per provider's order; and 9) radiology appointments completed per provider's order.
Denominator	Number of component measures in the composite (maximum of 9). Denominator will only include component measures where data is available for evaluation.
Numerator	Sum of the percentages of each component measure.
Rate Calculation	Average percentage is the numerator divided by the denominator.
Data Source(s)	Medical Scheduling and Tracking System
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of patients who require care receive timely access to clinicians and diagnostic services.
Goal/Ranking	
Comments	
Last Revised	201604 JL

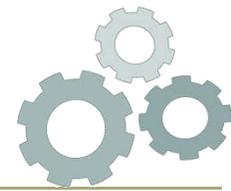
Dashboard 4.2

Specifications



Component Measures	<p>Click on any link below to see component measure specifications:</p> <ol style="list-style-type: none">1. RN FTF Triage 1 Business Day2. PCP Urgent Referrals 1 Calendar Day3. PCP Routine Referrals 14 Calendar Days4. Chronic Care as Ordered5. High Priority Specialty 14 Calendar Days6. Routine Specialty 90 Calendar Days7. Return from HLOC 5 Calendar Days8. Laboratory Services as Ordered9. Radiology Services as Ordered
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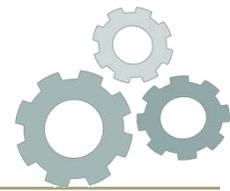


NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Access to Medical Services: RN Face-to-Face Triage 1 Business Day
Definition	The percentage of 7362 requests for health care services with medical symptoms seen within 1 business day for face-to-face triage with a nurse.
Denominator	<p>All appointments with Service Area Primary Care RN (PCRN) and Source of Visit 7362*, representing all medical 7362 Health Care Services Requests with symptoms requiring face-to-face RN triage within 1 business day.</p> <p>Excluded from the denominator are appointments closed “NOT Seen As Scheduled” for <u>any</u> of the following reasons:</p> <ol style="list-style-type: none"> 1. Scheduling error 2. Because of patient 3. Patient not here 4. Intrasystem transfer <p>Also, when an appointment has been rescheduled, the original appointment is excluded.</p>
Numerator	<p>Number of patient appointments from the denominator seen within 1 business day for a face-to-face triage with a nurse.</p> <p>Included in the numerator are appointments closed for <u>either</u> of the following reasons:</p> <ol style="list-style-type: none"> 1. Walk-in Seen 2. Seen As Scheduled <p>Excluded from the numerator are appointments closed “NOT Seen As Scheduled” for <u>any</u> of the following reasons:</p> <ol style="list-style-type: none"> 1. Because of healthcare 2. Because of custody 3. Because of specialist 4. Because of clinic management
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Medical Scheduling and Tracking System

Dashboard 4.2

Specifications



Domain and Measure	Scheduling and Access to Care – Access to Medical Services: RN Face-to-Face Triage 1 Business Day
Reporting Frequency	Monthly, based on compliance date of the RN face-to-face triage appointment. Compliance date from the first day of the month to the last day of the month.
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of patients who require care receive timely access to clinicians and diagnostic services.
Goal/Ranking	<p>CCHCS Goal >=85% High >=85% Moderate 75%-84% Low <75%</p>
Comments	<p>*Staff is directed to use the Source of Visit “7362” to enter into MedSATS only 7362 requests that have symptoms.</p> <ol style="list-style-type: none"> 1. The measure excludes appointments where there is no information entered into the “Problems/Symptoms” field by the scheduler. 2. In some instances, Health Care Services Request forms that are submitted without symptoms are booked using Service Area PCRN and the Source of Visit 7362. These will be captured and counted toward compliance or non-compliance. <p>This measure is a component of the Access to Medical Services composite measure shown on the Dashboard.</p>
Last Revised	201604 JL



Dashboard 4.2

Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Access to Medical Services: PCP Urgent Referrals 1 Calendar Day
Definition	Percentage of urgent PCP referrals resulting from an RN face-to-face triage appointment that are seen within 1 calendar day.
Denominator	<p>All 7362 RN appointments closed in MedSATS where a PCP Urgent referral is requested.</p> <p>Excluded from the denominator are PCP appointments closed “NOT Seen As Scheduled” for <u>any</u> of the following reasons:</p> <ol style="list-style-type: none"> 1. Scheduling error 2. Because of patient 3. Patient not here 4. Intrasystem transfer <p>Also, when a PCP appointment has been rescheduled, the original appointment is excluded.</p>
Numerator	<p>Number of patient appointments from the denominator seen within 1 calendar day by a PCP.</p> <p>Included in the numerator are appointments closed for <u>either</u> of the following reasons:</p> <ol style="list-style-type: none"> 1. Walk-in Seen 2. Seen As Scheduled <p>Excluded from the numerator are appointments closed “NOT Seen As Scheduled” for <u>any</u> of the following reasons:</p> <ol style="list-style-type: none"> 1. Because of healthcare 2. Because of custody 3. Because of specialist 4. Because of clinic management
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Medical Scheduling and Tracking System
Reporting Frequency	Monthly based on compliance date of the PCP Urgent Referral appointment.

Dashboard 4.2

Specifications



Domain and Measure	Scheduling and Access to Care – Access to Medical Services: PCP Urgent Referrals 1 Calendar Day
	Compliance date from the first day of the month to the last day of the month.
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of patients who require care receive timely access to clinicians and diagnostic services.
Goal/Ranking	<p>CCHCS Goal >=85%</p> <p>High >=85%</p> <p>Moderate 75%-84%</p> <p>Low <75%</p>
Comments	<p>The measure checks that the compliance date of the PCP appointment entered into MedSATS is 1 calendar day after the RN FTF appointment occurred, ensuring that if both PCP Urgent and PCP Routine referrals were ordered that the correct PCP appointment is counted toward compliance.</p> <p>This measure is a component of the Access to Medical Services composite measure shown on the Dashboard.</p>
Last Revised	201604 JL

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Dashboard 4.2

Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Access to Medical Services: PCP Routine Referrals 14 Calendar Days
Definition	Percentage of routine PCP referrals resulting from an RN face-to-face triage appointment that are seen within 14 calendar days of referral.
Denominator	<p>All 7362 RN appointments closed in MedSATS where a PCP Routine referral is requested.</p> <p>Excluded from the denominator are PCP appointments closed “NOT Seen As Scheduled” for <u>any</u> of the following reasons:</p> <ol style="list-style-type: none"> 1. Scheduling error 2. Because of patient 3. Patient not here 4. Intrasystem Transfer <p>Also, when a PCP appointment has been rescheduled, the original appointment is excluded.</p>
Numerator	<p>Number of patient appointments from the denominator seen within 14 calendar days by a PCP.</p> <p>Included in the numerator are appointments closed for <u>either</u> of the following reasons:</p> <ol style="list-style-type: none"> 1. Walk-in Seen 2. Seen As Scheduled <p>Excluded from the numerator are appointments closed “NOT Seen As Scheduled” for <u>any</u> of the following reasons:</p> <ol style="list-style-type: none"> 1. Because of healthcare 2. Because of custody 3. Because of specialist 4. Because of clinic management
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Medical Scheduling and Tracking System
Reporting Frequency	Monthly based on compliance date of the PCP Routine Referral appointment.

Dashboard 4.2

Specifications



Domain and Measure	Scheduling and Access to Care – Access to Medical Services: PCP Routine Referrals 14 Calendar Days				
	Compliance date from the first day of the month to the last day of the month.				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of patients who require care receive timely access to clinicians and diagnostic services.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=85%</td> </tr> <tr> <td>High >=85%</td> </tr> <tr> <td>Moderate 75%-84%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=85%	High >=85%	Moderate 75%-84%	Low <75%
CCHCS Goal >=85%					
High >=85%					
Moderate 75%-84%					
Low <75%					
Comments	<p>The measure checks that the compliance date of the PCP appointment is 14 calendar days after the RN FTF appointment occurred.</p> <ul style="list-style-type: none"> This ensures that if both PCP Urgent and PCP Routine referrals were ordered that the correct PCP appointment is counted toward compliance. <p>This measure is a component of the Access to Medical Services composite measure shown on the Dashboard.</p>				
Last Revised	201604 JL				



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Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Access to Medical Services: Chronic Care as Ordered
Definition	The percentage of Chronic Care Program follow-up appointments that occurred per the provider's order.
Denominator	<p>All PCP appointments that have <u>all</u> of the following:</p> <ol style="list-style-type: none"> 1. Source of Visit was CCP Follow-up 2. Compliance date* occurred during the measurement month <p>Excluded from the denominator are PCP appointments closed “NOT Seen As Scheduled” for <u>any</u> of the following reasons:</p> <ol style="list-style-type: none"> 1. Scheduling error 2. Because of patient 3. Patient not here 4. Intrasystem transfer <p>Also, when a PCP appointment has been rescheduled, the original appointment is excluded.</p>
Numerator	<p>Number of appointments from the denominator that were seen by the provider within the timeframe requested by the provider.</p> <p>Included in the numerator are appointments closed for <u>either</u> of the following reasons:</p> <ol style="list-style-type: none"> 1. Walk-in Seen 2. Seen As Scheduled <p>Excluded from the numerator are appointments closed “NOT Seen As Scheduled” for <u>any</u> of the following reasons:</p> <ol style="list-style-type: none"> 1. Because of healthcare 2. Because of custody 3. Because of specialist 4. Because of clinic management
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Medical Scheduling and Tracking System
Reporting Frequency	Monthly based on compliance date of the PCP CCP appointment.

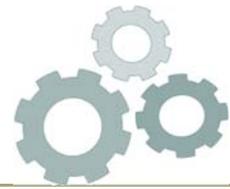
Dashboard 4.2

Specifications



Domain and Measure	Scheduling and Access to Care – Access to Medical Services: Chronic Care as Ordered				
	Compliance date from the first day of the month to the last day of the month.				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of patients who require care receive timely access to clinicians and diagnostic services.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=85%</td> </tr> <tr> <td>High >=85%</td> </tr> <tr> <td>Moderate 75%-84%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=85%	High >=85%	Moderate 75%-84%	Low <75%
CCHCS Goal >=85%					
High >=85%					
Moderate 75%-84%					
Low <75%					
Comments	<p>*The compliance date is determined by the PCP CCP Follow-up interval requested by the provider and entered into MedSATS at the time of the closing of the prior CCP appointment.</p> <p>When a patient with an existing CCP Follow-up appointment is transferred to a new institution the existing appointment is closed by MedSATS with reason “Intrasystem Transfer.”</p> <p>This measure is a component of the Access to Medical Services composite measure shown on the Dashboard.</p>				
Last Revised	201604 JL				



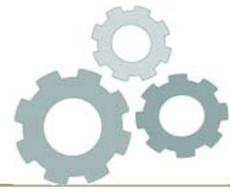


NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Access to Medical Services: High Priority Specialty 14 Calendar Days
Definition	The percentage of initial high priority specialty appointments that occur within 14 calendar days of the referral.
Denominator	<p>All initial high priority specialty appointments with a compliance date during the measurement period.</p> <p>Excluded from the denominator are specialty appointments closed “NOT Seen As Scheduled” for <u>any</u> of the following reasons:</p> <ol style="list-style-type: none"> 1. Scheduling error 2. Because of patient 3. Patient not here 4. Intrasystem Transfer <p>Also excluded from the denominator are:</p> <ol style="list-style-type: none"> 1. Appointments where the appointment status is Service Denied 2. Specialty follow-up appointments*, including reoccurring appointments <p>*Appointments where source appointment is “Specialty” are excluded from the denominator as these represent follow-up specialty appointments.</p>
Numerator	<p>Number of initial high priority specialty appointments from the denominator that were seen by the specialist within 14 calendar days of the referral.</p> <p>Included in the numerator are appointments closed for <u>either</u> of the following reasons:</p> <ol style="list-style-type: none"> 1. Walk-in Seen 2. Seen As Scheduled <p>Excluded from the numerator are appointments closed “NOT Seen As Scheduled” for <u>any</u> of the following reasons:</p> <ol style="list-style-type: none"> 1. Because of healthcare 2. Because of custody 3. Because of specialist 4. Because of clinic management
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.

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Specifications



Domain and Measure	Scheduling and Access to Care – Access to Medical Services: High Priority Specialty 14 Calendar Days				
	Institution: Percentage is the numerator divided by the denominator times 100.				
Data Source(s)	Medical Scheduling and Tracking System				
Reporting Frequency	Monthly, based on compliance date of the initial High Priority Specialty Referral appointment. Compliance date from the first day of the month to the last day of the month.				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of patients who require care receive timely access to clinicians and diagnostic services.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=85%</td> </tr> <tr> <td>High >=85%</td> </tr> <tr> <td>Moderate 75%-84%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=85%	High >=85%	Moderate 75%-84%	Low <75%
CCHCS Goal >=85%					
High >=85%					
Moderate 75%-84%					
Low <75%					
Comments	This measure is a component of the Access to Medical Services composite measure shown on the Dashboard.				
Last Revised	201604 JL				



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Specifications

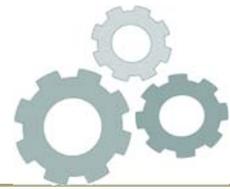


NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Access to Medical Services: Routine Specialty 90 Calendar Days
Definition	The percentage of initial routine priority specialty appointments that occur within 90 calendar days of the referral.
Denominator	<p>All initial routine specialty appointments.</p> <p>Excluded from the denominator are specialty appointments closed “NOT Seen As Scheduled” for <u>any</u> of the following reasons:</p> <ol style="list-style-type: none"> 1. Scheduling error 2. Because of patient 3. Patient not here 4. Intrasystem Transfer <p>Also excluded from the denominator are:</p> <ol style="list-style-type: none"> 1. Appointments where the appointment status is Service Denied 2. Specialty follow-up appointments*, including reoccurring appointments <p>*Appointments where source appointment is “Specialty” are excluded from the denominator as these represent follow-up specialty appointments.</p>
Numerator	<p>Number of routine specialty appointments from the denominator that were seen by the specialist within 90 calendar days of the referral</p> <p>Included in the numerator are appointments closed for <u>either</u> of the following reasons:</p> <ol style="list-style-type: none"> 1. Walk-in Seen 2. Seen As Scheduled <p>Excluded from the numerator are appointments closed “NOT Seen As Scheduled” for <u>any</u> of the following reasons:</p> <ol style="list-style-type: none"> 1. Because of healthcare 2. Because of custody 3. Because of specialist 4. Because of clinic management
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>

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Specifications



Domain and Measure	Scheduling and Access to Care – Access to Medical Services: Routine Specialty 90 Calendar Days				
Data Source(s)	Medical Scheduling and Tracking System				
Reporting Frequency	Monthly based on compliance date of the Routine Specialty Referral appointment. Compliance date from the first day of the month to the last day of the month.				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of patients who require care receive timely access to clinicians and diagnostic services.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=85%</td> </tr> <tr> <td>High >=85%</td> </tr> <tr> <td>Moderate 75%-84%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=85%	High >=85%	Moderate 75%-84%	Low <75%
CCHCS Goal >=85%					
High >=85%					
Moderate 75%-84%					
Low <75%					
Comments	This measure is a component of the Access to Medical Services composite measure shown on the Dashboard.				
Last Revised	201604 JL				



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Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Access to Medical Services: Return from HLOC 5 Calendar Days
Definition	The percentage of patients returning from a community hospital, emergency department, or CDCR inpatient housing unit who are seen by a primary care provider within 5 calendar days.
Denominator	<p>All patients that have a Return From Higher level of Care (HLOC) Service Area appointment who had one or more of the following reasons checked:</p> <ol style="list-style-type: none"> 1. Return from a community hospital 2. Return from emergency department 3. Return from CDCR inpatient housing <p>Excluded from the denominator are PCP appointments closed “NOT Seen As Scheduled” for <u>any</u> of the following reasons:</p> <ol style="list-style-type: none"> 1. Scheduling error 2. Because of patient 3. Patient not here 4. Intrasystem transfer <p>Also, when a PCP appointment has been rescheduled, the original appointment is excluded.</p>
Numerator	<p>Number of patients from the denominator that were seen by a primary care provider within 5 calendar days of their return from higher level of care.</p> <p>Included in the numerator are appointments closed for <u>either</u> of the following reasons:</p> <ol style="list-style-type: none"> 1. Walk-in Seen 2. Seen As Scheduled <p>Excluded from the numerator are PCP appointments closed “NOT Seen As Scheduled” for <u>any</u> of the following reasons:</p> <ol style="list-style-type: none"> 1. Because of healthcare 2. Because of custody 3. Because of specialist 4. Because of clinic management
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>

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Specifications



Domain and Measure	Scheduling and Access to Care – Access to Medical Services: Return from HLOC 5 Calendar Days
Data Source(s)	Medical Scheduling and Tracking System
Reporting Frequency	Monthly, based on compliance date of the PCP Return from Higher Level of Care Follow-Up appointment. Compliance date from the first day of the month to the last day of the month.
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of patients who require care receive timely access to clinicians and diagnostic services.
Goal/Ranking	
Comments	This measure is a component of the Access to Medical Services composite measure shown on the Dashboard.
Last Revised	201604 JL

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Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Access to Medical Services: Laboratory Services as Ordered
Definition	The percentage of laboratory appointments that were completed within specific timeframes ordered by the provider.
Denominator	<p>All laboratory appointments that have a compliance date during the measurement period.</p> <p>Excluded from the denominator are lab appointments closed “NOT Seen As Scheduled” for <u>any</u> of the following reasons:</p> <ol style="list-style-type: none"> 1. Scheduling error 2. Because of patient 3. Patient not here 4. Intrasystem Transfer
Numerator	<p>Number of laboratory appointments from the denominator that were completed within the ordering timeframe.</p> <p>Included in the numerator are appointments closed for <u>either</u> of the following reasons:</p> <ol style="list-style-type: none"> 1. Walk-in Seen 2. Seen As Scheduled <p>Excluded from the numerator are appointments closed “NOT Seen As Scheduled” for <u>any</u> of the following reasons:</p> <ol style="list-style-type: none"> 1. Because of healthcare 2. Because of custody 3. Because of specialist 4. Because of clinic management
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Medical Scheduling and Tracking System
Reporting Frequency	<p>Monthly based on compliance date of the lab appointment.</p> <p>Compliance date from the first day of the month to the last day of the month.</p>
Background	Health Care Services Performance Improvement Plan (PIP) Objective:

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Specifications



Domain and Measure	Scheduling and Access to Care – Access to Medical Services: Laboratory Services as Ordered				
	By December 31, 2017, 85% or more of patients who require care receive timely access to clinicians and diagnostic services.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=85%</td> </tr> <tr> <td>High >=85%</td> </tr> <tr> <td>Moderate 75%-84%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=85%	High >=85%	Moderate 75%-84%	Low <75%
CCHCS Goal >=85%					
High >=85%					
Moderate 75%-84%					
Low <75%					
Comments	<p>Compliance date is based on:</p> <ol style="list-style-type: none"> 1. As ordered (PCP Intended date) – overrides other compliance dates 2. STAT order: same day 3. Urgent order: next business day 4. Routine order: 14 calendar days <p>This measure is a component of the Access to Medical Services composite measure shown on the Dashboard.</p>				
Last Revised	201604 JL				



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Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Access to Medical Service: Radiology Services as Ordered
Definition	The percentage of radiology appointments that were completed within specific timeframes ordered by the provider.
Denominator	<p>All radiology appointments that have a compliance date during the measurement period.</p> <p>Excluded from the denominator are radiology appointments closed “NOT Seen As Scheduled” for <u>any</u> of the following reasons:</p> <ol style="list-style-type: none"> 1. Scheduling error 2. Because of patient 3. Patient not here 4. Intrasystem Transfer
Numerator	<p>Number of radiology appointments from the denominator that were completed within the ordering timeframe,</p> <p>Included in the numerator are appointments closed for <u>either</u> of the following reasons:</p> <ol style="list-style-type: none"> 1. Walk-in Seen 2. Seen As Scheduled <p>Excluded from the numerator are appointments closed “NOT Seen As Scheduled” for <u>any</u> of the following reasons:</p> <ol style="list-style-type: none"> 1. Because of healthcare 2. Because of custody 3. Because of specialist 4. Because of clinic management
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Medical Scheduling and Tracking System
Reporting Frequency	<p>Monthly, based on compliance date of the radiology appointment.</p> <p>Compliance date from the first day of the month to the last day of the month.</p>
Background	Health Care Services Performance Improvement Plan (PIP) Objective:

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Specifications

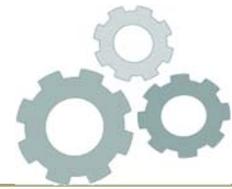


Domain and Measure	Scheduling and Access to Care – Access to Medical Service: Radiology Services as Ordered				
	By December 31, 2017, 85% or more of patients who require care receive timely access to clinicians and diagnostic services.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=85%</td> </tr> <tr> <td>High >=85%</td> </tr> <tr> <td>Moderate 75%-84%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=85%	High >=85%	Moderate 75%-84%	Low <75%
CCHCS Goal >=85%					
High >=85%					
Moderate 75%-84%					
Low <75%					
Comments	<p>Compliance date is based on:</p> <ol style="list-style-type: none"> 1. As ordered (PCP Intended date) – overrides other compliance dates 2. STAT order: same day 3. Routine order: 14 calendar days <p>This measure is a component of the Access to Medical Services composite measure shown on the Dashboard.</p>				
Last Revised	201604 JL				



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Specifications



EHRS / NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Access to Dental Services (Composite)
Definition	Average of the following five dental access measure percentages: 1) dental treatments prompted by a Health Care Services Request that were completed within 3 days or 10 days (depending on urgency of symptoms), 2) dental treatments provided within timeframes based on the acuity of the diagnosed condition, 3) Reception Center dental screenings provided within 60 days of the patient's arrival at the institution, 4) patient-requested comprehensive examinations provided within 90 days, and 5) patients eligible for a periodic comprehensive dental examination (over 50 or diagnosed with diabetes, HIV, seizure disorder or pregnancy) who were notified at least 60 days prior to their anniversary month.
Denominator	Number of component measures in the composite (maximum of 5). Denominator will only include component measures where data is available for evaluation.
Numerator	Sum of the percentages of each component measure.
Rate Calculation	Average percentage is the sum of the percentages divided by the number of component measures.
Data Source(s)	Dental Scheduling Tracking System
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of patients who require care receive timely access to dental services.
Goal/Ranking	<p>CCHCS Goal >=85%</p> <p>High >=85%</p> <p>Moderate 75%-84%</p> <p>Low <75%</p>
Comments	
Last Revised	201604 JL

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Specifications



Domain and Measure	Scheduling and Access to Care – Access to Dental Services (Composite)
Component Measures	Click on any link below to see component measure specifications: <ol style="list-style-type: none">1. 7362 Triage 3 or 10 Business Days2. Treatment within Timeframes3. RC Screening 60 Calendar Days4. Patient Requested Exam 90 Calendar Days5. Notice of Exam 50 Y.O. or Chronic Care



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Specifications



EHR / NON-EHR INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Access to Dental Services: 7362 Triage 3 or 10 Business Days
Definition	Dental treatments as a result of 7362 paper triage that occurred within 3 business days or 10 business days, depending on the urgency of symptoms described.
Denominator	<p>The number of open or closed 7362 triage service requests with Schedule By dates within the measurement month.</p> <p>Exclusions:</p> <p>Suspended or deleted service requests</p> <p><u>AND</u></p> <p>Appointments closed with any of the following reasons:</p> <ol style="list-style-type: none"> 1. Cancelled due to EPRD 2. Cancelled by SOMS 3. Cancelled due to Treatment Completed in Prior Appointment 4. Deceased 5. Transferred to Community Program 6. Transferred to Another Institution 7. Paroled or Released
Numerator	The number of service requests from the denominator with an appointment scheduled by their Schedule By dates.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Dental Scheduling Tracking System
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of patients who require care receive timely access to dental services.

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Specifications



Domain and Measure	Scheduling and Access to Care – Access to Dental Services: 7362 Triage 3 or 10 Business Days				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=85%</td> </tr> <tr> <td>High >=85%</td> </tr> <tr> <td>Moderate 75%-84%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=85%	High >=85%	Moderate 75%-84%	Low <75%
CCHCS Goal >=85%					
High >=85%					
Moderate 75%-84%					
Low <75%					
Comments	This measure is a component of the Access to Dental Services composite measure shown on the Dashboard.				
Last Revised	201604 JL				

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Specifications



EHR / NON-EHR INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Access to Dental Services: Treatment within Timeframes
Definition	Dental treatments occur within timeframes based on acuity of diagnosed condition.
Denominator	<p>The number of service requests with Dental Priority Code (DPC) of 1, 2, or 3.</p> <p>Exclusions:</p> <p>Suspended or deleted service requests</p> <p>AND</p> <p>Appointments closed with any of the following reasons:</p> <ol style="list-style-type: none"> 1. Cancelled due to EPRD 2. Cancelled by SOMS 3. Cancelled due to Treatment Completed in Prior Appointment 4. Deceased 5. Transferred to Community Program 6. Transferred to Another Institution 7. Paroled or Released
Numerator	<p>The number of service requests from the denominator that have an appointment by their Schedule By Dates with an appointment status of one of the following:</p> <ol style="list-style-type: none"> 1. Open 2. Closed
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Dental Scheduling Tracking System
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of patients who require care receive timely access to dental services.

Dashboard 4.2

Specifications



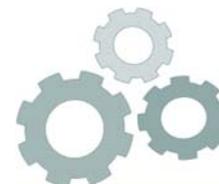
Domain and Measure	Scheduling and Access to Care – Access to Dental Services: Treatment within Timeframes				
Goal/Ranking	<table border="1"> <tr> <td data-bbox="513 420 821 457">CCHCS Goal >=85%</td> </tr> <tr> <td data-bbox="513 462 821 499">High >=85%</td> </tr> <tr> <td data-bbox="513 504 821 541">Moderate 75%-84%</td> </tr> <tr> <td data-bbox="513 546 821 583">Low <75%</td> </tr> </table>	CCHCS Goal >=85%	High >=85%	Moderate 75%-84%	Low <75%
CCHCS Goal >=85%					
High >=85%					
Moderate 75%-84%					
Low <75%					
Comments	This measure is a component of the Access to Dental Services composite measure shown on the Dashboard.				
Last Revised	201604 JL				

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Specifications

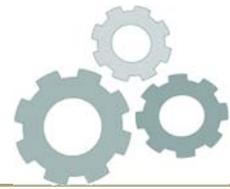


EHR / NON-EHR INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Access to Dental Services: RC Screening 60 Calendar Days
Definition	Reception center screenings that occur within 60 calendar days of the patient's arrival to institutions that are designated as Reception Centers.
Denominator	<p>The number of patient arrivals to each Reception Center institution.</p> <p>Exclusions:</p> <p>Suspended or deleted service requests</p> <p><u>AND</u></p> <p>Appointments closed with any of the following reasons:</p> <ol style="list-style-type: none"> 1. Cancelled due to EPRD 2. Cancelled by SOMS 3. Cancelled due to Treatment Completed in Prior Appointment 4. Deceased 5. Transferred to Community Program 6. Transferred to Another Institution 7. Paroled or Released
Numerator	<p>The number of patients from the denominator that have a Reception Center screening appointment within 60 calendar days of their arrival at the institution with an appointment status of one of the following:</p> <ol style="list-style-type: none"> 1. Open 2. Closed
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Dental Scheduling Tracking System
Reporting Frequency	Monthly
Background	<p>Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of patients who require care receive timely access to dental services.</p>

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Specifications



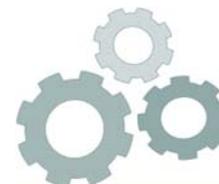
Domain and Measure	Scheduling and Access to Care – Access to Dental Services: RC Screening 60 Calendar Days
Goal/Ranking	<p>CCHCS Goal >=85%</p> <p>High >=85%</p> <p>Moderate 75%-84%</p> <p>Low <75%</p>
Comments	<p>Institutions not designated as a Reception Center will be noted with “N/A”.</p> <p>This measure is a component of the Access to Dental Services composite measure shown on the Dashboard.</p>
Last Revised	201604 JL

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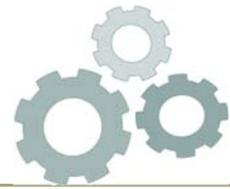


EHR / NON-EHR INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Access to Dental Services: Patient Requested Exam 90 Calendar Days
Definition	Patient requested comprehensive examinations that occur within 90 calendar days.
Denominator	<p>The number of patient requested comprehensive examination appointments with Schedule By Dates within the measurement month.</p> <p>Excludes:</p> <p>Suspended or deleted service requests</p> <p><u>AND</u></p> <p>Appointments closed with any of the following reasons:</p> <ol style="list-style-type: none"> 1. Cancelled due to EPRD 2. Cancelled by SOMS 3. Cancelled due to Treatment Completed in Prior Appointment 4. Deceased 5. Transferred to Community Program 6. Transferred to Another Institution 7. Paroled or Released
Numerator	<p>The number of service requests from the denominator that have an appointment by their Schedule By Dates with an appointment status of one of the following:</p> <ol style="list-style-type: none"> 1. Open 2. Closed
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Dental Scheduling Tracking System
Reporting Frequency	Monthly
Background	<p>Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of patients who require care receive timely access to dental services.</p>

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Specifications



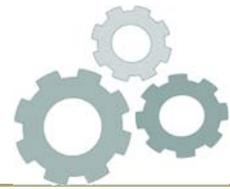
Domain and Measure	Scheduling and Access to Care – Access to Dental Services: Patient Requested Exam 90 Calendar Days				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=85%</td> </tr> <tr> <td>High >=85%</td> </tr> <tr> <td>Moderate 75%-84%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=85%	High >=85%	Moderate 75%-84%	Low <75%
CCHCS Goal >=85%					
High >=85%					
Moderate 75%-84%					
Low <75%					
Comments	This measure is a component of the Access to Dental Services composite measure shown on the Dashboard.				
Last Revised	201604 JL				

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Specifications



EHR / NON-EHR INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Access to Dental Services: Notice of Exam 50 Y.O. or Chronic Care
Definition	Patients over 50 years old or classified as chronic care patients by DSTS that are notified no later than 60 calendar days before the anniversary month of their eligibility to receive a periodic comprehensive dental examination.
Denominator	The number of patients over 50 years old or are classified as chronic care patients by DSTS who have an exam Notice Due Date within the measurement period.
Numerator	The number of patients from the denominator whose records show evidence of <u>any</u> of the following: <ol style="list-style-type: none"> 1. Exam notification sent by the Notice Due Date. 2. Exam completed by the Notice Due Date. 3. Patient submitted a 7362 for an exam by the Notice Due Date.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Dental Scheduling Tracking System
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of patients who require care receive timely access to dental services.
Goal/Ranking	
Comments	<p>This measure is a component of the Access to Dental Services composite measure shown on the Dashboard.</p> <p>When one of the following events occur prior to the Notice Due Date, performance in the numerator and denominator is attributed to the</p>

Dashboard 4.2

Specifications



Domain and Measure	Scheduling and Access to Care – Access to Dental Services: Notice of Exam 50 Y.O. or Chronic Care
	institution where the inmate was located when the event occurred: <ol style="list-style-type: none">1. Exam notification sent by the Notice Due Date.2. Exam completed an exam by the Notice Due Date.3. Patient submitted a 7362 for an exam by the Notice Due Date. Otherwise, performance is attributed to the institution where the inmate was located on the Notice Due Date.
Last Revised	201604 JL



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Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Access to Mental Health Services (Composite) EHRS Institutions</i>				
Definition	Average of the following three mental health access measure percentages: 1) Enhanced Outpatient Program patients offered 10 or more hours of structured treatment during the measurement month; 2) emergency, urgent, and routine mental health referrals completed within required timeframes; and 3) timely mental health contacts, including a) Psychiatrist, b) Primary Clinician, and c) Interdisciplinary Treatment Team contacts.				
Denominator	Number of component measures in the composite (maximum of 3). Denominator will only include component measures where data is available for evaluation.				
Numerator	Sum of the percentages of each component measure.				
Rate Calculation	Average percentage is the sum of the percentages divided by the number of component measures.				
Data Source(s)	Mental Health Tracking System Electronic Health Records System (EHRS)				
Reporting Frequency	Monthly				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of patients who require care receive timely access to mental health services.				
Goal/Ranking	<table border="1" data-bbox="516 1619 824 1785"> <tr> <td>CCHCS Goal >=85%</td> </tr> <tr> <td>High >=85%</td> </tr> <tr> <td>Moderate 75%-84%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=85%	High >=85%	Moderate 75%-84%	Low <75%
CCHCS Goal >=85%					
High >=85%					
Moderate 75%-84%					
Low <75%					
Comments					

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Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Access to Mental Health Services (Composite)</i> <i>EHRIS Institutions</i>
Last Revised	201604 JL
Component Measures	Click on any link below to see component measure specifications: <ol style="list-style-type: none">1. Referral Timeframes2. Contact Timeframes (Composite)3. EOP Structured Treatment Offered 10Hrs



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Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Access to Mental Health Services: Referral Timeframes EHRS Institutions</i>
Definition	Percentage of Mental Health Referrals resolved on time.
Denominator	Number of Routine, Urgent, Emergent, and Med Refusal referrals that came due during the reporting period. Due dates determined using the timeframes delineated in the Compliance Rules.
Numerator	Number of referrals in denominator that were completed within the timeframes delineated in the Compliance Rules.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 90% or more of patients who require care receive timely access to mental health services.
Goal/Ranking	
Comments	This measure is a component of the Access to Mental Health Services composite measure shown on the Dashboard.
Last Revised	201604 JL

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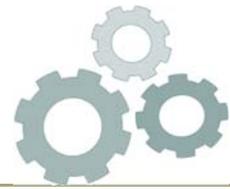
Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Access to Mental Health Services: Contact Timeframes (Composite) EHRS Institutions</i>
Definition	Average compliance with required mental health contact timeframes during the reporting period, including Primary Clinician, Psychiatry, and Interdisciplinary Treatment Team (IDTT) component measures.
Denominator	Number of component measures in the composite (Maximum 3). Denominator will only include component measures where data is available for evaluation.
Numerator	Sum of the percentages of each component measure.
Rate Calculation	Average percentage is the sum of the percentages divided by the number of component measures.
Data Source(s)	Mental Health Tracking System Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of patients who require care receive timely access to mental health services.
Goal/Ranking	
Comments	This measure is a component of the Access to Mental Health Services composite measure shown on the Dashboard.
Last Revised	201604 JL

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Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Access to Mental Health Services: Contact Timeframes (Composite)</i> <i>EHRIS Institutions</i>
Component Measures	Click on any link below to see component measure specifications: <ol style="list-style-type: none">1. Primary Clinician Contact Timeframes2. Psychiatrist Contact Timeframes3. IDTT Contact Timeframes



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Specifications



Domain and Measure	Scheduling and Access to Care – Access to Mental Health Services: Contact Timeframes: Primary Clinician Contact Timeframes EHRs Institutions
Definition	Percentage of time patients were up-to-date on their required Primary Clinician (PC) contacts.
Denominator	Total number of work weeks* during the reporting period that each patient was in a given placement ("patient-weeks"). For ASU EOP Hub high-refuser requirement, total number of work days** for each patient during the reporting period ("patient-workdays"). *Work week = a week starting Monday and ending Sunday **Work day = any day other than a Saturday, Sunday, or state holiday.
Numerator	Number of patient-weeks or patient-workdays included in denominator during which the patient was up-to-date on their required PC contact. PC contact requirements delineated in the <a.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Electronic Health Records System (EHRs)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 90% or more of patients who require care receive timely access to mental health services.
Goal/Ranking	
Comments	This measure is a component of the Contact Timeframes composite measure, which is found in the Access to Mental Health Services composite measure shown on the Dashboard.
Last Revised	201604 JL



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Specifications



Domain and Measure	Scheduling and Access to Care – Access to Mental Health Services: Contact Timeframes: Psychiatrist Contact Timeframes EHRs Institutions
Definition	Percentage of patient-weeks during which patients were up-to-date on their required psychiatry contacts.
Denominator	Total number of weeks during the reporting period that each patient was in a given placement ("patient-weeks").
Numerator	Number of patient-weeks included in denominator during which the patient was up-to-date on their required Psychiatrist contact. Contact requirements delineated in the <a.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Mental Health Tracking System Electronic Health Records System (EHRs)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 90% or more of patients who require care receive timely access to mental health services.
Goal/Ranking	
Comments	This measure is a component of the Contact Timeframes composite measure, which is found in the Access to Mental Health Services composite measure shown on the Dashboard.
Last Revised	201604 JL



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Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Access to Mental Health Services: Contact Timeframes: IDTT Contact Timeframes EHRS Institutions</i>				
Definition	Percentage of patient-weeks during which patients were up-to-date on their required Interdisciplinary Treatment Team (IDTT) contacts.				
Denominator	Total number of weeks during the reporting period that each patient was in a given placement ("patient-weeks").				
Numerator	Number of patient-weeks included in denominator during which the patient was up-to-date on their required IDTT contact. Contact requirements delineated in the <a.				
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.				
Data Source(s)	Mental Health Tracking System Electronic Health Records System (EHRS)				
Reporting Frequency	Monthly				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 90% or more of patients who require care receive timely access to mental health services.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 70%-89%</td> </tr> <tr> <td>Low <70%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 70%-89%	Low <70%
CCHCS Goal >=90%					
High >=90%					
Moderate 70%-89%					
Low <70%					
Comments	This measure is a component of the Contact Timeframes composite measure, which is found in the Access to Mental Health Services composite measure shown on the Dashboard.				
Last Revised	201604 JL				



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Specifications

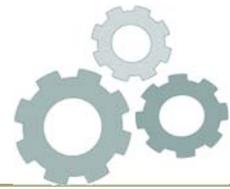


<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Access to Mental Health Services: EOP Structured Treatment EHRS Institutions</i>
Definition	Percentage of EOP patient-weeks during which offered treatment met or exceeded benchmarks.
Denominator	Total number of full weeks (Minimum Stay Days=7; Always Start On Monday=YES) during the reporting period that each patient was EOP ("patient-weeks"). Only patient-weeks where the patient had already been in the program for at least 14 days prior and did not have an active Modified Tx alert in MHTS.net are included.
Numerator	Number of patient-weeks included in denominator during which the following hours of structured therapeutic treatment were offered: at least 10 for ASU-EOP, PSU-EOP, and ML-EOP; at least 5 for RC-EOP.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Mental Health Tracking System Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 90% or more of patients who require care receive timely access to mental health services.
Goal/Ranking	
Comments	This measure is a component of the Access to Mental Health Services composite measure shown on the Dashboard.
Last Revised	201604 JL



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Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Access to Mental Health Services (Composite)
Definition	Average of the following three mental health access measure percentages: 1) Enhanced Outpatient Program patients offered 10 or more hours of structured treatment during the measurement month; 2) emergency, urgent, and routine mental health referrals completed within required timeframes; and 3) timely mental health contacts, including a) Psychiatrist, b) Primary Clinician, and c) Interdisciplinary Treatment Team contacts.
Denominator	Number of component measures in the composite (maximum of 3). Denominator will only include component measures where data is available for evaluation.
Numerator	Sum of the percentages of each component measure.
Rate Calculation	Average percentage is the sum of the percentages divided by the number of component measures.
Data Source(s)	Mental Health Tracking System
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of patients who require care receive timely access to mental health services.
Goal/Ranking	<p>CCHCS Goal >=85%</p> <p>High >=85%</p> <p>Moderate 75%-84%</p> <p>Low <75%</p>
Comments	
Last Revised	201604 JL
Component Measures	Click on any link below to see component measure specifications: <ol style="list-style-type: none"> 1. Referral Timeframes 2. Contact Timeframes (Composite) 3. EOP Structured Treatment Offered 10Hrs



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Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Access to Mental Health Services: Referral Timeframes
Definition	The percentage of mental health referrals that occurred within specified timeframes during the reporting period.
Denominator	All mental health referrals that occurred within specified timeframes during the reporting period, and referrals for which the compliance date has become past due during the reporting period.
Numerator	Referrals in the denominator that occurred on or before the compliance date.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Mental Health Tracking System
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 90% or more of patients who require care receive timely access to mental health services.
Goal/Ranking	
Comments	This measure is a component of the Access to Mental Health Services composite measure shown on the Dashboard.
Last Revised	201604 JL



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Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Access to Mental Health Services: Contact Timeframes (Composite)
Definition	Average compliance with required mental health contact timeframes during the reporting period, including Primary Clinician, Psychiatry, and Interdisciplinary Treatment Team (IDTT) component measures.
Denominator	Number of component measures in the composite (maximum of 3). Denominator will only include component measures where data is available for evaluation.
Numerator	Sum of the percentages of each component measure.
Rate Calculation	Average percentage is the sum of the percentages divided by the number of component measures.
Data Source(s)	Mental Health Tracking System
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 90% or more of patients who require care receive timely access to mental health services.
Goal/Ranking	
Comments	This measure is a component of the Access to Mental Health Services composite measure shown on the Dashboard.
Last Revised	201604 JL
Component Measures	Click on any link below to see component measure specifications: <ol style="list-style-type: none"> 1. Primary Clinician Contact Timeframes 2. Psychiatrist Contact Timeframes 3. IDTT Contact Timeframes



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Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Access to Mental Health Services: Contact Timeframes: Primary Clinician Contact Timeframes
Definition	Percentage of mental health patient weeks where the Primary Clinician (PC) contact occurred within timeframes.
Denominator	All mental health patient weeks* during the measurement period. Excludes: Patient weeks where the patient was placed in DSH ICF/ACU programs. *Patient week defined as a 7 day continuous enrollment in MHSDS Monday – Sunday, where the Sunday is during the reporting month.
Numerator	Number of patient weeks in the denominator where the PC contact compliance timeframe was met.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Mental Health Tracking System
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 90% or more of patients who require care receive timely access to mental health services.
Goal/Ranking	
Comments	This measure is a component of the Contact Timeframes composite measure, which is found in the Access to Mental Health Services composite measure shown on the Dashboard.
Last Revised	201604 JL



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Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Access to Mental Health Services: Contact Timeframes: Psychiatrist Contact Timeframes
Definition	Percentage of mental health patient weeks where the psychiatrist contact occurred within timeframes.
Denominator	All mental health patient weeks* during the measurement period. Excludes: Patient weeks where the patient was placed in DSH ICF/ACU programs. *Patient week defined as a 7 day continuous enrollment in MHSDS Monday – Sunday, where the Sunday is during the reporting month.
Numerator	Number of patient weeks in the denominator where the psychiatrist contact compliance timeframe was met.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Mental Health Tracking System
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 90% or more of patients who require care receive timely access to mental health services.
Goal/Ranking	<p>CCHCS Goal >=90%</p> <p>High >=90%</p> <p>Moderate 70%-89%</p> <p>Low <70%</p>
Comments	This measure is a component of the Contact Timeframes composite measure, which is found in the Access to Mental Health Services composite measure shown on the Dashboard.
Last Revised	201604 JL



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Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Access to Mental Health Services: Contact Timeframes: IDTT Contact Timeframes
Definition	Percentage of mental health patient weeks where the Interdisciplinary Treatment Team (IDTT) contact occurred within timeframes.
Denominator	All mental health patient weeks* during the measurement period. Excludes: Patient weeks where the patient was placed in DSH ICF/ACU programs. *Patient week defined as a 7 day continuous enrollment in MHSDS Monday – Sunday, where the Sunday is during the reporting month.
Numerator	Number of patient weeks in the denominator where the IDTT contact compliance timeframe was met.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Mental Health Tracking System
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 90% or more of patients who require care receive timely access to mental health services.
Goal/Ranking	<p>CCHCS Goal >=90%</p> <p>High >=90%</p> <p>Moderate 70%-89%</p> <p>Low <70%</p>
Comments	This measure is a component of the Contact Timeframes composite measure, which is found in the Access to Mental Health Services composite measure shown on the Dashboard.
Last Revised	201604 JL



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Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Access to Mental Health Services: EOP Structured Treatment
Definition	The percentage of all Enhanced Outpatient Program (EOP) patient weeks within the measurement month during which the patient was offered the required number of hours of structured treatment.
Denominator	All EOP patient weeks* during the measurement period. Excludes patient weeks: <ol style="list-style-type: none"> 1. With a modified treatment program. 2. At institutions without EOP missions. 3. With mental health placements not related to EOP (CCCMS, MHCB, DSH). <p>*Patient week defined as a 7 day continuous EOP level of care Monday – Sunday, where the Sunday is during the reporting month.</p>
Numerator	All patient weeks in the denominator during which the required** number of hours of structured treatment were offered to the patient. **Non-Reception Center EOP patients require 10 hours and Reception Center EOP patients require 5 hours.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Mental Health Tracking System
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 90% or more of patients who require care receive timely access to mental health services.
Goal/Ranking	<p>CCHCS Goal >=90%</p> <p>High >=90%</p> <p>Moderate 70%-89%</p> <p>Low <70%</p>
Comments	This measure is a component of the Access to Mental Health Services composite measure shown on the Dashboard.

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Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Access to Mental Health Services: EOP Structured Treatment</i>
Last Revised	201604 JL



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Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Cancelled Due to Custody (Composite) EHRS Institutions</i>
Definition	Percentage of all health care appointments cancelled due to custody factors such as lockdown or modified program, lack of officers or transportation, fog recall, and lack of holding space.
Denominator	Number of component measures in the composite (maximum of 3). Denominator will only include component measures where data is available for evaluation.
Numerator	Sum of the percentages of each component measure.
Rate Calculation	Average percentage is the sum of the percentages divided by the number of component measures.
Data Source(s)	Dental Scheduling Tracking System Medical Scheduling and Tracking System Mental Health Tracking System Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, less than 1% of health care appointments are cancelled due to custody reasons.
Goal/Ranking	
Comments	
Last Revised	201604 JL
Component Measures	Click on any link below to see component measure specifications: <ol style="list-style-type: none"> 1. Dental Services 2. Medical Services 3. Mental Health Services



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Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Cancelled Due to Custody: Dental Services EHRS Institutions</i>
Definition	Percentage of all dental appointments that are cancelled due to custody factors.
Denominator	All dental appointments where the appointment date occurred or was scheduled to occur during the measurement month including <u>either</u> of the following: <ol style="list-style-type: none"> 1. Closed appointments 2. Appointments cancelled or rescheduled due to custody by any of the following reasons: <ol style="list-style-type: none"> a. Custody Escort or Guarding Not Available b. Custody Lockdown or Modified Program c. Custody Other d. Lack of Transport Vehicle e. Not Enough Holding Space
Numerator	Appointments cancelled or rescheduled due to any of the following reasons: <ol style="list-style-type: none"> 1. Custody Escort or Guarding Not Available 2. Custody Lockdown or Modified Program 3. Custody Other 4. Lack of Transport Vehicle 5. Not Enough Holding Space
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Dental Scheduling Tracking System
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, less than 1% of health care appointments are cancelled due to custody reasons.
Goal/Ranking	<p>CCHCS Goal <=1%</p> <p>High <=1%</p> <p>Moderate 1.1%-5.0%</p> <p>Low >5%</p>

Dashboard 4.2

Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Cancelled Due to Custody: Dental Services EHRS Institutions</i>
Comments	Data for this measure is unavailable prior to December 2013. This measure is a component of the Cancelled Due to Custody composite measure shown on the Dashboard.
Last Revised	201604 JL



Dashboard 4.2

Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Cancelled Due to Custody: Medical Services</i> <i>EHRIS Institutions</i>
Definition	Percentage of all medical appointments that are cancelled due to custody factors.
Denominator	<p>All medical appointments that are scheduled to occur during the measurement period and were checked out OR cancelled / discontinued for any of the following reasons.</p> <ul style="list-style-type: none"> • MH-IP Movement In an Institution • MH-Lockdown • Custody Factor <p>Exclusions:</p> <p>Medical appointments that were cancelled / discontinued for any of the following reasons were excluded from this measure:</p> <ul style="list-style-type: none"> • Refused in Person • Scheduling Error • Patient Unavailable • Parole/Release/Transfer
Numerator	<p>All appointments in the denominator that were cancelled / discontinued due custody, specified as any of the following reasons:</p> <ul style="list-style-type: none"> • MH-IP Movement In an Institution • MH-Lockdown • Custody Factor
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Electronic Health Record System (EHRIS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2014, less than 1% of health care appointments are cancelled due to custody reasons.

Dashboard 4.2

Specifications



<p><i>Domain and Measure</i></p>	<p><i>Scheduling and Access to Care – Cancelled Due to Custody: Medical Services</i> <i>EHRIS Institutions</i></p>				
<p>Goal/Ranking</p>	<table border="1"> <tr> <td>CCHCS Goal <=1%</td> </tr> <tr> <td>High <=1%</td> </tr> <tr> <td>Moderate 1.1%-5.0%</td> </tr> <tr> <td>Low >5%</td> </tr> </table>	CCHCS Goal <=1%	High <=1%	Moderate 1.1%-5.0%	Low >5%
CCHCS Goal <=1%					
High <=1%					
Moderate 1.1%-5.0%					
Low >5%					
<p>Comments</p>	<p>This measure is a component of the Cancelled Due to Custody composite measure shown on the Dashboard.</p>				
<p>Last Revised</p>	<p>20160419 – SDP</p>				



Dashboard 4.2

Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Cancelled Due to Custody: Mental Health Services</i> <i>EHRIS Institutions</i>				
Definition	Percentage of mental health appointments that were cancelled for custody-related reasons.				
Denominator	All closed (attended, refused, and cancelled) mental health appointments.				
Numerator	All appointments included in the denominator that were cancelled for custody-related reasons.				
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.				
Data Source(s)	Electronic Health Records System (EHRIS)				
Reporting Frequency	Monthly				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, less than 1% of health care appointments are cancelled due to custody reasons.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal <=1%</td> </tr> <tr> <td>High <=1%</td> </tr> <tr> <td>Moderate 1.1%-5.0%</td> </tr> <tr> <td>Low >5%</td> </tr> </table>	CCHCS Goal <=1%	High <=1%	Moderate 1.1%-5.0%	Low >5%
CCHCS Goal <=1%					
High <=1%					
Moderate 1.1%-5.0%					
Low >5%					
Comments	This measure is a component of the Cancelled Due to Custody composite measure shown on the Dashboard.				
Last Revised	20160420 JL				



Dashboard 4.2

Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Cancelled Due to Custody (Composite)				
Definition	Percentage of all health care appointments cancelled due to custody factors such as lockdown or modified program, lack of officers or transportation, fog recall, and lack of holding space.				
Denominator	Number of component measures in the composite (maximum of 3). Denominator will only include component measures where data is available for evaluation.				
Numerator	Sum of the percentages of each component measure.				
Rate Calculation	Average percentage is the sum of the percentages divided by the number of component measures.				
Data Source(s)	Dental Scheduling Tracking System Medical Scheduling and Tracking System Mental Health Tracking System				
Reporting Frequency	Monthly				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, less than 1% of health care appointments are cancelled due to custody reasons.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal <=1%</td> </tr> <tr> <td>High <=1%</td> </tr> <tr> <td>Moderate 1.1%-5.0%</td> </tr> <tr> <td>Low >5%</td> </tr> </table>	CCHCS Goal <=1%	High <=1%	Moderate 1.1%-5.0%	Low >5%
CCHCS Goal <=1%					
High <=1%					
Moderate 1.1%-5.0%					
Low >5%					
Comments					
Last Revised	201604 JL				
Component Measures	Click on any link below to see component measure specifications: <ul style="list-style-type: none"> 1. Dental Services 2. Medical Services 3. Mental Health Services 				



Dashboard 4.2

Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Cancelled Due to Custody: Dental Services
Definition	Percentage of all dental appointments that are cancelled due to custody factors.
Denominator	All dental appointments where the appointment date occurred or was scheduled to occur during the measurement month including <u>either</u> of the following: <ol style="list-style-type: none"> 1. Closed appointments 2. Appointments cancelled or rescheduled due to custody by any of the following reasons: <ol style="list-style-type: none"> a. Custody Escort or Guarding Not Available b. Custody Lockdown or Modified Program c. Custody Other d. Lack of Transport Vehicle e. Not Enough Holding Space
Numerator	Appointments cancelled or rescheduled due to any of the following reasons: <ol style="list-style-type: none"> 1. Custody Escort or Guarding Not Available 2. Custody Lockdown or Modified Program 3. Custody Other 4. Lack of Transport Vehicle 5. Not Enough Holding Space
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Dental Scheduling Tracking System
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, less than 1% of health care appointments are cancelled due to custody reasons.
Goal/Ranking	<p>CCHCS Goal <=1%</p> <p>High <=1%</p> <p>Moderate 1.1%-5.0%</p> <p>Low >5%</p>
Comments	Data for this measure is unavailable prior to December 2013.

Dashboard 4.2

Specifications



Domain and Measure	Scheduling and Access to Care – Cancelled Due to Custody: Dental Services
	This measure is a component of the Cancelled Due to Custody composite measure shown on the Dashboard.
Last Revised	201604 JL



Dashboard 4.2

Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Cancelled Due to Custody: Medical Services
Definition	Percentage of all medical appointments that are cancelled due to custody factors.
Denominator	<p>All medical appointments where <u>any</u> of the following conditions are met:</p> <ol style="list-style-type: none"> 1. Scheduled to occur during the measurement period, including the following categories: <ol style="list-style-type: none"> a. Seen as Scheduled b. Not Seen as Scheduled Because of Custody 2. Walk-in appointments <p>Excludes:</p> <ol style="list-style-type: none"> 1. Appointments not scheduled that are cancelled with reason Because of Custody 2. To Be Scheduled appointments 3. Appointments Closed Not Seen as Scheduled for the following reasons: <ol style="list-style-type: none"> a. Scheduling Error b. Because of Patient c. Intra-System Transfer d. Patient Not Here e. Clinic Management f. Because of Specialist g. Because of Healthcare
Numerator	Appointments in the denominator closed Not Seen as Scheduled with reason Because of Custody.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Medical Scheduling and Tracking System
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, less than 1% of health care appointments are cancelled due to custody reasons.

Dashboard 4.2

Specifications



Domain and Measure	Scheduling and Access to Care – Cancelled Due to Custody: Medical Services				
Goal/Ranking	<table border="1"><tr><td>CCHCS Goal <=1%</td></tr><tr><td>High <=1%</td></tr><tr><td>Moderate 1.1%-5.0%</td></tr><tr><td>Low >5%</td></tr></table>	CCHCS Goal <=1%	High <=1%	Moderate 1.1%-5.0%	Low >5%
CCHCS Goal <=1%					
High <=1%					
Moderate 1.1%-5.0%					
Low >5%					
Comments	This measure is a component of the Cancelled Due to Custody composite measure shown on the Dashboard.				
Last Revised	201604 JL				

 [BACK TO COMPOSITE](#)

 [RETURN TO HOME](#)



NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Cancelled Due to Custody: Mental Health Services
Definition	Percentage of all mental health encounters that are not seen due to custody factors.
Denominator	<p>All encounters scheduled to occur during the measurement period, including <u>any</u> of the following encounter outcomes:</p> <ol style="list-style-type: none"> 1. Seen 2. Refused 3. Cancelled due to any of the following reasons: <ol style="list-style-type: none"> a. 15e:Cancelled-Fog Recall b. 15a:Cancelled-Lack of Officers c. 15b:Cancelled-Modified Program d. 15d:Cancelled-LackofTransport e. 15c:Cancelled-No Holding Space <p>Excludes <u>any</u> of the following:</p> <ol style="list-style-type: none"> 1. Appointments with a status of 'Pending' 2. Appointments closed with any of the following reasons: <ol style="list-style-type: none"> a. 16c:Cancelled-Provider Unavailable b. 16a:Cancelled-Provider Out Of Time c. 17g5:Cancelled-No Interpreter d. 17g2:Cancelled-Technical Difficulties e. 17c:Cancelled-UHR Unavailable f. 16e:Cancelled-Tx Space Issue g. 16b:Cancelled-Scheduling Error h. 16d:Cancelled-Med Rest Movement i. Cancelled-Quarantined j. 17g6:Cancelled-Heat Recall k. 17g7:Cancelled-Disruptive Behavior l. 17d:Cancelled-Inmate Moved to Other Facility m. 17e:Cancelled-Inst Inpatient n. 17a: Cancelled-Parole/Release/Trans. o. 17f:Cancelled-Out To Court p. 17b2:Cancelled-Out To Medical q. 17b1:Cancelled-Conflict ing Ducats r. 17g3:Cancelled-Deceased s. 17g4:Cancelled-Sick t. 3G: Cancelled-Undetermined u. 17g1:Cancelled-LOC change
Numerator	<p>Appointments not seen due to any of the following reasons:</p> <ol style="list-style-type: none"> 1. 15e:Cancelled-Fog Recall 2. 15a:Cancelled-Lack of Officers

Dashboard 4.2

Specifications

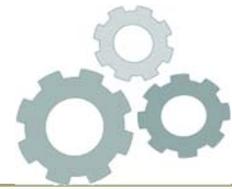


Domain and Measure	Scheduling and Access to Care – Cancelled Due to Custody: Mental Health Services				
	<ul style="list-style-type: none"> 3. 15b:Cancelled-Modified Program 4. 15d:Cancelled-Lack of Transport 5. 15c:Cancelled-No Holding Space 				
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>				
Data Source(s)	Mental Health Tracking System				
Reporting Frequency	Monthly				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, less than 1% of health care appointments are cancelled due to custody reasons.				
Goal/Ranking	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="background-color: #333; color: white;">CCHCS Goal <=1%</td> </tr> <tr> <td style="background-color: #008000; color: white;">High <=1%</td> </tr> <tr> <td style="background-color: #ffff00; color: black;">Moderate 1.1%-5.0%</td> </tr> <tr> <td style="background-color: #ff0000; color: white;">Low >5%</td> </tr> </table>	CCHCS Goal <=1%	High <=1%	Moderate 1.1%-5.0%	Low >5%
CCHCS Goal <=1%					
High <=1%					
Moderate 1.1%-5.0%					
Low >5%					
Comments	This measure is a component of the Cancelled Due to Custody composite measure shown on the Dashboard.				
Last Revised	201604 JL				



Dashboard 4.2

Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Seen as Scheduled (Composite) EHRS Institutions</i>
Definition	Percentage of dental, medical, and mental health appointments seen as scheduled (i.e., without being rescheduled). Excludes appointments not seen as scheduled due to patient refusal or similar patient-controlled factors; scheduling error; patient transfer; lay-in; out to court/medical; pending or "to be scheduled" appointments; walk-ins; and appointments scheduled to be seen during the reporting period but not yet closed.
Denominator	Number of component measures in the composite (maximum of 3). Denominator will only include component measures where data is available for evaluation.
Numerator	Sum of the percentages of each component measure.
Rate Calculation	Average percentage is the sum of the percentages divided by the number of component measures.
Data Source(s)	Dental Scheduling Tracking System Medical Scheduling and Tracking System Mental Health Tracking System Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 85% or more of health care appointments occur as scheduled.
Goal/Ranking	
Comments	
Last Revised	201604 JL

Dashboard 4.2

Specifications

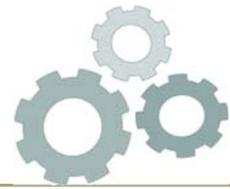


<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Seen as Scheduled (Composite)</i> <i>EHRIS Institutions</i>
Component Measures	Click on any link below to see component measure specifications: <ol style="list-style-type: none">1. Dental Services2. Medical Services3. Mental Health Services



Dashboard 4.2

Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Seen as Scheduled: Dental Services EHRS Institutions</i>
Definition	Percentage of dental appointments that are seen as scheduled.
Denominator	<p>All closed, rescheduled* and cancelled dental appointments where the appointment date occurs during the measurement month.</p> <p>Excludes:</p> <ol style="list-style-type: none"> 1. Deleted appointments 2. Suspended appointments 3. Open appointments 4. Appointments cancelled or rescheduled with any of the following reasons: <ol style="list-style-type: none"> a. Cancelled due to EPRD b. Cancelled by SOMS c. Cancelled due to Treatment Completed in Prior Appointment d. Deceased e. Transferred to Community Program f. Transferred to Another Institution g. Paroled or Released h. Inmate Refusal i. Inmate Refusal RC Screening j. Inmate Disrespectful or Uncooperative With Staff k. Inmate Intentionally Arrived Late for Appointment l. Inmate Requested Program Conflict m. Inmate Sick with Lay-In (cold, flu, etc.) n. Inmate Stopped Appointment While in Chair o. Medical Condition (i.e., scabies, etc.) p. Medical/Psych Treatment Off Grounds q. Out to Camp or Fire Line or Community Crew r. Out-To-Court or INS Hearing s. Psych Condition t. Temp Transfer and Return u. Temporarily Unavailable Housing (CTC, ZZ, etc.)
Numerator	Appointments in the denominator that are seen as originally scheduled without being rescheduled.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator</p>

Dashboard 4.2

Specifications

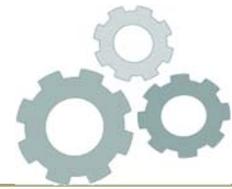


Domain and Measure	Scheduling and Access to Care – Seen as Scheduled: Dental Services EHRS Institutions				
	times 100.				
Data Source(s)	Dental Scheduling Tracking System				
Reporting Frequency	Monthly				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 85% or more of health care appointments occur as scheduled.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=85%</td> </tr> <tr> <td>High >=85%</td> </tr> <tr> <td>Moderate 75%-84%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=85%	High >=85%	Moderate 75%-84%	Low <75%
CCHCS Goal >=85%					
High >=85%					
Moderate 75%-84%					
Low <75%					
Comments	<p>This measure is a component of the Seen as Scheduled composite measure shown on the Dashboard.</p> <p>*DSTS was designed with a feature that automatically reschedules a patient’s appointment anytime the patient’s cellbed changes. Due to this feature we are unable to filter out automatically rescheduled appointments from manually rescheduled appointments, which potentially lowers the overall score.</p>				
Last Revised	201604 JL				



Dashboard 4.2

Specifications

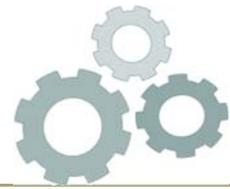


Domain and Measure	Scheduling and Access to Care – Seen as Scheduled: Medical Services EHRS Institutions
Definition	Percentage of medical appointments that are seen as scheduled.
Denominator	All appointments that are scheduled to occur during the measurement period. Exclusions: Appointments that were cancelled / discontinued for any of the following reasons were excluded from this measure: <ul style="list-style-type: none"> • Refused in Person • Patient Unavailable • Scheduling Error • Parole/Release/Transfer
Numerator	All appointments in the denominator that are checked out by the original ordered End Date/Time without being rescheduled.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Medical Scheduling and Tracking System
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 85% or more of health care appointments occur as scheduled.
Goal/Ranking	
Comments	This measure is a component of the Seen as Scheduled composite measure shown on the Dashboard.
Last Revised	20160419 – SDP



Dashboard 4.2

Specifications



Domain and Measure	Scheduling and Access to Care – Seen as Scheduled: Mental Health Services EHRS Institutions				
Definition	Percentage of all scheduled appointments that were seen.				
Denominator	All scheduled appointments.				
Numerator	All appointments from the denominator that were completed as seen.				
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.				
Data Source(s)	Medical Scheduling and Tracking System Electronic Health Records System (EHRS)				
Reporting Frequency	Monthly				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of health care appointments occur as scheduled.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 70%-89%</td> </tr> <tr> <td>Low <70%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 70%-89%	Low <70%
CCHCS Goal >=90%					
High >=90%					
Moderate 70%-89%					
Low <70%					
Comments	This measure is a component of the Seen as Scheduled composite measure shown on the Dashboard.				
Last Revised	201604 JL				



Dashboard 4.2

Specifications

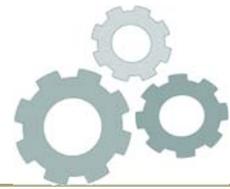


NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Seen as Scheduled (Composite)
Definition	Percentage of dental, medical, and mental health appointments seen as scheduled (i.e., without being rescheduled). Excludes appointments not seen as scheduled due to patient refusal or similar patient-controlled factors; scheduling error; patient transfer; lay-in; out to court/medical; pending or "to be scheduled" appointments; walk-ins; and appointments scheduled to be seen during the reporting period but not yet closed.
Denominator	Number of component measures in the composite (maximum of 3). Denominator will only include component measures where data is available for evaluation.
Numerator	Sum of the percentages of each component measure.
Rate Calculation	Average percentage is the sum of the percentages divided by the number of component measures.
Data Source(s)	Dental Scheduling Tracking System Medical Scheduling and Tracking System Mental Health Tracking System
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 85% or more of health care appointments occur as scheduled.
Goal/Ranking	<p>CCHCS Goal >=85%</p> <p>High >=85%</p> <p>Moderate 75%-84%</p> <p>Low <75%</p>
Comments	
Last Revised	201604 JL

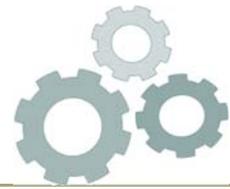
Dashboard 4.2

Specifications



Domain and Measure	Scheduling and Access to Care – Seen as Scheduled (Composite)
Component Measures	Click on any link below to see component measure specifications: <ol style="list-style-type: none">1. Dental Services2. Medical Services3. Mental Health Services





NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Seen as Scheduled: Dental Services
Definition	Percentage of dental appointments that are seen as scheduled.
Denominator	<p>All closed, rescheduled* and cancelled dental appointments where the appointment date occurs during the measurement month.</p> <p>Excludes:</p> <ol style="list-style-type: none"> 1. Deleted appointments 2. Suspended appointments 3. Open appointments 4. Appointments cancelled or rescheduled with any of the following reasons: <ol style="list-style-type: none"> a. Cancelled due to EPRD b. Cancelled by SOMS c. Cancelled due to Treatment Completed in Prior Appointment d. Deceased e. Transferred to Community Program f. Transferred to Another Institution g. Paroled or Released h. Inmate Refusal i. Inmate Refusal RC Screening j. Inmate Disrespectful or Uncooperative With Staff k. Inmate Intentionally Arrived Late for Appointment l. Inmate Requested Program Conflict m. Inmate Sick with Lay-In (cold, flu, etc.) n. Inmate Stopped Appointment While in Chair o. Medical Condition (i.e., scabies, etc.) p. Medical/Psych Treatment Off Grounds q. Out to Camp or Fire Line or Community Crew r. Out-To-Court or INS Hearing s. Psych Condition t. Temp Transfer and Return u. Temporarily Unavailable Housing (CTC, ZZ, etc.)
Numerator	Appointments in the denominator that are seen as originally scheduled without being rescheduled.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>

Dashboard 4.2

Specifications



Domain and Measure	Scheduling and Access to Care – Seen as Scheduled: Dental Services
Data Source(s)	Dental Scheduling Tracking System
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 85% or more of health care appointments occur as scheduled.
Goal/Ranking	
Comments	<p>This measure is a component of the Seen as Scheduled composite measure shown on the Dashboard.</p> <p>*DSTS was designed with a feature that automatically reschedules a patient’s appointment anytime the patient’s cellbed changes. Due to this feature we are unable to filter out automatically rescheduled appointments from manually rescheduled appointments, which potentially lowers the overall score.</p>
Last Revised	201604 JL





NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Seen as Scheduled: Medical Services
Definition	Percentage of medical appointments that are seen as scheduled.
Denominator	<p>All medical appointments where <u>either</u> of the following conditions are met:</p> <ol style="list-style-type: none"> 1. Appointments that are scheduled to occur during the measurement period and have been closed as either: <ol style="list-style-type: none"> a. Seen as Scheduled b. Not Seen as Scheduled 2. Appointments marked Not Seen as Scheduled during the measurement period before being given an appointment date. <p>Excludes:</p> <ol style="list-style-type: none"> 1. To Be Scheduled appointments 2. Walk-in appointments 3. Appointments that were scheduled to occur during the measurement period, but have not been closed 4. Appointments Closed Not Seen as Scheduled for the following reasons: <ol style="list-style-type: none"> a. Scheduling Error b. Because of Patient c. Intra-System Transfer d. Patient Not Here
Numerator	Appointments in the denominator that are seen as originally scheduled without being rescheduled.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Medical Scheduling and Tracking System
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 85% or more of health care appointments occur as scheduled.

Dashboard 4.2

Specifications



Domain and Measure	Scheduling and Access to Care – Seen as Scheduled: Medical Services				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=85%</td> </tr> <tr> <td>High >=85%</td> </tr> <tr> <td>Moderate 75%-84%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=85%	High >=85%	Moderate 75%-84%	Low <75%
CCHCS Goal >=85%					
High >=85%					
Moderate 75%-84%					
Low <75%					
Comments	This measure is a component of the Seen as Scheduled composite measure shown on the Dashboard.				
Last Revised	20104 JL				

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Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Seen as Scheduled: Mental Health Services
Definition	Percentage of mental health encounters that are seen as scheduled.
Denominator	<p>All mental health encounters scheduled to occur during the measurement period, including <u>any</u> of the following encounter outcomes:</p> <ol style="list-style-type: none"> 1. Seen 2. Cancelled due to Controllable Reasons: <ol style="list-style-type: none"> a. 15e:Canc-FogRecall b. 16c:Canc-ProviderUnavailable c. 16a:Canc-ProviderOutOfTime d. 17g5:Canc-NoInterpreter e. 17g2:Canc-TechDifficulties f. 17c:Canc-UHRUnavailable g. 15a:Canc-LackofOfficers h. 15b:Canc-ModifiedProgram i. 15c:Canc-NoHoldingSpace j. 15d:Canc-LackofTransport k. 16e:Canc-TxSpaceIssue <p>Excludes <u>any</u> of the following:</p> <ol style="list-style-type: none"> 1. Appointments with a status of 'Pending' 2. Appointments closed with any of the following reasons: <ol style="list-style-type: none"> a. 16b:Canc-SchedulingError b. 16d:Canc-MedRestMovement c. Canc-Quarantined d. 17g6:Canc-HeatRecall e. 17g7:Canc-DisruptiveBehavior f. 17d:Canc-InmateMovedtoOthFacility g. 17e:Canc-InstInpatient h. 17a:Canc-Parole/Release/Trans. i. 17f:Canc-OutToCourt j. 17b2:Canc-OutToMedical k. 17b1:Canc-ConflictingDoctors l. 17g3:Canc-Deceased m. 17g4:Canc-Sick n. 3G: Canc-Undetermined o. 17g1:Canc-LOCchange
Numerator	Encounters in the denominator that are seen as originally scheduled without being rescheduled.

Dashboard 4.2

Specifications



Domain and Measure	Scheduling and Access to Care – Seen as Scheduled: Mental Health Services
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Mental Health Tracking System
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 85% or more of health care appointments occur as scheduled.
Goal/Ranking	
Comments	This measure is a component of the Seen as Scheduled composite measure shown on the Dashboard.
Last Revised	201604 JL



Dashboard 4.2

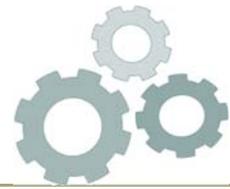
Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Effective Communication Provided (Composite) EHRS Institutions</i>
Definition	Percentage of dental, medical, and mental health appointments during the reporting month for which the patient required reasonable accommodations to achieve effective communication, and effective communication was provided. Includes patients who require reasonable accommodations due to developmental disability; hearing, vision, and/or speech impairment; and low educational level (score of 4 or lower on the Test of Adult Basic Education).
Denominator	Number of component measures in the composite (maximum of 3). Denominator will only include component measures where data is available for evaluation.
Numerator	Sum of the percentages of each component measure.
Rate Calculation	Average percentage is the sum of the percentages divided by the number of component measures.
Data Source(s)	Dental Scheduling and Tracking System, Medical Scheduling and Tracking System, and Mental Health Tracking System, all of which draw from the Disability and Effective Communication System Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of encounters which required reasonable accommodations to achieve effective communication had accommodations appropriately documented.
Goal/Ranking	
Comments	
Last Revised	201604 JL

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Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Effective Communication Provided (Composite)</i> <i>EHRIS Institutions</i>
Component Measures	Click on any link below to see component measure specifications: <ol style="list-style-type: none">1. Dental Services2. Medical Services3. Mental Health Services



Dashboard 4.2

Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Effective Communication Provided: Dental Services EHRS Institutions</i>
Definition	Percentage of dental appointments requiring reasonable accommodations to achieve effective communication during the last month where effective communication was achieved.
Denominator	<p>All completed dental appointments where the patient required reasonable accommodation for effective communication due to any of the following conditions:</p> <ol style="list-style-type: none"> 1. Developmental Disability code of DD1, DD2, or DD3 2. Hearing Impairment code of DPH or DNH 3. Vision Impairment code of DPV or DNV 4. Speech Impairment code of DPS or DNS 5. TABE score \leq 4
Numerator	Number of appointments from the denominator where effective communication was marked as achieved in the Dental Scheduling Tracking System.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Dental Scheduling Tracking System, which draws from the Disability and Effective Communication System.
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of encounters which required reasonable accommodations to achieve effective communication had accommodations appropriately documented.
Goal/Ranking	<p>CCHCS Goal \geq85%</p> <p>High \geq85%</p> <p>Moderate 75%-84%</p> <p>Low $<$75%</p>

Dashboard 4.2

Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Effective Communication Provided: Dental Services EHRS Institutions</i>
Comments	This measure is a component of the Effective Communication Provided composite measure shown on the Dashboard.
Last Revised	201604 JL



Dashboard 4.2

Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Effective Communication Provided: Medical Services EHRS Institutions</i>
Definition	Percentage of Effective Communications Forms completed during the measurement period where effective communication was reached.
Denominator	<p>All completed Effective Communications Forms where the patient required reasonable accommodation for effective communication due to any of the following conditions:</p> <ol style="list-style-type: none"> 1. Developmental Disability code of DD1, DD2, or DD3 2. Hearing Impairment code of DPH or DNH 3. Vision Impairment code of DPV or DNV 4. Speech Impairment code of DPS or DNS 5. TABE score ≤ 4
Numerator	Number of Forms from the denominator where EC Reached was marked as “Yes”.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of encounters which required reasonable accommodations to achieve effective communication had accommodations appropriately documented.
Goal/Ranking	
Comments	This measure is a component of the Effective Communication Provided composite measure shown on the Dashboard.

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Specifications

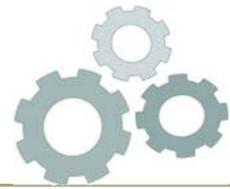


<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Effective Communication Provided: Medical Services EHRS Institutions</i>
Last Revised	20160504 SDP



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Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Effective Communication Provided: Mental Health Services EHRS Institutions</i>
Definition	Percentage of Effective Communications Forms completed during the measurement period where effective communication was reached.
Denominator	<p>All completed Effective Communications Forms where the patient required reasonable accommodation for effective communication due to any of the following conditions:</p> <ol style="list-style-type: none"> 1. Developmental Disability code of DD1, DD2, or DD3 2. Hearing Impairment code of DPH or DNH 3. Vision Impairment code of DPV or DNV 4. Speech Impairment code of DPS or DNS 5. TABE score \leq 4
Numerator	Number of Forms from the denominator where EC Reached was marked as “Yes”.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of encounters which required reasonable accommodations to achieve effective communication had accommodations appropriately documented.
Goal/Ranking	<p>CCHCS Goal \geq85%</p> <p>High \geq85%</p> <p>Moderate 75%-84%</p> <p>Low $<$75%</p>
Comments	This measure is a component of the Effective Communication Provided composite measure shown on the Dashboard.

Dashboard 4.2

Specifications



<i>Domain and Measure</i>	<i>Scheduling and Access to Care – Effective Communication Provided: Mental Health Services EHRS Institutions</i>
Last Revised	20160504 SDP



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Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Effective Communication Provided (Composite)
Definition	Percentage of dental, medical, and mental health appointments during the reporting month for which the patient required reasonable accommodations to achieve effective communication, and effective communication was provided. Includes patients who require reasonable accommodations due to developmental disability; hearing, vision, and/or speech impairment; and low educational level (score of 4 or lower on the Test of Adult Basic Education).
Denominator	Number of component measures in the composite (maximum of 3). Denominator will only include component measures where data is available for evaluation.
Numerator	Sum of the percentages of each component measure.
Rate Calculation	Average percentage is the sum of the percentages divided by the number of component measures.
Data Source(s)	Dental Scheduling and Tracking System, Medical Scheduling and Tracking System, and Mental Health Tracking System, all of which draw from the Disability and Effective Communication System.
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of encounters which required reasonable accommodations to achieve effective communication had accommodations appropriately documented.
Goal/Ranking	<p>CCHCS Goal >=85%</p> <p>High >=85%</p> <p>Moderate 75%-84%</p> <p>Low <75%</p>
Comments	
Last Revised	201604 JL

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Specifications



Domain and Measure	<i>Scheduling and Access to Care – Effective Communication Provided (Composite)</i>
Component Measures	Click on any link below to see component measure specifications: <ol style="list-style-type: none">1. Dental Services2. Medical Services3. Mental Health Services



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Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Effective Communication Provided: Dental Services
Definition	Percentage of dental appointments requiring reasonable accommodations to achieve effective communication during the last month where effective communication was achieved.
Denominator	All completed dental appointments where the patient required reasonable accommodation for effective communication due to any of the following conditions: <ol style="list-style-type: none"> 1. Developmental Disability code of DD1, DD2, or DD3 2. Hearing Impairment code of DPH or DNH 3. Vision Impairment code of DPV or DNV 4. Speech Impairment code of DPS or DNS 5. TABE score \leq 4
Numerator	Number of appointments from the denominator where effective communication was marked as achieved in the Dental Scheduling Tracking System.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Dental Scheduling Tracking System, which draws from the Disability and Effective Communication System.
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of encounters which required reasonable accommodations to achieve effective communication had accommodations appropriately documented.
Goal/Ranking	<p>CCHCS Goal \geq85%</p> <p>High \geq85%</p> <p>Moderate 75%-84%</p> <p>Low $<$75%</p>
Comments	This measure is a component of the Effective Communication Provided composite measure shown on the Dashboard.

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Specifications



Domain and Measure	Scheduling and Access to Care – Effective Communication Provided: Dental Services
Last Revised	201604 JL



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Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Effective Communication Provided: Medical Services
Definition	Percentage of medical appointments requiring reasonable accommodations to achieve effective communication during the last month where effective communication was achieved.
Denominator	All completed medical appointments where the patient required reasonable accommodation for effective communication due to any of the following conditions: <ol style="list-style-type: none"> 1. Developmental Disability code of DD1, DD2, or DD3 2. Hearing Impairment code of DPH or DNH 3. Vision Impairment code of DPV or DNV 4. Speech Impairment code of DPS or DNS 5. TABE score \leq 4
Numerator	Number of appointments from the denominator where effective communication was marked as achieved in the Medical Scheduling and Tracking System.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Medical Scheduling and Tracking System, which draws from the Disability and Effective Communication System.
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 85% or more of encounters which required reasonable accommodations to achieve effective communication had accommodations appropriately documented.
Goal/Ranking	<p>CCHCS Goal \geq85%</p> <p>High \geq85%</p> <p>Moderate 75%-84%</p> <p>Low $<$75%</p>
Comments	This measure is a component of the Effective Communication Provided composite measure shown on the Dashboard.

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Specifications



Domain and Measure	Scheduling and Access to Care – Effective Communication Provided: Medical Services
Last Revised	201604 JL



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Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Scheduling and Access to Care – Effective Communication Provided: Mental Health Services
Definition	Percentage of mental health appointments requiring reasonable accommodations to achieve effective communication during the last month where effective communication was achieved.
Denominator	All completed mental health appointments where the patient required reasonable accommodation for effective communication due to any of the following conditions: <ol style="list-style-type: none"> 1. Developmental Disability code of DD1, DD2, or DD3 2. Hearing Impairment code of DPH or DNH 3. Vision Impairment code of DPV or DNV 4. Speech Impairment code of DPS or DNS 5. TABE score ≤ 4
Numerator	Number of appointments from the denominator where effective communication was marked as achieved in the Mental Health Tracking System.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Mental Health Tracking System, which draws from the Disability and Effective Communication System.
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 90% or more of encounters which required reasonable accommodations to achieve effective communication had accommodations appropriately documented.
Goal/Ranking	
Comments	This measure is a component of the Effective Communication Provided composite measure shown on the Dashboard.

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Specifications

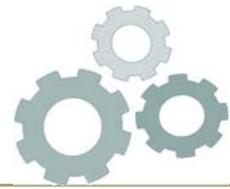


Domain and Measure	<i>Scheduling and Access to Care – Effective Communication Provided: Mental Health Services</i>
Last Revised	201604 JL



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Specifications

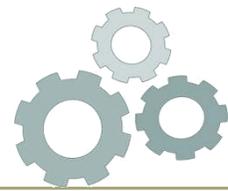


Domain and Measure	Population Health Management – Asthma Care (Composite)
Definition	Average of two asthma care measures: 1) percentage of persistent asthmatics 18-64 years of age who were prescribed an inhaled corticosteroid (ICS) during the past 12 months and 2) percentage of patients with asthma who received 2 or fewer short-acting beta agonist inhalers in the past 6 months.
Denominator	Number of component measures in the composite (maximum of 2). Denominator will only include component measures where data is available for evaluation.
Numerator	Sum of the percentages of each component measure.
Rate Calculation	Average percentage is the sum of the percentages divided by the number of component measures.
Data Source(s)	Guardian Pharmacy Database Patient Health Information Portal Strategic Offender Management System Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 85% or more of asthma patients will be in good control based on the use of inhaled corticosteroids (ICS) and/or short acting beta agonists (SABA).
Goal/Ranking	
Comments	
Last Revised	201604 JL
Component Measures	Click on any link below to see component measure specifications: <ul style="list-style-type: none"> 1. Persistent Asthma ICS Treatment 2. Asthma SABA Utilization



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Specifications

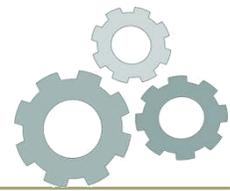


EHR/NON-EHR INSTITUTIONS

Domain and Measure	Population Health Management – Asthma Care: Persistent Asthma ICS Treatment
Definition	The percentage of patients 18 through 64 years of age* who were identified as having persistent asthma** and were prescribed an inhaled corticosteroid (ICS) during the last 12 months.
Denominator	Patients with <u>all</u> of the following characteristics: <ol style="list-style-type: none"> 1. Persistent asthma (see Comments below). 2. *Age 18 through 64 years as of the last day of the 12-month measurement period. 3. Continuously incarcerated at CDCR for the last 12 months. 4. Defined as an asthma patient per the Condition Specifications located below. <p style="color: red; margin-left: 40px;"> Click Here for Internal HCS Users Click Here for Public Internet Users </p>
Numerator	Patients from the denominator who were prescribed at least one ICS in the last 12 months.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for 12 months but were transferred.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for 12 months.</p>
Data Source(s)	Guardian Pharmacy Database Strategic Offender Management System Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 85% or more of asthma patients will be in good control based on the use of inhaled corticosteroids (ICS) and/or short acting beta agonists (SABA).
Goal/Ranking	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p style="background-color: #333; color: white; padding: 2px;">CCHCS Goal >=85%</p> <p style="background-color: #008000; color: white; padding: 2px;">High >=85%</p> <p style="background-color: #FFD700; padding: 2px;">Moderate 75%-84%</p> </div>

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Specifications



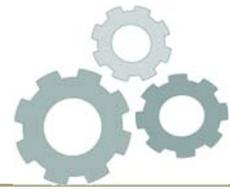
Domain and Measure	Population Health Management – Asthma Care: Persistent Asthma ICS Treatment
	<div style="background-color: red; color: white; padding: 2px; display: inline-block;">Low <75%</div>
Comments	<p>**CCHCS uses pharmacy data to identify patients with persistent asthma (based on HEDIS definition) defined here as patients:</p> <ul style="list-style-type: none"> • 18 through 39 year old <ul style="list-style-type: none"> ○ Dispensed four or more (≥ 4) SABA/ICS/LABA/SAAC/LAAC inhalers ○ During the last 12 months • 40 through 64 year old <ul style="list-style-type: none"> ○ Dispensed four or more (≥ 4) SABA/ICS/LABA inhalers ○ During the last 12 months ○ Excludes patients dispensed SAAC or LAAC (assumes COPD) <p>SABA: Short Acting Beta Agonist ICS: Inhaled Corticosteroid LABA: Long Acting Beta Agonist SAAC: Short Acting Anticholinergic LAAC: Long Acting Anticholinergic</p> <p>This measure is a component of the Asthma Care composite measure shown on the Dashboard.</p>
Last Revised	201605 JR

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Specifications



EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Asthma Care: Asthma SABA Utilization
Definition	The percentage of patients 18 through 64 years of age* identified as having asthma** who received 2 or less Short Acting Beta Agonist (SABA) inhalers in last 6 months.
Denominator	<p>Patients with <u>all</u> of the following characteristics:</p> <ol style="list-style-type: none"> 1. Defined as **asthma patient as defined per the Condition Specifications located below. Click Here for Internal HCS Users Click Here for Public Internet Users 2. *Age 18 through 64 years as of the last day of the 6-month measurement period. 3. Continuously incarcerated at CDCR for the last 6 months.
Numerator	Patients from the denominator who had 2 or less SABA dispenses in last 6 months.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for 6 months but were transferred.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for 6 months.</p>
Data Source(s)	Guardian Pharmacy Database Patient Health Information Portal Strategic Offender Management System Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 85% or more of asthma patients will be in good control based on the use of inhaled corticosteroids (ICS) and/or short acting beta agonists (SABA).
Goal/Ranking	<p>CCHCS Goal >=85%</p> <p>High >=85%</p> <p>Moderate 75%-84%</p> <p>Low <75%</p>

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Specifications



Domain and Measure	Population Health Management – Asthma Care: Asthma SABA Utilization
Comments	This measure is a component of the Asthma Care composite measure shown on the Dashboard.
Last Revised	201604 JL



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Specifications



EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Therapeutic Anticoagulation			
Definition	Percentage of patients on anticoagulation therapy whose most recent international normalizing ratio (INR) within the last 30 days was between 2 and 3.5. Excludes patients who have been prescribed Warfarin for less than 4 months.			
Denominator	Patients with <u>all</u> of the following characteristics: <ol style="list-style-type: none"> 1. Incarcerated at CDCR for at least the last 30 days. 2. Prescribed warfarin during each of the last 4 months. 3. Defined as a warfarin patient per the Condition Specifications are located below. <p style="color: red; margin-left: 20px;"> Click Here for Internal HCS Users Click Here for Public Internet Users </p>			
Numerator	Number of patients from the denominator with their most recent INR test result within the therapeutic range of 2 and 3.5 during the last 30 days.			
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.</p>			
Data Source(s)	Guardian Pharmacy Database Quest Diagnostics Laboratory Database Strategic Offender Management System Electronic Health Record System (EHRS)			
Reporting Frequency	Monthly			
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of all patients on Warfarin will have their most recent INR result within the last 30 days at therapeutic levels.			
Goal/Ranking	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="background-color: #333; color: white;">CCHCS Goal >=90%</td> </tr> <tr> <td style="background-color: #008000; color: white;">High >=90%</td> </tr> <tr> <td style="background-color: #ffff00;">Moderate 75%-89%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%
CCHCS Goal >=90%				
High >=90%				
Moderate 75%-89%				

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Therapeutic Anticoagulation
	<div style="background-color: red; color: white; padding: 2px; text-align: center;">Low <75%</div>
Comments	During April, 2012, CCHCS policy was revised to allow Quest Diagnostics Laboratory data but not in-house laboratory data. The date of May 1, 2012 was used in this measure as it was the first complete month of data after the policy became effective.
Last Revised	201604 JL



Dashboard 4.2

Specifications



EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Diabetes Care (Composite)				
Definition	Average of the following three measures: 1) percentage of diabetic patients whose most recent hemoglobin A1C result is less than 8 2) percentage of diabetic patients whose most recent blood pressure is less than 140/90 mm Hg, and 3) percentage of diabetic patients screened or treated for nephropathy. Patients with polycystic ovaries, steroid-induced diabetes, or gestational diabetes are excluded from this measure.				
Denominator	Number of component measures in the composite (maximum of 3). Denominator will only include component measures where data is available for evaluation.				
Numerator	Sum of the percentages of each component measure.				
Rate Calculation	Average percentage is the sum of the percentages divided by the number of component measures.				
Data Source(s)	Guardian Pharmacy Database Patient Health Information Portal Quest Diagnostics Laboratory Database Strategic Offender Management System Third Party Administrator Claims Electronic Health Record System (EHRS) Blood pressure data from a representative sample of patient health records at non-EHRS institutions.				
Reporting Frequency	Monthly				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2018, 90% or more of diabetic patients will be in good control based on the following indicators: hemoglobin A1C, blood pressure levels in good control, and screened or treated for nephropathy.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 75%-89%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diabetes Care (Composite)
Comments	
Last Revised	20160503 MS
Component Measures	Click on any link below to see component measure specifications: <ol style="list-style-type: none">1. A1C <8%2. Blood Pressure <140/90 mm Hg3. Screened or Treated Nephropathy



Dashboard 4.2

Specifications



EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Diabetes Care: A1C <8%
Definition	The percentage of patients 18 through 75 years of age with diabetes whose most recent hemoglobin A1c (HbA1c) test result in the last 12 months was less than 8 percent (controlled).
Denominator	<p>Patients who had <u>all</u> of the following characteristics:</p> <ol style="list-style-type: none"> 1. 18 through 75 years of age as of the last day of the 12-month measurement period. 2. Continuously incarcerated at CDCR for the last 12 months. 3. Defined as a diabetic patient per the Condition Specifications located below. <p>Click Here for Internal HCS Users Click Here for Public Internet Users</p>
Numerator	<p>Patients in the denominator whose most recent HbA1c test result, in the last 12 months, was less than 8 percent.</p> <p>Exclude from the numerator patients who had any of the following:</p> <ol style="list-style-type: none"> 1. HbA1c test result of 8% or higher 2. HbA1c test result was not available in lab results in the last 12 months
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for 12 months and were transferred.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for 12 months.</p>
Data Source(s)	<p>Guardian Pharmacy Database Patient Health Information Portal Quest Diagnostics Laboratory Database Strategic Offender Management System Third Party Administrator Claims Electronic Health Record System (EHRS)</p>
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2018, 90% or more of diabetic patients will be in good control based on the following indicators: hemoglobin A1C, blood

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diabetes Care: A1C <8%				
	pressure levels in good control, and screened or treated for nephropathy.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 75%-89%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					
Comments	<p>Data from in-house laboratories are excluded.</p> <p>This measure is a component of the Diabetes Care composite measure shown on the Dashboard.</p>				
Last Revised	20160405 JL				



Dashboard 4.2

Specifications



EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Diabetes Care: Blood Pressure <140/90 mm Hg
Definition	The percentage of patients with diabetes 18 through 75 years of age whose most recent blood pressure reading in the last 6 months was less than 140/90 (controlled).
Denominator	Patients who had <u>all</u> of the following characteristics: <ol style="list-style-type: none"> 1. 18 through 75 years of age as of the last day of the 12-month measurement period. 2. Continuously incarcerated at CDCR for the last 12 months. 3. Defined as diabetic patient per the Condition Specifications located below. <p style="color: red;">Click Here for Internal HCS Users</p> <p style="color: red;">Click Here for Public Internet Users</p>
Numerator	Patients in the denominator who had <u>all</u> of the following: <ol style="list-style-type: none"> 1. Blood pressure was taken in the last 6 months and documented in the Electronic Health Record System (EHRS). 2. Patient's most recent blood pressure* was less than 140/90 Hg <p>Excludes patients who had <u>any</u> of the following:</p> <ol style="list-style-type: none"> 1. No blood pressure check was performed in the 6-month measurement period. 2. The lowest systolic blood pressure was greater than or equal to 140. 3. The lowest diastolic blood pressure was greater than or equal to 90.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for 12 months and were transferred.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for 12 months.</p>
Data Source(s)	Guardian Pharmacy Database Patient Health Information Portal Quest Diagnostics Laboratory Database Strategic Offender Management System Third Party Administrator Claims Electronic Health Record System (EHRS)
Reporting Frequency	Monthly

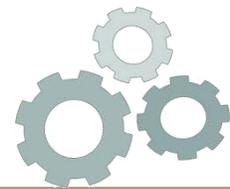
Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diabetes Care: Blood Pressure <140/90 mm Hg				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2018, 90% or more of diabetic patients will be in good control based on the following indicators: hemoglobin A1C, blood pressure levels in good control, and screened or treated for nephropathy.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 75%-89%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					
Comments	<p>*If multiple blood pressures were taken on a single date, use the lowest systolic blood pressure and lowest diastolic blood pressure on that date. The systolic and diastolic results do not need to be from the same reading.</p> <p>This measure is a component of the Diabetes Care composite measure shown on the Dashboard.</p>				
Last Revised	20160527 MS				



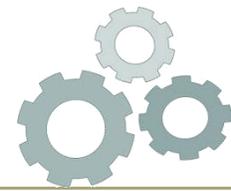


NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Diabetes Care: Blood Pressure <140/90 mm Hg
Definition	The percentage of patients with diabetes 18 through 75 years of age whose most recent blood pressure reading in the last 6 months was less than 140/90 (controlled).
Denominator	<p>Institution: From a representative sample of 30 patients or, if less, all patients who had <u>all</u> of the following:</p> <ol style="list-style-type: none"> 1. 18 through 75 years of age as of the last day of the 12-month measurement period. 2. Continuously incarcerated at CDCR for the last 12 months. 3. Defined as diabetic patient per the Condition Specifications located below. Click Here for Internal HCS Users Click Here for Public Internet Users <p>Transfer Population: From a representative sample of 50 eligible patients, all patients who had <u>all</u> of the following:</p> <ol style="list-style-type: none"> 1. 18 through 75 years of age as of the last day of the 12-month measurement period. 2. Continuously incarcerated at CDCR, but at more than one institution, for the last 12 months. 3. Defined as diabetic patient per the Condition Specifications located below. Click Here for Internal HCS Users Click Here for Public Internet Users <p>Excludes patients who have <u>any</u> of the following on the PHIP Problem List, EHRS Problem or Diagnosis List, or claims data:</p> <ol style="list-style-type: none"> 1. Polycystic ovaries 2. Steroid induced diabetes 3. Gestational diabetes
Numerator	<p>Patients in the denominator who had <u>all</u> of the following:</p> <ol style="list-style-type: none"> 1. Blood pressure was taken at a primary care visit, in the last 6 months, and documented in the UHR. Examples of documents include: <ol style="list-style-type: none"> a. 7392 Flow Sheet b. 7419 Chronic Care Follow-up c. 7230 Progress Note (a pre-planned visit – exclude acute care) 2. Patient’s most recent blood pressure* was less than 140/90 Hg

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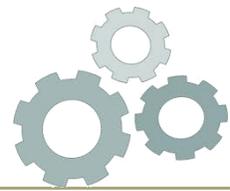
Specifications



Domain and Measure	Population Health Management – Diabetes Care: Blood Pressure <140/90 mm Hg
	<p>Excludes patients who had <u>any</u> of the following:</p> <ol style="list-style-type: none"> 1. No blood pressure check was performed in the 6-month measurement period. 2. The lowest systolic blood pressure was greater than or equal to 140. 3. The lowest diastolic blood pressure was greater than or equal to 90.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for 12 months and were transferred.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for 12 months.</p>
Data Source(s)	<p>Guardian Pharmacy Database Patient Health Information Portal Quest Diagnostics Laboratory Database Strategic Offender Management System Third Party Administrator Claims Blood pressure data from a representative sample of patient health records at non-EHRS institutions. Electronic Health Record System (EHRS)</p>
Reporting Frequency	Quarterly
Background	<p>Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2018, 90% or more of diabetic patients will be in good control based on the following indicators: hemoglobin A1C, blood pressure levels in good control, and screened or treated for nephropathy.</p>
Goal/Ranking	
Comments	<p>*If multiple blood pressures were taken on a single date, use the lowest systolic blood pressure and lowest diastolic blood pressure on that date. The systolic and diastolic results do not need to be from the</p>

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Specifications



Domain and Measure	Population Health Management – Diabetes Care: Blood Pressure <140/90 mm Hg
	same reading. This measure is a component of the Diabetes Care composite measure shown on the Dashboard.
Last Revised	20160503 MS



Dashboard 4.2

Specifications



EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Diabetes Care: Screened or Treated Nephropathy
Definition	The percentage of patients with diabetes 18 through 75 years of age who had a nephropathy screening test or evidence of attention to nephropathy in the last 12 months.
Denominator	<p>Patients with <u>all</u> of the following characteristics:</p> <ol style="list-style-type: none"> 1. 18 through 75 years of age as of the last day of the 12-month measurement period. 2. Continuously incarcerated at CDCR for the last 12 months. 3. Defined as diabetic patient per the Condition Specifications located below: Click Here for Internal HCS Users Click Here for Public Internet Users
Numerator	<p>Patients in the denominator who had <u>any</u> of the following:</p> <ol style="list-style-type: none"> 1. Microalbumin testing in the last 12 months. 2. Were prescribed an ACEI or ARB medication on the last day of the measurement period. 3. On dialysis during the last 60 days.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for 12 months and were transferred.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for 12 months.</p>
Data Source(s)	<p>Guardian Pharmacy Database Patient Health Information Portal Quest Diagnostics Laboratory Database Strategic Offender Management System Third Party Administrator Claims Electronic Health Record System (EHRS)</p>
Reporting Frequency	Monthly
Background	<p>Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2018, 90% or more of diabetic patients will be in good control based on the following indicators: hemoglobin A1C, blood pressure levels in good control, and screened or treated for nephropathy.</p>

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Specifications



Domain and Measure	Population Health Management – Diabetes Care: Screened or Treated Nephropathy				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 75%-89%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					
Comments	<p>Data from in-house laboratories are excluded.</p> <p>This measure is a component of the Diabetes Care composite measure shown on the Dashboard.</p>				
Last Revised	20160503 MS				

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Specifications



Domain and Measure	Population Health Management – End Stage Liver Disease Care (Composite)
Definition	Average of the following four measures: 1) Percentage of End Stage Liver Disease (ESLD) patients not on beta-blockers offered an Esophagogastroduodenoscopy (EGD) within 3 years. 2) Percentage of ESLD patients offered an Hepatocellular Cancer Screening (HCC) ultrasound within 1 year. 3) Percentage of ESLD patients not receiving a non-steroidal anti-inflammatory drug (NSAID) longer than 30 days within the previous 90 days. 4) Percentage of ESLD patients receiving appropriate medication per ESLD related diagnosis.
Denominator	Number of component measures in the composite (maximum of 4). Denominator will only include component measures where data is available for evaluation.
Numerator	Sum of the percentages of each component measure.
Rate Calculation	Average percentage is the sum of the percentages divided by the number of component measures.
Data Source(s)	Guardian Pharmacy Database Patient Health Information Portal Quest Diagnostics Laboratory Database Strategic Offender Management System Third Party Administrator (TPA) Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients with advanced liver disease are appropriately managed consistent with the HCS End Stage Liver Disease Care Guide.
Goal/Ranking	<p>CCHCS Goal >=90%</p> <p>High >=90%</p> <p>Moderate 75%-89%</p> <p>Low <75%</p>
Comments	
Last Revised	201604 JL

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – End Stage Liver Disease Care (Composite)
Component Measures	Click on any link below to see component measure specifications: <ol style="list-style-type: none">1. EGD Procedure2. HCC Screening3. Avoidance of NSAIDs4. Appropriate Medications per Diagnoses



Dashboard 4.2

Specifications



EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – End Stage Liver Disease Care: EGD for Esophageal Varices
Definition	The percentage of patients with end stage liver disease (ESLD) not on beta-blockers who were offered an Esophagogastroduodenoscopy (EGD) procedure within the past three years.
Denominator	<p>Patients with the following characteristics:</p> <ol style="list-style-type: none"> 1. Continuously incarcerated at CDCR for the last 9 months. 2. Defined as ESLD patient per Condition Specifications located below: Click Here for Internal HCS Users Click Here for Public Internet Users <p>Excluded: Patients with an active prescription for a non-selective beta-blocker on the last day of the measurement period.</p>
Numerator	<p>Patients with one of the following found within the most recent three years:</p> <ol style="list-style-type: none"> 1. A Third Party Administrator claims for an EGD procedure 2. Documentation in the Patient Health Information Portal (PHIP) of an EGD procedure or a documented refusal of an EGD 3. Evidence of a completed EGD in the Electronic Health Record System in the Results Review Section under the Diagnostics Tab.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for 6 months.</p>
Data Source(s)	<p>Guardian Pharmacy Database Patient Health Information Portal Quest Diagnostics Laboratory Database Strategic Offender Management System Third Party Administrator Claims Electronic Health Record System (EHRS)</p>
Reporting Frequency	Monthly
Background	<p>Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients with advanced liver disease are appropriately managed consistent with the HCS End</p>

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – End Stage Liver Disease Care: EGD for Esophageal Varices
	Stage Liver Disease Care Guide.
Goal/Ranking	
Comments	<p>Please see Condition Specifications for diagnoses and medications used to identify ESLD patients.</p> <p>The following are considered abnormal lab scores for ESLD identification:</p> <ol style="list-style-type: none"> 1. Bilirubin total > 2.5 (HIV patients are excluded if there was a medication dispense of Atazanavir or Indinavir within 60 days of the test date) 2. Platelet Count < 125 (Patients on HCV treatment taking pegylated interferon are excluded, if the treatment is within 60 days of the test date) 3. International Normalized Ratio (INR) > 1.1 (Patients on Warfarin are excluded if the drug dispense was within 60 days of the test date) 4. Alpha fetoprotein (AFP) > 50 5. Albumin < 3.0 <p>EGD Procedures include the following (CPT Code):</p> <ol style="list-style-type: none"> 1. Esophagoscopy diagnostic (43200) 2. Upper GI endoscopy/diagnostic (43235) 3. Upper GI endoscopy w/biopsy (43239) 4. Esophagoscopy w/ band ligation (43205) 5. Upper GI endoscopy /inject varices (43243) 6. Upper GI endoscopy w/ ligation (43244) 7. Upper GI endoscopy bleed control (43255) <p>Excluded non-selective beta-blockers include the following:</p> <ol style="list-style-type: none"> 1. Atenolol 2. Betaxolol HCL 3. Bisoprolol fumarate 4. Carvedilol 5. Carvedilol phosphate 6. Esmolol HCL 7. Labetalol HCL 8. Metoprolol succinate 9. Metoprolol tartrate

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Specifications



Domain and Measure	Population Health Management – End Stage Liver Disease Care: EGD for Esophageal Varices
	10. Nadolol 11. Nebivolol HCL 12. Pindolol 13. Propranolol HCL 14. Sotalol HCL 15. Timolol Maleate
Last Revised	20160614 MS



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Specifications



EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – End Stage Liver Disease Care: HCC Screening
Definition	The percentage of patients with end stage liver disease (ESLD) who were offered an ultrasound or other imaging procedure for screening purposes within the previous 12 months to assess for Hepatocellular Carcinoma (HCC).
Denominator	Patients with the following characteristics: <ol style="list-style-type: none"> 1. Continuously incarcerated at CDCR for the last 9 months. 2. Defined as ESLD patient per Condition Specifications located below: Click Here for Internal HCS Users Click Here for Public Internet Users
Numerator	Patients with one of the following found within the most recent 12 months: <ol style="list-style-type: none"> 1. A Third Party Administrator claims for an imaging procedure* 2. Documentation in the Patient Health Information Portal (PHIP) of an imaging procedure* or a documented refusal of an imaging procedure* 3. Evidence of a completed imaging procedure* in the Electronic Health Record System in the Results Review Section under the Diagnostics Tab. <p>*Acceptable imaging procedures include the following: ultrasounds, multiphasic CTs, multiphasic MRIs.</p>
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for 12 months.</p>
Data Source(s)	Guardian Pharmacy Database Patient Health Information Portal Quest Diagnostics Laboratory Database Strategic Offender Management System Third Party Administrator Claims Electronic Health Record System (EHRS)
Reporting Frequency	Monthly

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – End Stage Liver Disease Care: HCC Screening
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients with advanced liver disease are appropriately managed consistent with the HCS End Stage Liver Disease Care Guide.
Goal/Ranking	
Comments	<p>Please see Condition Specifications for diagnoses and medications used to identify ESLD patients.</p> <p>The following are considered abnormal lab scores for ESLD identification:</p> <ol style="list-style-type: none"> 1. Bilirubin total > 2.5 (HIV patients are excluded if there was a medication dispense of Atazanavir or Indinavir within 60 days of the test date) 2. Platelet Count < 125 (Patients on HCV treatment taking pegylated interferon are excluded, if the treatment is within 60 days of the test date) 3. International Normalized Ratio (INR) > 1.1 (Patients on Warfarin are excluded if the drug dispense was within 60 days of the test date) 4. Alpha fetoprotein (AFP) > 50 5. Albumin < 3.0 <p>The following are the procedures considered for an Ultrasound, multiphasic CT, or multiphasic MRI (CPT code):</p> <ol style="list-style-type: none"> 1. CAT scan of abdomen (74150) 2. Contrast CAT scan of abdomen (74160) 3. CAT scans of abdomen (74170) 4. CT abdomen and pelvis w/ contrast material (74174) 5. CT abdomen with and without contrast (74175) 6. CT of abdomen & pelvis w/o contract (74176) 7. CT abdomen & pelvis w/contrast material (74177) 8. Ct abdomen & pelvis w/o contract in one or more re (74178) 9. MRI abdomen w/o contrast (74181) 10. MRI abdomen w/contrast (74182) 11. MRI abdomen w/o contrast flwd contrast (74183) 12. MRA of abdomen (74185) 13. Ultrasound abdomen complete (76700)

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Specifications



Domain and Measure	Population Health Management – End Stage Liver Disease Care: HCC Screening
	14. Ultrasound exam of abdomen limited (76705)
Last Revised	20160614 MS

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Specifications



EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – End Stage Liver Disease Care: No NSAIDs >= 30 Days
Definition	The percentage of patients with end stage liver disease (ESLD) who have not received a prescription for NSAID medications ≥ 30 days within the previous 90 days.
Denominator	Patients with the following characteristics: <ol style="list-style-type: none"> 1. Continuously incarcerated at CDCR for the last 9 months. 2. Defined as ESLD patient per the Condition Specifications located below: Click Here for Internal HCS Users Click Here for Public Internet Users
Numerator	Patients in the denominator who have not received a prescription for NSAID medications ≥ 30 days within the previous 90 days <p>The following is a list of NSAID medications evaluated in this measure:</p> <ul style="list-style-type: none"> ○ Celecoxib ○ Diclofenac Potassium ○ Diclofenac Sodium ○ Etodolac ○ Ibuprofen ○ Indomethacin ○ Ketorolac Tromethamine ○ Mefenamic Acid ○ Meloxicam ○ Nabumetone ○ Naproxen ○ Naproxen Sodium ○ Oxaprozin ○ Piroxicam ○ Sulindac
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for 90 days.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for 90 days.</p>
Data Source(s)	Guardian Pharmacy Database Patient Health Information Portal Quest Diagnostics Laboratory Database

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Specifications

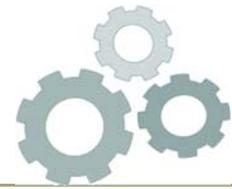


Domain and Measure	Population Health Management – End Stage Liver Disease Care: No NSAIDs >= 30 Days
	Strategic Offender Management System Third Party Administrator Claims Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients with advanced liver disease are appropriately managed consistent with the HCS End Stage Liver Disease Care Guide.
Goal/Ranking	
Comments	<p>Please see Condition Specifications for diagnoses and medications used to identify ESLD patients.</p> <p>The following are considered abnormal lab scores for ESLD identification:</p> <ol style="list-style-type: none"> 1. Bilirubin total > 2.5 (HIV patients are excluded if there was a medication dispense of Atazanavir or Indinavir within 60 days of the test date) 2. Platelet Count < 125 (Patients on HCV treatment taking pegylated interferon are excluded, if the treatment is within 60 days of the test date) 3. International Normalized Ratio (INR) > 1.1 (Patients on Warfarin are excluded if the drug dispense was within 60 days of the test date) 4. Alpha fetoprotein (AFP) > 50 5. Albumin < 3.0
Last Revised	201604 JL



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Specifications



Domain and Measure	Population Health Management – End Stage Liver Disease Care: Medications Matching Diagnoses (Composite)
Definition	Average of the following three measures: 1) Patients diagnosed with spontaneous bacterial peritonitis (SBP) or who have had a Transjugular Intrahepatic Portosystemic Shunt (TIPS) procedure receive Ciprofloxacin or Sulfamethoxazole. 2) Patients diagnosed with ascites receive Spironolactone. 3) Patients diagnosed with hepatic encephalopathy receive Lactulose and/or Rifaximin.
Denominator	Number of component measures in the composite (maximum of 3). Denominator will only include component measures where data is available for evaluation.
Numerator	Sum of the percentages of each component measure.
Rate Calculation	Average percentage is the sum of the percentages divided by the number of component measures.
Data Source(s)	Guardian Pharmacy Database Patient Health Information Portal Quest Diagnostics Laboratory Database Strategic Offender Management System Third Party Administrator Claims Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients with advanced liver disease are appropriately managed consistent with the HCS End Stage Liver Disease Care Guide.
Goal/Ranking	<p>CCHCS Goal >=90%</p> <p>High >=90%</p> <p>Moderate 75%-89%</p> <p>Low <75%</p>
Comments	
Last Revised	201604 JL

Dashboard 4.2

Specifications



Domain and Measure	<i>Population Health Management – End Stage Liver Disease Care: Medications Matching Diagnoses (Composite)</i>
Component Measures	Click on any link below to see component measure specifications: <ol style="list-style-type: none">1. SBP Diagnosis or TIPS Procedure2. Ascites Diagnosis3. Hepatic Encephalopathy Diagnosis





EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – End Stage Liver Disease Care: SBP Diagnosis or TIPS Procedure
Definition	The percentage of patients with end stage liver disease (ESLD) who have a diagnosis of spontaneous bacterial peritonitis (SBP) or who have had a Transjugular Intrahepatic Portosystemic Shunt (TIPS) procedure who are receiving Ciprofloxacin or Sulfamethoxazole.
Denominator	Patients with all of the following characteristics: <ol style="list-style-type: none"> 1. Continuously incarcerated at CDCR for the last 60 days. 2. Defined as an ESLD patient per the Condition Specifications located below: Click Here for Internal HCS Users Click Here for Public Internet Users 3. Diagnosis of SBP in the Patient Health Information Portal or claims data, or evidence of a TIPS procedure.
Numerator	Patients in the denominator who are receiving weekly ciprofloxacin or daily sulfamethoxazole/trimethoprimDS.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for 60 days. Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for 60 days.
Data Source(s)	Guardian Pharmacy Database Patient Health Information Portal Quest Diagnostics Laboratory Database Strategic Offender Management System Third Party Administrator Claims Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients with advanced liver disease are appropriately managed consistent with the HCS End Stage Liver Disease Care Guide.
Goal/Ranking	

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Specifications



Domain and Measure	Population Health Management – End Stage Liver Disease Care: SBP Diagnosis or TIPS Procedure
	<div style="background-color: yellow; padding: 2px; text-align: center;">Moderate 75%-89%</div> <div style="background-color: red; color: white; padding: 2px; text-align: center;">Low <75%</div>
Comments	<p>Please see Condition Specifications for diagnoses and medications used to identify ESLD patients.</p> <p>The following are considered abnormal lab scores for ESLD identification:</p> <ol style="list-style-type: none"> 1. Bilirubin total > 2.5 (HIV patients are excluded if there was a medication dispense of Atazanavir or Indinavir within 60 days of the test date) 2. Platelet Count < 125 (Patients on HCV treatment taking pegylated interferon are excluded, if the treatment is within 60 days of the test date) 3. International Normalized Ratio (INR) > 1.1 (Patients on Warfarin are excluded if the drug dispense was within 60 days of the test date) 4. Alpha fetoprotein (AFP) > 50 5. Albumin < 3.0
Last Revised	201604 JL

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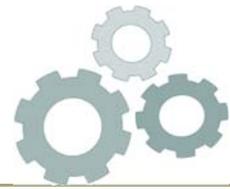


EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – End Stage Liver Disease Care: Ascites Medication				
Definition	The percentage of patients with end stage liver disease (ESLD) who have a diagnosis of ascites and are receiving Spironolactone.				
Denominator	Patients with the following characteristics: <ol style="list-style-type: none"> 1. Continuously incarcerated at CDCR for the last 60 days. 2. Defined as ESLD patients per Condition Specifications located below: Click Here for Internal HCS Users Click Here for Public Internet Users 3. Diagnosis of ascites or other ascites in the Patient Health Information Portal (PHIP) or a diagnosis of ascites in claims data. 				
Numerator	Patients in the denominator who are receiving Spironolactone.				
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for 60 days.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for 60 days.</p>				
Data Source(s)	Guardian Pharmacy Database Patient Health Information Portal Quest Diagnostics Laboratory Database Strategic Offender Management System Third Party Administrator Claims Electronic Health Record System (EHRS)				
Reporting Frequency	Monthly				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients with advanced liver disease are appropriately managed consistent with the HCS End Stage Liver Disease Care Guide.				
Goal/Ranking	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="background-color: #333; color: white;">CCHCS Goal >=90%</td> </tr> <tr> <td style="background-color: #008000; color: white;">High >=90%</td> </tr> <tr> <td style="background-color: #FFD700; color: black;">Moderate 75%-89%</td> </tr> <tr> <td style="background-color: #FF0000; color: white;">Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					

Dashboard 4.2

Specifications

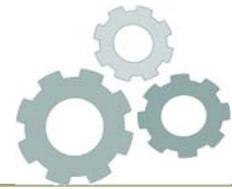


Domain and Measure	Population Health Management – End Stage Liver Disease Care: Ascites Medication
Comments	<p>Please see Condition Specifications for diagnoses and medications used to identify ESLD patients.</p> <p>The following are considered abnormal lab scores for ESLD identification:</p> <ol style="list-style-type: none"> 1. Bilirubin total > 2.5 (HIV patients are excluded if there was a medication dispense of Atazanavir or Indinavir within 60 days of the test date) 2. Platelet Count < 125 (Patients on HCV treatment taking pegylated interferon are excluded, if the treatment is within 60 days of the test date) 3. International Normalized Ratio (INR) > 1.1 (Patients on Warfarin are excluded if the drug dispense was within 60 days of the test date) 4. Alpha fetoprotein (AFP) > 50 5. Albumin < 3.0
Last Revised	201604 JL



Dashboard 4.2

Specifications



EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – End Stage Liver Disease Care: Hepatic Encephalopathy Diagnosis
Definition	The percentage of patients with end stage liver disease (ESLD) who have a diagnosis of hepatic encephalopathy and are receiving Lactulose and/or Rifaximin.
Denominator	Patients with all of the following characteristics: <ul style="list-style-type: none"> 1. Continuously incarcerated at CDCR for the last 60 days. 2. Defined as ESLD patient per the Condition Specifications located below. Click Here for Internal HCS Users Click Here for Public Internet Users 3. Diagnosis of hepatic encephalopathy in the Patient Health Information Portal (PHIP).
Numerator	Patients in the denominator who are receiving Lactulose and/or Rifaximin.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for 60 days. Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for 60 days.
Data Source(s)	Guardian Pharmacy Database Patient Health Information Portal Quest Diagnostics Laboratory Database Strategic Offender Management System Third Party Administrator Claims Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients with advanced liver disease are appropriately managed consistent with the HCS End Stage Liver Disease Care Guide.
Goal/Ranking	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; background-color: #333; color: white; text-align: center;">CCHCS Goal >=90%</div> <div style="border: 1px solid black; padding: 5px; background-color: #008000; color: white; text-align: center;">High >=90%</div>

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – End Stage Liver Disease Care: Hepatic Encephalopathy Diagnosis
	<div style="background-color: yellow; padding: 2px; text-align: center;">Moderate 75%-89%</div> <div style="background-color: red; padding: 2px; text-align: center; color: white;">Low <75%</div>
Comments	<p>Please see Condition Specifications for diagnoses and medications used to identify ESLD patients.</p> <p>The following are considered abnormal lab scores for ESLD identification:</p> <ol style="list-style-type: none"> 1. Bilirubin total > 2.5 (HIV patients are excluded if there was a medication dispense of Atazanavir or Indinavir within 60 days of the test date) 2. Platelet Count < 125 (Patients on HCV treatment taking pegylated interferon are excluded, if the treatment is within 60 days of the test date) 3. International Normalized Ratio (INR) > 1.1 (Patients on Warfarin are excluded if the drug dispense was within 60 days of the test date) 4. Alpha fetoprotein (AFP) > 50 5. Albumin < 3.0
Last Revised	201604 JL



Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Colon Cancer Screening
Definition	Percentage of patients 50 through 75 years of age who were offered colorectal cancer screening (in the form of a fecal occult blood test, fecal immunochemical test, sigmoidoscopy, or colonoscopy) within the appropriate timeframe. Excludes patients who have had a diagnosis of colon cancer or total colectomy.
Denominator	Patients with <u>all</u> of the following characteristics: <ol style="list-style-type: none"> 1. 51 through 75 years of age as of the last day of the 12-month measurement period. 2. Continuously incarcerated at CDCR during the 12-month measurement period. 3. Any other factors described in the Colon Cancer Screening Condition Specifications located below: Click Here for Internal HCS Users Click Here for Public Internet Users
Numerator	Patients from the denominator who received or refused (documented) at least one of the following tests: <ol style="list-style-type: none"> 1. Fecal occult blood test (FOBT) card during the last 12 months. 2. Fecal immunochemical test (FIT) during the last 12 months. 3. Sigmoidoscopy during the 5 years prior to the last day of the 12-month measurement period. 4. Colonoscopy during the 10 years prior to the last day of the 12-month measurement period.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for 12 months and were transferred.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for 12 months.</p>
Data Source(s)	Patient Health Information Portal Quest Diagnostics Laboratory Database Strategic Offender Management System Third Party Administrator Claims Electronic Health Record System (EHRS)
Reporting Frequency	Monthly

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Colon Cancer Screening
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of eligible patients will be offered colon cancer screening as recommended by the US Preventive Task Force.
Goal/Ranking	<p>CCHCS Goal >=90%</p> <p>High >=90%</p> <p>Moderate 75%-89%</p> <p>Low <75%</p>
Comments	Eligibility begins at age 51 rather than 50 so that all patients had a minimum of 12 months of eligibility for screening to have occurred.
Last Revised	201604 AL



Dashboard 4.2

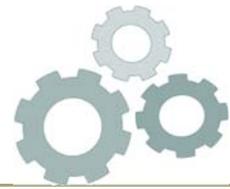
Specifications



Domain and Measure	Population Health Management – Breast Cancer Screening
Definition	Percentage of female patients 50 through 74 years of age who were offered a mammogram during the last 24 months. Excludes patients who have had a bilateral mastectomy.
Denominator	Patients with <u>all</u> of the following characteristics: <ol style="list-style-type: none"> 1. Female gender OR transgender patients on the Gender Dysphoria Registry on hormone therapy. 2. 52 through 74 years of age as of the last day of the 24-month measurement period. 3. Continuously incarcerated at CDCR for the 24-month measurement period. 4. Any other factors described in the Breast Cancer Screening Condition Specifications located below: Click Here for Internal HCS Users Click Here for Public Internet Users
Numerator	Patients from the denominator with evidence of <u>any</u> of the following: <ol style="list-style-type: none"> 1. Received mammography screening during the last 24 months. 2. Refused this test in the last 12 months.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for 24 months and were transferred.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for 24 months.</p>
Data Source(s)	Patient Health Information Portal Quest Diagnostics Laboratory Database Strategic Offender Management System Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of eligible female patients will be offered a mammogram and cervical cancer screening as recommended by the US Preventive Task Force.

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Breast Cancer Screening
Goal/Ranking	<div style="border: 1px solid black; padding: 5px;"> <p style="background-color: #333; color: white; padding: 2px;">CCHCS Goal >=90%</p> <p style="background-color: #008000; color: white; padding: 2px;">High >=90%</p> <p style="background-color: #ffff00; padding: 2px;">Moderate 75%-89%</p> <p style="background-color: #ff0000; color: white; padding: 2px;">Low <75%</p> </div>
Comments	<p>The age range of 50 through 74 is also in Inmate Medical Services Policies and Procedures (IMSP&P) and is consistent with the US Preventive Services Task Force guidelines.</p> <p>Based on HEDIS.</p>
Last Revised	20160615 MS



Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring (Composite)
Definition	Percentage of patients prescribed select high risk medications who received appropriate diagnostic monitoring consistent with clinical guidelines. This measure is a composite of 29 component measures in the following five categories: antipsychotics, clozapine, mood stabilizers, antidepressants, and medications linked to QT prolongation (irregular heart rhythm).
Denominator	Number of component measures in the composite (maximum of 5). Denominator will only include component measures where data is available for evaluation.
Numerator	Sum of the percentages of each component measure.
Rate Calculation	Average percentage is the sum of the percentages divided by the number of component measures.
Data Source(s)	Electronic Unit Health Record Guardian Pharmacy Database Quest Diagnostics Laboratory Database Strategic Offender Management System Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.
Goal/Ranking	
Comments	
Last Revised	201604 AL
Component Measures	Click on any link below to see component measure specifications: <ol style="list-style-type: none"> 1. QT Prolongation EKG 12 Months 2. Antipsychotics

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring (Composite)
	3. Clozapine 4. Mood Stabilizers 5. Antidepressants



Dashboard 4.2

Specifications

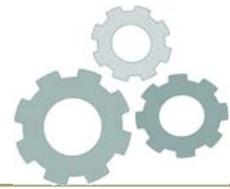


EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: QT Prolongation EKG 12 Months
Definition	Percentage of patients prescribed two or more medications associated with QT prolongation risk who received appropriate EKG monitoring consistent with clinical guidelines.
Denominator	Patients meeting <u>all</u> of the following criteria: <ol style="list-style-type: none"> 1. Prescribed 2 or more medications* associated with QT Prolongation during each of the last 3 months. 2. Woman over 40 years of age or man over 50 years of age. 3. Continuously incarcerated at CDCR during the last 3 months.
Numerator	Patients in the denominator who received EKG monitoring within the last 12 months, as evidenced by either one of the following: <ol style="list-style-type: none"> 1. One of the following documents scanned into the Electronic Unit Health Record (eUHR): <ol style="list-style-type: none"> A. EKG Printout B. EKG Report C. ECG, EEG, EKG Printout (Color) D. ECG, EEG, EKG Report 2. Or have evidence of a completed EKG in the Electronic Health Record System in the Results Review Section under the Diagnostics Tab.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution. Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.
Data Source(s)	Electronic Unit Health Record Guardian Pharmacy Database Strategic Offender Management System Third Party Administrator Claims Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: QT Prolongation EKG 12 Months				
	high risk medications will have appropriate diagnostic monitoring.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 75%-89%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					
Comments	<p>This measure is a component Diagnostic Monitoring composite measure shown on the Dashboard.</p> <p>*Medications in this measure include the following:</p> <ul style="list-style-type: none"> • Amiodarone • Citalopram • Disopyramide • Flecainide • Fluconazole • Itraconazole • Ketoconazole • Methadone • Paliperidone • Posaconazole • Procainamide • Quinidine • Sotalol • Voriconazole • Chlorpromazine • Clozapine • Droperidol • Escitalopram • Haloperidol • Lithium • Mesoridazine • Pimozide • Quetiapine • Risperidone • Sertindole • Thioridazine • Venlafaxine • Ziprasidone • Aripiprazole • Fluphenazine • Olanzapine 				
Last Revised	20160527 MS				



Dashboard 4.2

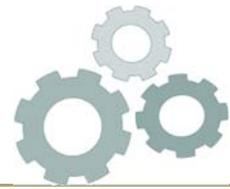
Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Antipsychotics (Composite)
Definition	Average of the percentage of the following 8 measures: <ol style="list-style-type: none"> 1. Antipsychotics - Lipid monitoring 2. Antipsychotics - Blood Sugar monitoring 3. Antipsychotics - (Ziprasidone, Pimozide, and Thioridazine only) Electrocardiogram (EKG) 4. Antipsychotics - Assessment of Involuntary Movement (AIMS) 5. Antipsychotics - Medication Consent 6. Antipsychotics - Complete Blood Count (CBC) with Platelets 7. Antipsychotics - Complete Metabolic Panel (CMP) 8. Antipsychotics - Thyroid Stimulating Hormone (TSH)
Denominator	Number of component measures in the composite (maximum of 8). Denominator will only include component measures where data is available for evaluation.
Numerator	Sum of the percentages of each component measure.
Rate Calculation	Average percentage is the sum of the percentages divided by the number of component measures.
Data Source(s)	Electronic Unit Health Record Guardian Pharmacy Database Quest Diagnostics Laboratory Database Strategic Offender Management System Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.
Goal/Ranking	<p>CCHCS Goal >=90%</p> <p>High >=90%</p> <p>Moderate 75%-89%</p> <p>Low <75%</p>
Comments	This measure is a component of the Diagnostic Monitoring composite measure shown on the Dashboard.

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Antipsychotics (Composite)
	<p>Antipsychotics included in this measure:</p> <ol style="list-style-type: none"> 1. Aripiprazole 2. Iloperidone 3. Olanzapine 4. Paliperidone 5. Paliperidone palmitate 6. Quetiapine fumarate 7. Risperidone 8. Risperidone microspheres 9. Ziprasidone HCL 10. Ziprasidone mesylate 11. Chlorpromazine hcl 12. Fluphenazine decanoate 13. Fluphenazine hcl 14. Haloperidol 15. Haloperidol decanoate 16. Haloperidol lactate 17. Loxapine succinate 18. Perphenazine 19. Thioridazine hcl 20. Thiothixene 21. Trifluoperazine hcl <p>Clozapine is excluded from this measure and is included in a separate set of measures under the Diagnostic Monitoring composite measure.</p>
Last Revised	20160504 MS
Component Measures	<p>This measure is a component of the Diagnostic Monitoring composite measure shown on the Dashboard.</p> <p>Click on any link below to see any of the component measure specifications for Diagnostic Monitoring: Antipsychotics (Composite):</p> <ol style="list-style-type: none"> 1. Lipid Monitoring 12 Months 2. Blood Sugar 12 Months 3. EKG 12 Months 4. AIMS 12 Months 5. Med Consent 12 Months 6. CBC 12 Months 7. CMP 12 Months 8. TSH 5 Years



Dashboard 4.2

Specifications

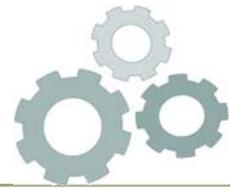


EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Antipsychotics: Lipid Monitoring 12 Months
Definition	Percentage of patients prescribed Antipsychotics, excluding Clozapine, who received appropriate Lipid Profile monitoring consistent with clinical guidelines.
Denominator	<p>Patients prescribed Antipsychotics who:</p> <ol style="list-style-type: none"> Had an active prescription during each of the last 12 months. Were continuously incarcerated during the last 12 months. <p>Includes only psychiatrist-issued prescriptions.</p> <p>Excludes patients taking Clozapine, which has its own separate set of diagnostic monitoring measures.</p>
Numerator	Patients in the denominator who received a Lipid Profile test within the last 12 months.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.</p>
Data Source(s)	Guardian Pharmacy Database Quest Diagnostics Laboratory Database Strategic Offender Management System Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.
Goal/Ranking	<p>CCHCS Goal >=90%</p> <p>High >=90%</p> <p>Moderate 75%-89%</p> <p>Low <75%</p>

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Antipsychotics: Lipid Monitoring 12 Months
Comments	<p>This measure is a component of the Antipsychotics composite measure, which is found in the Diagnostic Monitoring composite measure shown on the Dashboard.</p> <p>Antipsychotics included in this measure:</p> <ol style="list-style-type: none"> 1. Aripiprazole 2. Iloperidone 3. Olanzapine 4. Paliperidone 5. Paliperidone palmitate 6. Quetiapine fumarate 7. Risperidone 8. Risperidone microspheres 9. Ziprasidone HCL 10. Ziprasidone mesylate 11. Chlorpromazine hcl 12. Fluphenazine decanoate 13. Fluphenazine hcl 14. Haloperidol 15. Haloperidol decanoate 16. Haloperidol lactate 17. Loxapine succinate 18. Perphenazine 19. Thioridazine hcl 20. Thiothixene 21. Trifluoperazine hcl
Last Revised	201604 JL



Dashboard 4.2

Specifications



EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Antipsychotics: Blood Sugar 12 Months
Definition	Percentage of patients prescribed Antipsychotics, excluding Clozapine, who received appropriate blood sugar (Hemoglobin A1c, Fasting Blood Glucose, or Random Blood Glucose) monitoring consistent with clinical guidelines.
Denominator	<p>Patients prescribed Antipsychotics who:</p> <ol style="list-style-type: none"> 1. Had an active prescription during each of the last 12 months. 2. Were continuously incarcerated during the last 12 months. <p>Includes only psychiatrist-issued prescriptions.</p> <p>Excludes patients taking Clozapine, which has its own separate set of diagnostic monitoring measures.</p>
Numerator	<p>Patients in the denominator who received <u>any</u> of the following blood sugar laboratory monitoring within the last 12 months:</p> <ol style="list-style-type: none"> 1. Hemoglobin A1c 2. Fasting Blood Glucose 3. Random Blood Glucose
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.</p>
Data Source(s)	Guardian Pharmacy Database Quest Diagnostics Laboratory Database Strategic Offender Management System Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Antipsychotics: Blood Sugar 12 Months				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 75%-89%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					
Comments	<p>This measure is a component of the Antipsychotics composite measure, which is found in the Diagnostic Monitoring composite measure shown on the Dashboard.</p> <p>Antipsychotics included in this measure:</p> <ol style="list-style-type: none"> 1. Aripiprazole 2. Iloperidone 3. Olanzapine 4. Paliperidone 5. Paliperidone palmitate 6. Quetiapine fumarate 7. Risperidone 8. Risperidone microspheres 9. Ziprasidone HCL 10. Ziprasidone mesylate 11. Chlorpromazine hcl 12. Fluphenazine decanoate 13. Fluphenazine hcl 14. Haloperidol 15. Haloperidol decanoate 16. Haloperidol lactate 17. Loxapine succinate 18. Perphenazine 19. Thioridazine hcl 20. Thiothixene 21. Trifluoperazine hcl 				
Last Revised	201604 JL				



Dashboard 4.2

Specifications



EHR/S/NON-EHR/S INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Antipsychotics: EKG 12 Months
Definition	Percentage of patients prescribed the Second Generation Antipsychotic (SGA) Ziprasidone or the Antipsychotics Pimozide or Thioridazine who received appropriate Electrocardiogram (EKG) monitoring consistent with clinical guidelines.
Denominator	Patients prescribed Ziprasidone, Pimozide, or Thioridazine who: <ol style="list-style-type: none"> 1. Had an active prescription during each of the last 12 months. 2. Were continuously incarcerated during the last 12 months. Includes only psychiatrist-issued prescriptions.
Numerator	Patients in the denominator who received EKG monitoring within the last 12 months, as evidenced by either one of the following: <ol style="list-style-type: none"> 1. One of the following documents scanned into the Electronic Unit Health Record (eUHR): <ol style="list-style-type: none"> A. EKG Printout B. EKG Report C. ECG, EEG, EKG Printout (Color) D. ECG, EEG, EKG Report 2. Or have evidence of a completed EKG in the Electronic Health Record System in the Results Review Section under the Diagnostics Tab.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.</p>
Data Source(s)	Electronic Unit Health Record Guardian Pharmacy Database Strategic Offender Management System Electronic Health Record System (EHR/S)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Antipsychotics: EKG 12 Months				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 75%-89%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					
Comments	This measure is a component of the Antipsychotics composite measure, which is part of the Diagnostic Monitoring composite measure shown on the Dashboard.				
Last Revised	20160527 MS				

 [BACK TO COMPOSITE](#)

 [RETURN TO HOME](#)

Dashboard 4.2

Specifications



EHR/NON-EHR INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Antipsychotics: AIMS 12 Months
Definition	Percentage of patients prescribed Antipsychotics, excluding Clozapine, who received appropriate Assessment of Involuntary Movement (AIMS) monitoring consistent with clinical guidelines.
Denominator	<p>Patients prescribed Antipsychotics by a psychiatrist who:</p> <ol style="list-style-type: none"> 1. Had an active prescription during each of the last 12 months. 2. Were continuously incarcerated during the last 12 months. <p>Excludes patients taking Clozapine, which has its own separate set of diagnostic monitoring measures.</p>
Numerator	<p>Patients in the denominator who received Assessment of Involuntary Movement (AIMS) monitoring within the last 12 months, as evidenced by either one of the following:</p> <ol style="list-style-type: none"> 1. One of the following documents scanned into the Electronic Unit Health Record (eUHR): <ol style="list-style-type: none"> A. 7390 Mental Health AIMS Examination for Tardive Dyskinesia B. AIMS: MH AIMS Examination for Tardive Dyskinesia 2. A completed AIMS examination in the Electronic Health Record System in the Documentation Section.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.</p>
Data Source(s)	<p>Electronic Unit Health Record Guardian Pharmacy Database Strategic Offender Management System Electronic Health Record System (EHR)</p>
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.

Dashboard 4.2

Specifications

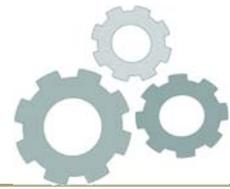


Domain and Measure	Population Health Management – Diagnostic Monitoring: Antipsychotics: AIMS 12 Months				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 75%-89%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					
Comments	<p>This measure is a component of the Antipsychotics composite measure, which is part of the Diagnostic Monitoring composite measure shown on the Dashboard.</p> <p>Antipsychotics included in this measure:</p> <ol style="list-style-type: none"> 1. Aripiprazole 2. Iloperidone 3. Olanzapine 4. Paliperidone 5. Paliperidone palmitate 6. Quetiapine fumarate 7. Risperidone 8. Risperidone microspheres 9. Ziprasidone HCL 10. Ziprasidone mesylate 11. Chlorpromazine hcl 12. Fluphenazine decanoate 13. Fluphenazine hcl 14. Haloperidol 15. Haloperidol decanoate 16. Haloperidol lactate 17. Loxapine succinate 18. Perphenazine 19. Thioridazine hcl 20. Thiothixene 21. Trifluoperazine hcl 				
Last Revised	20160527 MS				



Dashboard 4.2

Specifications



EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Antipsychotics: Med Consent 12 Months
Definition	Percentage of patients prescribed Antipsychotics, excluding Clozapine, who have a completed Medication Consent Form per requirements.
Denominator	<p>Patients prescribed Antipsychotics who:</p> <ol style="list-style-type: none"> 1. Had an active prescription during each of the last 12 months. 2. Were continuously incarcerated during the last 12 months. <p>Includes only psychiatrist-issued prescriptions.</p> <p>Excludes patients taking Clozapine, which has its own separate set of diagnostic monitoring measures.</p>
Numerator	<p>Patients in the denominator who have one of the following completed Medication Consent Forms found in the Electronic Unit Health Record within the last 12 months:</p> <ul style="list-style-type: none"> • 7276 Statement of Informed Consent: Antipsychotic • 7279 Statement of Informed Consent: Anti-Anxiety Agents • 7280 Statement of Informed Consent: Antidepressant • 7281 Statement of Informed Consent: Lithium • 7352 Statement of Informed Consent • 7450 Statewide Psychotropic Medication Consent Form • 7451 Statewide Benzodiazepine Medication Consent Form • 7452 Statewide Monoamine Oxidase Inhibitor (MAOI) Antidepressant Medication Consent Form • 7453 Statewide Tricyclic Antidepressant Medication Consent Form • 7455 Statewide Clozapine Medication Consent • CIM-0233 Psychiatric Medications Statement of Informed Consent • CMC-MED-512 Informed Consent - Anticonvulsant Mood Stabilizer Medication • Statement of Informed Consent Anti-Psychotic Agent • Statement of Informed Consent Antidepressants • Statement of Informed Consent: Lithium • Statewide Psychotropic Medication Consent <p>Or the following form found in the Electronic Health Record System within the last 12 months:</p> <ul style="list-style-type: none"> • MH Consent- Scan

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Antipsychotics: Med Consent 12 Months
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.</p>
Data Source(s)	<p>Electronic Unit Health Record Guardian Pharmacy Database Strategic Offender Management System Electronic Health Record System (EHRS) Mental Health Scheduling and Tracking System (MHTS)</p>
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.
Goal/Ranking	
Comments	<p>This measure is a component of the Antipsychotics composite measure, which is part of the Diagnostic Monitoring composite measure shown on the Dashboard.</p> <p>Antipsychotics included in this measure:</p> <ol style="list-style-type: none"> 1. Aripiprazole 2. Iloperidone 3. Olanzapine 4. Paliperidone 5. Paliperidone palmitate 6. Quetiapine fumarate 7. Risperidone 8. Risperidone microspheres 9. Ziprasidone HCL 10. Ziprasidone mesylate 11. Chlorpromazine hcl

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Antipsychotics: Med Consent 12 Months
	12. Fluphenazine decanoate 13. Fluphenazine hcl 14. Haloperidol 15. Haloperidol decanoate 16. Haloperidol lactate 17. Loxapine succinate 18. Perphenazine 19. Thioridazine hcl 20. Thiothixene 21. Trifluoperazine hcl
Last Revised	20160614 MS



Dashboard 4.2

Specifications



EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Antipsychotics: CBC Monitoring 12 Months
Definition	Percentage of patients prescribed Antipsychotics, excluding Clozapine, who received appropriate Complete Blood Count (CBC) testing with platelet monitoring consistent with clinical guidelines.
Denominator	<p>Patients prescribed Antipsychotics who:</p> <ol style="list-style-type: none"> Had an active prescription during each of the last 12 months. Were continuously incarcerated during the last 12 months. <p>Includes only psychiatrist-issued prescriptions.</p> <p>Excludes patients taking Clozapine, which has its own separate set of diagnostic monitoring measures.</p>
Numerator	Patients in the denominator who received a CBC test with platelets within the last 12 months.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.</p>
Data Source(s)	<p>Guardian Pharmacy Database</p> <p>Quest Diagnostics Laboratory Database</p> <p>Strategic Offender Management System</p> <p>Electronic Health Record System (EHRS)</p>
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.
Goal/Ranking	<p>CCHCS Goal >=90%</p> <p>High >=90%</p> <p>Moderate 75%-89%</p> <p>Low <75%</p>

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Antipsychotics: CBC Monitoring 12 Months
Comments	<p>This measure is a component of the Antipsychotics composite measure, which is part of the Diagnostic Monitoring composite measure shown on the Dashboard.</p> <p>Antipsychotics included in this measure:</p> <ol style="list-style-type: none"> 1. Aripiprazole 2. Iloperidone 3. Olanzapine 4. Paliperidone 5. Paliperidone palmitate 6. Quetiapine fumarate 7. Risperidone 8. Risperidone microspheres 9. Ziprasidone HCL 10. Ziprasidone mesylate 11. Chlorpromazine hcl 12. Fluphenazine decanoate 13. Fluphenazine hcl 14. Haloperidol 15. Haloperidol decanoate 16. Haloperidol lactate 17. Loxapine succinate 18. Perphenazine 19. Thioridazine hcl 20. Thiothixene 21. Trifluoperazine hcl
Last Revised	201604 JL



Dashboard 4.2

Specifications

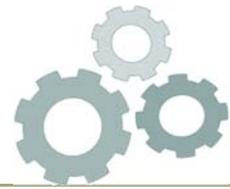


EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Antipsychotics: CMP Monitoring 12 Months
Definition	Percentage of patients prescribed Antipsychotics, excluding Clozapine, who received appropriate Comprehensive Metabolic Panel (CMP) monitoring consistent with clinical guidelines.
Denominator	Patients prescribed Antipsychotics who: <ol style="list-style-type: none"> 1. Had an active prescription during each of the last 12 months. 2. Were continuously incarcerated during the last 12 months. Includes only psychiatrist-issued prescriptions. Excludes patients taking Clozapine, which has its own separate set of diagnostic monitoring measures.
Numerator	Patients in the denominator who received a CMP test within the last 12 months.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution. Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.
Data Source(s)	Guardian Pharmacy Database Quest Diagnostics Laboratory Database Strategic Offender Management System Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.
Goal/Ranking	

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Antipsychotics: CMP Monitoring 12 Months
Comments	<p>This measure is a component of the Antipsychotics composite measure, which is part of the Diagnostic Monitoring composite measure shown on the Dashboard.</p> <p>Antipsychotics included in this measure:</p> <ol style="list-style-type: none"> 1. Aripiprazole 2. Iloperidone 3. Olanzapine 4. Paliperidone 5. Paliperidone palmitate 6. Quetiapine fumarate 7. Risperidone 8. Risperidone microspheres 9. Ziprasidone HCL 10. Ziprasidone mesylate 11. Chlorpromazine hcl 12. Fluphenazine decanoate 13. Fluphenazine hcl 14. Haloperidol 15. Haloperidol decanoate 16. Haloperidol lactate 17. Loxapine succinate 18. Perphenazine 19. Thioridazine hcl 20. Thiothixene 21. Trifluoperazine hcl
Last Revised	201604 JL

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Dashboard 4.2

Specifications

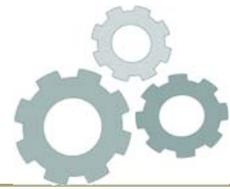


EHR/NON-EHR INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Antipsychotics: TSH 5 Years
Definition	Percentage of patients prescribed Antipsychotics, excluding Clozapine, who have received appropriate Thyroid Stimulating Hormone (TSH) monitoring consistent with clinical guidelines.
Denominator	<p>Patients prescribed Antipsychotics who:</p> <ol style="list-style-type: none"> Had an active prescription during each of the last 12 months. Were continuously incarcerated during the last 12 months. <p>Includes only psychiatrist-issued prescriptions.</p> <p>Excludes patients taking Clozapine, which has its own separate set of diagnostic monitoring measures.</p>
Numerator	<p>Patients in the denominator who have received either of the following laboratory monitoring within the last 5 years:</p> <ol style="list-style-type: none"> TSH T4 Free
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.</p>
Data Source(s)	<p>Electronic Unit Health Record Guardian Pharmacy Database Strategic Offender Management System Electronic Health Record System (EHR)</p>
Reporting Frequency	Monthly
Background	<p>Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.</p>

Dashboard 4.2

Specifications

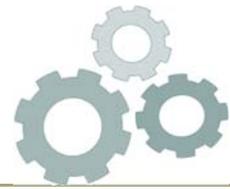


Domain and Measure	Population Health Management – Diagnostic Monitoring: Antipsychotics: TSH 5 Years
Goal/Ranking	
Comments	<p>This measure is a component of the Antipsychotics composite measure, which is part of the Diagnostic Monitoring composite measure shown on the Dashboard.</p> <p>Antipsychotics included in this measure:</p> <ol style="list-style-type: none"> 1. Aripiprazole 2. Iloperidone 3. Olanzapine 4. Paliperidone 5. Paliperidone palmitate 6. Quetiapine fumarate 7. Risperidone 8. Risperidone microspheres 9. Ziprasidone HCL 10. Ziprasidone mesylate 11. Chlorpromazine hcl 12. Fluphenazine decanoate 13. Fluphenazine hcl 14. Haloperidol 15. Haloperidol decanoate 16. Haloperidol lactate 17. Loxapine succinate 18. Perphenazine 19. Thioridazine hcl 20. Thiothixene 21. Trifluoperazine hcl
Last Revised	201604 JL



Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Clozapine (Composite)
Definition	Average of the percentage of the following 8 component measures: <ol style="list-style-type: none"> 1. Clozapine - Blood Sugar monitoring 2. Clozapine - Lipid monitoring 3. Clozapine - Complete Blood Count (CBC) monitoring 4. Clozapine - Comprehensive Metabolic Panel (CMP) monitoring 5. Clozapine - Electrocardiogram (EKG) monitoring 6. Clozapine - Assessment of Involuntary Movement (AIMS) 7. Clozapine - Thyroid Monitoring 8. Clozapine - Med Consent
Denominator	Number of component measures in the composite (maximum of 8). Denominator will only include component measures where data is available for evaluation.
Numerator	Sum of the percentages of each component measure.
Rate Calculation	Average percentage is the sum of the percentages divided by the number of component measures.
Data Source(s)	Electronic Unit Health Record Guardian Pharmacy Database Quest Diagnostics Laboratory Database Strategic Offender Management System Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.
Goal/Ranking	
Comments	This measure is a component of the Diagnostic Monitoring composite measure shown on the Dashboard.
Last Revised	201604 JL

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Clozapine (Composite)
Component Measures	Click on any link below to see component measure specifications: <ol style="list-style-type: none">1. Blood Sugar 12 Months2. Lipid Monitoring 12 Months3. CBC 30 Days4. CMP 12 Months5. EKG 12 Months6. AIMS 12 Months7. Thyroid 5 Years8. Med Consent 12 Months



Dashboard 4.2

Specifications

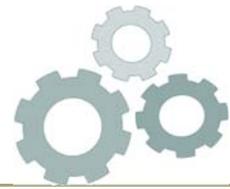


EHR/ NON-EHR INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Clozapine: Blood Sugar 12 Months				
Definition	Percentage of patients prescribed Clozapine who received appropriate blood sugar (Hemoglobin A1c, Fasting Blood Glucose, or Random Blood Glucose) monitoring consistent with clinical guidelines.				
Denominator	Patients prescribed Clozapine by a psychiatrist with the following characteristics: <ol style="list-style-type: none"> 1. Active prescription during each of the last 12 months 2. Continuously incarcerated during the last 12 months 3. Any other factors described in the Clozapine Condition Specifications located below: Click Here for Internal HCS Users Click Here for Public Internet Users 				
Numerator	Patients in the denominator who received <u>any</u> of the following laboratory monitoring within the last 12 months: <ol style="list-style-type: none"> 1. Hemoglobin A1c 2. Fasting Blood Glucose 3. Random Blood Glucose 				
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.</p>				
Data Source(s)	Electronic Unit Health Record Guardian Pharmacy Database Quest Diagnostics Laboratory Database Strategic Offender Management System Electronic Health Record System (EHR)				
Reporting Frequency	Monthly				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.				
Goal/Ranking	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="background-color: #333; color: white;">CCHCS Goal >=90%</td> </tr> <tr> <td style="background-color: #008000; color: white;">High >=90%</td> </tr> <tr> <td style="background-color: #FFD700; color: black;">Moderate 75%-89%</td> </tr> <tr> <td style="background-color: #FF0000; color: white;">Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Clozapine: Blood Sugar 12 Months
Comments	This measure is a component of the Clozapine composite measure, which is part of the Diagnostic Monitoring composite measure shown on the Dashboard.
Last Revised	201604 JL



Dashboard 4.2

Specifications



EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Clozapine: Lipid Monitoring 12 Months
Definition	Percentage of patients prescribed Clozapine who received appropriate Lipid Panel monitoring consistent with clinical guidelines.
Denominator	Patients prescribed Clozapine by a psychiatrist with the following characteristics: <ol style="list-style-type: none"> 1. Active prescription during each of the last 12 months 2. Continuously incarcerated during the last 12 months 3. Any other factors described in the Clozapine Condition Specifications located below: <ul style="list-style-type: none"> Click Here for Internal HCS Users Click Here for Public Internet Users
Numerator	Patients in the denominator who received a Lipid Profile test within the last 12 months.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.</p>
Data Source(s)	Electronic Unit Health Record Guardian Pharmacy Database Quest Diagnostics Laboratory Database Strategic Offender Management System Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.
Goal/Ranking	<p>CCHCS Goal >=90%</p> <p>High >=90%</p> <p>Moderate 75%-89%</p> <p>Low <75%</p>

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Clozapine: Lipid Monitoring 12 Months
Comments	This measure is a component of the Clozapine composite measure, which is part of the Diagnostic Monitoring composite measure shown on the Dashboard.
Last Revised	201604 JL

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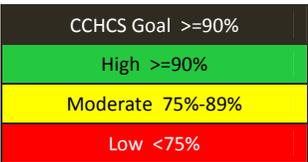
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Specifications

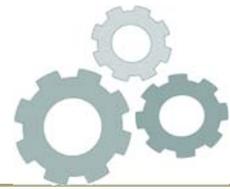


EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Clozapine: CBC 30 Days
Definition	Percentage of patients prescribed Clozapine who received appropriate Complete Blood Count (CBC) monitoring consistent with clinical guidelines.
Denominator	Patients prescribed Clozapine by a psychiatrist with the following characteristics: <ol style="list-style-type: none"> 1. Active prescription during each of the last 30 days 2. Continuously incarcerated during the last 30 days 3. Any other factors described in the Clozapine Condition Specifications located below: Click Here for Internal HCS Users Click Here for Public Internet Users
Numerator	Patients in the denominator who received CBC laboratory monitoring within the last 30 days.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.</p>
Data Source(s)	Electronic Unit Health Record Guardian Pharmacy Database Quest Diagnostics Laboratory Database Strategic Offender Management System Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.
Goal/Ranking	

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Clozapine: CBC 30 Days
Comments	This measure is a component of the Clozapine composite measure, which is part of the Diagnostic Monitoring composite measure shown on the Dashboard.
Last Revised	201607 JL



Dashboard 4.2

Specifications



EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Clozapine: CMP 12 Months				
Definition	Percentage of patients prescribed Clozapine who received appropriate Comprehensive Metabolic Panel (CMP) monitoring consistent with clinical guidelines.				
Denominator	Patients prescribed Clozapine by a psychiatrist with the following characteristics: <ol style="list-style-type: none"> 1. Active prescription during each of the last 12 months 2. Continuously incarcerated during the last 12 months 3. Any other factors described in the Clozapine Condition Specifications located below: Click Here for Internal HCS Users Click Here for Public Internet Users 				
Numerator	Patients in the denominator who received CMP laboratory monitoring within the last 12 months.				
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.</p>				
Data Source(s)	Electronic Unit Health Record Guardian Pharmacy Database Quest Diagnostics Laboratory Database Strategic Offender Management System Electronic Health Record System (EHRS)				
Reporting Frequency	Monthly				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.				
Goal/Ranking	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="background-color: black; color: white;">CCHCS Goal >=90%</td> </tr> <tr> <td style="background-color: green; color: white;">High >=90%</td> </tr> <tr> <td style="background-color: yellow; color: black;">Moderate 75%-89%</td> </tr> <tr> <td style="background-color: red; color: white;">Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Clozapine: CMP 12 Months
Comments	This measure is a component of the Clozapine composite measure, which is part of the Diagnostic Monitoring composite measure shown on the Dashboard.
Last Revised	201604 JL

Dashboard 4.2

Specifications



EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Clozapine: EKG 12 Months
Definition	Percentage of patients prescribed Clozapine who received appropriate Electrocardiogram (EKG) monitoring consistent with clinical guidelines.
Denominator	<p>Patients prescribed Clozapine by a psychiatrist with the following characteristics:</p> <ol style="list-style-type: none"> 1. Active prescription during each of the last 12 months 2. Continuously incarcerated during the last 12 months 3. Any other factors described in the Clozapine Condition Specifications located below: Click Here for Internal HCS Users Click Here for Public Internet Users
Numerator	<p>Patients in the denominator who received EKG monitoring within the last 12 months, as evidenced by either one of the following:</p> <ol style="list-style-type: none"> 1. One of the following documents scanned into the Electronic Unit Health Record (eUHR): <ol style="list-style-type: none"> A. EKG Printout B. EKG Report C. ECG, EEG, EKG Printout (Color) D. ECG, EEG, EKG Report 2. Or have evidence of a completed EKG in the Electronic Health Record System in the Results Review Section under the Diagnostics Tab.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.</p>
Data Source(s)	<p>Electronic Unit Health Record Guardian Pharmacy Database Quest Diagnostics Laboratory Database Strategic Offender Management System Electronic Health Record System (EHRS)</p>
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective:

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Clozapine: EKG 12 Months				
	By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal>=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 75%-89%</td> </tr> <tr> <td>Low<75%</td> </tr> </table>	CCHCS Goal>=90%	High >=90%	Moderate 75%-89%	Low<75%
CCHCS Goal>=90%					
High >=90%					
Moderate 75%-89%					
Low<75%					
Comments	This measure is a component of the Clozapine composite measure, which is part of the Diagnostic Monitoring composite measure shown on the Dashboard.				
Last Revised	20160527 MS				



Dashboard 4.2

Specifications



EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Clozapine: AIMS 12 Months
Definition	Percentage of patients prescribed Clozapine, who received appropriate Assessment of Involuntary Movement (AIMS) monitoring consistent with clinical guidelines.
Denominator	<p>Patients prescribed Clozapine by a psychiatrist with the following characteristics:</p> <ol style="list-style-type: none"> 1. Active prescription during each of the last 12 months 2. Continuously incarcerated during the last 12 months 3. Any other factors described in the Clozapine Condition Specifications located below: <p>Click Here for Internal HCS Users Click Here for Public Internet Users</p>
Numerator	<p>Patients in the denominator who received Assessment of Involuntary Movement (AIMS) monitoring within the last 12 months, as evidenced by either one of the following:</p> <ol style="list-style-type: none"> 1. One of the following documents scanned into the Electronic Unit Health Record (eUHR): <ol style="list-style-type: none"> A. 7390 Mental Health AIMS Examination for Tardive Dyskinesia B. AIMS: MH AIMS Examination for Tardive Dyskinesia 2. A completed AIMS examination in the Electronic Health Record System in the Documentation Section.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.</p>
Data Source(s)	<p>Electronic Unit Health Record Guardian Pharmacy Database Strategic Offender Management System Electronic Health Record System (EHRS)</p>
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective:

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Clozapine: AIMS 12 Months				
	By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 75%-89%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					
Comments	This measure is a component of the Clozapine composite measure, which is part of the Diagnostic Monitoring composite measure shown on the Dashboard.				
Last Revised	20160527 MS				



Dashboard 4.2

Specifications



EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Clozapine: TSH 5 Years
Definition	Percentage of patients prescribed Clozapine who received appropriate Thyroid Stimulating Hormone (TSH) monitoring consistent with clinical guidelines.
Denominator	Patients prescribed Clozapine by a psychiatrist with the following characteristics: <ol style="list-style-type: none"> 1. Active prescription during each of the last 12 months 2. Continuously incarcerated during the last 12 months 3. Any other factors described in the Clozapine Condition Specifications located below: <ul style="list-style-type: none"> Click Here for Internal HCS Users Click Here for Public Internet Users
Numerator	Patients in the denominator who have received either of the following laboratory monitoring within the last 5 years: <ol style="list-style-type: none"> 1. TSH 2. T4 Free
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.</p>
Data Source(s)	Electronic Unit Health Record Guardian Pharmacy Database Quest Diagnostics Laboratory Database Strategic Offender Management System Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.
Goal/Ranking	<p>CCHCS Goal >=90%</p> <p>High >=90%</p> <p>Moderate 75%-89%</p> <p>Low <75%</p>

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Clozapine: TSH 5 Years
Comments	This measure is a component of the Clozapine composite measure, which is part of the Diagnostic Monitoring composite measure shown on the Dashboard.
Last Revised	201604 JL



Dashboard 4.2

Specifications



EHR/NON-EHR INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Clozapine: Med Consent 12 Months
Definition	Percentage of patients prescribed Clozapine, who have a completed Medication Consent Form per requirements.
Denominator	Patients prescribed Clozapine by a psychiatrist with the following characteristics: <ol style="list-style-type: none"> 1. Active prescription during each of the last 12 months 2. Continuously incarcerated during the last 12 months 3. Any other factors described in the Clozapine Condition Specifications located below: <ul style="list-style-type: none"> Click Here for Internal HCS Users Click Here for Public Internet Users
Numerator	Patients in the denominator who have one of the following completed Medication Consent Forms found in the Electronic Unit Health Record within the last 12 months: <ul style="list-style-type: none"> • 7276 Statement of Informed Consent: Antipsychotic • 7279 Statement of Informed Consent: Anti-Anxiety Agents • 7280 Statement of Informed Consent: Antidepressant • 7281 Statement of Informed Consent: Lithium • 7352 Statement of Informed Consent • 7450 Statewide Psychotropic Medication Consent Form • 7451 Statewide Benzodiazepine Medication Consent Form • 7452 Statewide Monoamine Oxidase Inhibitor (MAOI) Antidepressant Medication Consent Form • 7453 Statewide Tricyclic Antidepressant Medication Consent Form • 7455 Statewide Clozapine Medication Consent • CIM-0233 Psychiatric Medications Statement of Informed Consent • CMC-MED-512 Informed Consent - Anticonvulsant Mood Stabilizer Medication • Statement of Informed Consent Anti-Psychotic Agent • Statement of Informed Consent Antidepressants • Statement of Informed Consent: Lithium • Statewide Psychotropic Medication Consent Or the following form found in the Electronic Health Record System within the last 12 months: <ul style="list-style-type: none"> • MH Consent- Scan
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Clozapine: Med Consent 12 Months				
	sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution. Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.				
Data Source(s)	Electronic Unit Health Record Guardian Pharmacy Database Strategic Offender Management System Electronic Health Record System (EHRS)				
Reporting Frequency	Monthly				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 75%-89%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					
Comments	This measure is a component of the Clozapine composite measure, which is part of the Diagnostic Monitoring composite measure shown on the Dashboard.				
Last Revised	20160614 MS				



Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers (Composite)
Definition	Average of the percentage of the following 3 measures: <ol style="list-style-type: none"> 1. Carbamazepine Composite 2. Depakote Composite 3. Lithium Composite
Denominator	Number of component measures in the composite (maximum of 3). Denominator will only include component measures where data is available for evaluation.
Numerator	Sum of the percentages of each component measure.
Rate Calculation	Average percentage is the sum of the percentages divided by the number of component measures.
Data Source(s)	Electronic Unit Health Record Guardian Pharmacy Database Quest Diagnostics Laboratory Database Strategic Offender Management System Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.
Goal/Ranking	<p>CCHCS Goal >=90%</p> <p>High >=90%</p> <p>Moderate 75%-89%</p> <p>Low <75%</p>
Comments	This measure is a component of the Diagnostic Monitoring composite measure shown on the Dashboard.
Last Revised	201604 JL
Component Measures	Click on any link below to see component measure specifications: <ol style="list-style-type: none"> 1. Carbamazepine (Composite) 2. Depakote (Composite) 3. Lithium (Composite)



Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Carbamazepine/Tegretol (Composite)
Definition	Average of the percentage of the following 4 measures: <ol style="list-style-type: none"> 1. Carbamazepine/Tegretol- Carbamazepine Level monitoring 2. Carbamazepine/Tegretol- Complete Blood Count (CBC) monitoring 3. Carbamazepine/Tegretol- Comprehensive Metabolic Panel (CMP) monitoring 4. Carbamazepine/Tegretol- Medication Consent
Denominator	Number of component measures in the composite (maximum of 4). Denominator will only include component measures where data is available for evaluation.
Numerator	Sum of the percentages of each component measure.
Rate Calculation	Average percentage is the sum of the percentages divided by the number of component measures.
Data Source(s)	Electronic Unit Health Record Guardian Pharmacy Database Quest Diagnostics Laboratory Database Strategic Offender Management System Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.
Goal/Ranking	<p>CCHCS Goal >=90%</p> <p>High >=90%</p> <p>Moderate 75%-89%</p> <p>Low <75%</p>
Comments	This measure is a component of the Mood Stabilizers composite measure, which is found in the Diagnostic Monitoring composite measure shown on the Dashboard.
Last Revised	201604 JL

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Carbamazepine/Tegretol (Composite)
Component Measures	Click on any link below to see component measure specifications: <ol style="list-style-type: none">1. Carbamazepine Level 12 Months2. CBC 12 Months3. CMP 12 Months4. Med Consent 12 Months



Dashboard 4.2

Specifications



EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Carbamazepine: Carbamazepine Level 12 Months
Definition	Percentage of patients prescribed Carbamazepine/Tegretol who received appropriate Carbamazepine level monitoring consistent with clinical guidelines.
Denominator	Patients prescribed Carbamazepine/Tegretol by a psychiatrist with the following characteristics: <ol style="list-style-type: none"> 1. Active prescription during each of the last 12 months. 2. Continuously incarcerated during the last 12 months.
Numerator	Patients in the denominator who received Carbamazepine Level laboratory monitoring within the last 12 months.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution. Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.
Data Source(s)	Guardian Pharmacy Database Quest Diagnostics Laboratory Database Strategic Offender Management System Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.
Goal/Ranking	<p>CCHCS Goal >=90%</p> <p>High >=90%</p> <p>Moderate 75%-89%</p> <p>Low <75%</p>
Comments	This measure is a component of the Carbamazepine composite measure, which is found in the Mood Stabilizers composite measure (shown as a component of the Diagnostics Monitoring composite on the Dashboard).

Dashboard 4.2

Specifications



Domain and Measure	<i>Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Carbamazepine: Carbamazepine Level 12 Months</i>
Last Revised	201604 JL



Dashboard 4.2

Specifications

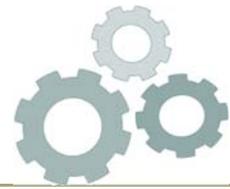


EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Carbamazepine: CBC12 Months
Definition	Percentage of patients prescribed Carbamazepine/Tegretol who received appropriate Complete Blood Cell Count (CBC) with Platelets monitoring consistent with clinical guidelines.
Denominator	Patients prescribed Carbamazepine/Tegretol by a psychiatrist with the following characteristics: <ol style="list-style-type: none"> 1. Active prescription during each of the last 12 months. 2. Continuously incarcerated during the last 12 months.
Numerator	Patients in the denominator who received CBC laboratory monitoring within the last 12 months.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.</p>
Data Source(s)	Guardian Pharmacy Database Quest Diagnostics Laboratory Database Strategic Offender Management System Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.
Goal/Ranking	
Comments	This measure is a component of the Carbamazepine composite measure, which is found in the Mood Stabilizers composite measure (shown as a component of the Diagnostics Monitoring composite on the Dashboard).

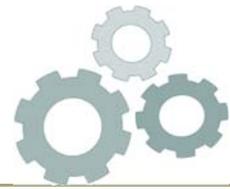
Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Carbamazepine: CBC12 Months
Last Revised	201604 JL





EHR/ NON-EHR INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Carbamazepine: CMP 12 Months
Definition	Percentage of patients prescribed Carbamazepine/Tegretol who received appropriate Comprehensive Metabolic Panel (CMP) monitoring consistent with clinical guidelines.
Denominator	Patients prescribed Carbamazepine/Tegretol by a psychiatrist with the following characteristics: <ol style="list-style-type: none"> 1. Active prescription during each of the last 12 months. 2. Continuously incarcerated during the last 12 months.
Numerator	Patients in the denominator who received CMP laboratory monitoring within the last 12 months.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution. Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.
Data Source(s)	Guardian Pharmacy Database Quest Diagnostics Laboratory Database Strategic Offender Management System Electronic Health Records System (EHR)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.
Goal/Ranking	
Comments	This measure is a component of the Carbamazepine composite measure, which is found in the Mood Stabilizers composite measure (shown as a component of the Diagnostics Monitoring composite on the Dashboard).

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Carbamazepine: CMP 12 Months
Last Revised	201604 JL



Dashboard 4.2

Specifications



EHR/ NON-EHR INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Carbamazepine: Med Consent 12 Months
Definition	Percentage of patients prescribed Carbamazepine/Tegretol who have a completed Medication Consent Form for Carbamazepine/Tegretol per requirements.
Denominator	Patients prescribed Carbamazepine/Tegretol by a psychiatrist with: <ol style="list-style-type: none"> 1. Active prescription during each of the last 12 months. 2. Continuously incarcerated during the last 12 months.
Numerator	<p>Patients in the denominator who have one of the following completed Medication Consent Forms found in the Electronic Unit Health Record within the last 12 months:</p> <ul style="list-style-type: none"> • 7276 Statement of Informed Consent: Antipsychotic • 7279 Statement of Informed Consent: Anti-Anxiety Agents • 7280 Statement of Informed Consent: Antidepressant • 7281 Statement of Informed Consent: Lithium • 7352 Statement of Informed Consent • 7450 Statewide Psychotropic Medication Consent Form • 7451 Statewide Benzodiazepine Medication Consent Form • 7452 Statewide Monoamine Oxidase Inhibitor (MAOI) Antidepressant Medication Consent Form • 7453 Statewide Tricyclic Antidepressant Medication Consent Form • 7455 Statewide Clozapine Medication Consent • CIM-0233 Psychiatric Medications Statement of Informed Consent • CMC-MED-512 Informed Consent - Anticonvulsant Mood Stabilizer Medication • Statement of Informed Consent Anti-Psychotic Agent • Statement of Informed Consent Antidepressants • Statement of Informed Consent: Lithium • Statewide Psychotropic Medication Consent <p>Or the following form found in the Electronic Health Record System within the last 12 months:</p> <ul style="list-style-type: none"> • MH Consent- Scan
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously</p>

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Carbamazepine: Med Consent 12 Months				
	incarcerated at the same institution for the last 30 days.				
Data Source(s)	Electronic Unit Health Record Guardian Pharmacy Database Strategic Offender Management System Electronic Health Record System (EHRS)				
Reporting Frequency	Monthly				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 75%-89%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					
Comments	This measure is a component of the Carbamazepine composite measure, which is found in the Mood Stabilizers composite measure (shown as a component of the Diagnostics Monitoring composite on the Dashboard).				
Last Revised	20160614 MS				



Dashboard 4.2

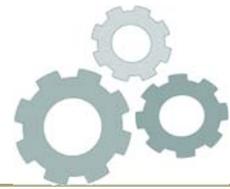
Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Depakote (Composite)
Definition	Average of the percentage of the following 4 measures: <ol style="list-style-type: none"> 1. Depakote- Valproic Acid/Depakote Level monitoring 2. Depakote- Comprehensive Metabolic Panel (CMP) monitoring 3. Depakote- Complete Blood Count (CBC) with Platelets monitoring 4. Depakote- Medication Consent
Denominator	Number of component measures in the composite (maximum of 4). Denominator will only include component measures where data is available for evaluation.
Numerator	Sum of the percentages of each component measure.
Rate Calculation	Average percentage is the sum of the percentages divided by the number of component measures.
Data Source(s)	Electronic Unit Health Record Guardian Pharmacy Database Quest Diagnostics Laboratory Database Strategic Offender Management System Electronic Health Recors System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.
Goal/Ranking	<p>CCHCS Goal >=90%</p> <p>High >=90%</p> <p>Moderate 75%-89%</p> <p>Low <75%</p>
Comments	This measure is a component of the Mood Stabilizers composite measure, which is found in the Diagnostic Monitoring composite measure shown on the Dashboard. Medications in this measure include: <ol style="list-style-type: none"> 1. Divalproex sodium 2. Valproate sodium

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Depakote (Composite)
	3. Valproic acid
Last Revised	201604 JL
Component Measures	Click on any link below to see component measure specifications: <ol style="list-style-type: none">1. Valproic Acid/Depakote Level 12 Months2. CBC 12 Months3. CMP 12 Months4. Med Consent 12 Months



Dashboard 4.2

Specifications

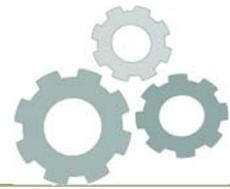


EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Depakote: Valproic Acid/Depakote Level
Definition	Percentage of patients prescribed Depakote/Valproic Acid who received appropriate Valproic Acid (Depakote) Level monitoring consistent with clinical guidelines.
Denominator	Patients prescribed Depakote/Valproic Acid by a psychiatrist with the following characteristics: <ol style="list-style-type: none"> 1. Active prescription during each of the last 12 months. 2. Continuously incarcerated during the last 12 months.
Numerator	Patients in the denominator who received Valproic Acid (Depakote) Level monitoring within the last 12 months.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.</p>
Data Source(s)	Guardian Pharmacy Database Quest Diagnostics Laboratory Database Strategic Offender Management System Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.
Goal/Ranking	<p>CCHCS Goal >=90%</p> <p>High >=90%</p> <p>Moderate 75%-89%</p> <p>Low <75%</p>
Comments	This measure is a component of the Depakote composite measure, which is found in the Mood Stabilizers composite measure (shown as a component of the Diagnostics Monitoring composite on the

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Depakote: Valproic Acid/Depakote Level
	Dashboard). Medications in this measure include: 1. Divalproex sodium 2. Valproate sodium 3. Valproic acid
Last Revised	201604 JL



Dashboard 4.2

Specifications

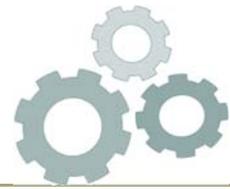


EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Depakote: CBC 12 Months
Definition	Percentage of patients prescribed Depakote/Valproic Acid who received appropriate Complete Blood Count (CBC) with Platelet Count monitoring consistent with clinical guidelines.
Denominator	Patients prescribed Depakote/Valproic Acid by a psychiatrist with: <ol style="list-style-type: none"> Active prescription during each of the last 12 months. Continuously incarcerated during the last 12 months.
Numerator	Patients in the denominator who received CBC with Platelet Count monitoring within the last 12 months.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.</p>
Data Source(s)	Guardian Pharmacy Database Quest Diagnostics Laboratory Database Strategic Offender Management System Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.
Goal/Ranking	<p>CCHCS Goal >=90%</p> <p>High >=90%</p> <p>Moderate 75%-89%</p> <p>Low <75%</p>
Comments	This measure is a component of the Depakote composite measure, which is found in the Mood Stabilizers composite measure (shown as a component of the Diagnostics Monitoring composite on the Dashboard).

Dashboard 4.2

Specifications

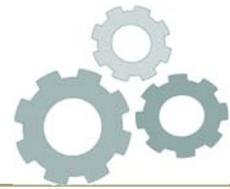


Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Depakote: CBC 12 Months
	Medications in this measure include: 1. Divalproex sodium 2. Valproate sodium 3. Valproic acid
Last Revised	201604 JL



Dashboard 4.2

Specifications



EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Depakote: CMP 12 Months
Definition	Percentage of patients prescribed Depakote/Valproic Acid who received appropriate Comprehensive Metabolic Panel (CMP) monitoring consistent with clinical guidelines.
Denominator	Patients prescribed Depakote/Valproic Acid by a psychiatrist with: <ol style="list-style-type: none"> 1. Active prescription during each of the last 12 months. 2. Continuously incarcerated during the last 12 months.
Numerator	Patients in the denominator who received CMP laboratory monitoring within the last 12 months.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.</p>
Data Source(s)	Guardian Pharmacy Database Quest Diagnostics Laboratory Database Strategic Offender Management System Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.
Goal/Ranking	<p>CCHCS Goal >=90%</p> <p>High >=90%</p> <p>Moderate 75%-89%</p> <p>Low <75%</p>
Comments	This measure is a component of the Depakote composite measure, which is found in the Mood Stabilizers composite measure (shown as a component of the Diagnostics Monitoring composite on the

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Depakote: CMP 12 Months
	Dashboard). Medications in this measure include: 1. Divalproex sodium 2. Valproate sodium 3. Valproic acid
Last Revised	201604 JL



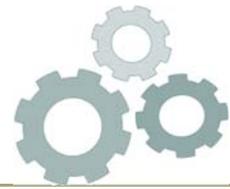


EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Depakote: Med Consent 12 Months
Definition	Percentage of patients prescribed Depakote/Valproic Acid who have a completed Medication Consent Form for Depakote per requirements.
Denominator	Patients prescribed Depakote/Valproic Acid by a psychiatrist with: 1. Active prescription during each of the last 12 months. 2. Continuously incarcerated during the last 12 months.
Numerator	Patients in the denominator who have one of the following completed Medication Consent Forms found in the Electronic Unit Health Record within the last 12 months: <ul style="list-style-type: none"> • 7276 Statement of Informed Consent: Antipsychotic • 7279 Statement of Informed Consent: Anti-Anxiety Agents • 7280 Statement of Informed Consent: Antidepressant • 7281 Statement of Informed Consent: Lithium • 7352 Statement of Informed Consent • 7450 Statewide Psychotropic Medication Consent Form • 7451 Statewide Benzodiazepine Medication Consent Form • 7452 Statewide Monoamine Oxidase Inhibitor (MAOI) Antidepressant Medication Consent Form • 7453 Statewide Tricyclic Antidepressant Medication Consent Form • 7455 Statewide Clozapine Medication Consent • CIM-0233 Psychiatric Medications Statement of Informed Consent • CMC-MED-512 Informed Consent - Anticonvulsant Mood Stabilizer Medication • Statement of Informed Consent Anti-Psychotic Agent • Statement of Informed Consent Antidepressants • Statement of Informed Consent: Lithium • Statewide Psychotropic Medication Consent Or the following form found in the Electronic Health Record System within the last 12 months: <ul style="list-style-type: none"> • MH Consent- Scan
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution. Institution: Percentage is the numerator divided by the denominator

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Depakote: Med Consent 12 Months
	times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.
Data Source(s)	Electronic Unit Health Record Guardian Pharmacy Database Strategic Offender Management System Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.
Goal/Ranking	<p>CCHCS Goal >=90%</p> <p>High >=90%</p> <p>Moderate 75%-89%</p> <p>Low <75%</p>
Comments	<p>This measure is a component of the Depakote composite measure, which is found in the Mood Stabilizers composite measure (shown as a component of the Diagnostics Monitoring composite on the Dashboard).</p> <p>Medications in this measure include:</p> <ol style="list-style-type: none"> 1. Divalproex sodium 2. Valproate sodium 3. Valproic acid
Last Revised	20160614 MS



Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Lithium (Composite)
Definition	Average of the percentage of the following 5 measures: <ol style="list-style-type: none"> 1. Lithium- Lithium Level monitoring 2. Lithium- Thyrotropin (TSH) monitoring 3. Lithium- Creatinine monitoring 4. Lithium- Electrocardiogram (EKG) monitoring 5. Lithium- Medication Consent
Denominator	Number of component measures in the composite (maximum of 5). Denominator will only include component measures where data is available for evaluation.
Numerator	Sum of the percentages of each component measure.
Rate Calculation	Average percentage is the sum of the percentages divided by the number of component measures.
Data Source(s)	Electronic Unit Health Record Guardian Pharmacy Database Quest Diagnostics Laboratory Database Strategic Offender Management System Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.
Goal/Ranking	
Comments	This measure is a component of the Mood Stabilizers composite measure, which is found in the Diagnostic Monitoring composite measure shown on the Dashboard.
Last Revised	201604 JL
Component Measures	Click on any link below to see component measure specifications:

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Lithium (Composite)
	<ol style="list-style-type: none">1. Lithium Level 12 Months2. Thyroid Monitoring 12 Months3. Creatinine 12 Months4. EKG 12 Months5. Med Consent 12 Months



Dashboard 4.2

Specifications

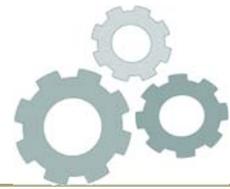


EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Lithium: Lithium Level 12 Months
Definition	Percentage of patients prescribed Lithium who received appropriate Lithium Level laboratory monitoring consistent with clinical guidelines.
Denominator	Patients prescribed Lithium by a psychiatrist with: <ol style="list-style-type: none"> 1. Active prescription during each of the last 12 months. 2. Continuously incarcerated during the last 12 months.
Numerator	Patients in the denominator who received Lithium Level laboratory monitoring within the last 12 months.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution. Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.
Data Source(s)	Guardian Pharmacy Database Quest Diagnostics Laboratory Database Strategic Offender Management System Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.
Goal/Ranking	
Comments	This measure is a component of the Lithium composite measure, which is found in the Mood Stabilizers composite measure (shown as a component of the Diagnostics Monitoring composite on the Dashboard).

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Lithium: Lithium Level 12 Months
Last Revised	201604 JL



Dashboard 4.2

Specifications

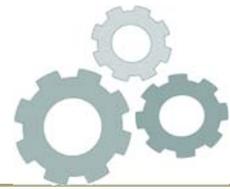


EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Lithium: Thyroid Monitoring 12 Months
Definition	Percentage of patients prescribed Lithium who received appropriate thyroid laboratory monitoring (with TSH or Free T4) consistent with clinical guidelines.
Denominator	Patients prescribed Lithium by a psychiatrist with: <ol style="list-style-type: none"> 1. Active prescription during each of the last 12 months. 2. Continuously incarcerated during the last 12 months.
Numerator	Patients in the denominator who received <u>either</u> of the following thyroid laboratory monitoring within the last 12 months: <ol style="list-style-type: none"> 1. TSH 2. Free T4
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.</p>
Data Source(s)	Guardian Pharmacy Database Quest Diagnostics Laboratory Database Strategic Offender Management System Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.
Goal/Ranking	<p>CCHCS Goal >=90%</p> <p>High >=90%</p> <p>Moderate 75%-89%</p> <p>Low <75%</p>
Comments	This measure is a component of the Lithium composite measure, which is found in the Mood Stabilizers composite measure (shown as a component of the Diagnostics Monitoring composite on the Dashboard).

Dashboard 4.2

Specifications

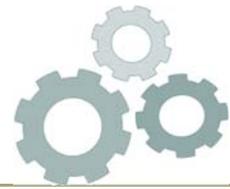


Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Lithium: Thyroid Monitoring 12 Months
Last Revised	201604 JL



Dashboard 4.2

Specifications



EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Lithium: Electrolytes 12 Months
Definition	Percentage of patients prescribed Lithium who received appropriate Creatinine laboratory monitoring consistent with clinical guidelines.
Denominator	Patients prescribed Lithium by a psychiatrist with: <ol style="list-style-type: none"> Active prescription during each of the last 12 months. Continuously incarcerated during the last 12 months.
Numerator	Patients in the denominator who received Creatinine and BUN laboratory monitoring within the last 12 months.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.</p>
Data Source(s)	Guardian Pharmacy Database Quest Diagnostics Laboratory Database Strategic Offender Management System Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.
Goal/Ranking	<p>CCHCS Goal >=90%</p> <p>High >=90%</p> <p>Moderate 75%-89%</p> <p>Low <75%</p>
Comments	This measure is a component of the Lithium composite measure, which is found in the Mood Stabilizers composite measure (shown as a component of the Diagnostics Monitoring composite on the

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Lithium: Electrolytes 12 Months
	Dashboard).
Last Revised	201604 JL

 **BACK TO
COMPOSITE**

 **RETURN
TO HOME**

Dashboard 4.2

Specifications



EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Lithium: EKG 12 Months
Definition	Percentage of patients prescribed Lithium who received appropriate Electrocardiogram (EKG) monitoring consistent with clinical guidelines.
Denominator	Patients prescribed Lithium by a psychiatrist with: <ol style="list-style-type: none"> 1. Active prescription during each of the last 12 months. 2. Continuously incarcerated during the last 12 months. 3. Age 40 years or older.
Numerator	Patients in the denominator who received EKG monitoring within the last 12 months, as evidenced by either one of the following: <ol style="list-style-type: none"> 1. One of the following documents scanned into the Electronic Unit Health Record (eUHR): <ol style="list-style-type: none"> A. EKG Printout B. EKG Report C. ECG, EEG, EKG Printout (Color) D. ECG, EEG, EKG Report 2. Or have evidence of a completed EKG in the Electronic Health Record System in the Results Review Section under the Diagnostics Tab.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution. Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.
Data Source(s)	Electronic Unit Health Record Guardian Pharmacy Database Quest Diagnostics Laboratory Database Strategic Offender Management System Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.
Goal/Ranking	

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Lithium: EKG 12 Months				
	<table border="1"> <tr> <td data-bbox="513 447 821 485">CCHCS Goal >=90%</td> </tr> <tr> <td data-bbox="513 493 821 531">High >=90%</td> </tr> <tr> <td data-bbox="513 539 821 577">Moderate 75%-89%</td> </tr> <tr> <td data-bbox="513 585 821 615">Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					
Comments	This measure is a component of the Lithium composite measure, which is found in the Mood Stabilizers composite measure (shown as a component of the Diagnostics Monitoring composite on the Dashboard).				
Last Revised	20160527 MS				



Dashboard 4.2

Specifications

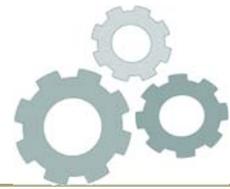


EHR/ NON-EHR INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Lithium: Med Consent 12 Months
Definition	Percentage of patients prescribed Lithium who have a completed Medication Consent Form for Lithium per requirements.
Denominator	Patients prescribed Lithium by a psychiatrist with: <ol style="list-style-type: none"> 1. Active prescription during each of the last 12 months. 2. Continuously incarcerated during the last 12 months.
Numerator	<p>Patients in the denominator who have one of the following completed Medication Consent Forms found in the Electronic Unit Health Record within the last 12 months:</p> <ul style="list-style-type: none"> • 7276 Statement of Informed Consent: Antipsychotic • 7279 Statement of Informed Consent: Anti-Anxiety Agents • 7280 Statement of Informed Consent: Antidepressant • 7281 Statement of Informed Consent: Lithium • 7352 Statement of Informed Consent • 7450 Statewide Psychotropic Medication Consent Form • 7451 Statewide Benzodiazepine Medication Consent Form • 7452 Statewide Monoamine Oxidase Inhibitor (MAOI) Antidepressant Medication Consent Form • 7453 Statewide Tricyclic Antidepressant Medication Consent Form • 7455 Statewide Clozapine Medication Consent • CIM-0233 Psychiatric Medications Statement of Informed Consent • CMC-MED-512 Informed Consent - Anticonvulsant Mood Stabilizer Medication • Statement of Informed Consent Anti-Psychotic Agent • Statement of Informed Consent Antidepressants • Statement of Informed Consent: Lithium • Statewide Psychotropic Medication Consent <p>Or the following form found in the Electronic Health Record System within the last 12 months:</p> <ul style="list-style-type: none"> • MH Consent- Scan
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.</p>

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Mood Stabilizers: Lithium: Med Consent 12 Months
Data Source(s)	Electronic Unit Health Record Guardian Pharmacy Database Strategic Offender Management System Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.
Goal/Ranking	<p>CCHCS Goal >=90%</p> <p>High >=90%</p> <p>Moderate 75%-89%</p> <p>Low <75%</p>
Comments	This measure is a component of the Lithium composite measure, which is found in the Mood Stabilizers composite measure (shown as a component of the Diagnostics Monitoring composite on the Dashboard).
Last Revised	20160614 MS



Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Antidepressants (Composite)				
Definition	Average of the percentage of the following 3 measures: <ol style="list-style-type: none"> 1. Tricyclic Antidepressant- Electrocardiogram (EKG) monitoring 2. Antidepressant- Medication Consent 3. Antidepressant- Thyroid Monitoring 				
Denominator	Number of component measures in the composite (maximum of 3). Denominator will only include component measures where data is available for evaluation.				
Numerator	Sum of the percentages of each component measure.				
Rate Calculation	Average percentage is the sum of the percentages divided by the number of component measures.				
Data Source(s)	Electronic Unit Health Record Guardian Pharmacy Database Strategic Offender Management System Electronic Health Record System (EHRS)				
Reporting Frequency	Monthly				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 75%-89%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					
Comments	This measure is a component of the Diagnostic Monitoring composite measure shown on the Dashboard.				
Last Revised	201604 JL				
Component Measures	Click on any link below to see component measure specifications: <ol style="list-style-type: none"> 1. EKG 12 Months 2. Med Consent 12 Months 3. Thyroid 5 Years 				



Dashboard 4.2

Specifications



EHRS/NON-EHRS INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Tricyclic Antidepressant: EKG 12 Months
Definition	Percentage of patients prescribed Tricyclic Antidepressants who received appropriate Electrocardiogram (EKG) monitoring consistent with clinical guidelines.
Denominator	Patients prescribed Tricyclic Antidepressants by a psychiatrist with: <ol style="list-style-type: none"> 1. Active prescription of Tricyclic Antidepressants during each of the last 12 months. 2. Continuously incarcerated for the last 12 months. 3. Age 40 years or older at any time during the last 12 months.
Numerator	Patients in the denominator who received EKG monitoring within the last 12 months, as evidenced by either one of the following: <ol style="list-style-type: none"> 1. One of the following documents scanned into the Electronic Unit Health Record (eUHR): <ol style="list-style-type: none"> A. EKG Printout B. EKG Report C. ECG, EEG, EKG Printout (Color) D. ECG, EEG, EKG Report 2. Or have evidence of a completed EKG in the Electronic Health Record System in the Results Review Section under the Diagnostics Tab.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.</p>
Data Source(s)	Electronic Unit Health Record Guardian Pharmacy Database Strategic Offender Management System Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Tricyclic Antidepressant: EKG 12 Months				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 75%-89%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					
Comments	<p>This measure is a component of the Tricyclic Antidepressant composite measure, which is found in the Diagnostic Monitoring composite measure shown on the Dashboard.</p> <p>Tricyclic antidepressants:</p> <ol style="list-style-type: none"> 1. Amitriptyline HCL 2. Amoxapine 3. Clomipramine HCL 4. Desipramine HCL 5. Doxepin HCL 6. Imipramine HCL 7. Imipramine pamoate 8. Nortriptyline HCL 				
Last Revised	20160527 MS				



Dashboard 4.2

Specifications



EHR/NON-EHR INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Antidepressant: Med Consent 12 Months
Definition	Percentage of patients prescribed Antidepressants who have a completed Medication Consent Form for Antidepressants per requirements.
Denominator	Patients prescribed Antidepressants by a psychiatrist with: <ol style="list-style-type: none"> 1. Active prescription for Antidepressants during each of the last 12 months. 2. Continuously incarcerated for the last 12 months.
Numerator	Patients in the denominator who have one of the following completed Medication Consent Forms found in the Electronic Unit Health Record within the last 12 months: <ul style="list-style-type: none"> • 7276 Statement of Informed Consent: Antipsychotic • 7279 Statement of Informed Consent: Anti-Anxiety Agents • 7280 Statement of Informed Consent: Antidepressant • 7281 Statement of Informed Consent: Lithium • 7352 Statement of Informed Consent • 7450 Statewide Psychotropic Medication Consent Form • 7451 Statewide Benzodiazepine Medication Consent Form • 7452 Statewide Monoamine Oxidase Inhibitor (MAOI) Antidepressant Medication Consent Form • 7453 Statewide Tricyclic Antidepressant Medication Consent Form • 7455 Statewide Clozapine Medication Consent • CIM-0233 Psychiatric Medications Statement of Informed Consent • CMC-MED-512 Informed Consent - Anticonvulsant Mood Stabilizer Medication • Statement of Informed Consent Anti-Psychotic Agent • Statement of Informed Consent Antidepressants • Statement of Informed Consent: Lithium • Statewide Psychotropic Medication Consent Or the following form found in the Electronic Health Record System within the last 12 months: <ul style="list-style-type: none"> • MH Consent- Scan
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously</p>

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Antidepressant: Med Consent 12 Months
	incarcerated at the same institution for the last 30 days.
Data Source(s)	Electronic Unit Health Record Guardian Pharmacy Database Strategic Offender Management System Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.
Goal/Ranking	<p>CCHCS Goal >=90%</p> <p>High >=90%</p> <p>Moderate 75%-89%</p> <p>Low <75%</p>
Comments	This measure is a component of the Antidepressant composite measure, which is found in the Diagnostic Monitoring composite measure shown on the Dashboard.
Last Revised	20160614 MS



Dashboard 4.2

Specifications

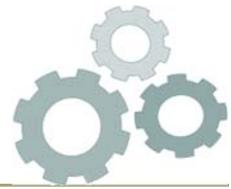


EHR/ NON-EHR INSTITUTIONS

Domain and Measure	Population Health Management – Diagnostic Monitoring: Antidepressant: TSH 5 Years
Definition	Percentage of patients prescribed Antidepressants who received appropriate Thyroid Stimulating Hormone (TSH) monitoring consistent with clinical guidelines.
Denominator	Patients prescribed Antidepressants by a psychiatrist with: <ol style="list-style-type: none"> Active prescription for Antidepressants during each of the last 12 months. Continuously incarcerated for the last 12 months.
Numerator	Patients in the denominator who have received either of the following laboratory monitoring within the last 5 years: <ol style="list-style-type: none"> TSH T4 Free
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for the last 30 days and transferred to another institution. Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.
Data Source(s)	Electronic Unit Health Record Guardian Pharmacy Database Strategic Offender Management System Electronic Health Record System (EHR)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients prescribed select high risk medications will have appropriate diagnostic monitoring.
Goal/ Ranking	<p>CCHCS Goal >=90%</p> <p>High >=90%</p> <p>Moderate 75%-89%</p> <p>Low <75%</p>
Comments	This measure is a component of the Antidepressant composite measure, which is found in the Diagnostic Monitoring composite measure shown on the Dashboard.

Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Diagnostic Monitoring: Antidepressant: TSH 5 Years
Last Revised	201604 JL



Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Utilization Specialty Services				
Definition	Percentage of specialty referrals that were submitted and approved in the past month that met Utilization Management approval criteria.				
Denominator	All specialty referrals submitted and approved within the last month.				
Numerator	Referrals in the denominator that met the Utilization Management evidence-based criteria review process.				
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.				
Data Source(s)	InterQual Utilization Management System Strategic Offender Management System Electronic Health Record System (EHRS)				
Reporting Frequency	Monthly				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of approved specialty referrals that have evidence-based criteria available to guide referral decisions are consistent with the criteria.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 75%-89%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					
Comments					
Last Revised	201604 AL				



Dashboard 4.2

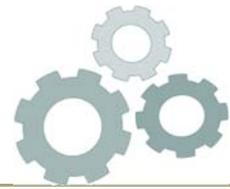
Specifications



Domain and Measure	Population Health Management – Polypharmacy Medication Review
Definition	The percentage of patients on 10 or more medications that have a completed CDCR 7540 Polypharmacy Review form found in the designated section of the Electronic Unit Health Record (eUHR) within the last 12 months.
Denominator	Patients with <u>all</u> of the following characteristics: <ol style="list-style-type: none"> 1. Incarcerated at CDCR for at least the last 30 days 2. Prescribed at least 10 different medications* on the last day of the reporting month <p>*Medications are considered different if either their ingredient or their dose differ.</p>
Numerator	Patients from the denominator who have a completed CDCR 7540 Polypharmacy Review form found in the Medication sub-tab of the DS/PN/ER/MAR tab of the eUHR within the last 12 months or a completed Poly-pharmacy Review Consultation Note found in the Documentation tab of the Electronic Health Record System (EHRS) within the last 12 months.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for the last 30 days.</p>
Data Source(s)	Guardian Pharmacy Database Strategic Offender Management System Electronic Unit Health Record (eUHR) Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 95% or more of patients prescribed 10 or more medications will have their medication regimens reviewed consistent with requirements.
Goal/Ranking	<p>CCHCS Goal >=95%</p> <p>High >=95%</p> <p>Moderate 81%-94%</p> <p>Low <80%</p>

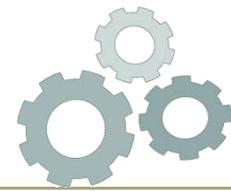
Dashboard 4.2

Specifications



Domain and Measure	Population Health Management – Polypharmacy Medication Review
Comments	Completed CDCR 7540 Polypharmacy Review Forms must be scanned into the following tab in the eUHR: DS/PN/ER/MAR → Subtab: Medication → Document type: Other.
Last Revised	20160614 MS





NON-EHRS INSTITUTIONS

Domain and Measure	Care Management – Appropriate Placement High Risk Patients
Definition	Statewide Measure Only: Percentage of all high risk patients statewide housed at an Intermediate Institution. High risk patients who are newly incarcerated or soon-to-be paroled (i.e., within six months) are excluded from the measure.
Denominator	All high risk patients <u>except</u> : <ol style="list-style-type: none"> 1. Patients who are expected to parole within 6 months after the end of the reporting period. 2. Patients who were newly incarcerated within 6 months prior to the start of the reporting period.
Numerator	Patients in the denominator who are at Intermediate Institutions or California Health Care Facility (CHCF).
Rate Calculation	Statewide: Percentage is numerator divided by the denominator times 100. Institution: Not Applicable
Data Source(s)	Master Patient Registry Strategic Offender Management System
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of high risk patients will reside at the appropriate institution.
Goal/Ranking	
Comments	
Last Revised	201604 JL



Dashboard 4.2

Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Care Management – High Risk Patient Care Plan				
Definition	In Development				
Denominator	Not Applicable				
Numerator	Not Applicable				
Rate Calculation	Statewide: Data will not be presented in the Dashboard for this measure. Institution: Data will not be presented in the Dashboard for this measure.				
Data Source(s)	Not Applicable				
Reporting Frequency	Not Applicable				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2018, 90% or more of high risk/complex patients will have a written Patient Service Plan consistent with documentation requirements and clinical goals.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 75%-89%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					
Comments					
Last Revised	201604 JL				



Dashboard 4.2

Specifications

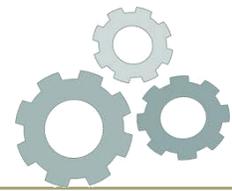


Domain and Measure	Care Management – Follow-Up After MHCB/DSH Admission EHRS Institutions				
Definition	On-time completion of all required clinical follow-ups after discharge from a higher level of care.				
Denominator	Number of clinical discharge follow-up series (typically 5 follow-ups per series) where the last follow-up of the series was due during reporting period.				
Numerator	Number of clinical discharge follow-up series from denominator where all required follow-ups were completed on time.				
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.				
Data Source(s)	Electronic Health Records System (EHRS)				
Reporting Frequency	Monthly				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients who were admitted for danger to self and discharged from a Psychiatric Inpatient Program, Department of State Hospital or Mental Health Crisis Bed will receive follow-up with appropriate documentation every day for 5 days after their return.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 70%-89%</td> </tr> <tr> <td>Low <70%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 70%-89%	Low <70%
CCHCS Goal >=90%					
High >=90%					
Moderate 70%-89%					
Low <70%					
Comments					
Last Revised	201604 JL				



Dashboard 4.2

Specifications



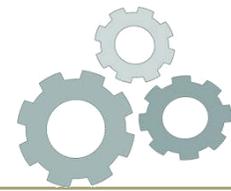
NON-EHRS INSTITUTIONS

Domain and Measure	Care Management – Follow-Up After MHCB/DSH Admission
Definition	Percentage of patients discharged from a Mental Health Crisis Bed or Intermediate Care Facility/Acute Psychiatric Program for whom all required daily follow-up appointments were completed.
Denominator	All patients who returned from a Department of State Hospital or Mental Health Crisis Bed with compliance date occurring during the reporting period.
Numerator	All patients in the denominator for whom all required follow-up encounters took place on or before the compliance date.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Mental Health Tracking System
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of patients who were admitted for danger to self and discharged from a Psychiatric Inpatient Program, Department of State Hospital or Mental Health Crisis Bed will receive follow-up with appropriate documentation every day for 5 days after their return.
Goal/Ranking	<p>CCHCS Goal >=90%</p> <p>High >=90%</p> <p>Moderate 75%-89%</p> <p>Low <75%</p>
Comments	
Last Revised	201604 JL



Dashboard 4.2

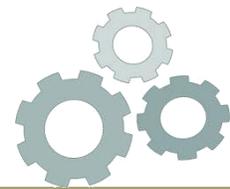
Specifications



Domain and Measure	Care Management – 30-Day Community Hospital Readmission
Definition	<p>Percentage of community hospitalizations during the reporting period that were linked to a previous hospitalization for the same patient, with no more than 30 days between the two episodes of care. This measure excludes hospitalizations for scheduled aftercare, such as chemotherapy, and readmissions on the same day or next day as the initial hospitalization. This measure is based on a rolling six months of data.</p>
Denominator	<p>All community hospital admissions for patients during the reporting period who were continuously incarcerated during the 30 days prior to the admission date.</p> <p>Excludes:</p> <ol style="list-style-type: none"> 1. Admissions with diagnoses in the following categories*: <ol style="list-style-type: none"> a. Maintenance chemotherapy; radiotherapy b. Other aftercare c. Rehabilitation care; fitting of prostheses; and adjustment of devices <p>Note: Readmissions to any hospital on the same or next day are counted as one hospitalization.</p>
Numerator	<p>Admissions in the denominator that have a prior admission with a discharge date within 2 through 30 days.</p> <p>Excludes:</p> <ol style="list-style-type: none"> 1. Admissions with diagnoses in the following categories*: <ol style="list-style-type: none"> a. Maintenance chemotherapy; radiotherapy b. Other aftercare c. Rehabilitation care; fitting of prostheses; and adjustment of devices <p>Note: Readmissions to any hospital on the same or next day are counted as one hospitalization.</p>
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100 for admissions in which the patient was at the same institution for both the initial admission and the readmission.</p>
Data Source(s)	Strategic Offender Management System

Dashboard 4.2

Specifications

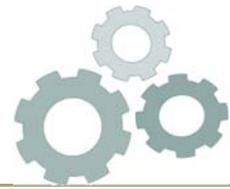


Domain and Measure	Care Management – 30-Day Community Hospital Readmission				
	Third Party Administrator Claims				
Reporting Frequency	Monthly, using a rolling 6-month reporting period.				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 5% or less of all hospitalizations results in a readmission within 30 days.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal <=5%</td> </tr> <tr> <td>High <=5%</td> </tr> <tr> <td>Moderate 5.1%-10%</td> </tr> <tr> <td>Low >10%</td> </tr> </table>	CCHCS Goal <=5%	High <=5%	Moderate 5.1%-10%	Low >10%
CCHCS Goal <=5%					
High <=5%					
Moderate 5.1%-10%					
Low >10%					
Comments	*Diagnosis categories described above are based on Healthcare Cost and Utilization Project (HCUP) diagnosis code groupings and are considered "planned" readmissions.				
Last Revised	201604 JL				



Dashboard 4.2

Specifications



Domain and Measure	Care Management – 30-Day MHCBS or DSH Readmission EHRS Institutions
Definition	Percentage of MCB and DSH discharges where patient was not readmitted within 30 days.
Denominator	All DSH and MCB discharges occurring between 30 days before the start of the reporting period and 30 days before end of the reporting period.
Numerator	Discharges from the denominator where there was not a readmission to the same program within 30 days.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100 for admissions in which the patient was at the same institution for both the initial admission and the readmission.
Data Source(s)	Strategic Offender Management System Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 5% or less of patients who return from Psychiatric Inpatient Program, Department of State Hospital or Mental Health Crisis Bed will be readmitted within 30 days.
Goal/Ranking	<p>CCHCS Goal<=5% High <=5% Moderate 5.1%-10% Low>10%</p>
Comments	All discharge and readmission dates are based on physical housing dates. For MCB discharges, values are assigned to the institution where the initial MCB stay took place. For DSH discharges, values are assigned to the institution to which the patient was discharged after the first DSH stay.
Last Revised	201604 JL



Dashboard 4.2

Specifications



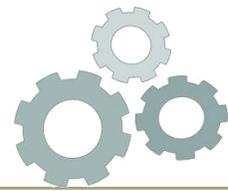
NON-EHRS INSTITUTIONS

Domain and Measure	Care Management – 30-Day MHCB or DSH Readmission
Definition	Percentage of discharges from a Mental Health Crisis Bed or Department of State Hospitals-run program during the reporting period that resulted in an admission to the same Mental Health bed type within 30days.
Denominator	All Mental Health discharges from a Mental Health Crisis Bed (MHCB) or Department of State Hospital (DSH) during the reporting period.
Numerator	Discharges in the denominator that resulted in an admission to the same Mental Health bed type within the 30days.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100 for admissions in which the patient was at the same institution for both the initial admission and the readmission.
Data Source(s)	Mental Health Tracking System Strategic Offender Management System
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 5% or less of patients who return from Psychiatric Inpatient Program, Department of State Hospital or Mental Health Crisis Bed will be readmitted within 30 days.
Goal/Ranking	<p>CCHCS Goal<=5%</p> <p>High <=5%</p> <p>Moderate 5.1%-10%</p> <p>Low>10%</p>
Comments	
Last Revised	201604 JL



Dashboard 4.2

Specifications

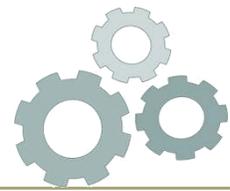


EHRS / NON-EHRS INSTITUTIONS

Domain and Measure	Care Management – Potentially Avoidable Hospitalizations
Definition	Rate of potentially avoidable hospitalizations per 1,000 patients per year. The federal Agency for Healthcare Research and Quality (AHRQ) has identified a subset of diagnoses that qualify a hospitalization as potentially avoidable, and it is applied at health care organizations nationwide. The list includes conditions such as cellulitis, pneumonia, diabetes, asthma, chronic obstructive pulmonary disease, seizure disorders, urinary tract infections, dehydration, angina, congestive heart failure, and perforated appendix. CCHCS also includes end stage liver disease complications, self-injury, and medication-related events. This measure is annualized based on a rolling six months of data.
Denominator	Average inmate population during the 6 months of the measurement period.
Numerator	Number of occurrences during the 6 month measurement period that are classified as a potentially avoidable hospitalization based on International Classification of Disease (ICD) codes for cellulitis, pneumonia, diabetes, asthma, chronic obstructive pulmonary disease (COPD), seizure disorders, urinary tract infections, dehydration, angina, congestive heart failure, end stage liver disease complications, perforated appendix, self-injury, and medication related events.
Rate Calculation	<p>Statewide: The annual rate is the numerator divided by the average inmate population during the measurement period times 1,000 times 2 (to create an annualized rate per 1,000 inmates) with transfers.</p> <p>Institution: The annual rate is the numerator divided by the average inmate population during the measurement period times 1,000 times 2 (to create an annualized rate per 1,000 inmates). The institution calculation excludes patients in the numerator and inmates in the denominator who have not been continuously incarcerated at the institution during the most recent 30 days.</p>
Data Source(s)	Strategic Offender Management System Third Party Administrator Claims
Reporting Frequency	Monthly, using a rolling 6-month reporting period.

Dashboard 4.2

Specifications



Domain and Measure	Care Management – Potentially Avoidable Hospitalizations
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, the rate of avoidable hospitalizations will be less than 10 per 1,000 inmates per year.
Goal/Ranking	
Comments	<p>Reported as a rate per 1,000 patients per year.</p> <p>The measurement period is the 6 most recent months of complete claims data. Because it may take up to 4 months after the date of service to receive and process a claim, this measure has a lag of up to 4 months. For example, data displayed for April 2016 may include claims between July 2015 and December 2015.</p> <p>Hospitalizations considered potentially avoidable are based on the Agency for Healthcare Research and Quality (AHRQ) criteria. CCHCS also includes diagnosis codes for end stage liver disease complications, self-injury, and medication- related events.</p> <p>Some organizations report rates for individual conditions (e.g., congestive heart failure, diabetes, asthma); some report a single rate combining multiple Ambulatory Care Sensitive Conditions (ACSC); not all use the same list of ACSC conditions. CCHCS reports a single rate of all the conditions combined for the Dashboard.</p>
Last Revised	201605 JR



Dashboard 4.2

Specifications



<i>Domain and Measure</i>	<i>Continuity of Clinicians & Services – Primary Care Provider (PCP) EHRS Institutions</i>
Definition	Percentage of primary care encounters each medium or high risk patient had over the past 6 months that occurred with the two providers who saw the patient the most often. This measure is based on a rolling six months of data.
Denominator	<p>All encounters with a Primary Care Physician (PCP) for patients with <u>all</u> of the following characteristics:</p> <ol style="list-style-type: none"> 1. Continuously incarcerated for 6 months. 2. Continuously high or medium risk for 6 months. 3. Had at least 3 PCP encounters, documented by a PCP on a 7230 progress note, within the 6-month measurement period. <p>Encounters were identified through documentation in the health record. To isolate primary care encounters, analysts used only Electronic Health Record System (EHRS) documentation types affiliated with primary care visits.</p> <p>The CDCR's Automated Risk Classification System categorizes each patient into a risk level. Each patient's risk level is reported in the Master Registry, among other related tools. Analysts used the Automated Risk Classification System designations to identify high and medium risk patients.</p> <p>Excluded:</p> <ol style="list-style-type: none"> 1. Triage and Treatment Area (TTA) encounters (visits documented on TTA forms)
Numerator	Number of encounters for patients in the denominator that occurred with the two most frequently-seen PCPs.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for 6 months and were transferred.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for 6 months.</p>
Data Source(s)	Electronic Health Record System QM Master Registry Strategic Offender Management System

Dashboard 4.2

Specifications



Domain and Measure	Continuity of Clinicians & Services – Primary Care Provider (PCP) EHRS Institutions
Reporting Frequency	Monthly, using a rolling 6-month reporting period.
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2014, high and medium risk patients will have 85% or more of their encounters with the same one or two providers within the past six months.
Goal/Ranking	
Comments	Calculation improves the meaningfulness of the intended measure by comparing total appointments for each eligible patient's most frequent two providers to the total appointments for all eligible patients. This weights the measure based on total appointments vs. total patients.
Last Revised	201604 SR/MS





NON-EHRS INSTITUTIONS

Domain and Measure	Continuity of Clinicians & Services – Primary Care Provider (PCP)
Definition	Percentage of primary care encounters each medium or high risk patient had over the past 6 months that occurred with the two providers who saw the patient the most often. This measure is based on a rolling six months of data.
Denominator	<p>All Primary Care Provider (PCP) service area appointments for patients with <u>all</u> of the following characteristics:</p> <ol style="list-style-type: none"> 1. Continuously incarcerated for 6 months. 2. Continuously high or medium risk for 6 months. 3. Had at least 3 PCP service area appointments. <p>Excludes:</p> <ol style="list-style-type: none"> 1. Patients who are HIV positive.
Numerator	Number of PCP appointments for patients in the denominator attributed to the two most frequently visited PCPs in the PCP service area.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for 6 months and were transferred.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for 6 months.</p>
Data Source(s)	<p>Master Patient Registry Medical Scheduling and Tracking System Strategic Offender Management System</p>
Reporting Frequency	Monthly, using a rolling 6-month reporting period.
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, high and medium risk patients will have 85% or more of their encounters with no more than two unique primary care providers within the past six months.

Dashboard 4.2

Specifications

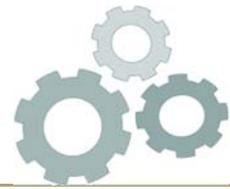


Domain and Measure	Continuity of Clinicians & Services – Primary Care Provider (PCP)				
Goal/Ranking	<table border="1"> <tr> <td data-bbox="516 415 821 457">CCHCS Goal >=85%</td> </tr> <tr> <td data-bbox="516 457 821 499">High >=85%</td> </tr> <tr> <td data-bbox="516 499 821 541">Moderate 75%-84%</td> </tr> <tr> <td data-bbox="516 541 821 583">Low <75%</td> </tr> </table>	CCHCS Goal >=85%	High >=85%	Moderate 75%-84%	Low <75%
CCHCS Goal >=85%					
High >=85%					
Moderate 75%-84%					
Low <75%					
Comments	<p>Calculation improves the meaningfulness of the intended measure by comparing total appointments for each eligible patient's most frequent two providers to the total appointments for all eligible patients. This weights the measure based on total appointments vs. total patients.</p>				
Last Revised	201604 JL				



Dashboard 4.2

Specifications



<i>Domain and Measure</i>	<i>Continuity of Clinicians & Services – Mental Health Primary Clinician EHRS Institutions</i>
Definition	Percentage of primary clinician contacts seen by the most frequent provider.
Denominator	All primary clinician contacts seen in person during the 5 months before the start of the reporting period through the end of the reporting period (6 months total) for any patient who has been Enhanced Outpatient Program (EOP) in the same housing program at the same institution, without interruption, for the past six months.
Numerator	All contacts from the denominator seen by the most frequent provider. The most frequent provider is the provider with the most completed in-person contacts with the patient during the last six calendar months, current month included.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for 6 months and were transferred. Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for 6 months.
Data Source(s)	Mental Health Tracking System Strategic Offender Management System Electronic Health Record System (EHRS)
Reporting Frequency	Monthly, using a rolling 6-month reporting period.
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, Enhanced Outpatient Program (EOP) patients will have 85% or more of their encounters with the same Mental Health Primary Clinician within the past six months.
Goal/Ranking	<p>CCHCS Goal >=85%</p> <p>High >=85%</p> <p>Moderate 70%-84%</p> <p>Low <70%</p>
Comments	For the purposes of this measure, the MHPC who saw the patient

Dashboard 4.2

Specifications



<i>Domain and Measure</i>	<i>Continuity of Clinicians & Services – Mental Health Primary Clinician EHRS Institutions</i>
	<p>most often during the past six months is assumed to be the assigned MHPC.</p> <p>Calculation improves the meaningfulness of the intended measure by comparing total appointments for each eligible patient's top provider to the total appointments for all eligible patients. This weights the measure based on total appointments vs. total patients.</p>
Last Revised	201604 JL



Dashboard 4.2

Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Continuity of Clinicians & Services – Mental Health Primary Clinician				
Definition	Percentage of each Enhanced Outpatient Program (EOP) patient's encounters that occurred with a single Mental Health Primary Clinician during the past 6 months. This measure is based on a rolling six months of data.				
Denominator	Mental Health Primary Clinician (MHPC) appointments for EOP patients with <u>all</u> of the following characteristics: <ol style="list-style-type: none"> 1. Continuously incarcerated for the past 6 months. 2. Maintained EOP level of care during the 6-month period. 3. Resided in same housing program during the 6-month period (e.g., ASU, PSP, GP, etc.). 4. Had at least 2 appointments with a MHPC during the 6-month period. 				
Numerator	Number of MHPC appointments for patients in the denominator attributed to the most frequently visited MHPC.				
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for 6 months and were transferred.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for 6 months.</p>				
Data Source(s)	Mental Health Tracking System Strategic Offender Management System				
Reporting Frequency	Monthly, using a rolling 6-month reporting period.				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, Enhanced Outpatient Program (EOP) patients will have 85% or more of their encounters with the same Mental Health Primary Clinician within the past six months.				
Goal/Ranking	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="background-color: #333; color: white;">CCHCS Goal >=85%</td> </tr> <tr> <td style="background-color: #008000; color: white;">High >=85%</td> </tr> <tr> <td style="background-color: #ffff00;">Moderate 75%-84%</td> </tr> <tr> <td style="background-color: #ff0000; color: white;">Low <75%</td> </tr> </table>	CCHCS Goal >=85%	High >=85%	Moderate 75%-84%	Low <75%
CCHCS Goal >=85%					
High >=85%					
Moderate 75%-84%					
Low <75%					

Dashboard 4.2

Specifications

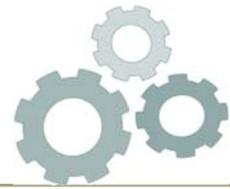


Domain and Measure	<i>Continuity of Clinicians & Services – Mental Health Primary Clinician</i>
Comments	<p>For the purposes of this measure, the MHPC who saw the patient most often during the past six months is assumed to be the assigned MHPC.</p> <p>Calculation improves the meaningfulness of the intended measure by comparing total appointments for each eligible patient's top provider to the total appointments for all eligible patients. This weights the measure based on total appointments vs. total patients.</p>
Last Revised	201604 JL



Dashboard 4.2

Specifications



<i>Domain and Measure</i>	<i>Continuity of Clinicians & Services – Psychiatrist EHRS Institutions</i>
Definition	Percentage of Enhanced Outpatient Program (EOP) psychiatrist contacts held with the psychiatrist who saw the patient most frequently over the past 6 months.
Denominator	All psychiatry contacts seen in person during the 5 months before the start of the reporting period through the end of the reporting period (6 months total) for any patient who has been EOP in the same housing program at the same institution, without interruption.
Numerator	All contacts from the denominator seen by the provider with the most completed in-person contacts with the patient during the last six calendar months, current month included.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for 6 months and were transferred. Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for 6 months.
Data Source(s)	Mental Health Tracking System Strategic Offender Management System Electronic Health Records System (EHRS)
Reporting Frequency	Monthly, using a rolling 6-month reporting period.
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, Enhanced Outpatient Program (EOP) patients will have 85% or more of their encounters with the same primary psychiatrist within the past six months.
Goal/Ranking	
Comments	For the purposes of this measure, the psychiatrist who saw the patient most often during the past six months is assumed to be the assigned

Dashboard 4.2

Specifications

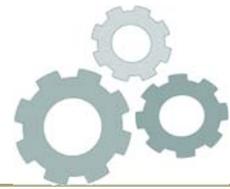


<i>Domain and Measure</i>	<i>Continuity of Clinicians & Services – Psychiatrist</i> <i>EHR Institutions</i>
	Psychiatrist. Calculation improves the meaningfulness of the intended measure by comparing total appointments for each eligible patient's top provider to the total appointments for all eligible patients. This weights the measure based on total appointments vs. total patients.
Last Revised	201604 JL



Dashboard 4.2

Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Continuity of Clinicians & Services – Psychiatrist				
Definition	Percentage of each Enhanced Outpatient Program (EOP) patient's encounters that occurred with a single psychiatrist during the past 6 months. This measure is based on a rolling six months of data.				
Denominator	All EOP psychiatrist appointments for patients who have <u>all</u> of the following characteristics: <ol style="list-style-type: none"> 1. Six months residency. 2. Maintained EOP level of care during the 6-month period. <ol style="list-style-type: none"> 1. Resided in same housing program during the 6-month period (e.g., ASU, PSP, GP, etc.). 2. Had at least 2 appointments with a psychiatrist during the 6 month period. 				
Numerator	Number of psychiatrist appointments for patients in the denominator attributed to the psychiatrist who saw the patient most frequently in the past 6 months.				
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes patients who have been continuously incarcerated at CDCR for 6 months and were transferred.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Only includes patients who have been continuously incarcerated at the same institution for 6 months.</p>				
Data Source(s)	Mental Health Tracking System Strategic Offender Management System				
Reporting Frequency	Monthly, using a rolling 6-month reporting period.				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, Enhanced Outpatient Program (EOP) patients will have 85% or more of their encounters with the same primary psychiatrist within the past six months.				
Goal/Ranking	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="background-color: black; color: white;">CCHCS Goal >=85%</td> </tr> <tr> <td style="background-color: green; color: white;">High >=85%</td> </tr> <tr> <td style="background-color: yellow; color: black;">Moderate 75%-84%</td> </tr> <tr> <td style="background-color: red; color: white;">Low <75%</td> </tr> </table>	CCHCS Goal >=85%	High >=85%	Moderate 75%-84%	Low <75%
CCHCS Goal >=85%					
High >=85%					
Moderate 75%-84%					
Low <75%					

Dashboard 4.2

Specifications

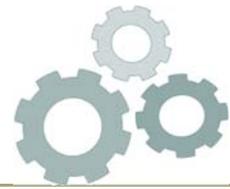


Domain and Measure	Continuity of Clinicians & Services – Psychiatrist
Comments	<p>For the purposes of this measure, the psychiatrist who saw the patient most often during the past six months is assumed to be the assigned Psychiatrist.</p> <p>Calculation improves the meaningfulness of the intended measure by comparing total appointments for each eligible patient's top provider to the total appointments for all eligible patients. This weights the measure based on total appointments vs. total patients.</p>
Last Revised	201604 JL



Dashboard 4.2

Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Medication Management – MAPIP, Medication Continuity-Transfer (Composite)
Definition	Average of the following seven percentages from the Medication Administration Process Improvement Program audit tool (MAPIP) measures 5-9 related to patients who received their medications timely upon: 1) inter-institutional transfer; 2) intra-institutional transfer for medications that are nurse administered or directly observed therapy; 3) discharge from a Mental Health Crisis Bed; 4) transfer to a Administrative Segregation Unit, Security Housing Unit, or Psychiatric Services Unit, and 5) discharge from a community hospital, or Department of State Hospital-run facility.
Denominator	Number of component measures in the composite (maximum of 5). Denominator will only include component measures where data is available for evaluation.
Numerator	Sum of the percentages of each component measure.
Rate Calculation	Average percentage is the sum of the percentages divided by the number of component measures.
Data Source(s)	Medication Administration Process Improvement Program (MAPIP) audit results submitted by individual institutions each month.
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 90% or more of patients who arrived at a reception center or transfer across health care settings will continue to receive their medications in a timely manner.
Goal/Ranking	<p>CCHCS Goal >=90%</p> <p>High >=90%</p> <p>Moderate 75%-89%</p> <p>Low <75%</p>
Comments	
Last Revised	201604 JL

Dashboard 4.2

Specifications

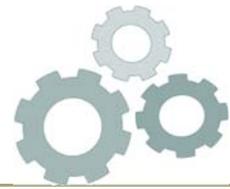


Domain and Measure	Medication Management – MAPIP, Medication Continuity-Transfer (Composite)
Component Measures	Click on any link below to see component measure specifications: <ol style="list-style-type: none">1. M5: NA/DOT/KOP Meds Inter-Institutional2. M6: NA/DOT Meds Intra-Institutional3. M7: Mental Health Crisis Bed Transfers4. M8: ASU/SHU/PSU Inter-Institutional5. M9: Discharge from Community Hosp/DSH



Dashboard 4.2

Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Medication Management – MAPIP, Medication Continuity-Transfer: M5: KOP Meds Inter-Institutional
Definition	Percentage of patients who received their medication timely upon inter-institutional transfer.
Denominator	Sample of 20 patients or all if less than 20 patients eligible. Eligible Population: Patients who have been transferred from one CDCR prison to another in the prior month.
Numerator	Number of charts that meet the review criteria detailed below: Continuity of medications upon inter-institutional transfer was demonstrated by: <ol style="list-style-type: none"> 1. Medications administered within 1 calendar day at the receiving institution.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Medication Administration Process Improvement Program (MAPIP) audit results submitted by individual institutions each month.
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 90% or more of patients who arrived at a reception center or transfer across health care settings will continue to receive their medications in a timely manner.
Goal/Ranking	
Comments	MAPIP Measure 5 This measure is a component of the MAPIP, Medication Continuity-Transfer composite measure shown on the Dashboard.

Dashboard 4.2

Specifications



Domain and Measure	Medication Management – MAPIP, Medication Continuity-Transfer: M5: KOP Meds Inter-Institutional
Last Revised	201604 JL





NON-EHRS INSTITUTIONS

Domain and Measure	Medication Management – MAPIP, Medication Continuity-Transfer: M6: NA/DOT Meds Intra-Institutional
Definition	Percentage of patients taking medications requiring Nurse Administered (NA) or Directly Observed Therapy (DOT) administration who received their medication timely upon transfer from one housing unit or yard to another within the same institution.
Denominator	<p>Sample of 20 patients or all if less than 20 patients eligible.</p> <p>Eligible Population:</p> <ol style="list-style-type: none"> 1. Patient prescribed medication requiring NA/DOT administration who transferred from one housing unit or yard to another within the same prison in the prior month. 2. Excludes patients transferred to ASU/SHU/PSU.
Numerator	<p>Number of charts that meet the review criteria detailed below:</p> <p>Continuity of NA/DOT medications with intra-institutional transfers (excluding ASU/SHU/PSU) is demonstrated by both:</p> <ol style="list-style-type: none"> 1. Medications continued on the receiving yard without interruption upon an intra-institutional move. 2. Missed medications documented on the MAR according to policy.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Medication Administration Process Improvement Program (MAPIP) audit results submitted by individual institutions each month.
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 90% or more of patients who arrived at a reception center or transfer across health care settings will continue to receive their medications in a timely manner.

Dashboard 4.2

Specifications



Domain and Measure	Medication Management – MAPIP, Medication Continuity-Transfer: M6: NA/DOT Meds Intra-Institutional				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 75%-89%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					
Comments	<p>MAPIP Measure 6</p> <p>This measure is a component of the MAPIP, Medication Continuity-Transfer composite measure shown on the Dashboard.</p>				
Last Revised	201604 JL				

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Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Medication Management – MAPIP, Medication Continuity-Transfer: M7: Mental Health Crisis Bed Transfers
Definition	Percentage of patients discharged from Mental Health Crisis Bed (MHCB) who received their medication timely upon transfer.
Denominator	Sample of 20 patients or all if less than 20 patients eligible. Eligible Population: Patients who have been discharged from a Mental Health Crisis Bed in the prior month.
Numerator	Number of charts that meet the review criteria detailed below: Continuity of medications upon discharge from MHCB is demonstrated by both: <ul style="list-style-type: none"> 1. Medications ordered on discharge from the MHCB continued without interruption. 2. Missed medications documented on the MAR according to policy.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Medication Administration Process Improvement Program (MAPIP) audit results submitted by individual institutions each month.
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 90% or more of patients who arrived at a reception center or transfer across health care settings will continue to receive their medications in a timely manner.
Goal/Ranking	<p>CCHCS Goal >=90%</p> <p>High >=90%</p> <p>Moderate 75%-89%</p> <p>Low <75%</p>
Comments	MAPIP Measure 7 This measure is a component of the MAPIP, Medication Continuity-

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Specifications



Domain and Measure	Medication Management – MAPIP, Medication Continuity-Transfer: M7: Mental Health Crisis Bed Transfers
	Transfer composite measure shown on the Dashboard.
Last Revised	201604 JL



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Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Medication Management – MAPIP, Medication Continuity-Transfer: M8: ASU/SHU/PSU Intra-Institutional				
Definition	Percentage of patients transferred to an Administrative Segregation Unit (ASU), Security Housing Unit (SHU), or Psychiatric Services Unit (PSU) within a prison who received their medication timely upon transfer.				
Denominator	Sample of 20 patients or all if less than 20 patients eligible. Eligible Population: Patients who have been transferred to an ASU, SHU or PSU at the same prison in the prior month.				
Numerator	Number of charts that meet the review criteria detailed below: Continuity of medications with intra-institutional transfers to ASU/SHU/PSU was demonstrated by both: <ol style="list-style-type: none"> 1. Medications continued in the ASU/SHU/PSU without interruption upon an intra-institutional move. 2. Missed medications documented on the MAR according to policy. 				
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.				
Data Source(s)	Medication Administration Process Improvement Program (MAPIP) audit results submitted by individual institutions each month.				
Reporting Frequency	Monthly				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 90% or more of patients who arrived at a reception center or transfer across health care settings will continue to receive their medications in a timely manner.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 75%-89%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					

Dashboard 4.2

Specifications

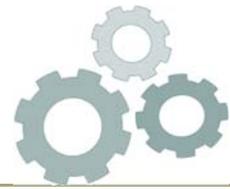


Domain and Measure	Medication Management – MAPIP, Medication Continuity-Transfer: M8: ASU/SHU/PSU Intra-Institutional
Comments	MAPIP Measure 8 This measure is a component of the MAPIP, Medication Continuity-Transfer composite measure shown on the Dashboard.
Last Revised	201604 JL



Dashboard 4.2

Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Medication Management – MAPIP, Medication Continuity-Transfer: M9: Discharge from Community Hosp/DSH
Definition	Percentage of patients discharged from a community hospital or Department of State Hospital (DSH) who received their medication timely upon return to institution.
Denominator	Sample of 20 patients or all if less than 20 patients eligible. Eligible Population: Patients who were discharged from a community hospital or DSH in the prior month.
Numerator	Number of charts that meet the review criteria detailed below: Continuity of medications upon discharge/transfer from a community hospital and/or DSH was demonstrated by both: <ol style="list-style-type: none"> 1. All prescribed medications continued without interruption at the receiving institution upon patient's discharge from a community hospital or DSH. 2. Missed medications documented on the MAR according to policy.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Medication Administration Process Improvement Program (MAPIP) audit results submitted by individual institutions each month.
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 90% or more of patients who arrived at a reception center or transfer across health care settings will continue to receive their medications in a timely manner.
Goal/Ranking	<p>CCHCS Goal >=90%</p> <p>High >=90%</p> <p>Moderate 75%-89%</p> <p>Low <75%</p>

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Specifications



Domain and Measure	Medication Management – MAPIP, Medication Continuity-Transfer: M9: Discharge from Community Hosp/DSH
Comments	MAPIP Measure 9 This measure is a component of the MAPIP, Medication Continuity-Transfer composite measure shown on the Dashboard.
Last Revised	201604 JL



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Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Medication Management – MAPIP, Medication Non-Adherence Counseling (Composite)
Definition	Average of the following four percentages from the Medication Administration Process Improvement Program audit tool (MAPIP) measures 1, 12, and 14 related to timely referral, counseling, and documentation for patients who 1) missed doses of medication prescribed by a mental health provider, 2) were subject to an involuntary medication order per Penal Code 2602, and/or 3) missed a dose of insulin, Clozaril or HIV medication.
Denominator	Number of component measures in the composite (maximum of 3). Denominator will only include component measures where data is available for evaluation.
Numerator	Sum of the percentages of each component measure.
Rate Calculation	Average percentage is the sum of the percentages divided by the number of component measures.
Data Source(s)	Medication Administration Process Improvement Program (MAPIP) audit results submitted by individual institutions each month.
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 90% or more of patients not compliant with medication orders will be appropriately referred to a clinician.
Goal/Ranking	
Comments	
Last Revised	201604 JL
Component Measures	Click on any link below to see component measure specifications: <ol style="list-style-type: none"> 1. M11: Non-Adherence MH Prescribed 2. M12: Non-Adherence PC2602 Meds 3. M14: Non-Adherence Insulin/HIV/Clozaril



NON-EHRS INSTITUTIONS

Domain and Measure	Medication Management – MAPIP, Medication Non-Adherence Counseling: M11: Non-Adherence MH Prescribed (Composite)
Definition	Percentage of patients who: 1) missed 3 consecutive days or 50% or more missed doses of psychiatrist/MH mid-level prescribed medication in one week by refusal or no-show and 2) received appropriate referral, counseling and documentation.
Denominator	<p>Sample of 20 patients or all if less than 20 patients eligible.</p> <p>Eligible Population: All patients with psychiatrist/MH mid-level prescribed medications that have missed 3 consecutive days or 50% or more doses of psychiatrist/MH mid-level prescribed medication in one week by refusal or no-show, as identified by the weekly MAR review, during the month audited.</p> <p>Note: This measure excludes medical provider prescribed medications and urgent referral medications (PC 2602 involuntary medications, insulin, daily TB medications, designated HIV medications and Clozapine).</p>
Numerator	<p>Number of charts that meet the review criteria detailed below:</p> <p>Medication compliance for psychiatrist/MH mid-level prescribed medication as demonstrated by <u>all</u> of the following:</p> <ol style="list-style-type: none"> 1. Documentation present on the MAR that an immediate referral was made for patients who were non-compliant with psychiatrist/MH mid-level prescribed medications on the same day of the weekly MAR review. 2. A 128 MH5 or 128 C filed in the eUHR and dated when the criteria for psychiatrist/MH mid-level prescribed medications non-compliance was met during the weekly MAR review. 3. Documentation on a progress note or MH treatment note present in the eUHR indicating the psychiatrist/MH mid-level evaluated the patient for non-compliance within 7 days of the written referral date.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>

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Specifications



Domain and Measure	Medication Management – MAPIP, Medication Non-Adherence Counseling: M11: Non-Adherence MH Prescribed (Composite)
Data Source(s)	Medication Administration Process Improvement Program (MAPIP) audit results submitted by individual institutions each month.
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 90% or more of patients not compliant with medication orders will be appropriately referred to a clinician.
Goal/Ranking	
Comments	<p>MAPIP Measure 11</p> <p>This measure is a component of the MAPIP, Medication Non-Adherence Counseling composite measure shown on the Dashboard.</p>
Last Revised	201606 JK
Component Measures	<p>Click on any link below to see component measure specifications:</p> <ol style="list-style-type: none"> 1. Referral on MAR 2. 128 MH5 or 128 C 3. Progress Note

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NON-EHRS INSTITUTIONS

Domain and Measure	Medication Management – MAPIP, Medication Non-Adherence Counseling: M11: Non-Adherence MH Prescribed- Referral on MAR
Definition	Percentage of patients who missed 3 consecutive days or 50% or more missed doses of psychiatrist/MH mid-level prescribed medication in one week by refusal or no-show and had documentation on the MAR that an immediate referral was made during the weekly MAR review (same day as the review).
Denominator	<p>Sample of 20 patients or all if less than 20 patients eligible.</p> <p>Eligible Population: All patients with psychiatrist/MH mid-level prescribed medications that have missed 3 consecutive days or 50% or more doses of psychiatrist/MH mid-level prescribed medication in one week by refusal or no-show, as identified by the weekly MAR review, during the month audited.</p> <p>Note: This measure excludes medical provider-prescribed medications and urgent referral medications (PC 2602 involuntary medications, insulin, daily TB medications, designated HIV medications and Clozapine).</p>
Numerator	<p>Number of charts that meet the review criteria detailed below:</p> <p>Documentation present on the MAR that an immediate referral was made for patients who were non-compliant with psychiatrist-/MH mid-level-prescribed medications on the same day of the weekly MAR review.</p>
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Medication Administration Process Improvement Program (MAPIP) audit results submitted by individual institutions each month.
Reporting Frequency	Monthly
Background	<p>Health Care Services Performance Improvement Plan (PIP) Objective:</p> <p>By December 31, 2017, 90% or more of patients not compliant with</p>

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Specifications



Domain and Measure	Medication Management – MAPIP, Medication Non-Adherence Counseling: M11: Non-Adherence MH Prescribed- Referral on MAR				
	medication orders will be appropriately referred to a clinician.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 75%-89%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					
Comments	<p>MAPIP Measure 11, Sub-Measure A</p> <p>This measure is a component of the MAPIP, Medication Non-Adherence Counseling composite measure shown on the Dashboard.</p>				
Last Revised	201604 JL				



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Specifications

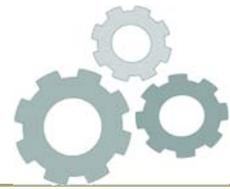


NON-EHRS INSTITUTIONS

Domain and Measure	Medication Management – MAPIP, Medication Non-Adherence Counseling: M11: Non-Adherence MH Prescribed- 128 MH5 or 128 C
Definition	Percentage of patients who missed 3 consecutive days or 50% or more missed doses of psychiatrist/MH mid-level prescribed medication in one week by refusal or no-show who were identified during weekly Medication Administration Record (MAR) review and had a 128 MH5 or 128 C filed in the eUHR.
Denominator	<p>Sample of 20 patients or all if less than 20 patients eligible.</p> <p>Eligible Population: All patients with psychiatrist/MH mid-level prescribed medications that have missed 3 consecutive days or 50% or more doses of psychiatrist/MH mid-level prescribed medication in one week by refusal or no-show, as identified by the weekly MAR review, during the month audited.</p> <p>Note: This measure excludes medical provider-prescribed medications and urgent referral medications (PC 2602 involuntary medications, insulin, daily TB medications, designated HIV medications and Clozapine).</p>
Numerator	<p>Number of charts that meet the review criteria detailed below:</p> <p>A 128 MH5 or 128 C filed in the eUHR and dated when the criteria for psychiatrist/MH mid-level prescribed medications non-compliance was met.</p>
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Medication Administration Process Improvement Program (MAPIP) audit results submitted by individual institutions each month.
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 90% or more of patients not compliant with medication orders will be appropriately referred to a clinician.

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Specifications



Domain and Measure	Medication Management – MAPIP, Medication Non-Adherence Counseling: M11: Non-Adherence MH Prescribed- 128 MH5 or 128 C				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 75%-89%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					
Comments	<p>MAPIP Measure 11, Sub-Measure B</p> <p>This measure is a component of the MAPIP, Medication Non-Adherence Counseling composite measure shown on the Dashboard.</p>				
Last Revised	201604 JL				

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Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Medication Management – MAPIP, Medication Non-Adherence Counseling: M11: Non-Adherence MH Prescribed- Progress Note
Definition	Percentage of patients who missed 3 consecutive days or 50% or more missed doses of psychiatrist/MH mid-level prescribed medication in one week by refusal or no-show and had documentation on a progress note or MH treatment note that is present in the eUHR, indicating the psychiatrist/MH mid-level evaluated the patient for non-compliance within 7 days of the written referral date.
Denominator	<p>Sample of 20 patients or all if less than 20 patients eligible.</p> <p>Eligible Population: All patients with psychiatrist/MH mid-level prescribed medications that have missed 3 consecutive days or 50% or more doses of psychiatrist/MH mid-level prescribed medication in one week by refusal or no-show, as identified by the weekly MAR review, during the month audited.</p> <p>Note: This measure excludes medical provider-prescribed medications and urgent referral medications (PC 2602 involuntary medications, insulin, daily TB medications, designated HIV medications and Clozapine).</p>
Numerator	<p>Number of charts that meet the review criteria detailed below:</p> <p>Documentation on a progress note or MH treatment note present in the eUHR indicating the psychiatrist/MH mid-level evaluated the patient for non-compliance within 7 days of the written referral date.</p>
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Medication Administration Process Improvement Program (MAPIP) audit results submitted by individual institutions each month.
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 90% or more of patients not compliant with medication orders will be appropriately referred to a clinician.

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Specifications



Domain and Measure	Medication Management – MAPIP, Medication Non-Adherence Counseling: M11: Non-Adherence MH Prescribed- Progress Note				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 75%-89%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					
Comments	<p>MAPIP Measure 11, Sub-Measure C</p> <p>This measure is a component of the MAPIP, Medication Non-Adherence Counseling composite measure shown on the Dashboard.</p>				
Last Revised	201604 JL				



Dashboard 4.2

Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Medication Management – MAPIP, Medication Non-Adherence Counseling: M12: Non-Adherence PC2602 Meds
Definition	Percentage of patients for whom the following is true: 1) the patient had with an involuntary medication court order under Penal Code (PC) Section 2602 with a copy of the PC 2602 order in the eUHR along with a current MD order for the medication, 2) the Medication Authorization Record clearly identifies which medication(s) are ordered under the PC 2602, and 3) an immediate referral was made to the prescribing psychiatrist (or on-call provider) when the patient refused or “no-showed” for the medication.
Denominator	Sample of 20 patients or all if less than 20 patients eligible. Eligible Population: All patients with current PC 2602 court orders issued by an Administrative Law Judge.
Numerator	Number of charts that meet the review criteria detailed below: Medication compliance for PC 2602, involuntary medications as demonstrated by <u>all</u> of the following: <ol style="list-style-type: none"> 1. A current court order for PC 2602 was present in the Electronic Unit Health Record. 2. A current MD order for medication(s) to be given per the PC 2602 order was present in the Electronic Unit Health Record. 3. The specific medication(s) to be given per the PC 2602 order were identified on the MAR. 4. An immediate referral was made verbally and in writing to the prescribing psychiatrist, the psychiatrist on call, or the physician on call for patients who no-show or refuse PC 2602 medication.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Medication Administration Process Improvement Program (MAPIP) audit results submitted by individual institutions each month.
Reporting Frequency	Monthly

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Specifications



Domain and Measure	Medication Management – MAPIP, Medication Non-Adherence Counseling: M12: Non-Adherence PC2602 Meds				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 90% or more of patients not compliant with medication orders will be appropriately referred to a clinician.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 75%-89%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					
Comments	MAPIP Measure 12 This measure is a component of the MAPIP, Medication Non-Adherence Counseling composite measure shown on the Dashboard.				
Last Revised	201604 JL				

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Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Medication Management – MAPIP, Medication Non-Adherence Counseling: M14: Non-Adherence Insulin/HIV/Clozaril
Definition	Percentage of patients who missed one dose of insulin, designated HIV medication or Clozaril and were urgently referred to the prescriber or provider on call.
Denominator	<p>Sample of 20 patients or all if less than 20 patients eligible.</p> <p>Eligible Population: All patients with current orders for insulin, designated HIV medications or Clozaril who have missed any dose by refusal or no-show during the month audited.</p> <p>Note: Designated HIV medications include Atazanavir, Darunavir, Efavirenz, Emtricitabine, Raltegravir, Ritonavir and Tenofovir.</p>
Numerator	<p>Number of charts that meet the review criteria detailed below:</p> <p>Medication compliance for urgent medication referrals for no shows and refusals of designated medications as demonstrated by:</p> <ol style="list-style-type: none"> 1. An immediate referral made in writing via CDC Form 128-C on an urgent basis to the prescriber or provider on call for patients who no show or refuse any dose of insulin, designated HIV medications or Clozaril.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Medication Administration Process Improvement Program (MAPIP) audit results submitted by individual institutions each month.
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 90% or more of patients not compliant with medication orders will be appropriately referred to a clinician.

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Specifications

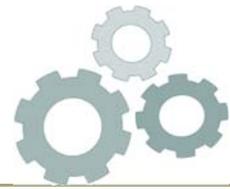


Domain and Measure	Medication Management – MAPIP, Medication Non-Adherence Counseling: M14: Non-Adherence Insulin/HIV/Clozaril				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 75%-89%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					
Comments	<p>MAPIP Measure 14</p> <p>This measure is a component of the MAPIP, Medication Non-Adherence Counseling composite measure shown on the Dashboard.</p>				
Last Revised	201604 JL				



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Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Medication Management – MAPIP, Medication Administration (Composite)
Definition	Average of the following two percentages from the Medication Administration Process Improvement Program audit tool (MAPIP) measures 22-23 related to patients receiving their medications timely who were 1) prescribed a new medication by a psychiatrist and 2) had a new medication prescribed by a medical provider.
Denominator	Number of component measures in the composite (maximum of 2). Denominator will only include component measures where data is available for evaluation.
Numerator	Sum of the percentages of both component measures.
Rate Calculation	Average percentage is the sum of the percentages divided by the number of component measures.
Data Source(s)	Medication Administration Process Improvement Program (MAPIP) audit results submitted by individual institutions each month.
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 90% or more of chronic care patients will receive all essential medications including psychotropic medications in a timely manner.
Goal/Ranking	
Comments	
Last Revised	20160616 JK
Component Measures	Click on any link below to see component measure specifications: <ol style="list-style-type: none"> 1. M22: New Outpatient Orders-Psychiatrist 2. M23: New Outpatient Orders-Medical



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Specifications



Domain and Measure	Medication Management – MAPIP, Medication Administration: M22: New Outpatient Orders-Psychiatrist
Definition	Percentage of outpatients prescribed a new medication by a psychiatrist who received their medication in the timeframe specified per policy.
Denominator	Eligible charts from sample of 20 patients or all if less than 20 patients eligible. Eligible Population: Outpatients with a new medication order from a psychiatrist.
Numerator	Number of charts that meet the review criteria detailed below: Psychiatrist-prescribed new outpatient medications were administered correctly as demonstrated by: <ol style="list-style-type: none"> 1. Outpatient provider new medication orders administered (NA/DOT) to the patient within specified timeframes per policy. 2. Missed medications documented on the eMAR according to policy.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Medication Administration Process Improvement Program (MAPIP) audit results submitted by individual institutions each month.
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2014, 90% or more of chronic care patients will receive all essential medications including psychotropic medications in a timely manner.
Goal/Ranking	<p>CCHCS Goal >=90%</p> <p>High >=90%</p> <p>Moderate 75%-89%</p> <p>Low <75%</p>
Comments	MAPIP Measure 22

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Specifications



Domain and Measure	Medication Management – MAPIP, Medication Administration: M22: New Outpatient Orders-Psychiatrist
	This measure is a component of the MAPIP, Medication Administration composite measure shown on the Dashboard.
Last Revised	201401 BG



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Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Medication Management – MAPIP, Medication Administration: M23: New Outpatient Orders-Medical
Definition	Percentage of outpatients prescribed a new medication by a medical provider who received their medication in the timeframe specified per policy.
Denominator	<p>Eligible charts from sample of 20 patients or all if less than 20 patients eligible.</p> <p>Eligible Population: Outpatients with a new medication order by a medical provider.</p>
Numerator	<p>Number of charts that meet the review criteria detailed below:</p> <p>Medical provider prescribed new outpatient medications were administered correctly as demonstrated by:</p> <ol style="list-style-type: none"> 1. Outpatient provider new medication orders delivered KOP to the patient within specified timeframes per policy. 2. A signed KOP receipt found in the Electronic Unit Health Record.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Medication Administration Process Improvement Program (MAPIP) audit results submitted by individual institutions each month.
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, 90% or more of chronic care patients will receive all essential medications including psychotropic medications in a timely manner.
Goal/Ranking	

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Specifications



Domain and Measure	Medication Management – MAPIP, Medication Administration: M23: New Outpatient Orders-Medical
Comments	MAPIP Measure 23 This measure is a component of the MAPIP, Medication Administration composite measure shown on the Dashboard.
Last Revised	201604 JL



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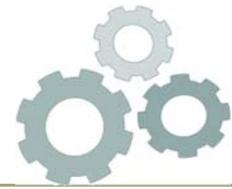
Specifications



<i>Domain and Measure</i>	<i>Medication Management – All Medications Received Timely (Composite)</i> <i>EHRs Institutions</i>
Definition	Percentage of medication doses provided timely.
Denominator	<p>All medication doses due to be administered during the measurement period, as indicated by Medication Tasks firing in the Electronic Health Record System (EHRs).</p> <p>Includes medication doses administered to patients in inpatient beds.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • PRN Medications • Nurse Protocol-associated administrations • Nursing Tasks with a status of “Not Given: No Insulin Required”
Numerator	<p>Sum of the following:</p> <ul style="list-style-type: none"> • Number of refill/renewal KOP medications from the denominator administered up to 4 business days before or after the due date AND the new KOP medications administered between the order date and prescription start date. <ul style="list-style-type: none"> ○ For Keep on Person (KOP) medications, which are provided to patients in multiple doses at once for self-administration, doses of medication are considered to be administered on the date the patient picks up the medication supply. • Number of NA/DOT doses from the denominator administered up to 3 hours before or after the due date/time. Administrations due after 8pm will have until 12pm on the same day. <ul style="list-style-type: none"> ○ For Nurse-Administered (NA) or Directly Observed Therapy (DOT), medication administration is measured by each individual dose provided to the patient. <p>A medication dose is considered administered if:</p> <ul style="list-style-type: none"> • Medication Task for the dose is marked as completed within required timeframes. • There is an administration documented in the Medication Administration Record linked to the original prescription within the required timeframes. (Generally, this occurs in circumstances when the administration was completed in advance of the due date, and a Medication Task has not yet been generated in the system for tracking purposes.)

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Specifications



Domain and Measure	Medication Management – All Medications Received Timely (Composite) EHRs Institutions
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100 for all applicable institutions that have implemented the EHRs.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Electronic Health Record System (EHRs)
Reporting Frequency	Monthly
Background	By December 31, 2017, 90% or more of patients will receive their medications in a timely manner.
Goal/Ranking	
Comments	EHRs Measure
Last Revised	20160708 SDP
Component Measures	<p>Click on any link below to see component measure specifications:</p> <p><i>By Transfer Type:</i></p> <ol style="list-style-type: none"> 1. Inter-System 2. Intra-Institution 3. Stable Housing <p><i>By Administration Type:</i></p> <ol style="list-style-type: none"> 4. KOP 5. NA/DOT <p><i>By Prescription Type:</i></p> <ol style="list-style-type: none"> 6. New 7. Refill/Renewal <p><i>By Medication Type:</i></p> <ol style="list-style-type: none"> 8. Significant Medications 9. Other Medications <p><i>By Provider Type:</i></p> <ol style="list-style-type: none"> 10. Dental 11. Medical 12. Psychiatry



Dashboard 4.2

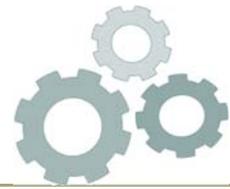
Specifications



<i>Domain and Measure</i>	<i>Medication Management – Medications Received Timely – Inter-System EHRs Institutions</i>
Definition	Percentage of medication doses provided timely for patients transferring from one CDCR institution to another or from a non-CDCR entity to an institution.
Denominator	<p>All medication doses due to be administered during the measurement period, as indicated by Medication Tasks firing in the Electronic Health Record System (EHRs), to patients who transferred from one CDCR institution to another or to an institution from a non-CDCR entity (.e.g., county jail).</p> <p>Includes medication doses due to be administered to patients:</p> <ul style="list-style-type: none"> • Housed in on-site inpatient beds. • Returning from a higher level of care, including community hospitals and Department of State Hospital programs. <p>Inter-system transfer patients are considered eligible for this measure from the date of arrival date to up to seven (7) calendar days after arrival.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • PRN Medications • Nurse Protocol-associated administrations • Nursing Tasks with a status of “Not Given: No Insulin Required”
Numerator	<p>Sum of the following:</p> <ul style="list-style-type: none"> • Number of refill/renewal KOP medications from the denominator administered up to 4 business days before or after the due date AND the new KOP medications administered between the order date and prescription start date. <ul style="list-style-type: none"> ○ For Keep on Person (KOP) medications, which are provided to patients in multiple doses at once for self-administration, doses of medication are considered to be administered on the date the patient picks up the medication supply. • Number of NA/DOT doses from the denominator administered up to 3 hours before or after the due date/time. Administrations due after 8pm will have until 12pm on the same day. <ul style="list-style-type: none"> ○ For Nurse-Administered (NA) or Directly Observed Therapy (DOT), medication administration is measured by each individual dose provided to the patient.

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Specifications

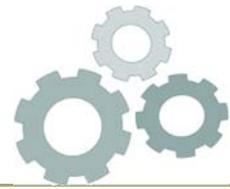


<i>Domain and Measure</i>	Medication Management – Medications Received Timely – Inter-System EHRS Institutions
	<p>A medication dose is considered administered if:</p> <ul style="list-style-type: none"> • Medication Task for the dose is marked as completed within required timeframes. • There is an administration documented in the Medication Administration Record linked to the original prescription within the required timeframes. (Generally, this occurs in circumstances when the administration was completed in advance of the due date, and a Medication Task has not yet been generated in the system for tracking purposes.)
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100 for all applicable institutions that have implemented EHRS. Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	By December 31, 2017, 90% or more of patients will receive their medications in a timely manner.
Goal/Ranking	
Comments	EHRS Measure only
Last Revised	20160708 SDP



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Specifications



<i>Domain and Measure</i>	<i>Medication Management – Medications Received Timely – Intra-Institution EHRs Institutions</i>
Definition	Percentage of medication doses provided timely for patients who changed housing types within the same institution during the measurement period.
Denominator	<p>All medication doses due to be administered during the measurement period, as indicated by Medication Tasks firing in the Electronic Health Record System (EHRs), for patients who moved housing types with the same institution. The period of time for patients to be considered eligible for this measure is between the move date and seven (7) calendar days after the move.</p> <p>Housing types include:</p> <ul style="list-style-type: none"> • General Population • Inpatient or Outpatient Housing Unit (e.g., Correctional Treatment Center, Skilled Nursing Facility, Mental Health Crisis Bed, Outpatient Housing Unit) • Administrative Segregation (e.g., Administrative Segregation Unit, Security Housing Unit, Psychiatric Services Unit) <p>Exclusions:</p> <ul style="list-style-type: none"> • PRN Medications • Nurse Protocol-associated administrations • Nursing Tasks with a status of “Not Given: No Insulin Required”
Numerator	<p>Sum of the following:</p> <ul style="list-style-type: none"> • Number of refill/renewal KOP medications from the denominator administered up to 4 business days before or after the due date AND the new KOP medications administered between the order date and prescription start date. <ul style="list-style-type: none"> ○ For Keep on Person (KOP) medications, which are provided to patients in multiple doses at once for self-administration, doses of medication are considered to be administered on the date the patient picks up the medication supply. • Number of NA/DOT doses from the denominator administered up to 3 hours before or after the due date/time. Administrations due after 8pm will have until 12pm on the same day. <ul style="list-style-type: none"> ○ For Nurse-Administered (NA) or Directly Observed Therapy (DOT), medication administration is measured by each individual dose provided to the patient.

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<i>Domain and Measure</i>	<i>Medication Management – Medications Received Timely – Intra-Institution EHRS Institutions</i>
	<p>A medication dose is considered administered if:</p> <ul style="list-style-type: none"> • Medication Task for the dose is marked as completed within required timeframes. • There is an administration documented in the Medication Administration Record linked to the original prescription within the required timeframes. (Generally, this occurs in circumstances when the administration was completed in advance of the due date, and a Medication Task has not yet been generated in the system for tracking purposes.)
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100 for all applicable institutions that have implemented EHRS.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	By December 31, 2017, 90% or more of patients will receive their medications in a timely manner.
Goal/Ranking	
Comments	EHRS Measure
Last Revised	20160708 SDP



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Specifications



<i>Domain and Measure</i>	<i>Medication Management – Medications Received Timely – Stable Housing EHRs Institutions</i>
Definition	Percentage medication doses provided timely for patients who did not change housing types.
Denominator	<p>All medication doses due to be administered during the measurement period, as indicated by Medication Tasks firing in the Electronic Health Record System (EHRs), to patients who did not change housing types within the same institution or move to another institution.</p> <p>Housing types include:</p> <ul style="list-style-type: none"> • General Population • Inpatient or Outpatient Housing Unit (e.g., Correctional Treatment Center, Skilled Nursing Facility, Mental Health Crisis Bed, Outpatient Housing Unit) • Administrative Segregation (e.g., Administrative Segregation Unit, Security Housing Unit, Psychiatric Services Unit) <p>Exclusions:</p> <ul style="list-style-type: none"> • PRN Medications • Nurse Protocol-associated administrations • Nursing Tasks with a status of “Not Given: No Insulin Required”
Numerator	<p>Sum of:</p> <ul style="list-style-type: none"> • Number of refill/renewal KOP medications from the denominator administered up to 4 business days before or after the due date AND the new KOP medications administered between the order date and prescription start date. <ul style="list-style-type: none"> ○ For Keep on Person (KOP) medications, which are provided to patients in multiple doses at once for self-administration, doses of medication are considered to be administered on the date the patient picks up the medication supply. • Number of NA/DOT doses from the denominator administered up to 3 hours before or after the due date/time. Administrations due after 8pm will have until 12pm on the same day. <ul style="list-style-type: none"> ○ For Nurse-Administered (NA) or Directly Observed Therapy (DOT), medication administration is measured by each individual dose provided to the patient. <p>A medication dose is considered administered if:</p>

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<i>Domain and Measure</i>	<i>Medication Management – Medications Received Timely – Stable Housing EHRS Institutions</i>
	<ul style="list-style-type: none"> • Medication Task for the dose is marked as completed within required timeframes. • There is an administration documented in the Medication Administration Record linked to the original prescription within the required timeframes. (Generally, this occurs in circumstances when the administration was completed in advance of the due date, and a Medication Task has not yet been generated in the system for tracking purposes.)
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100 for all applicable institutions that have implemented the EHRS.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	By December 31, 2017, 90% or more of patients within the institution received their medications in a timely manner.
Goal/Ranking	
Comments	EHRS Measure
Last Revised	20160708 SDP

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<i>Domain and Measure</i>	<i>Medication Management – Medications Received Timely – Keep on Person (KOP) EHRs Institutions</i>
Definition	Percentage Keep on Person (KOP) medication doses provided timely.
Denominator	<p>All KOP medications due to be administered during the measurement period, as indicated by Medication Tasks firing in the Electronic Health Record System (EHRs).</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • PRN Medications • Nurse Protocol-associated administrations • Nursing Tasks with a status of “Not Given: No Insulin Required”
Numerator	<p>Number of refill/renewal KOP medications from the denominator administered up to 4 business days before or after the due date AND the new KOP medications administered between the order date and prescription start date.</p> <ul style="list-style-type: none"> • For Keep on Person (KOP) medications, which are provided to patients in multiple doses at once for self-administration, doses of medication are considered to be administered on the date the patient picks up the medication supply. <p>KOP medication is considered administered if:</p> <ul style="list-style-type: none"> • Medication Task for the medication is marked as completed within required timeframes. • There is an administration documented in the Medication Administration Record linked to the original prescription within the required timeframes. (Generally, this occurs in circumstances when the administration was completed in advance of the due date, and a Medication Task has not yet been generated in the system for tracking purposes.)
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100 for all applicable institutions that implemented the EHRs.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Electronic Health Record System (EHRs)
Reporting Frequency	Monthly

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Domain and Measure	Medication Management – Medications Received Timely – Keep on Person (KOP) EHRs Institutions				
Background	By December 31, 2017, 90% or more of patients within the institution received their medications in a timely manner.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 75%-89%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					
Comments	EHRs Measure				
Last Revised	20160708 SDP				



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Specifications



Domain and Measure	Medication Management – Medications Offered Timely –Nurse Administered/Directly Observed Treatment (NA/DOT) EHRs Institutions
Definition	Percentage Nurse Administered (NA) or Directly Observed Therapy (DOT) medication doses provided timely.
Denominator	All NA/DOT medication doses due to be administered during the measurement period, as indicated by Medication Tasks firing in the Electronic Health Record System (EHRs). Exclusions: <ul style="list-style-type: none"> • PRN Medications • Nurse Protocol-associated administrations • Nursing Tasks with a status of “Not Given: No Insulin Required”
Numerator	Number of NA/DOT doses from the denominator administered up to 3 hours before or after the due date/time. Administrations due after 8pm will have until 12pm on the same day. <ul style="list-style-type: none"> • For Nurse-Administered (NA) or Directly Observed Therapy (DOT), medication administration is measured by each individual dose provided to the patient. <p>A medication dose is considered administered if:</p> <ul style="list-style-type: none"> • Medication Task for the dose is marked as completed within required timeframes. • There is an administration documented in the Medication Administration Record linked to the original prescription within the required timeframes. (Generally, this occurs in circumstances when the administration was completed in advance of the due date, and a Medication Task has not yet been generated in the system for tracking purposes.)
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100 for all applicable institutions that implemented the EHRs. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Electronic Health Record System (EHRs)
Reporting Frequency	Monthly

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Domain and Measure	Medication Management – Medications Offered Timely –Nurse Administered/Directly Observed Treatment (NA/DOT) EHRS Institutions				
Background	By December 31, 2017, 90% or more of patients within the institution received their medications in a timely manner.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 75%-89%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					
Comments	EHRS Measure				
Last Revised	20160708 SDP				



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Specifications



<i>Domain and Measure</i>	<i>Medication Management – Medications Received Timely – New Medications</i> <i>EHRs Institutions</i>
Definition	Percentage of patients who received their new medication doses timely.
Denominator	<p>Doses of new medications due within the measurement period, as indicated by Medication Tasks firing in the Electronic Health Record System (EHRs).</p> <p>“New” medications are defined as prescriptions that started within the measurement period with <i>no</i> active order for the same medication ingredient, dose or form in the past 30 calendar days.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • PRN Medications • Nurse Protocol-associated administrations • Nursing Tasks with a status of, ‘Not Given: No Insulin Required’
Numerator	<p>Sum of the following:</p> <ul style="list-style-type: none"> • Number of new KOP medications administered between the order date and prescription start date. <ul style="list-style-type: none"> ○ For Keep on Person (KOP) medications, which are provided to patients in multiple doses at once for self-administration, doses of medication are considered to be administered on the date the patient picks up the medication supply. • Number of NA/DOT doses from the denominator administered up to 3 hours before or after the due date/time. Administrations due after 8pm will have until 12pm on the same day. <ul style="list-style-type: none"> ○ For Nurse-Administered (NA) or Directly Observed Therapy (DOT), medication administration is measured by each individual dose provided to the patient. <p>A medication dose is considered administered if:</p> <ul style="list-style-type: none"> • Medication Task for the dose is marked as completed within required timeframes. • There is an administration documented in the Medication Administration Record linked to the original prescription within the required timeframes. (Generally, this occurs in circumstances when the administration was completed in advance of the due date, and a Medication Task has not yet been generated in the system for tracking purposes.)

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<i>Domain and Measure</i>	<i>Medication Management – Medications Received Timely – New Medications</i> EHRs Institutions				
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100 for all applicable institutions that have implemented the EHRs. Institution: Percentage is the numerator divided by the denominator times 100.				
Data Source(s)	Electronic Health Record System (EHRs)				
Reporting Frequency	Monthly				
Background	By December 31, 2017, 90% or more of patients within the institution received their medications in a timely manner.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 75%-89%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					
Comments	EHRs Measure				
Last Revised	20160708 SDP				



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Specifications



<i>Domain and Measure</i>	<i>Medication Management – Medications Received Timely – Refilled/Renewed Medications EHRs Institutions</i>
Definition	Percentage of refilled/renewed medication doses provided timely.
Denominator	<p>All renewed or refilled medication doses due to be administered during the measurement period, as indicated by Medication Tasks firing in the Electronic Health Record System (EHRs).</p> <p>“Refilled or renewed medications” are defined as medications prescribed to patients who had an active order previously for the same medication (identical ingredient, dose and form) in the past 30 days.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • PRN Medications • Nurse Protocol-associated administrations • Nursing Tasks with a status of “Not Given: No Insulin Required”
Numerator	<p>Sum of the following:</p> <ul style="list-style-type: none"> • Number of new KOP medications administered between the order date and prescription start date. <ul style="list-style-type: none"> ○ For Keep on Person (KOP) medications, which are provided to patients in multiple doses at once for self-administration, doses of medication are considered to be administered on the date the patient picks up the medication supply. • Number of NA/DOT doses from the denominator administered up to 3 hours before or after the due date/time. Administrations due after 8pm will have until 12pm on the same day. <ul style="list-style-type: none"> ○ For Nurse-Administered (NA) or Directly Observed Therapy (DOT), medication administration is measured by each individual dose provided to the patient. <p>A medication dose is considered administered if:</p> <ul style="list-style-type: none"> • Medication Task for the dose is marked as completed within required timeframes. • There is an administration documented in the Medication Administration Record linked to the original prescription within the required timeframes. (Generally, this occurs in circumstances when the administration was completed in advance of the due date, and a Medication Task has not yet been generated in the system for tracking purposes.)

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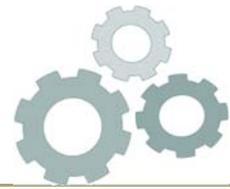
<i>Domain and Measure</i>	<i>Medication Management – Medications Received Timely – Refilled/Renewed Medications EHRs Institutions</i>				
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100 for all applicable institutions that have implemented the EHRs.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>				
Data Source(s)	Electronic Health Record System (EHRs)				
Reporting Frequency	Monthly				
Background	By December 31, 2017, 90% or more of patients within the institution received their medications in a timely manner.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 75%-89%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					
Comments	EHRs Measure				
Last Revised	20160708 SDP				

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<i>Domain and Measure</i>	<i>Medication Management – Medications Received Timely – Significant Medications</i> <i>EHRs Institutions</i>
Definition	Percentage of significant medication doses provided timely.
Denominator	<p>Doses of significant medications due within the measurement period, as indicated by Medication Tasks firing in the Electronic Health Record System (EHRs).</p> <p>“Significant” medications meet one or more of the medication categories noted below and are listed in a table found here.</p> <ul style="list-style-type: none"> • High Alert Medications • Heat Medications • Anti-infective Medications • Chronic Care Medications <p>Exclusions:</p> <ul style="list-style-type: none"> • PRN Medications • Nurse Protocol-associated administrations • Nursing Tasks with a status of “Not Given: No Insulin Required”
Numerator	<p>Sum of the following:</p> <ul style="list-style-type: none"> • Number of refill/renewal KOP medications from the denominator administered up to 4 business days before or after the due date AND the new KOP medications administered between the order date and prescription start date. <ul style="list-style-type: none"> ○ For Keep on Person (KOP) medications, which are provided to patients in multiple doses at once for self-administration, doses of medication are considered to be administered on the date the patient picks up the medication supply. • Number of NA/DOT doses from the denominator administered up to 3 hours before or after the due date/time. Administrations due after 8pm will have until 12pm on the same day. <ul style="list-style-type: none"> ○ For Nurse-Administered (NA) or Directly Observed Therapy (DOT), medication administration is measured by each individual dose provided to the patient.

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Specifications



Domain and Measure	Medication Management – Medications Received Timely – Significant Medications EHRs Institutions
	<p>A medication dose is considered administered if:</p> <ul style="list-style-type: none"> • Medication Task for the dose is marked as completed within required timeframes. • There is an administration documented in the Medication Administration Record linked to the original prescription within the required timeframes. (Generally, this occurs in circumstances when the administration was completed in advance of the due date, and a Medication Task has not yet been generated in the system for tracking purposes.)
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100 for all applicable institutions that implemented the EHRs.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Electronic Health Record System (EHRs)
Reporting Frequency	Monthly
Background	By December 31, 2017, 90% or more of patients within the institution received their medications in a timely manner.
Goal/Ranking	
Comments	EHRs Measure
Last Revised	20160708 SDP



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<i>Domain and Measure</i>	<i>Medication Management – Medications Received Timely – Other Medications</i> <i>EHRs Institutions</i>
Definition	Percentage of “other” medication doses provided timely.
Denominator	<p>Doses of “other” medications due within the measurement period, as indicated by Medication Tasks firing in the Electronic Health Record System (EHRs).</p> <p>Medications are identified as “other” (as compared to “significant”) because they do not meet any of the medication categories below.</p> <ul style="list-style-type: none"> • High Alert Medications • Heat Medications • Anti-infective Medications • Chronic Care Medications <p>“Other” medications can be found in a table here.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • PRN Medications • Nurse Protocol-associated administrations • Nursing Tasks with a status of “Not Given: No Insulin Required”
Numerator	<p>Sum of the following:</p> <ul style="list-style-type: none"> • Number of refill/renewal KOP medications from the denominator administered up to 4 business days before or after the due date AND the new KOP medications administered between the order date and prescription start date. <ul style="list-style-type: none"> ○ For Keep on Person (KOP) medications, which are provided to patients in multiple doses at once for self-administration, doses of medication are considered to be administered on the date the patient picks up the medication supply. • Number of NA/DOT doses from the denominator administered up to 3 hours before or after the due date/time. Administrations due after 8pm will have until 12pm on the same day. <ul style="list-style-type: none"> ○ For Nurse-Administered (NA) or Directly Observed Therapy (DOT), medication administration is measured by each individual dose provided to the patient.

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Domain and Measure	Medication Management – Medications Received Timely – Other Medications EHRs Institutions
	<p>A medication dose is considered administered if:</p> <ul style="list-style-type: none"> • Medication Task for the dose is marked as completed within required timeframes. • There is an administration documented in the Medication Administration Record linked to the original prescription within the required timeframes. (Generally, this occurs in circumstances when the administration was completed in advance of the due date, and a Medication Task has not yet been generated in the system for tracking purposes.)
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100 for all applicable institutions that implemented the EHRs.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Electronic Health Record System (EHRs)
Reporting Frequency	Monthly
Background	By December 31, 2017, 90% or more of patients within the institution received their medications in a timely manner.
Goal/Ranking	
Comments	EHRs Measure
Last Revised	20160708 SDP



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<i>Domain and Measure</i>	<i>Medication Management – Medications Received Timely – Dentist EHRs Institutions</i>
Definition	Percentage of medication doses prescribed by a dentist provided timely.
Denominator	<p>Doses of medications prescribed by a dentist due within the measurement period, as indicated by Medication Tasks firing in the Electronic Health Record System (EHRs).</p> <p>Dental providers include:</p> <ul style="list-style-type: none"> • Supervising Dentist • Dentist • Oral Surgeon <p>Exclusions:</p> <ul style="list-style-type: none"> • PRN Medications • Nurse Protocol-associated administrations
Numerator	<p>Sum of the following:</p> <ul style="list-style-type: none"> • Number of refill/renewal KOP medications from the denominator administered up to 4 business days before or after the due date AND the new KOP medications administered between the order date and prescription start date. <ul style="list-style-type: none"> ○ For Keep on Person (KOP) medications, which are provided to patients in multiple doses at once for self-administration, doses of medication are considered to be administered on the date the patient picks up the medication supply. • Number of NA/DOT doses from the denominator administered up to 3 hours before or after the due date/time. Administrations due after 8pm will have until 12pm on the same day. <ul style="list-style-type: none"> ○ For Nurse-Administered (NA) or Directly Observed Therapy (DOT), medication administration is measured by each individual dose provided to the patient. <p>A medication dose is considered administered if:</p> <ul style="list-style-type: none"> • Medication Task for the dose is marked as completed within required timeframes. • There is an administration documented in the Medication Administration Record linked to the original prescription within the required timeframes. (Generally, this occurs in circumstances when the administration was completed in advance of the due date, and a Medication Task has not yet been generated in the system for tracking purposes.)

Dashboard 4.2

Specifications



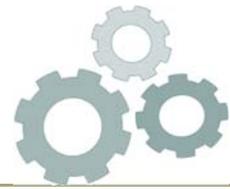
<i>Domain and Measure</i>	<i>Medication Management – Medications Received Timely – Dentist EHRs Institutions</i>				
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100 for all applicable institutions that have implemented the EHRs.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>				
Data Source(s)	Electronic Health Record System (EHRs)				
Reporting Frequency	Monthly				
Background	By December 31, 2017, 90% or more of patients within the institution received their medications in a timely manner.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 75%-89%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					
Comments	EHRs Measure				
Last Revised	20160708				

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Dashboard 4.2

Specifications



<i>Domain and Measure</i>	<i>Medication Management – Medications Received Timely–Medical Provider EHRS Institutions</i>
Definition	Percentage of medication doses prescribed by a medical provider or nurse provided timely.
Denominator	<p>Doses of medications prescribed by a medical provider or nurse due within the measurement period, as indicated by Medication Tasks firing in the Electronic Health Record System (EHRS).</p> <p>Medical providers include:</p> <ul style="list-style-type: none"> • Chief Medical Executive • Chief Physician and Surgeon • Supervising Physician • Physician Surgeon • Nurse Practitioner • Outpatient RN • Physician Assistant • Specialist <p>Exclusions:</p> <ul style="list-style-type: none"> • PRN Medications • Nurse Protocol-associated administrations • Nursing Tasks with a status of “Not Given: No Insulin Required”
Numerator	<p>Sum of the following:</p> <ul style="list-style-type: none"> • Number of refill/renewal KOP medications from the denominator administered up to 4 business days before or after the due date AND the new KOP medications administered between the order date and prescription start date. <ul style="list-style-type: none"> ○ For Keep on Person (KOP) medications, which are provided to patients in multiple doses at once for self-administration, doses of medication are considered to be administered on the date the patient picks up the medication supply. • Number of NA/DOT doses from the denominator administered up to 3 hours before or after the due date/time. Administrations due after 8pm will have until 12pm on the same day. <ul style="list-style-type: none"> ○ For Nurse-Administered (NA) or Directly Observed Therapy (DOT), medication administration is measured by each individual dose provided to the patient.

Dashboard 4.2

Specifications



Domain and Measure	Medication Management – Medications Received Timely–Medical Provider EHRS Institutions
	<p>A medication dose is considered administered if:</p> <ul style="list-style-type: none"> Medication Task for the dose is marked as completed within required timeframes. <p>There is an administration documented in the Medication Administration Record linked to the original prescription within the required timeframes. (Generally, this occurs in circumstances when the administration was completed in advance of the due date, and a Medication Task has not yet been generated in the system for tracking purposes.)</p>
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100 for all applicable institutions that have implemented the EHRS.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	By December 31, 2017, 90% or more of patients within the institution received their medications in a timely manner.
Goal/Ranking	
Comments	EHRS Measure
Last Revised	20160708



Dashboard 4.2

Specifications



<i>Domain and Measure</i>	<i>Medication Management – Medications Received Timely – Mental Health Provider EHRs Institutions</i>
Definition	Percentage of medication doses prescribed by a psychiatrist provided timely.
Denominator	<p>Doses of medications prescribed by a psychiatrist due within the measurement period, as indicated by Medication Tasks firing in the Electronic Health Record System (EHRs).</p> <p>Psychiatrists include:</p> <ul style="list-style-type: none"> • Chief Psychiatrist • Senior Psychiatrist • Staff Psychiatrist <p>Exclusions:</p> <ul style="list-style-type: none"> • PRN Medications • Nurse Protocol-associated administrations
Numerator	<p>Sum of the following:</p> <ul style="list-style-type: none"> • Number of refill/renewal KOP medications from the denominator administered up to 4 business days before or after the due date AND the new KOP medications administered between the order date and prescription start date. <ul style="list-style-type: none"> ○ For Keep on Person (KOP) medications, which are provided to patients in multiple doses at once for self-administration, doses of medication are considered to be administered on the date the patient picks up the medication supply. • Number of NA/DOT doses from the denominator administered up to 3 hours before or after the due date/time. Administrations due after 8pm will have until 12pm on the same day. <ul style="list-style-type: none"> ○ For Nurse-Administered (NA) or Directly Observed Therapy (DOT), medication administration is measured by each individual dose provided to the patient. <p>A medication dose is considered administered if:</p> <ul style="list-style-type: none"> • Medication Task for the dose is marked as completed within required timeframes. • There is an administration documented in the Medication Administration Record linked to the original prescription within the required timeframes. (Generally, this occurs in circumstances when the administration was completed in advance of the due date, and a Medication Task has not yet been generated in the system for tracking purposes.)

Dashboard 4.2

Specifications



<i>Domain and Measure</i>	<i>Medication Management – Medications Received Timely – Mental Health Provider EHRS Institutions</i>				
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100 for all applicable institutions that have implemented the EHRS.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>				
Data Source(s)	Electronic Health Record System (EHRS)				
Reporting Frequency	Monthly				
Background	By December 31, 2017, 90% or more of patients within the institution received their medications in a timely manner.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=90%</td> </tr> <tr> <td>High >=90%</td> </tr> <tr> <td>Moderate 75%-89%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=90%	High >=90%	Moderate 75%-89%	Low <75%
CCHCS Goal >=90%					
High >=90%					
Moderate 75%-89%					
Low <75%					
Comments	EHRS Measure				
Last Revised	20160708 SDP				

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Dashboard 4.2

Specifications



Domain and Measure	Medication Management – Formulary Management, Non-Formulary by Psychiatrists
Definition	Percentage of medications prescribed by Psychiatrists that are non-formulary. This measure excludes all medications prescribed by Primary Care Providers.
Denominator	All active prescriptions during the last day of the measurement period prescribed by psychiatrists during the last month. Excludes the following dispense types: 1. Profile Only 2. Primary care provider prescribed
Numerator	All active prescriptions in the denominator that are classified as non-formulary.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Guardian Pharmacy Database Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 3% or less of medications prescribed by Psychiatrists will be non-formulary.
Goal/Ranking	
Comments	
Last Revised	201605 JL



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Specifications



Domain and Measure	Medication Management – Formulary Management, Non-Formulary by Medical Providers
Definition	Percentage of medications prescribed by Medical Providers that are non-formulary. This measure excludes all medications prescribed by Psychiatrists.
Denominator	All active prescriptions during the last day of the measurement period prescribed by medical providers during the last month.
Numerator	All active prescriptions in the denominator that are classified as non-formulary.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Guardian Pharmacy Database Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 3% or less of medications prescribed by medical providers will be non-formulary.
Goal/Ranking	<p>CCHCS Goal<=3%</p> <p>High <=3%</p> <p>Moderate 3.1%-5.0%</p> <p>Low>5%</p>
Comments	
Last Revised	201605 JL



Dashboard 4.2

Specifications



EHRS / NON-EHRS INSTITUTIONS

Domain and Measure	Availability of Health Information – All Documents (Composite)
Definition	Average of five measures which report the percentage of documents available in the Electronic Unit Health Record (eUHR) or Electronic Health Record System (EHRS) within 3 calendar days of the patient encounter for documents related to 1) onsite medical services, 2) onsite mental health services, 3) onsite dental services, 4) CDCR inpatient services, and 5) other miscellaneous documents. These measures compare the document scan date to the patient encounter date (the date the document was received by health records staff is not considered for this measure), and they exclude documents related to specialty, hospital, diagnostic imaging, medication administration records (MAR), and laboratory, which are covered in other measures.
Denominator	Number of component measures in the composite (maximum of 5). Denominator will only include component measures where data is available for evaluation.
Numerator	Sum of the percentages of each component measure.
Rate Calculation	Average percentage is the sum of the percentages divided by the number of component measures.
Data Source(s)	Electronic Unit Health Record Electronic Health Record System (EHRS)
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 85% or more of paper based records/forms generated by clinicians are available in the chart within 3 calendar days from the date of the patient encounter.
Goal/Ranking	<p>CCHCS Goal >=85%</p> <p>High >=85%</p> <p>Moderate 75%-84%</p> <p>Low <75%</p>
Comments	This measure does not include encounters for which no documents

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Specifications



Domain and Measure	Availability of Health Information – All Documents (Composite)
	are ever available in the eUHR or EHRS, which may underestimate total number of documents in the denominator and result in a higher measurement outcome (i.e., better) than actually may have occurred.
Last Revised	20160614 MS
Component Measures	Click on any link below to see component measure specifications: <ol style="list-style-type: none">1. Medical Documents2. Dental Documents3. Mental Health Documents4. CDCR Inpatient Documents5. Other Documents





NON-EHRS INSTITUTIONS

Domain and Measure	Availability of Health Information – Medical Documents Available Within 3 Calendar Days
Definition	<p>The percentage of medical documents available in the Electronic Unit Health Record (eUHR) within 3 calendar days of the patient encounter, comparing the document scan date with the patient visit date (the date the document was received by health records staff is not considered for this measure). Excludes documents related to specialty, hospital, diagnostic imaging, and medication administration records (MAR), which are covered in other measures. This measure is not calculated for institutions using the Electronic Health Record System.</p>
Denominator	<p>All of the following medical documents that are available in the eUHR with scan dates during the reporting period:</p> <ol style="list-style-type: none"> 1. 7465 Physician Orders for Life Sustaining Treatment (POLST) 2. 7221 Physicians Orders 3. 7459 Patient Medical Communication Form 4. DaVita Physician's Order Sheet 5. Discontinue Caffeine Notice 6. Medication Reconciliation - Active Medications 7. Patient Profile 8. Other (Medical document type only) 9. 7421 Advanced Health Care Directive 10. 7374 Non-Formulary Drug Request 11. Backfile (Medical document type only) 12. 7337/7337A AZT Therapy Informed Consent 13. 1655 Problem List 14. Flowsheet 15. 7229 Death Summary 16. 7230 Progress Notes 17. 7254 Chronic Care Interdisciplinary Progress Note 18. 7403 Emergency Care Flow Sheet 19. 7411 Hep C Treatment Flow Sheet Genotype 2 or 3 20. 7412 Hep C Diagnostic Treatment Flow Sheet Phase I & II 21. 7416 Hep C Treatment Flow Sheet Genotype 1, 4, or 6 22. 7413 Hep C Clinical Evaluation Form 23. 7371 Confidential Medical/Mental Health Information 24. 7286 Emergency Medical Services Report/ER Admission 25. 7419 Chronic Care Follow-up 26. 7362 Health Care Services Request Form 27. 7394 Cardiovascular Chronic Care 28. 7395 Diabetes Chronic Care 29. 7396 General Medical Chronic Care

Dashboard 4.2

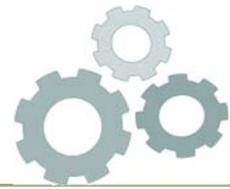
Specifications



Domain and Measure	Availability of Health Information – Medical Documents Available Within 3 Calendar Days
	<ul style="list-style-type: none"> 30. 7397 Gynecology Chronic Care 31. 7398 HIV Chronic Care 32. 7399 Pulmonary Chronic Care 33. 7400 Seizure Disorder Chronic Care 34. 7401 TB Chronic Care 35. Progress Notes - Primary Care MD 36. Progress Notes - Primary Care Nursing 37. Progress Notes - TTA MD 38. Progress Notes - TTA Nursing 39. Progress Notes - OHU MD 40. Progress Notes - OHU Nursing 41. Progress Notes - Specialties 42. Progress Notes - CCP 43. Progress Notes - Copay 44. Nursing Assessment Protocol 45. Progress Notes - Pharmacy Staff Note (Medical document type only) 46. 196B Intake History and Physical Form 47. 7206 History and Physical Examination 48. 7277 Initial Health Screening 49. 7273 Chronic Pain Intake Sheet 50. 7417 History and Physical Clinical Evaluation Form 51. 7471 Initial Pain Assessment Patient Completion 52. CCWF-H019 Medical History 53. CCWF-H035 Family History 54. CMC-MED-358 New Arrival Screening 55. POPRAS 56. 196A Physicals 57. 196C Immunology Record 58. 7321 HIV Counseling Record 59. 7338 Tuberculosis Evaluation 60. 7290 HIV/Hep B Blood Test Consent 61. 7405 Tuberculosis Patient Plan 62. 7406 Drug Toxicity 63. 7407 Parole Notification Letter: Tuberculosis 64. 7415 Hep C Anti-Viral Treatment Candidate Psychiatric/Psychologic Review 65. CCWF-H020 HIV Counseling Record 66. CMC-MED-075 HIV Flow Sheet 67. CMC-MED-148 Consent for AIDS Testing (English) 68. CMC-MED-317 Consent for AIDS Testing (Spanish) 69. CMC-MED-513 Infection Report 70. DHS-8608A/IMM-542A Adult Immunization Record and History 71. MCSP-404 Pediculosis/Scabies

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Specifications



Domain and Measure	Availability of Health Information – Medical Documents Available Within 3 Calendar Days
	<p>72. PM-110 Confidential Morbidity Report 73. 7466 Inmate Influenza Vaccine Document 74. 7225 Refusal of Examination or Treatment</p> <p>Excludes documents related to specialty, hospital, diagnostic imaging, MAR, and those scanned by the Health Records Center.</p>
Numerator	The number of documents in the denominator that are available in the eUHR during the reporting month within 3 calendar days of the patient encounter.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Electronic Unit Health Record
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 85% or more of paper based records/forms generated by clinicians are available in the chart within 3 calendar days from the date of the patient encounter.
Goal/Ranking	
Comments	<p>This measure does not include encounters for which no documents are ever available in the eUHR, which may underestimate total number of documents in the denominator and result in a higher measurement outcome (i.e., better) than actually may have occurred.</p> <p>Performance is attributed to the institution where scanning occurred.</p> <p>This measure is a component of the Documents Scanned composite measure shown on the Dashboard.</p>
Last Revised	20160614 MS





EHR'S INSTITUTIONS

Domain and Measure	Availability of Health Information – Dental Documents Available Within 3 Calendar Days
Definition	The percentage of dental documents available in the Electronic Health Record System (EHR'S) within 3 calendar days of the patient encounter, comparing the document scan date with the patient visit date, and excludes documents related to specialty, hospital, diagnostic imaging, and medication administration records (MAR), which are covered in other measures.
Denominator	<p>All of the following dental documents that are available in the EHR'S with scan dates during the reporting period:</p> <ol style="list-style-type: none"> 1. Dental Trust Account Withdrawal Order 2. Dental Full/Partial Denture Agreement 3. Dental Other/Outside Providers 4. Dental Consent - Extraction(s) 5. Dental Consent - Dental Treatment 6. Dental 237F Pain Profile 7. Dental Reception Center Screening 8. Dental Non-Formulary 9. Dental Materials Fact Sheet - Pt Receipt 10. Dental Periodontal Chart 11. Dental 237B Examination and Tx Plan 12. Dental - Form 7362 Backfile 13. Dental 237B-1 Changes to Dental Tx Plan 14. Dental Refusals/Consents Backfile 15. Dental 128-D Classification Chrono 16. 128-C Dental 17. 7362 - Dental 18. Dental Pain/Prosthetics/Trust Backfile 19. Receipt: Dental Gold Removed 20. Dental - Health History 21. Dental Health History Backfile - 237A 22. Dental Consent - Root Canal Treatment 23. Dental 239/PIA Prosthetic Prescriptions 24. Dental Oral/Surgery Progress Note 25. Dental Health History Backfile 26. Dental Consent - Periodontal Treatment 27. Dental Plaque Index Scoring Record 28. Dental Health Care Services Request 29. Dental Notification of RC Screening 30. Dental Refusal of Exam or Treatment <p>Excludes documents related to specialty, hospital, diagnostic imaging, MAR, and those scanned by the Health Records Center.</p>

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Specifications



Domain and Measure	Availability of Health Information – Dental Documents Available Within 3 Calendar Days				
Numerator	The number of documents in the denominator that are available in the EHR during the reporting month within 3 calendar days of the patient encounter.				
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.				
Data Source(s)	Electronic Health Record System (EHR)				
Reporting Frequency	Monthly				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 85% or more of paper based records/forms generated by clinicians are available in the chart within 3 calendar days from the date of the patient encounter.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=85%</td> </tr> <tr> <td>High >=85%</td> </tr> <tr> <td>Moderate 75%-84%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=85%	High >=85%	Moderate 75%-84%	Low <75%
CCHCS Goal >=85%					
High >=85%					
Moderate 75%-84%					
Low <75%					
Comments	<p>This measure does not include encounters for which no documents are ever available in the EHR, which may underestimate total number of documents in the denominator and result in a higher measurement outcome (i.e., better) than actually may have occurred.</p> <p>Performance is attributed to the institution where scanning occurred.</p> <p>This measure is a component of the Documents Scanned composite measure shown on the Dashboard.</p>				
Last Revised	20160505 MS				





NON-EHRS INSTITUTIONS

Domain and Measure	Availability of Health Information – Dental Documents Available Within 3 Calendar Days
Definition	<p>The percentage of dental documents available in the Electronic Health Record (eUHR) within 3 calendar days of the patient encounter, comparing the document scan date with the patient visit date, and excludes documents related to specialty, hospital, diagnostic imaging, medication administration records (MAR), which are covered in other measures.</p>
Denominator	<p>All of the following dental documents that are available in the eUHR with scan dates during the reporting period:</p> <ol style="list-style-type: none"> 1. 7443/7444 Dental Health History Record 2. 7243 Physician Request for Services 3. 237A Reception Center Dental Screening 4. 7441 Patient Acknowledgment of Receipt of Dental Materials Fact Sheet 5. 7423 Notification of Reception Center Dental Screening 6. Other 7. 237A Backfile 8. Backfile 9. 7225 Refusal of Examination or Treatment 10. 7424 Informed Consent for Root Canal Treatment 11. 7425 Informed Consent for Extraction(s) 12. 7426 Informed Consent for Periodontal Treatment 13. 7427 Periodontal Therapeutic Medication Consent Form 14. 7428 Full and Partial Denture Agreement 15. 7429 Patient Consent to Dental Treatment 16. 237B Health Record - Dental (Mainline Examination) 17. 237B-1 Supplemental Mainline - Examination Changes and Additions to the Dental Treatment Plan 18. 7431 Peridontal Chart Dental Examination 19. 237E Plaque Index Scoring Record 20. 237B and 7431 Backfile 21. 7362 Health Care Services Request 22. 237C Dental Progress Notes 23. 237C-1 Supplemental to Dental Progress Notes 24. 237F Health Record - Dental Pain Profile 25. 239/PIA-CCW-006 Prosthetic Prescription Dental Department 26. 193 Trust Account Withdrawal Order <p>Excludes documents related to specialty, hospital, diagnostic imaging, MAR, and those scanned by the Health Records Center.</p>

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Specifications



Domain and Measure	Availability of Health Information – Dental Documents Available Within 3 Calendar Days
Numerator	The number of documents in the denominator that are available in the eUHR during the reporting month within 3 calendar days of the patient encounter.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Electronic Unit Health Record
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 85% or more of paper based records/forms generated by clinicians are available in the chart within 3 calendar days from the date of the patient encounter.
Goal/Ranking	
Comments	<p>This measure does not include encounters for which no documents are ever available in the eUHR, which may underestimate total number of documents in the denominator and result in a higher measurement outcome (i.e., better) than actually may have occurred.</p> <p>Performance is attributed to the institution where scanning occurred.</p> <p>This measure is a component of the Documents Scanned composite measure shown on the Dashboard.</p>
Last Revised	20160606 MS

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NON-EHRS INSTITUTIONS

Domain and Measure	Availability of Health Information – Mental Health Documents Available Within 3 Calendar Days
Definition	<p>The percentage of Mental Health documents available in the Electronic Unit Health Record (eUHR) within 3 calendar days of the patient encounter, comparing the document scan date with the patient visit date, and excludes documents related to specialty, hospital, diagnostic imaging, and medication administration records (MAR), which are covered in other measures. This measure is not calculated for institutions using the Electronic Health Record System.</p>
Denominator	<p>All of the following mental health documents that are available in the eUHR with scan dates during the reporting period:</p> <ol style="list-style-type: none"> 1. Other 2. Mental Health Screening 3. Backfile 4. 128-MH1 Mental Health Screening Chrono 5. 128-MH3 Mental Health Placement Chrono 6. 128-MH4 Mental Health Removal Chrono 7. 128-MH5 Mental Health Referral Chrono 8. 128-MH6 Psychiatric Evaluation Chrono 9. 128-MH7 Administrative Segregation (ASU) Unit Pre-Placement Chrono 10. Mental Health Pre-Release Needs Assessment - TCMP 11. 128-MH8 Mental Health Interdisciplinary Treatment Team Housing/Program Recommendation 12. 7480/7482 Due Process Chrono/Referral Mental Health Services 13. 128B Request for Mental Health Services - Staff Referral 14. 128C Mental Health Chrono 15. CMC-MED-194 Receipt of Psych Evaluation for the Board 16. CMC-MED-358 New Arrival Screening 17. CMC-MED-614 Inmate/Patient Group Referral 18. CTF-1426 Mental Health Placement 19. ISP-SHU-MHS Security Housing Unit (SHU) Mental Health Screening 20. MCSP-518-A Mental Health Placement 21. MCSP-519 Mental Health Placement Removal 22. DMH/APP/ICF Referral Packet 23. 128-C-2 Developmental Disability Program Screening Results-Clark Form 24. Scantron Form 25. 128-MH10 Mental Health ICC Chrono

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Specifications



Domain and Measure	Availability of Health Information – Mental Health Documents Available Within 3 Calendar Days
	<ul style="list-style-type: none"> 26. 128 MH-11 Mental Health SHU Screening Chrono 27. 128-MH2 Duty to Protect Chrono 28. 7363 Notice of Certification 29. PC 2684/2962/1170d 30. Board of Prison Terms Reports (evals) 31. Parole Screening/County Mental Health Worksheet 32. Mental Health records-other Non-CDCR Facilities 33. 7366 KEYHEA Orders 34. 7366 Inmate Rights/Authorization for Involuntary Medication 35. 7363 Notice of Certification for Involuntary Medication 36. 7448 Informed Consent for Mental Health Care 37. 7385 Request for Mental Health Records - Non-CDCR Facility 38. 7225 Refusal of Examination and/or Treatment 39. 7362 Health Care Services Request 40. Corroborating Information (letters from family, inmate letters to clinical staff) 41. 7230-MH Interdisciplinary Progress Notes 42. Mental Health Interdisciplinary Progress Notes 43. CMC-MED-431 Brief Mental Health Screening Form 44. 6319 Mental Health Interdisciplinary Progress Notes: Psychiatric Technicians 45. 7320 Outpatient Mental Health Services, Intake Assessment/Initial Treatment Plan 46. 7316E Four Point Restraint/Seclusion Record 47. MH1 Mental Health Assessment 48. MH2 Mental Health Treatment Plans 49. GAP-2545 Clinical Summary Outline for ICC 50. VA-21-4 Special Treatment Plan 51. 7388, 7388B, &7388C, 7388D Interdisciplinary Treatment Plan 52. 7386B Mental Health Evaluation Addendum: Add-A-Page 53. 115-MH RVR Mental Health Assessment 54. 7386B Mental Health Evaluation Addendum: Add-A-Page 55. 7386 Mental Health Evaluation 56. 7387 Mental Health Summary 57. 7389 Brief Mental Health Evaluation 58. 7390 Mental Health AIMS Examination for Tardive Dyskinesia 59. 7447 & 7447B Suicide Risk Evaluation & Add A Page 60. BPH Evaluation 61. California Adaptive Support Evaluation 62. MDO Evaluation 63. PC Evaluation 64. 2240 Psychological Testing Evaluation 65. 7301 Joint Conference Summary 66. 7212 Psychiatric Patient Observation Record

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Specifications



Domain and Measure	Availability of Health Information – Mental Health Documents Available Within 3 Calendar Days
	<p>67. 7230A Interdisciplinary Progress Note - General 68. 7230B Interdisciplinary Progress Note - 5 Day Follow-Up 69. 7230C <i>Interdisciplinary</i> Progress Note - Group Treatment 70. 7230D Interdisciplinary Progress Note - IDTT/Summary 71. 7230E Interdisciplinary Progress Note - Crisis Evaluation 72. 7230F Interdisciplinary Progress Note - Psychiatry Services/General. Add form number 7230N, Psychiatry Provider Note 73. 7230G Interdisciplinary Progress Note - Initial Psychiatry Evaluation 74. 7230H Interdisciplinary Progress Note - Initial Psychiatry Consult 75. 7230I Interdisciplinary Progress Note - Recreational Therapy Services 76. 7230J Interdisciplinary Progress Note - Occupational Therapy Services 77. 7230K Interdisciplinary Progress Note - Psychiatric Technician Services 78. 7230L Interdisciplinary Progress Note - Developmental Disability Program 79. Behavioral Observation Forms/Suicide Watch 80. 7230M Pharmacy Staff Note – MH 81. 7279 Statement of Informed Consent: Anti-Anxiety Agents 82. 7280 Statement of Informed Consent: Antidepressants 83. 7281 Statement of Informed Consent: Lithium 84. 7276 Statement of Informed Consent: Antipsychotic Agents</p> <p>Excludes documents related to specialty, hospital, diagnostic imaging, MAR, and those scanned by the Health Records Center.</p>
Numerator	The number of documents in the denominator that are available in the eUHR during the reporting month within 3 calendar days of the patient encounter.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Electronic Unit Health Record
Reporting Frequency	Monthly

Dashboard 4.2

Specifications



Domain and Measure	Availability of Health Information – Mental Health Documents Available Within 3 Calendar Days
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 85% or more of paper based records/forms generated by clinicians are available in the chart within 3 calendar days from the date of the patient encounter.
Goal/Ranking	
Comments	<p>This measure does not include encounters for which no documents are ever available in the eUHR, which may underestimate total number of documents in the denominator and result in a higher measurement outcome (i.e., better) than actually may have occurred.</p> <p>Performance is attributed to the institution where scanning occurred.</p> <p>This measure is a component of the Documents Scanned composite measure shown on the Dashboard.</p>
Last Revised	20160614 MS

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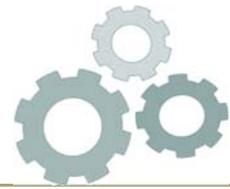


NON-EHRS INSTITUTIONS

Domain and Measure	Availability of Health Information – CDCR Inpatient Documents Available Within 3 Calendar Days
Definition	<p>The percentage of CDCR inpatient documents available in the Electronic Unit Health Record (eUHR) within 3 calendar days of the patient encounter, comparing the document scan date with the patient visit date. Excludes documents related to specialty, hospital, diagnostic imaging, labs, medication administration records (MAR), which are covered in other measures. This measure is not calculated for institutions using the Electronic Health Record System.</p>
Denominator	<p>All of the following CDCR Inpatient documents that are available in the eUHR with scan dates during the reporting period:</p> <ol style="list-style-type: none"> 1. DMH 2. GACH 3. OHU 4. MOHU 5. CTC 6. Long Term 7. Hospice 8. Color Photo 9. Other (CDCR Inpatient document type only) 10. Backfile (CDCR Inpatient document type only) 11. ALERT - Allergy 12. ALERT - Effective Communication 13. ALERT - Fall Risk 14. ALERT - Suicide Risk 15. Advance Directive 16. Involuntary Medication Commencement 17. Involuntary Medication Notice 18. Involuntary Medication Renewable Notice 19. OTHER - Medical 20. OTHER - Mental Health 21. POLST (CDCR Inpatient document type only) 22. Positive Behavior Support Team (PBST) Consultation Behavior Management Plan 23. Acute and Intermediate Discharge Summary 24. Admission/Discharge/Transfer Chrono 25. Admissions Check List 26. Admitting Record 27. Death Packet 28. Discharge / Transfer/Continued Care Instructions 29. Health Care Transfer Information

Dashboard 4.2

Specifications



Domain and Measure	Availability of Health Information – CDCR Inpatient Documents Available Within 3 Calendar Days
	<ul style="list-style-type: none"> 30. History & Physical 31. ICF,APP,PIP Referral Packet 32. Nursing Admission Assessment 33. Nursing Discharge Summary 34. Patient Discharge / Transfer Summary 35. Psychiatric Discharge Summary 36. Rehabilitation Therapy Final Discharge Summary 37. Signature Identification Sheet 38. Social Work Discharge Summary 39. Transfer/Discharge Summary Continuity of Care Handoff Report 40. Interdisciplinary Care Plan 41. MH Patient Care Plan 42. Nursing Care Plan 43. PBST Plan Outline 44. Treatment Plan 45. Treatment Team Conference Flowable Form 46. Immunology Record 47. Interdisciplinary Progress Note - Dental 48. Interdisciplinary Progress Note - Dietary 49. Interdisciplinary Progress Note - Nursing 50. Interdisciplinary Progress Note - Physician 51. Interdisciplinary Progress Note - POC/MOD 52. Interdisciplinary Progress Note - TTA Nursing 53. Interdisciplinary Progress Note - TTA Physician 54. OTHER - 1 55. OTHER - 2 56. OTHER - 3 57. Progress Notes - Pharmacy Staff Note (CDCR Inpatient document type only) 58. Preadmission Medical Screening 59. Psychiatric Services Treatment RAND 60. Public Health TB 61. Public Health, HIV/HEP 62. Seclusion Restraints Physicians Progress Notes 63. Group Facilitator Monthly Progress Note 64. Interdisciplinary Progress Note 65. Pharmacy Staff Note for Mental Health documentation 66. Pre Admission Screening Checklist 67. Primary Clinical Progress Note 68. Provider On Call Telephone Note 69. Psychiatrist Progress Note 70. Psychologist Progress Note 71. Recreational /Occupational Therapy Progress Note

Dashboard 4.2

Specifications



Domain and Measure	Availability of Health Information – CDCR Inpatient Documents Available Within 3 Calendar Days
	<ul style="list-style-type: none"> 72. Dietary / Nourishment Order 73. Medication Reconciliation Order 74. Non Formulary Drug Request 75. Patient Medicine Profile 76. Physician Order for Behavioral Seclusion or Restraint 77. Physician Orders 78. Side effects MARS 79. Blood Pressure Record 80. Braden Scale for Predicting Pressure Sore Risk 81. Daily Care Flow sheet 82. Diabetic Record 83. Fall Risk Assessment 84. Graphic Record / Vitals 85. Height / Weight Record 86. Intake and Output Monitoring Sheet 87. Interdisciplinary Patient Education Record 88. MTA/Psych Tech Admission Data Form 89. Neuro Check Record 90. Non Pressure Skin Condition Report 91. Nursing Care Observation Record 92. Pain Assessment Record 93. Physical Profile 94. Registered Nurse Monthly Note 95. Weekly Pressure Ulcer Health Record 96. Continuation of Observation and Restraints Tracking Sheet 97. Maladaptive Behavior Record 98. Observation Record for 1 to 1 Suicide Watch 99. Observation Record for Suicide Precaution 100. Patient Observation Record and Signature Sheet 101. PBST Behavior Monitoring Sheet 102. RN Observation Record on Patients in Restraint 103. Chemstrip Form 104. Diagnostics:Color 105. ECG,EEG,EKG Printout (Color) 106. ECG,EEG,EKG Report 107. MRI,CT Scans 108. Pulmonary Function Test 109. Sonograms/Ultrasounds/Mammograms 110. Special Studies: Stress Test 111. X-Rays 112. AIMS: MH AIMS Examination for Tardive Dyskinesia 113. Ambulatory Procedure Set 114. Dialysis Logs 115. Dietary Consults

Dashboard 4.2

Specifications

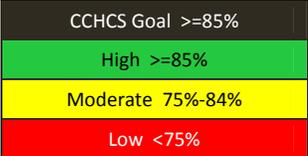


Domain and Measure	Availability of Health Information – CDCR Inpatient Documents Available Within 3 Calendar Days
	<ul style="list-style-type: none"> 116. Health Care Services Physicians Request for Services 117. ICF Social History Evaluation Update 118. IE Referral 119. Initial Psychiatric Evaluation 120. Initial Psychological Assessment 121. Integrated Suicide Risk Assessment/Reassessment 122. Linguistic Assessment 123. Mental Health Evaluation 124. MH History and Physical 125. MH Physical Examination 126. Nutrition High Risk Referral 127. Nutritional Assessment/Reassessment 128. Physical Therapy 129. Prosthesis 130. Psychiatric Evaluation Report 131. Psychological Testing Report 132. Recreational Therapy Evaluation & Activity Plan 133. Rehabilitation Therapy 134. Restraint Seclusion Nursing Care Plan 135. Review of Systems 136. Social Work History Evaluation/Update 137. Specialty Services 138. Specific Psychological Assessment 139. Suicide Risk Evaluation, Assessment/Reassessment 140. Therapies: Chemo, Radiation 141. Therapies: Speech, Respiratory 142. Acceptance Transfer Chrono 143. Acute - Intermediate Treatment Continued Stay Review 144. Authorization for Release of Patient Information 145. Comprehensive Accommodation Chrono 146. Consent for Photography - Filming- Writing and/or Artwork 147. Consent to Specified Medications 148. Disability Placement Verification Chrono 149. First Aid and Non-Reportable Injury Form 150. Informed Consent for Medical Treatment 151. Informed Consent for Routine Treatment 152. Inmate-Patient Property Inventory 153. Interdisciplinary Team Participation 154. Medical Classification Chrono 155. MH Placement Chrono 156. Notification Of Psychological Testing 157. Patient Rules Orientation Consent /Patient Rights 158. Patient Identification Sheet 159. Placement Chrono

Dashboard 4.2

Specifications



Domain and Measure	Availability of Health Information – CDCR Inpatient Documents Available Within 3 Calendar Days
	<p>160. Pre-Release Mental Health Dispositional Review 161. Property Transfer Receipt 162. Refusal of Examination 163. Request for Temporary Removal for Medical Treatment 164. Statement of Informed Consent Antidepressants 165. Statement of Informed Consent Anti-Psychotic Agents 166. Statement of Informed Consent: Lithium 167. Statewide Psychotropic Medication Consent 168. Therapeutic Review Committee Referral 169. Orders 170. BMI Tracking Sheet 171. Seizure Record 172. Logs 173. Eval</p> <p>Excludes documents related to specialty, hospital, diagnostic imaging, MAR, and documents scanned by the Health Records Center.</p>
Numerator	The number of documents in the denominator that are available in the eUHR during the reporting month within 3 calendar days of the patient encounter.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Electronic Unit Health Record
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 85% or more of paper based records/forms generated by clinicians are available in the chart within 3 calendar days from the date of the patient encounter.
Goal/Ranking	 <p>CCHCS Goal >=85% High >=85% Moderate 75%-84% Low <75%</p>
Comments	This measure does not include encounters for which no documents are ever available in the eUHR, which may underestimate total

Dashboard 4.2

Specifications



Domain and Measure	Availability of Health Information – CDCR Inpatient Documents Available Within 3 Calendar Days
	<p>number of documents in the denominator and result in a higher measurement outcome (i.e., better) than actually may have occurred.</p> <p>Performance is attributed to the institution where scanning occurred.</p> <p>This measure is a component of the Documents Scanned composite measure shown on the Dashboard.</p>
Last Revised	20160614 MS





NON-EHRS INSTITUTIONS

Domain and Measure	Availability of Health Information – Other Documents Available Within 3 Calendar Days
Definition	<p>The percentage of miscellaneous documents available in the Electronic Unit Health Record (eUHR) within 3 calendar days of the patient encounter, comparing the document scan date with the patient visit date. Excludes documents related to specialty, hospital, diagnostic imaging, medication administration records (MAR), which are covered in other measures. This measure is not calculated for institutions using the Electronic Health Record System.</p>
Denominator	<p>All of the following other documents that are available in the eUHR with scan dates during the reporting period:</p> <ol style="list-style-type: none"> 1. Allergies 2. KEYHEA 3. POLST (Other document type only) 4. Transfer Paperwork 5. Advanced Directive 6. Fire Camp Readiness 7. DNR 8. Effective Communication/TABE Score/Primary Language 9. CMC-AS-038 Heat Warning 10. 7450 Statewide Psychotropic Medication Consent Form 11. CIM-0233 Psychiatric Medications Statement of Informed Consent 12. CMC-MED-512 Informed Consent - Anticonvulsant Mood Stabilizer Medication 13. 7451 Statewide Benzodiazepine Medication Consent Form 14. 7452 Statewide Monoamine Oxidase Inhibitor (MAOI) Antidepressant Medication Consent Form 15. 7453 Statewide Tricyclic Antidepressant Medication Consent Form 16. 7454 Heat Risk Medication Consent Form 17. 7474 Chronic Pain Provider - Patient Agreement/Informed Consent for Opioid Pain Medication (English) 18. Other (Other document type only) 19. 7352 Statement of Informed Consent 20. 7455 Statewide Clozapine Medication Consent 21. 7455 Statewide Clozapine Medication I/P Information Sheet 22. Backfile (Other document type only) 23. 128C Informational Chrono 24. 128-C3 Medical Classification Chrono 25. 128D Dental Priority Classification Chrono

Dashboard 4.2

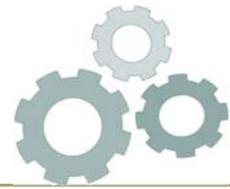
Specifications



Domain and Measure	Availability of Health Information – Other Documents Available Within 3 Calendar Days
	<p>26. 7410 Comprehensive Accommodation Chrono</p> <p>27. 1845 Disability Placement Program Verification (DPPV)</p> <p>28. CCWF-H007 Medical/Psychiatric/Dental Lay-In</p> <p>29. GAP-5020 Sierra Conservation Center Health Services Division Medical/Dental Lay-In Slip</p> <p>30. 240B Inmate Authorization to Pay for Eye Glasses, Prosthesis, Artificial Appliances</p> <p>31. 1824 Reasonable Modification or Accommodation Request</p> <p>32. CMC-AS-037 Cuidado con el Calor</p> <p>33. 7243 H.C.S. Physician's Request for Services/RFS</p> <p>34. 7252 Request for Authorization of Temporary Removal for Medical Treatment</p> <p>35. 7219 Medical Report of Injury or Unusual Occurrence</p> <p>36. 7250 Sobriety Report</p> <p>37. 7278 Health Record Review Documentation: Interdepartmental Inmate Transfers Only</p> <p>38. CCWF-H049 Emergency Medical Transfer</p> <p>39. Utilization Review</p> <p>40. 7295 Patient Transfer Summary</p> <p>41. Property Receipts, Receipts-Miscellaneous</p> <p>42. 7289 Patient File Review Log</p> <p>43. 7313 Outpatient Face Sheet</p> <p>44. 602-HC Inmate/Parolee Health Care Appeal Form</p> <p>45. 7385 Authorization for Release of Health Care Record</p> <p>46. MH-5671 Authorization for Release of Patient Information</p> <p>47. MCSP-520 Authorization for Release of Medical Records</p> <p>48. ROI All Other Requests</p> <p>49. CTF-1477 Consent to Release Medical, Psychiatric, AIDS/ARC/HIV, Alcohol, or Drug Abuse Patient Records</p> <p>50. 7291 Inmate's Authorization for Use or Disclosure of Medical Test Results</p> <p>51. 193 Trust Account Withdrawal Order</p> <p>52. 238 Receipt for Dental Gold Removed from Inmate's Mouth</p> <p>53. 240 Inmate Authorization to Pay for Prosthesis</p> <p>54. 7278 Health Record Review Documentation</p> <p>55. 7292 Health Record Report</p> <p>56. VSPW-ADA-002 Trust Account Withdrawal Order</p> <p>57. VSPW-ADA-013 Receipt of Medical Devices or Supplies</p> <p>58. Subpoenas</p> <p>59. Correspondence: Memos/Letters/Other</p> <p>Excludes documents related to specialty, hospital, diagnostic imaging, MAR, documents scanned by the Health Records Center, and other components of the Documents Scanned composite (i.e., onsite</p>

Dashboard 4.2

Specifications



Domain and Measure	Availability of Health Information – Other Documents Available Within 3 Calendar Days
	medical services, onsite mental health services, onsite dental services, laboratory services, CDCR inpatient services, and Department of State Hospitals services).
Numerator	The number of documents in the denominator that are available in the eUHR during the reporting month within 3 calendar days of the patient encounter.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Electronic Unit Health Record
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 85% or more of paper based records/forms generated by clinicians are available in the chart within 3 calendar days from the date of the patient encounter.
Goal/Ranking	
Comments	<p>This measure does not include encounters for which no documents are ever available in the eUHR, which may underestimate total number of documents in the denominator and result in a higher measurement outcome (i.e., better) than actually may have occurred.</p> <p>Performance is attributed to the institution where scanning occurred.</p> <p>This measure is a component of the Documents Scanned composite measure shown on the Dashboard.</p>
Last Revised	20160614 MS



Dashboard 4.2

Specifications



EHR'S INSTITUTIONS

Domain and Measure	Availability of Health Information – Specialty Notes Available Within 5 Calendar Days
Definition	Percentage of specialty consultation documents available in the Electronic Health Record System (EHR'S) within 5 calendar days of the patient encounter, which compares the document scan date with the specialty consultation date.
Denominator	<p>All completed specialty appointments in the EHR'S within the reporting period *.</p> <p>* Excludes Consults to Optometry that had a Receipts document entered into the system on the same date as the Optometry appointment.</p>
Numerator	<p>The number of specialty consultation appointments in the denominator that have specialty documents that are available in the EHR'S within 5 calendar days of the patient encounter, including the following document types:</p> <ol style="list-style-type: none"> 1. Audiology Consultation Note 2. Cardiology Consultation 3. Cardiology Progress Note 4. Cardiopulmonary Stress Test 5. Consultation Note 6. Consultation Notes - Other 7. Dental Oral/Surgery Progress Note 8. Echocardiogram Report 9. Electrocardiogram-EKG 10. Electromyogram 11. ENT Consultation 12. Esophagogastroduodenoscopy-EGD 13. Gynecology Consultation 14. Gynecology Office/Clinic Note 15. Gynecology Progress Note 16. Hepatology Consultation 17. Infectious Disease Consultation 18. Miscellaneous Procedure/Interven. - Scan 19. Nephrology Consultation Note 20. Neurology Consultation 21. Non-CDCR Consultation Note 22. Obstetrics Consultation 23. Obstetrics Progress Note 24. Oncology Consultation

Dashboard 4.2

Specifications



Domain and Measure	Availability of Health Information – Specialty Notes Available Within 5 Calendar Days
	<ul style="list-style-type: none"> 25. Oncology Progress Note 26. Operative Report 27. Ophthalmology Progress Note 28. Optometry Consultation 29. Optometry Progress Note 30. Orthopedic Consultation 31. Orthopedic Office/Clinic Note 32. Orthopedic Progress Note 33. Orthotics Consultation Note 34. Outside Records 35. Outside Records - Hospital 36. Pathology Reports 37. Pharmacologic Stress-MPI 38. Physical Therapy Consultation 39. Physical Therapy Progress Note 40. Podiatry Progress Note 41. Postoperative Note 42. Preoperative Note 43. Procedure Education - Scan 44. Procedure Note 45. PT Outpatient Daily Documentation - Text 46. PT Outpatient Examination - Text 47. Pulmonary Function Studies 48. Pulmonology Consultation 49. Respiratory Therapy Progress Note 50. RFS 51. Rheumatology Consultation 52. Sleep Diagnostics Consultation 53. Surgery Office/Clinic Note 54. Surgical Consultation 55. Therapeutic/Intervention Note 56. Transgender Consultation 57. Urology Consultation
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Electronic Health Record System (EHRS)
Reporting Frequency	Monthly

Dashboard 4.2

Specifications



Domain and Measure	Availability of Health Information – Specialty Notes Available Within 5 Calendar Days				
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 85% or more of specialty reports are available in the chart within 5 calendar days from the date of the patient encounter.				
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=85%</td> </tr> <tr> <td>High >=85%</td> </tr> <tr> <td>Moderate 75%-84%</td> </tr> <tr> <td>Low <75%</td> </tr> </table>	CCHCS Goal >=85%	High >=85%	Moderate 75%-84%	Low <75%
CCHCS Goal >=85%					
High >=85%					
Moderate 75%-84%					
Low <75%					
Comments	<p>Performance is attributed to the institution at which the specialty appointment took place.</p> <p>Documentation of Specialty encounters is required to be provided to the institutions within 48 hours of the encounter according to the medical contract.</p>				
Last Revised	20160616 SP				



Dashboard 4.2

Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Availability of Health Information – Specialty Notes Available Within 5 Calendar Days
Definition	Percentage of specialty consultation documents available in the Electronic Unit Health Record (eUHR) within 5 calendar days of the patient encounter, which compares the document scan date with the specialty consultation date.
Denominator	<p>All completed specialty appointments in Medical Scheduling and Tracking System (MedSATS) within the reporting period*.</p> <p>* Excludes Consults to Optometry that had a Property Receipts, Receipts-Miscellaneous document entered into the eUHR on the same date as the Optometry appointment.</p>
Numerator	<p>The number of specialty consultation appointments in the denominator that have specialty documents that are available in the eUHR within 5 calendar days of the patient encounter, including the following document types:</p> <ol style="list-style-type: none"> 1. 237C Dental Progress Notes 2. 237C-1 Supplemental to Dental Progress Notes 3. 7224 Optometry/Eye Glasses/Ophthalmology Exams 4. 7230 Interdisciplinary Progress Notes 5. 7395 Diabetes Chronic Care 6. 7398 HIV Chronic Care 7. 7399 Pulmonary Chronic Care 8. 7409 Specialty Consult Progress Note 9. Ambulatory Procedures Set (APS) 10. CMC-MED-127 Physical Therapy Progress Notes 11. CRC-542 Special Examination Request 12. Diagnostics: Outside, Other, excluding Mental Health 13. EKG Printout 14. EKG Report 15. MRI,CT Scans 16. Non-CDC Hospital Admission Reports 17. Other 18. Other Non-CDCCR Records (set) 19. Pathology Reports 20. Physical Therapy 21. Progress Notes - Specialties 22. Pulmonary Function Test 23. Radiology Report 24. Recreational Therapy Evaluation & Activity Plan

Dashboard 4.2

Specifications



Domain and Measure	Availability of Health Information – Specialty Notes Available Within 5 Calendar Days
	25. Sonograms/Ultrasound/Mammograms Report 26. Sonograms/Ultrasounds/Mammograms 27. Specialty Services 28. Therapies, i.e. Chemo, Speech, Respiratory 29. Therapies: Chemo, Radiation 30. Treatments, i.e. Amphotericin, Dialysis 31. X-Rays 32. 7243 H.C.S. Physician's Request for Services#RFS
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Electronic Unit Health Record Medical Scheduling and Tracking System
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 85% or more of specialty reports are available in the chart within 5 calendar days from the date of the patient encounter.
Goal/Ranking	
Comments	<p>Performance is attributed to the institution at which the specialty appointment took place.</p> <p>Documentation of Specialty encounters is required to be provided to the institutions within 48 hours of the encounter according to the medical contract.</p>
Last Revised	20160616 SP



Dashboard 4.2

Specifications



EHRS / NON-EHRS INSTITUTIONS

<i>Domain and Measure</i>	<i>Availability of Health Information – Community Hospital Records Available Within 3 Calendar Days</i>
Definition	Percentage of hospital discharge documents available in the Electronic Health Records System (EHRS) or the Electronic Unit Health Record (EUHR) within 3 calendar days of a community hospital discharge, which compares the document scan date with the patient discharge date (the date the document was received by health records staff is not considered for this measure).
Denominator	All community hospital discharges from Census and Discharge Data Information System (CADDIS) during the reporting month, excluding the following: <ol style="list-style-type: none"> 1. Discharges to another community hospital 2. Discharges where the patient is immediately paroled 3. Discharges resulting from the patient being deceased 4. Discharges to another agency (DSH)
Numerator	The number of discharges in the denominator for which hospital discharge documents are available in EHRS or EUHR within 3 calendar days of the CADDIS hospital discharge date. This includes the following document type: <ol style="list-style-type: none"> 1. Non-CDC Hospital Admission Reports (EUHR) 2. Other Non-CDCR Records (set) (EUHR) 3. Outside Records (EHRS) 4. Outside Records – Hospital (EHRS)
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Census and Discharge Data Information System Electronic Health Records System
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 85% or more of hospital records are available in the chart within 3 calendar days from the date the patient is discharged.
Goal/Ranking	

Dashboard 4.2

Specifications

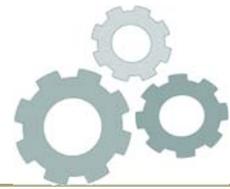


Domain and Measure	Availability of Health Information – Community Hospital Records Available Within 3 Calendar Days
	
Comments	<p>Linkage between CADDIS and EHRS or EUHR will be based on CDC# in the denominator. Discharge date used for this measure will be taken from CADDIS. Applying conditions in the following order, the numerator looks for the first scanned date found on eligible document types (once a document is found within one of these conditions, the remaining conditions are ignored):</p> <ol style="list-style-type: none"> 1. Where the EHRS or EUHR document encounter date matches the CADDIS discharge date. 2. Where the EHRS or EUHR document encounter date matches the CADDIS admission date. 3. Where the EHRS or EUHR document encounter date is between the CADDIS admission date and discharge date 4. Where the EHRS or EUHR document encounter date is between one day before and after the dates between the CADDIS admission and discharge dates. <p>Note that because the denominator is based on discharges during the reporting month, documents in the numerator may be available in the month following the actual reporting month (e.g., if the discharge is on the last day of the month).</p> <p>A discharge and/or transfer summary is required to be provided to the institutions upon hospital discharge and a full discharge summary is required to be provided within 3 days of discharge according to the medical contract. When multiple documents are scanned for the same discharge, the document that is scanned first is counted.</p>
Last Revised	201604 KK



Dashboard 4.2

Specifications

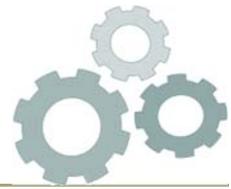


EHR / NON-EHR INSTITUTIONS

Domain and Measure	Availability of Health Information – Scanning Accuracy
Definition	Percentage of documents scanned into the Electronic Unit Health Record that were scanned accurately.
Denominator	A sample of approximately 15% of all documents scanned that are sent to the Health Record Center for audit.
Numerator	<p>The number of pages that are reviewed from the denominator minus the number of errors found during the audit.</p> <p>The following are the errors for which the documents are checked:</p> <ol style="list-style-type: none"> 1. Missing Document 2. Wrong CDCR Number 3. Wrong Name 4. Dental Scan Not in Color 5. EKG Scan Not in Color 6. Vital Information Obscured 7. Wrong Encounter Date Used 8. Wrong Document Orientation 9. Pages Out of Sequence 10. Blank Pages 11. Poor Quality Original
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	Electronic Unit Health Record audit
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 95% or more of documents will be scanned accurately into the chart.
Goal/Ranking	<p>CCHCS Goal >=95%</p> <p>High >=95%</p> <p>Moderate 75%-94%</p> <p>Low <75%</p>

Dashboard 4.2

Specifications

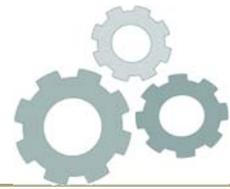


<i>Domain and Measure</i>	<i>Availability of Health Information – Scanning Accuracy</i>
Comments	
Last Revised	201604 JL



Dashboard 4.2

Specifications

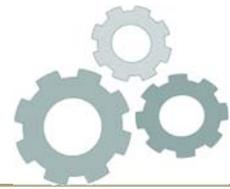


Domain and Measure	Appeal Processing – Timely Appeals
Definition	Percentage of appeals resolved during the reporting month. Figures shown in comparisons and institution views exclude 3rd level appeals.
Denominator	All appeals with an “Open” status during the reporting month. Statewide measure <u>includes</u> Third Level appeals. Institution measure <u>excludes</u> Third Level appeals.
Numerator	All appeals in the denominator that are not overdue.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Monthly Health Care Appeals Report
Reporting Frequency	Monthly
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 85% or more of inmate health care appeals are processed timely.
Goal/Ranking	<p>CCHCS Goal >=85%</p> <p>High >=85%</p> <p>Moderate 80%-84%</p> <p>Low <80%</p>
Comments	
Last Revised	201604 JL



Dashboard 4.2

Specifications



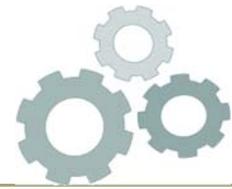
EHRS / NON-EHRS INSTITUTIONS

<i>Domain and Measure</i>	<i>Resource Management – Claims Processed</i>				
Definition	Percentage of healthcare claims processed through the Third Party Administrator within 30 days. Data source: Third Party Administrator Claims.				
Denominator	All health care claims processed through the Third Party Administrator (TPA) during the measurement month.				
Numerator	All claims from the denominator processed within 30 calendar days.				
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Not Applicable				
Data Source(s)	Third Party Administrator Claims				
Reporting Frequency	Monthly				
Background					
Goal/Ranking	<table border="1"> <tr> <td>CCHCS Goal >=98%</td> </tr> <tr> <td>High >=98%</td> </tr> <tr> <td>Moderate 87%-97%</td> </tr> <tr> <td>Low <87%</td> </tr> </table>	CCHCS Goal >=98%	High >=98%	Moderate 87%-97%	Low <87%
CCHCS Goal >=98%					
High >=98%					
Moderate 87%-97%					
Low <87%					
Comments					
Last Revised	201604 JL				



Dashboard 4.2

Specifications

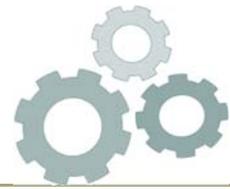


EHR / NON-EHR INSTITUTIONS

Domain and Measure	Resource Management – Specialty Teleservices			
Definition	Percentage of off-site outpatient specialty consultations for specialties appropriate for teleservices that actually were provided via teleservices.			
Denominator	All claims for off-site specialty services, excluding claims for: <ol style="list-style-type: none"> 1. Specialties that are not offered via telemedicine 2. On-site encounters <p><u>AND</u></p> All telemedicine specialty encounters with a “Seen” status as reported in the Telemedicine Scheduling System, excluding the following: <ol style="list-style-type: none"> 1. Primary Care 2. Psychiatry 3. Psychiatry – IDTT 			
Numerator	All telemedicine specialty encounters with a “Seen” status as reported in the Telemedicine Scheduling System, excluding the following: <ol style="list-style-type: none"> 1. Primary Care 2. Psychiatry 3. Psychiatry - IDTT 			
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.			
Data Source(s)	Telemedicine Scheduling System Third Party Administrator Claims			
Reporting Frequency	Monthly			
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 65% or more of appropriate specialty consultations will be provided via on-site specialty or video conferencing.			
Goal/Ranking	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="background-color: #333; color: white;">CCHCS Goal >=65%</td> </tr> <tr> <td style="background-color: #008000; color: white;">High >=65%</td> </tr> <tr> <td style="background-color: #FFD700;">Moderate 50%-64%</td> </tr> </table>	CCHCS Goal >=65%	High >=65%	Moderate 50%-64%
CCHCS Goal >=65%				
High >=65%				
Moderate 50%-64%				

Dashboard 4.2

Specifications



Domain and Measure	Resource Management – Specialty Teleservices
	<div style="background-color: red; color: white; padding: 2px; display: inline-block;">Low <50%</div>
<p>Comments</p>	<p>Specialty claims include the following:</p> <ol style="list-style-type: none"> 1. Place of Service: <ol style="list-style-type: none"> a. Office b. Outpatient Hospital 2. Provider Type Description: <ol style="list-style-type: none"> a. Allergy & Immunology b. Cardiology c. Cardiothoracic Vascular Surgery d. Dermatology e. Dietary Services f. Endocrinology g. ENT h. Otolaryngology i. Gastroenterology j. General Surgery k. Hematology/Oncology l. Hepatology m. Infectious Disease n. Nephrology o. Neurology p. Neurosurgery q. Orthopedic r. Orthopedic Surgery s. Physical Medicine & Rehab t. Plastic Surgery u. Podiatry v. Pulmonary w. Radiation Oncology x. Rheumatology y. Transgender z. Vascular Surgery <p><u>AND</u></p> <p>Exclude the following:</p> <ol style="list-style-type: none"> 1. GT Procedure Modifier
<p>Last Revised</p>	<p>201604 JL</p>



Dashboard 4.2 Specifications

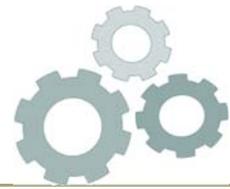


EHR / NON-EHR INSTITUTIONS

<i>Domain and Measure</i>	<i>Resource Management – Health Care Staff Training</i>
Definition	In Development
Denominator	Not Applicable
Numerator	Not Applicable
Rate Calculation	Statewide: Data will not be presented in the Dashboard for this measure. Institution: Data will not be presented in the Dashboard for this measure.
Data Source(s)	Not Applicable
Reporting Frequency	Not Applicable
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2016, 90% or more of all health care staff will complete required training in the Complete Care Model.
Goal/Ranking	
Comments	This measure will not be available in the initial release of Dashboard 4.2.
Last Revised	201604 JL



Dashboard 4.2 Specifications



EHR / NON-EHR INSTITUTIONS

<i>Domain and Measure</i>	<i>Continuous Evaluation & Improvement – QM & Patient Safety Program</i>
Definition	In Development
Denominator	Not Applicable
Numerator	Not Applicable
Rate Calculation	Statewide: Data will not be presented in the Dashboard for this measure. Institution: Data will not be presented in the Dashboard for this measure.
Data Source(s)	Electronic Health Records System (EHR)
Reporting Frequency	Not Applicable
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2017, each institution will have implemented the Complete Care Model infrastructure by achieving 90% or better on both Delivery System and Management System components in all assessment categories. By December 31, 2018, institutions will achieve an average of 75% or more, or at least a 20% increase from baseline Patient Safety Culture Survey results for the measure: Non-Punitive Response to Errors.
Goal/Ranking	
Comments	This measure will not be available in the initial release of Dashboard 4.0.
Last Revised	201604 JL



Dashboard 4.2 Specifications



EHR / NON-EHR INSTITUTIONS

<i>Domain and Measure</i>	<i>Continuous Evaluation & Improvement – Health Care Index</i>
Definition	In Development
Denominator	Not Applicable
Numerator	Not Applicable
Rate Calculation	Statewide: Data will not be presented in the Dashboard for this measure. Institution: Data will not be presented in the Dashboard for this measure.
Data Source(s)	Electronic Health Records System (EHR)
Reporting Frequency	Not Applicable
Background	Health Care Services Performance Improvement Plan (PIP) Objective: By December 31, 2015, each institution will demonstrate at least a 20% increase in the health care index over the previous twelve month period, if not previously reported at goal.
Goal/Ranking	<p>CCHCS Goal >=XX%</p> <p>High >=XX%</p> <p>Moderate XX%-XX%</p> <p>Low <XX%</p>
Comments	This measure will not be available in the initial release of Dashboard 4.0.
Last Revised	201604 JL



Dashboard 4.2

Specifications



EHRS/NON-EHRS INSTITUTIONS

<i>Domain and Measure</i>	<i>Staffing in Full Time Equivalent (FTE) – Total FTE</i>
Definition	<p>This measure displays three numbers:</p> <ol style="list-style-type: none"> 1) Actual number of full-time equivalent positions (FTEs) used during the reporting month, taking into account hours worked by civil service staff, registry staff, and staff serving overtime. Includes medical, nursing, pharmacy, dental clinical, mental health clinician, clinical support, administrative support classification categories. 2) Authorized number of FTEs in these positions under the Department's current budget. 3) Percent of Authorized, which is the Actual divided by Authority. <p>Statewide figures shown in comparisons and institution views exclude headquarters staff FTEs.</p>
Denominator	<p>Number of ongoing positions approved in the budget (excluding positions abolished due to continued, extended vacancy), as published by the Position Management Report (PMR).</p> <p>This figure is shown as Authority on the Dashboard. Statewide view includes headquarter positions. Institution view excludes headquarter positions.</p>
Numerator	<p>Number of current Full Time Equivalent (FTE) staff (Filled, Blanket and or Temporary) being utilized, taking into consideration Permanent Employee Filled Positions, Overtime, and Registry (statewide figures on monthly composite and institution scorecards exclude headquarters staff FTEs).</p> <p>This figure is shown as Actual on the Dashboard. Statewide view includes headquarter positions. Institution view excludes headquarter positions.</p>
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes headquarter positions. Institution: Percentage is the numerator divided by the denominator times 100. Excludes headquarter positions.</p>
Data Source(s)	Position Management Report
Reporting Frequency	Monthly

Dashboard 4.2

Specifications

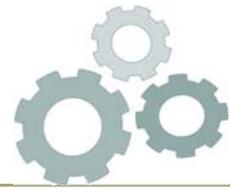


Domain and Measure	Staffing in Full Time Equivalentents (FTE) – Total FTE
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	Data provided on the Position Management Report has a 2-month lag time.
Last Revised	201604 JL



Dashboard 4.2

Specifications

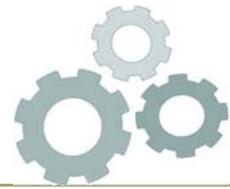


EHR/NON-EHR INSTITUTIONS

Domain and Measure	Staffing in Full Time Equivalent (FTE) – Medical FTE
Definition	<p>This measure displays three numbers:</p> <ol style="list-style-type: none"> 1) Actual number of full-time equivalent (FTE) medical provider positions used during the reporting month, taking into account hours worked by civil service staff, registry staff, and staff serving overtime. Includes physician managers, physician and surgeons, physician assistants, nurse practitioners, Receiver's Clinical Executive, and Receiver's Medical Executive positions. 2) Authorized number of FTEs in these positions under the Department's current budget. 3) Percent of Authorized, which is the Actual divided by Authority. <p>Statewide figures shown in comparisons and institution views exclude headquarters staff FTEs.</p>
Denominator	<p>Number of ongoing positions approved in the budget (excluding positions abolished due to continued, extended vacancy) for medical staff, including non-psychiatric MD, DO, NP and PA, as published by the Position Management Report (PMR).</p> <p>This figure is shown as Authority on the Dashboard. Statewide view includes headquarter positions. Institution view excludes headquarter positions.</p>
Numerator	<p>Number of current Full Time Equivalent (FTE) staff (Filled, Blanket and or Temp) being utilized, taking into consideration Permanent Employee Filled Positions, Overtime and Registry for medical staff, including non-psychiatric MD, DO, NP and PA (statewide figures on monthly composite and institution scorecards exclude headquarters staff FTEs).</p> <p>This figure is shown as Actual on the Dashboard. Statewide view includes headquarter positions. Institution view excludes headquarter positions.</p>
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes headquarter positions.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Excludes headquarter positions.</p>

Dashboard 4.2

Specifications

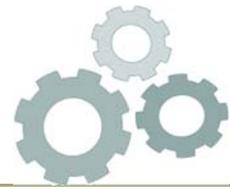


Domain and Measure	Staffing in Full Time Equivalent (FTE) – Medical FTE																																				
Data Source(s)	Position Management Report																																				
Reporting Frequency	Monthly																																				
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Last Revised	201604 JL																																				



Dashboard 4.2

Specifications



EHR / NON-EHR INSTITUTIONS

Domain and Measure	Staffing in Full Time Equivalent (FTE) – Nursing FTE
Definition	<p>This measure displays three numbers: 1) Actual number of full-time equivalent (FTE) nursing positions used during the reporting month, taking into account hours worked by civil service staff, registry staff, and staff serving overtime. Covers more than 20 classification types, including certified nursing assistants, licensed vocational nurses, nurse consultants, nurse anesthetists, nurse instructors, public health nurses, registered nurses, psychiatric technicians, surgical nurses, supervising registered nurses, and any affiliated registry classifications; 2) Authorized number of FTEs in these positions under the Department's current budget; and 3) percent of Authorized, which is the Actual divided by Authority. Statewide figures shown in comparisons and institution views exclude headquarters staff FTEs.</p>
Denominator	<p>Number of ongoing positions approved in the budget (excluding positions abolished due to continued, extended vacancy) for nursing staff, including RN, LVN, CNA and psychiatry technician, as published by the Position Management Report (PMR).</p> <p>This figure is shown as Authority on the Dashboard. Statewide view includes headquarter positions. Institution view excludes headquarter positions.</p>
Numerator	<p>Number of current Full Time Equivalent (FTE) staff (Filled, Blanket and or Temp) being utilized through Permanent Employee Filled Positions, Overtime and Registry for nursing staff, including RN, LVN, CNA and psychiatry technician (statewide figures on monthly composite and institution scorecards exclude headquarters staff FTEs).</p> <p>This figure is shown as Actual on the Dashboard. Statewide view includes headquarter positions. Institution view excludes headquarter positions.</p>
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes headquarter positions. Institution: Percentage is the numerator divided by the denominator times 100. Excludes headquarter positions.</p>

Dashboard 4.2

Specifications



Domain and Measure	Staffing in Full Time Equivalent (FTE) – Nursing FTE																																																																								
Data Source(s)	Position Management Report Electronic Health Records System (EHRS)																																																																								
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Dashboard 4.2

Specifications

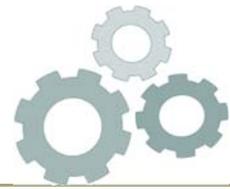


EHRS / NON-EHRS INSTITUTIONS

<i>Domain and Measure</i>	<i>Staffing in Full Time Equivalent (FTE) – Pharmacy FTE</i>
Definition	<p>This measure displays three numbers: 1) Actual number of full-time equivalent (FTE) pharmacy positions used during the reporting month, taking into account hours worked by civil service staff, registry staff, and staff serving overtime. Covers 4 pharmacy classifications, including pharmacy services manager, pharmacist, pharmacy technician, and any affiliated registry classifications; 2) Authorized number of FTEs in these positions under the Department's current budget; and 3) percent of Authorized, which is the Actual divided by Authority. Statewide figures shown in comparisons and institution views exclude headquarters staff FTEs.</p>
Denominator	<p>Number of ongoing positions approved in the budget (excluding positions abolished due to continued, extended vacancy) pharmacy staff, including pharmacists and pharmacy technician, as published by the Position Management Report (PMR).</p> <p>This figure is shown as Authority on the Dashboard. Statewide view includes headquarter positions. Institution view excludes headquarter positions.</p>
Numerator	<p>Number of current Full Time Equivalent (FTE) staff (Filled, Blanket and or Temp) being utilized through Permanent Employee Filled Positions, Overtime and Registry for pharmacy staff, including pharmacists and pharmacy technician (statewide figures on monthly composite and institution scorecards exclude headquarters staff FTEs).</p> <p>This figure is shown as Actual on the Dashboard. Statewide view includes headquarter positions. Institution view excludes headquarter positions.</p>
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes headquarter positions. Institution: Percentage is the numerator divided by the denominator times 100. Excludes headquarter positions.</p>
Data Source(s)	<p>Position Management Report Electronic Health Records System (EHRS)</p>

Dashboard 4.2

Specifications



Domain and Measure	Staffing in Full Time Equivalent (FTE) – Pharmacy FTE																				
Reporting Frequency	Monthly																				
Background																					
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.																				
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Last Revised	201604 JL																				



Dashboard 4.2

Specifications



EHRS / NON-EHRS INSTITUTIONS

Domain and Measure	Staffing in Full Time Equivalent (FTE) – Dental Clinical FTE
Definition	<p>This measure displays three numbers: 1) Actual number of full-time equivalent (FTE) dental clinical positions used during the reporting month, taking into account hours worked by civil service staff, registry staff, and staff serving overtime. Covers more than 10 dental clinical classifications, including dental assistant, dental hygienist, dental laboratory technician, dentist, supervising dentist, chief dentist, and statewide, regional, and deputy dental directors, as well as any affiliated registry classifications; 2) Authorized number of FTEs in these positions under the Department's current budget; and 3) percent of Authorized, which is the Actual divided by Authority. Statewide figures shown in comparisons and institution views exclude headquarters staff FTEs.</p>
Denominator	<p>Number of ongoing positions approved in the budget (excluding positions abolished due to continued, extended vacancy) dental staff, including dentist and hygienist hours, as published by the Position Management Report (PMR).</p> <p>This figure is shown as Authority on the Dashboard. Statewide view includes headquarter positions. Institution view excludes headquarter positions.</p>
Numerator	<p>Number of current Full Time Equivalent (FTE) staff (Filled, Blanket and or Temp) being utilized through Permanent Employee Filled Positions, Overtime and Registry for dental staff, including dentist and hygienist (statewide figures on monthly composite and institution scorecards exclude headquarters staff FTEs).</p> <p>This figure is shown as Actual on the Dashboard. Statewide view includes headquarter positions. Institution view excludes headquarter positions.</p>
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes headquarter positions. Institution: Percentage is the numerator divided by the denominator times 100. Excludes headquarter positions.</p>
Data Source(s)	<p>Position Management Report Electronic Health Records System (EHRS)</p>

Dashboard 4.2

Specifications



Domain and Measure	Staffing in Full Time Equivalent (FTE) – Dental Clinical FTE																																
Reporting Frequency	Monthly																																
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Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.																																
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Dashboard 4.2

Specifications

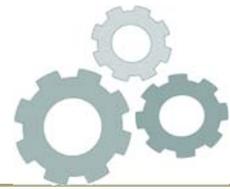


EHRS / NON-EHRS INSTITUTIONS

Domain and Measure	Staffing in Full Time Equivalents (FTE) – Mental Health Clinical FTE
Definition	<p>This measure displays three numbers: 1) Actual number of full-time equivalent (FTE) mental health clinical positions used during the reporting month, taking into account hours worked by civil service staff, registry staff, and staff serving overtime. Covers more than 20 mental health clinical classifications, including psychologist, social worker, psychiatrist, and intern, specialist, managerial, and supervisory classifications associated with these positions as well as any affiliated registry classifications; 2) Authorized number of FTEs in these positions under the Department's current budget; and 3) percent of Authorized, which is the Actual divided by Authority. Statewide figures shown in comparisons and institution views exclude headquarters staff FTEs.</p>
Denominator	<p>Number of ongoing positions approved in the budget (excluding positions abolished due to continued, extended vacancy) mental health staff, including psychiatrist, psychologist and licensed clinical social worker hours, as published by the Position Management Report (PMR).</p> <p>This figure is shown as Authority on the Dashboard. Statewide view includes headquarter positions. Institution view excludes headquarter positions.</p>
Numerator	<p>Number of current Full Time Equivalent (FTE) staff (Filled, Blanket and or Temp) being utilized through Permanent Employee Filled Positions, Overtime and Registry for mental health staff, including psychiatrist, psychologist and licensed clinical social worker (statewide figures on monthly composite and institution scorecards exclude headquarters staff FTEs).</p> <p>This figure is shown as Actual on the Dashboard. Statewide view includes headquarter positions. Institution view excludes headquarter positions.</p>
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes headquarter positions. Institution: Percentage is the numerator divided by the denominator</p>

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Specifications



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Specifications



EHRS / NON-EHRS INSTITUTIONS

<i>Domain and Measure</i>	Staffing in Full Time Equivalent (FTE) – Clinical Support FTE
Definition	<p>This measure displays three numbers: 1) Actual number of full-time equivalent (FTE) clinical support positions used during the reporting month, taking into account hours worked by civil service staff, registry staff, and staff serving overtime. Covers more than 20 clinical support classifications, including dietician, laboratory technologist, radiologic technologist, laboratory assistant, occupational therapist, respiratory therapist, recreational therapist, speech therapist, optometrist, podiatrist, as well as any affiliated registry classifications; 2) Authorized number of FTEs in these positions under the Department's current budget; and 3) percent of Authorized, which is the Actual divided by Authority. Statewide figures shown in comparisons and institution views exclude headquarters staff FTEs.</p>
Denominator	<p>Number of ongoing positions approved in the budget (excluding positions abolished due to continued, extended vacancy) clinical support staff, including physical therapist, laboratory, radiology and other licensed clinical staff hours not accounted for in other clinical categories, as published by the Position Management Report (PMR).</p> <p>This figure is shown as Authority on the Dashboard. Statewide view includes headquarter positions. Institution view excludes headquarter positions.</p>
Numerator	<p>Number of current Full Time Equivalent (FTE staff (Filled, Blanket and or Temp) being utilized through Permanent Employee Filled Positions, Overtime and Registry for clinical support staff, including physical therapist, laboratory, radiology and other licensed clinical staff hours not accounted for in other clinical categories(statewide) figures on monthly composite and institution scorecards exclude headquarters staff FTEs).</p> <p>This figure is shown as Actual on the Dashboard. Statewide view includes headquarter positions. Institution view excludes headquarter positions.</p>
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes headquarter positions.</p>

Dashboard 4.2

Specifications

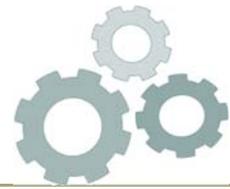


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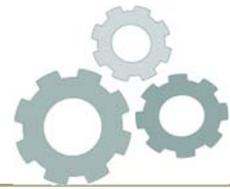


EHRIS / NON-EHRIS INSTITUTIONS

<i>Domain and Measure</i>	Staffing in Full Time Equivalents (FTE) – Administrative Support FTE
Definition	<p>This measure displays three numbers: 1) Actual number of full-time equivalent (FTE) administrative support positions used during the reporting month, taking into account hours worked by civil service staff, registry staff, and staff serving overtime. Covers more than 190 administrative support classifications, including clerical, analytical, information technology, auditor, building maintenance, cook, correctional, custodian, health education, health record technician, human resources, business services, engineering, and warehouse positions that support the health care services delivery system.</p> <p>Authority: Number of administrative support FTEs authorized under the Department's current budget. % of Auth: Actual divided by Authority. Statewide figures shown in comparisons and institution views exclude headquarters staff FTEs.</p>
Denominator	<p>Number of ongoing positions approved in the budget (excluding positions abolished due to continued, extended vacancy) administrative support staff, as published by the Position Management Report (PMR).</p> <p>This figure is shown as Authority on the Dashboard. Statewide view includes headquarter positions. Institution view excludes headquarter positions.</p>
Numerator	<p>Number of current Full Time Equivalent (FTE) staff (Filled, Blanket and or Temp) being utilized through Permanent Employee Filled Positions, Overtime and Registry for administrative support staff (statewide figures on monthly composite and institution scorecards exclude headquarters staff FTEs).</p> <p>This figure is shown as Actual on the Dashboard. Statewide view includes headquarter positions. Institution view excludes headquarter positions.</p>
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Data Source(s)	Position Management Report

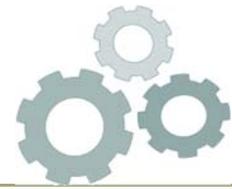
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Dashboard 4.2 Specifications



Domain and Measure	Staffing in Full Time Equivalents (FTE) – Administrative Support FTE			
	CASE RECDS TECH	1155	PRISON CANTN MGR I	1575
	CH DEP ADM-CP CEA	9691	PRL AG II/AP SP	9762
	Chief Dep-Clinical	2578	ProgDir - Mental Disabilities (Safety)	8103
	Chief Engr I, CF	6699	PROG TEC I/PST EN	1302
	Chief-Exec Off, Health Care, Safety	8216	ProgTechn I	9927
	CLNCL REC ADM	1893	PROGRAM ASST (MENTAL DISABILITIES-SAFETY)	8102
	Community Program Specialist	8353	PROJECT MNGR	7580
	COOK SP II	2184	Prop Controller II	1794
	Cook Spec I, CF	2187	Property Controller II	1549
	Cook Spec II, CF	2186	Protestant Chaplain	9922
	COR CS REC ANALYST	1152	R S III/E/B	5594
	COR CS REC MGR	1146	R S III/S/B S	5605
	COR CS REC SUP	1149	R S MGR/E/B	5662
	Corr Administrator, DOC	9645	RCEA	12000
	CORR BUSNS MGR I	7208	RES PROG SP I SO/B	5756
	CORR COUN II SUP	9903	Research Analyst I-Gen	5729
	Corr Counselor I	9904	Research Analyst II-Gen	5731
	Corr Counselor II-Spec	9901	RESEARCH PROGRAM SPECIALIST II	5758
	CorrHlthSvcsAdministr I, CF 4910		Research Scientist (Epidemiology/Bio)	5629
	CorrHlthSvcsAdministr II, CF	4912	Research Scientist I-Epidemiology	5577
	CorrLieut 9656		Seasonal Clerk	1120
	CorrOfcr 9662		Secty	1176
	CorrSgt	9659	SENIOR ACCOUNT CLK	1730
	CORRECTNL COUNS III	9902	SERV AST WRH/STORS	1510
	CORRECTNL CAPTAIN	9650	SPECIAL CONSULTANT	4660
	Custodian Supvr II,CF	2004	Sr Info Syss Analyst-Spec	1337
	Custodian,CF	2006	Sr Info Syss Analyst-Supvr	1340
	CUSTODN SUP III-CF	2000	SR MANGMNT AUDITOR	4161
	DATA PROC MGR I	1381	Sr Med Transcriber	1178
	DEP DIR STRTGC MGT	9643	SrPers Spec	1317
	DEPUTY DIRECTOR, DIVISION OF ADULT INSTITUTIONS	5507	SR PLNR/SUP	4646
	Digital Print Opr I	1411	SR PROG ANALYST/SP	1583
	DIGITL PRNT OP II	1412	ST PROG ANALYST/SP	1581
	DIRECTOR	4466	STAFF COUN/HISP	2700
	DIS INS PR MGR II	9209	STAFF COUNSEL	5778
	DIV CEA	9503	Staff Counsel III-Supvr	5815
	DP Mgr II	1384	Staff Info Syss Analyst-Spec	1312
	DP Mgr III	1393	Staff Info Syss Analyst-Supvr	1316
	DP Mgr IV	1387	Staff Svcs Analyst-Gen	5157
	ELECTRCN II CORR F	6538	Staff SvcsMgr I	4800
	ELECTRNCS TECH C F	6916	Staff SvcsMgr III	4802
	Exec Asst	1728	Staff SvcsMgr II-Supvr	4801
	Exec Secty I	1247	Stationary Engineer	6712

Dashboard 4.2 Specifications

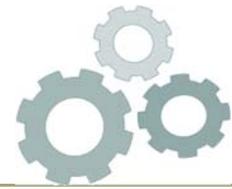


Domain and Measure	Staffing in Full Time Equivalents (FTE) – Administrative Support FTE			
	Facility Capt, CI	9646	Stationary Engineer Apprentice	6717
	FIR CAPTAIN/COR IN	9001	Stationary EngrApprnt, CF	6718
	FIRE CHIEF/CF	8976	Stationary Engr, CF	6713
	Food Administrator I, CF	2153	Stds Compliance Coord	8328
	FOOD ADMR II COR F	2147	STF COUN III/SP	5795
	GRAD STUDENT ASST	4872	STF COUN IV	5780
	GROUNDSKEEPER C F	743	STF SVS MGR II	4969
	HLTH ANLYST	4672	STOCK CLERK	1509
	Hlth Education Consultant III	8332	Student Asst	4870
	Hlth Education Consultant III- Spec	8313	SUP INVEST/PET PRO	118
	Hlth Plan Spec II	4648	SUP RECDS TECH	1154
	HlthProgCoord	8202	SUP SVS A/INTERPRE	9820
	HlthProgMgr I	8427	SUPERVISING COOK I	2181
	HlthProgMgr II	8428	SUPVG GRNDKP II CF	716
	HlthProgMgr III	8429	SUPVG MANGMNT AUD	140
	HlthProg Spec I	8338	SUPVG MANGMNT AUD	4163
	HlthProg Spec II	8336	Supvng Cook I	2183
	HlthRecdTechn I	1869	SupvngCorr Cook, DOC	5480
	HlthRecdTechn III	1873	SupvngProgTechn III	9926
	HlthRecdTechn II-Spec	1872	SUPVR BLDG TRDS CF	6763
	HlthRecdTechn II-Supvr	1887	SUPVR OF VOC INSTR	2370
	Housekeeper	2043	SYS SFTW SP III/S	1559
	HVY TRUCK DRVR C F	6379	Syss Software Spec III-Tech	1367
	IND WRHS & DIS SP	7231	Syss Software Spec II-Tech	1373
	INF OF I/SP	5601	Syss Software Spec I-Tech	1587
	INFO SYS TC	1360	TAX SPEC BOE	6961
	INFORMATN OFFCR II	5595	Temp Help	13000
	InstlPers Off II	5138	TrngOfcr II	5194
	INSTRCT DSN-TEC	2947	Trng Off I	5197
	Jr Staff Analyst-Gen	5156	Truck Drvr, CF	6382
	LAB REL ANLYST	9529	VOC INST O S&RT CF	2849
	Laundry Worker	2116	Voc Instructor-Janitorial	2600
	LBR REL MGR I	9537	Warehouse Mgr I, CF	1504
	LBR REL SP	9535	WAREHOUSE WKR C F	6221
	Lead Custodian,CF	2005	Warehouse Worker	6220
	LEAD GRNDKP I CF	718	WAREHSE MGR II C F	1502
	LEAD GROUNDSKPR CF	720	WATER&SEWG PL S CF	6724
	LEGAL SECRETARY	1282	Word ProcTechn	1181
	Limited Exam/ApptProg Candidate	4687	YOUTH AID	9991
	Locksmith I, CF	6643		
Last Revised	201604 JL			



Dashboard 4.2

Specifications



EHR / NON-EHR INSTITUTIONS

<i>Domain and Measure</i>	<i>Staffing in Full Time Equivalent (FTE) – Total Actual FTE</i>
Definition	<p>This measure has two parts: 1) Number of total full-time equivalent positions (FTEs) used during the reporting month, including hours worked by civil service staff, registry staff, and staff serving overtime, which encompasses medical, nursing, pharmacy, dental clinical, mental health clinician, clinical support, administrative support classification categories; and 2) Percentage of total FTEs used during the reporting month, including hours worked by civil service staff, registry staff, and staff serving overtime (which equals 100% for this Total measure). Statewide figures shown in comparisons and institution views exclude headquarters staff FTEs.</p>
Denominator	<p>Total Actual FTEs as published by the Position Management Report.</p> <p>Actual positions include the following:</p> <ol style="list-style-type: none"> 1. Civil Service 2. Overtime 3. Registry
Numerator	<p>Total Actual FTEs as published by the Position Management Report.</p> <p>This figure is shown as Actual on the Dashboard. Statewide view includes headquarter positions. Institution view excludes headquarter positions.</p>
Rate Calculation	<p>Statewide: Statewide percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes headquarter positions.</p> <p>Institution: Institution percentage is the numerator divided by the denominator times 100. Excludes headquarter positions.</p>
Data Source(s)	<p>Position Management Report Electronic Health Records System (EHR)</p>
Reporting Frequency	<p>Monthly</p>
Background	
Goal/Ranking	<p>This measure is included for monitoring purposes and has no specified benchmark or goal.</p>

Dashboard 4.2

Specifications



Domain and Measure	Staffing in Full Time Equivalentents (FTE) – Total Actual FTE
Comments	Data provided on the Position Management Report has a 2-month lag time. This specification provides two measures: 1. Total number of Actual FTEs. 2. Percentage of all FTEs.
Last Revised	201604 JL



Dashboard 4.2

Specifications



EHR / NON-EHR INSTITUTIONS

<i>Domain and Measure</i>	<i>Staffing in Full Time Equivalent (FTE) – Civil Service FTE</i>
Definition	<p>This measure has two parts: 1) Number of hours worked (excluding overtime hours) by civil service staff during the reporting month converted to Full-Time Equivalent (FTE), which includes medical, nursing, pharmacy, dental clinical, mental health clinician, clinical support, and administrative support classification categories; and 2) Percentage of Total Actual FTEs for the month (civil service, registry, and overtime work) that were civil service FTEs. Statewide figures shown in comparisons and institution views exclude headquarters staff FTEs.</p>
Denominator	<p>Total Actual FTEs as published by the Position Management Report.</p> <p>Actual positions include the following</p> <ol style="list-style-type: none"> 1. Civil Service 2. Overtime 3. Registry
Numerator	<p>Total FTEs from the denominator filled by a Civil Service employee as published by the Position Management Report.</p> <p>This figure is shown as Actual on the Dashboard. Statewide view includes headquarter positions. Institution view excludes headquarter positions.</p>
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes headquarter positions.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100. Excludes headquarter positions.</p>
Data Source(s)	<p>Position Management Report Electronic Health Records System (EHR)</p>
Reporting Frequency	<p>Monthly</p>
Background	
Goal/Ranking	<p>This measure is included for monitoring purposes and has no specified benchmark or goal.</p>

Dashboard 4.2

Specifications



Domain and Measure	Staffing in Full Time Equivalent (FTE) – Civil Service FTE
Comments	Data provided on the Position Management Report has a 2-month lag time. This specification provides two measures: <ol style="list-style-type: none">1. Total number of Civil Service FTEs.2. Percentage of all FTEs that are filled by Civil Service employees.
Last Revised	201604 JL



Dashboard 4.2

Specifications

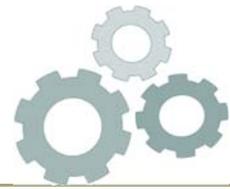


EHR / NON-EHR INSTITUTIONS

<i>Domain and Measure</i>	<i>Staffing in Full Time Equivalent (FTE) – Overtime FTE</i>
Definition	This measure has two parts: 1) Number of overtime hours worked during the reporting month converted to Full-Time Equivalent (FTE), which includes medical, nursing, pharmacy, dental clinical, mental health clinician, clinical support, and administrative support classification categories; and 2) Percentage of Total Actual FTEs for the month (civil service, registry, and overtime work) that were overtime FTEs. Statewide figures shown in comparisons and institution views exclude headquarters staff FTEs.
Denominator	Total Actual FTEs as published by the Position Management Report. Actual positions include the following <ol style="list-style-type: none"> 1. Civil Service 2. Overtime 3. Registry
Numerator	Total FTEs from the denominator logged as Overtime as published by the Position Management Report. This figure is shown as Actual on the Dashboard. Statewide view includes headquarter positions. Institution view excludes headquarter positions.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes headquarter positions. Institution: Percentage is the numerator divided by the denominator times 100. Excludes headquarter positions.
Data Source(s)	Position Management Report Electronic Health Records System (EHR)
Reporting Frequency	Monthly
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	Data provided on the Position Management Report has a 2-month lag

Dashboard 4.2

Specifications



Domain and Measure	Staffing in Full Time Equivalentents (FTE) – Overtime FTE
	time. This specification provides two measures: <ol style="list-style-type: none">1. Total number of Overtime FTEs.2. Percentage of all FTEs that are logged as Overtime.
Last Revised	201604 JL



Dashboard 4.2

Specifications

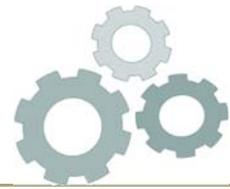


EHR / NON-EHR INSTITUTIONS

Domain and Measure	Staffing in Full Time Equivalent (FTE) – Registry FTE
Definition	This measure has two parts: 1) Number of hours worked by registry staff during the reporting month converted to Full-Time Equivalent (FTE), which includes medical, nursing, pharmacy, dental clinical, mental health clinician, clinical support, and administrative support classification categories; and 2) Percentage of Total Actual FTEs for the month (civil service, registry, and overtime work) that were registry FTEs. Statewide figures shown in comparisons and institution views exclude headquarters staff FTEs.
Denominator	Total Actual FTEs as published by the Position Management Report. Actual positions include the following <ol style="list-style-type: none"> 1. Civil Service 2. Overtime 3. Registry
Numerator	Total FTEs from the denominator logged as Registry as published by the Position Management Report. This figure is shown as Actual on the Dashboard. Statewide view includes headquarter positions. Institution view excludes headquarter positions.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Includes headquarter positions. Institution: Percentage is the numerator divided by the denominator times 100. Excludes headquarter positions.
Data Source(s)	Position Management Report Electronic Health Records System (EHR)
Reporting Frequency	Monthly
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	Data provided on the Position Management Report has a 2-month lag

Dashboard 4.2

Specifications



Domain and Measure	Staffing in Full Time Equivalentents (FTE) – Registry FTE
	time. This specification provides two measures: <ol style="list-style-type: none">1. Total number of Registry FTEs.2. Percentage of all FTEs that are logged as Registry.
Last Revised	201604 JL



Dashboard 4.2

Specifications

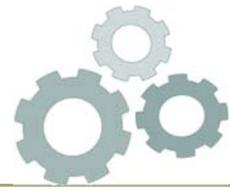


EHRS / NON-EHRS INSTITUTIONS

Domain and Measure	Major Costs Per Inmate Per Month – Labor, Medical Staff
Definition	This measure has two parts: 1) Per inmate per month cost, fiscal year to date, for medical staff salaries/wages, temporary help, registry, and overtime, which includes physician managers, physician and surgeons, physician assistants, nurse practitioners, Receiver's Clinical Executive, and Receiver's Medical Executive positions; and 2) Per inmate per month cost as calculated above, but for the prior fiscal year. Statewide figures shown in comparisons and institution views exclude headquarters staff costs.
Denominator	The average inmate population using each month's population from fiscal year to date (YTD).
Numerator	<p>The fiscal year to date cost of salaries/wages, retirement, benefits, temporary help, registry, and overtime for medical staff excluding psychiatry classifications (statewide figures on monthly composite and institution scorecards exclude headquarters staffing costs).</p> <p>Includes the following classifications:</p> <ol style="list-style-type: none"> 1. Non-psychiatric MD 2. Doctor of Osteopathy 3. Nurse Practitioner 4. Physician Assistant
Rate Calculation	<p>Statewide: Sum of costs YTD divided by average total inmate population divided by number of months in period YTD. Includes headquarter costs.</p> <p>Institution: Sum of costs YTD divided by average inmate population divided by number of months in period YTD. Excludes headquarter costs.</p>
Data Source(s)	State Controller's Office Management Information Retrieval System Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.

Dashboard 4.2

Specifications



Domain and Measure	Major Costs Per Inmate Per Month – Labor, Medical Staff			
Comments	Classifications include:			
	Title	Class Code	Title	Class Code
	Chief Med Off	7547	Registry - Emergency Physician contract - Medical Director	15005
	Chief Physician & Surgeon, CF	9267	Registry - Emergency Physician contract - Physician	15006
	Nurse Practitioner	9278	Registry - Emergency Physician contract - Physician Asst	15007
	Physician & Surgeon, CF	9269	Registry - Emergency Physician contract - RNP	15008
	Physician & Surgeon, CF (Internal)	9263	Registry - Physican Assistant	15019
	Physician Asst, CF	8016	Registry - Physician	15020
	Receiver's Clinical Executive (Safety)	8200	Registry - RNP	15027
Receiver's Medical Executive	8239			
Last Revised	201604 JL			



Dashboard 4.2

Specifications



EHRS / NON-EHRS INSTITUTIONS

Domain and Measure	Major Costs Per Inmate Per Month – Labor, Nursing Staff
Definition	<p>This measure has two parts: 1) Per inmate per month cost, fiscal year to date, for nursing staff salaries/wages, temporary help, registry, and overtime, which over more than 20 nursing classification types, including certified nursing assistants, licensed vocational nurses, nurse consultants, nurse anesthetists, nurse instructors, public health nurses, registered nurses, psychiatric technicians, surgical nurses, supervising registered nurses, and any affiliated registry classifications; and 2) Per inmate per month cost as calculated above, but for the prior fiscal year. Statewide figures shown in comparisons and institution views exclude headquarters staff costs.</p>
Denominator	<p>The average inmate population using each month's population from fiscal year to date (YTD).</p>
Numerator	<p>The fiscal year to date cost of salaries/wages, retirement, benefits, temporary help, registry, and overtime for nursing staff (statewide figures on monthly composite and institution scorecards exclude headquarters staff costs).</p> <p>Includes the following classifications:</p> <ol style="list-style-type: none"> 1. Registered Nurse 2. Licensed Vocational Nurse 3. Certified Nurse Assistant 4. Psychiatry Technician
Rate Calculation	<p>Statewide: Sum of costs YTD divided by average total inmate population divided by number of months in period YTD. Includes headquarter costs.</p> <p>Institution: Sum of costs YTD divided by average inmate population divided by number of months in period YTD. Excludes headquarter costs.</p>
Data Source(s)	<p>State Controller's Office Management Information Retrieval System Electronic Health Records System (EHRS)</p>
Reporting Frequency	<p>Monthly</p>
Background	

Dashboard 4.2

Specifications



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Specifications

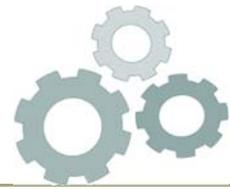


EHRS / NON-EHRS INSTITUTIONS

Domain and Measure	Major Costs Per Inmate Per Month – Labor, Pharmacy Staff
Definition	This measure has two parts: 1) Per inmate per month cost, fiscal year to date, for pharmacy staff salaries/wages, temporary help, registry, and overtime, which covers 4 pharmacy classifications, including pharmacy services manager, pharmacist, pharmacy technician, and any affiliated registry classifications; and 2) Per inmate per month cost as calculated above, but for the prior fiscal year. Statewide figures shown in comparisons and institution views exclude headquarters staff costs.
Denominator	The average inmate population using each month's population from fiscal year to date (YTD).
Numerator	<p>The fiscal year to date cost of salaries/wages, retirement, benefits, temporary help, registry, and overtime for pharmacy staff (statewide figures on monthly composite and institution scorecards exclude headquarters staff costs).</p> <p>Includes the following classifications:</p> <ol style="list-style-type: none"> 1. Pharmacist 2. Pharmacy Technician
Rate Calculation	<p>Statewide: Sum of costs YTD divided by average total inmate population divided by number of months in period YTD. Includes headquarter costs.</p> <p>Institution: Sum of costs YTD divided by average inmate population divided by number of months in period YTD. Excludes headquarter costs.</p>
Data Source(s)	State Controller's Office Management Information Retrieval System Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	Classifications include:

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Specifications

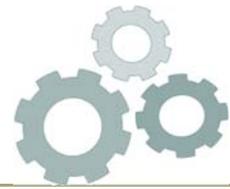


Domain and Measure	Major Costs Per Inmate Per Month – Labor, Pharmacy Staff																							
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Specifications



EHR / NON-EHR INSTITUTIONS

Domain and Measure	Major Costs Per Inmate Per Month – Labor, Dental Clinical Staff
Definition	This measure has two parts: 1) Per inmate per month cost, fiscal year to date, for dental clinical staff salaries/wages, temporary help, registry, and overtime, which covers more than 10 dental clinical classifications, including dental assistant, dental hygienist, dental laboratory technician, dentist, supervising dentist, chief dentist, and statewide, regional, and deputy dental directors, as well as any affiliated registry classifications; and 2) Per inmate per month cost as calculated above, but for the prior fiscal year. Statewide figures shown in comparisons and institution views exclude headquarters staff costs.
Denominator	The average inmate population using each month's population from fiscal year to date (YTD).
Numerator	The fiscal year to date cost of salaries/wages, retirement, benefits, temporary help, registry, and overtime for dental clinical staff (statewide figures on monthly composite and institution scorecards exclude headquarters staff costs). Includes the following classifications: <ol style="list-style-type: none"> 1. Dentist 2. Dental Hygienist
Rate Calculation	Statewide: Sum of costs YTD divided by average total inmate population divided by number of months in period YTD. Includes headquarter costs. Institution: Sum of costs YTD divided by average inmate population divided by number of months in period YTD. Excludes headquarter costs.
Data Source(s)	State Controller's Office Management Information Retrieval System Electronic Health Records System (EHR)
Reporting Frequency	Monthly
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.

Dashboard 4.2

Specifications



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Specifications



EHR / NON-EHR INSTITUTIONS

Domain and Measure	Major Costs Per Inmate Per Month – Labor, Mental Health Clinical Staff
Definition	This measure has two parts: 1) Per inmate per month cost, fiscal year to date, for mental health clinical staff salaries/wages, temporary help, registry, and overtime, which covers more than 20 mental health clinical classifications, including psychologist, social worker, psychiatrist, and intern, specialist, managerial, and supervisory classifications associated with these positions, as well as any affiliated registry classifications; and 2) Per inmate per month cost as calculated above, but for the prior fiscal year. Statewide figures shown in comparisons and institution views exclude headquarters staff costs.
Denominator	The average inmate population using each month's population from fiscal year to date (YTD).
Numerator	<p>The fiscal year to date cost of salaries/wages, retirement, benefits, temporary help, registry, and overtime for mental health clinical staff (statewide figures on monthly composite and institution scorecards exclude headquarters staff costs).</p> <p>Includes the following classifications:</p> <ol style="list-style-type: none"> 1. Psychiatrist 2. Psychologist 3. Licensed Clinical Social Worker
Rate Calculation	<p>Statewide: Sum of costs YTD divided by average total inmate population divided by number of months in period YTD. Includes headquarter costs.</p> <p>Institution: Sum of costs YTD divided by average inmate population divided by number of months in period YTD. Excludes headquarter costs.</p>
Data Source(s)	State Controller's Office Management Information Retrieval System Electronic Health Records System (EHR)
Reporting Frequency	Monthly
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Dashboard 4.2

Specifications



EHRS / NON-EHRS INSTITUTIONS

Domain and Measure	Major Costs Per Inmate Per Month – Labor, Clinical Support Staff
Definition	<p>This measure has two parts: 1) Per inmate per month cost, fiscal year to date, for clinical support staff salaries/wages, temporary help, registry, and overtime, which covers more than 20 clinical support classifications, including dietician, laboratory technologist, radiologic technologist, laboratory assistant, occupational therapist, respiratory therapist, recreational therapist, speech therapist, optometrist, podiatrist, as well as any affiliated registry classifications; and 2) Per inmate per month cost as calculated above, but for the prior fiscal year. Statewide figures shown in comparisons and institution views exclude headquarters staff costs.</p>
Denominator	<p>The average inmate population using each month's population from fiscal year to date (YTD).</p>
Numerator	<p>The fiscal year to date cost of salaries/wages, retirement, benefits, temporary help, registry, and overtime for clinical support staff (statewide figures on monthly composite and institution scorecards exclude headquarters staff costs).</p> <p>Includes the following classifications:</p> <ol style="list-style-type: none"> 1. Physical Therapist 2. Laboratory 3. Radiology 4. Other licensed clinical staff
Rate Calculation	<p>Statewide: Sum of costs YTD divided by average total inmate population divided by number of months in period YTD. Includes headquarter costs.</p> <p>Institution: Sum of costs YTD divided by average inmate population divided by number of months in period YTD. Excludes headquarter costs.</p>
Data Source(s)	<p>State Controller's Office Management Information Retrieval System Electronic Health Records System (EHRS)</p>
Reporting Frequency	<p>Monthly</p>
Background	

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Specifications

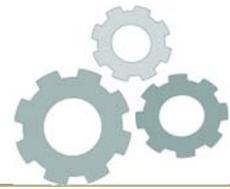


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Last Revised	201604 JL																																																																																



Dashboard 4.2

Specifications



EHRS / NON-EHRS INSTITUTIONS

Domain and Measure	Major Costs Per Inmate Per Month – Labor, Administrative Support Staff								
Definition	This measure has two parts: 1) Per inmate per month cost, fiscal year to date, for administrative support staff salaries/wages, temporary help, registry, and overtime, which covers more than 220 administrative support classifications, including clerical, analytical, information technology, auditor, building maintenance, cook, correctional, custodian, health education, health record technician, human resources, business services, engineering, and warehouse positions that support the health care services delivery system; and 2) Per inmate per month cost as calculated above, but for the prior fiscal year. Statewide figures shown in comparisons and institution views exclude headquarters staff costs.								
Denominator	The average inmate population using each month's population from fiscal year to date (YTD).								
Numerator	The fiscal year to date cost of salaries/wages, retirement, benefits, temporary help, registry, and overtime for administrative support staff (statewide figures on monthly composite and institution scorecards exclude headquarters staff costs).								
Rate Calculation	<p>Statewide: Sum of costs YTD divided by average total inmate population divided by number of months in period YTD. Includes headquarter costs.</p> <p>Institution: Sum of costs YTD divided by average inmate population divided by number of months in period YTD. Excludes headquarter costs.</p>								
Data Source(s)	State Controller's Office Management Information Retrieval System Electronic Health Records System (EHRS)								
Reporting Frequency	Monthly								
Background									
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.								
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Dashboard 4.2

Specifications



Domain and Measure	Major Costs Per Inmate Per Month – Labor, Administrative Support Staff			
	Code		Code	
A DIR OF DIETETICS	2155	Maint Mechanic, CF	6941	
ACCT ADM SP	4552	Materials & Stores Supvr I,	1508	
Acct Clk II	1733	Materials & Stores Supvr II	1505	
AcctgTechn 1741		MECHL&TECHL OCC TR	9993	
AdmAsst I	5361	Med Recd Director	1864	
AdmAsst II	5358	MED SUPLY TECH	8015	
AS HAZ MAT SP	3528	Med Transcriber	1177	
ASO FISHRY BIOLGST	804	Med-Secty	9551	
ASO MANGMT AUDITOR	4159	MgmntSvcsTechn	5278	
ASSISTANT SECRETARY, HEALTH CARE POLICY	7628	MGR/ELEC DT PRO AC	1388	
Assoc Budget Analyst	5284	Miscellaneous	11000	
AssocGovtIProg Analyst	5393	OfcAsst-Gen	1441	
AssocHlthProgAdvr 8337		OfcAsst-Typing	1379	
Assoc Info Syss Analyst-Spec	1470	OfcSvcsSupvr II-Gen	1150	
AssocPers Analyst	5142	OfcSvcsSupvr I-Typing	1148	
Assoc Programmer Analyst-Spec	1579	OfcTechn-Gen	1138	
AsstClk 1123		OfcTechn-Typing	1139	
Asst Info Syss Analyst	1479	PAINTER II COR FAC	6524	
Auto EquiptOpr I, CF	6394	PAINTER III CF	6521	
BldgMaint Worker, CF	6216	PAROLE ADMR I AP	9754	
BRAND INSPCTOR INT	304	PER TECH II/SP	5161	
Bus Serv Off II-Supvr	4973	PER TECH II/SUP	5139	
BUS SERV OFFCR III	4785	Pers Spec	1303	
BUS SVS O I/SUP	4722	PersSupvr I	1304	
BUSINESS MANAGER I	4741	PersSupvr II	1314	
BUSINESS MANAGR II	4738	PersTechn I	5160	
C.E.A.	7500	PLUMBER I CORR FAC	6550	
CARPENTER II COR F	6474	PLUMBER II CF	6594	
CARPENTER III CF	6471	PLUMBER III CF	6545	
CASE RECDS TECH	1155	PRISON CANTN MGR I	1575	
CH DEP ADM-CP CEA	9691	PRL AG II/AP SP	9762	
Chief Dep-Clinical	2578	ProgDir - Mental Disabilities (Safety)	8103	
Chief Engr I, CF	6699	PROG TEC I/PST EN	1302	
Chief-Exec Off, Health Care, Safety	8216	ProgTechn I	9927	
CLNCL REC ADM	1893	PROGRAM ASST (MENTAL DISABILITIES-SAFETY)	8102	
Community Program Specialist	8353	PROJECT MNGR	7580	
COOK SP II	2184	Prop Controller II	1794	
Cook Spec I, CF	2187	Property Controller II	1549	
Cook Spec II, CF	2186	Protestant Chaplain	9922	
COR CS REC ANLYST	1152	R S III/E/B	5594	
COR CS REC MGR	1146	R S III/S/B S	5605	
COR CS REC SUP	1149	R S MGR/E/B	5662	
Corr Administrator, DOC	9645	RCEA	12000	
CORR BUSNS MGR I	7208	RES PROG SP I SO/B	5756	

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Specifications



Domain and Measure	Major Costs Per Inmate Per Month – Labor, Administrative Support Staff			
	CORR COUN II SUP	9903	Research Analyst I-Gen	5729
	Corr Counselor I	9904	Research Analyst II-Gen	5731
	Corr Counselor II-Spec	9901	RESEARCH PROGRAM SPECIALIST II	5758
	CorrHlthSvcsAdministr I, CF 4910		Research Scientist (Epidemiology/Bio)	5629
	CorrHlthSvcsAdministr II, CF	4912	Research Scientist I-Epidemiology	5577
	CorrLieut 9656		Seasonal Clerk	1120
	CorrOfcr 9662		Secty	1176
	CorrSgt	9659	SENIOR ACCOUNT CLK	1730
	CORRECTNL COUNS III	9902	SERV AST WRH/STORS	1510
	CORRECTNL CAPTAIN	9650	SPECIAL CONSULTANT	4660
	Custodian Supvr II,CF	2004	Sr Info Syss Analyst-Spec	1337
	Custodian,CF	2006	Sr Info Syss Analyst-Supvr	1340
	CUSTODN SUP III-CF	2000	SR MANGMNT AUDITOR	4161
	DATA PROC MGR I	1381	Sr Med Transcriber	1178
	DEP DIR STRTGC MGT	9643	SrPers Spec	1317
	DEPUTY DIRECTOR, DIVISION OF ADULT INSTITUTIONS	5507	SR PLNR/SUP	4646
	Digital Print Opr I	1411	SR PROG ANLYST/SP	1583
	DIGITL PRNT OP II	1412	ST PROG ANLYST/SP	1581
	DIRECTOR	4466	STAFF COUN/HISP	2700
	DIS INS PR MGR II	9209	STAFF COUNSEL	5778
	DIV CEA	9503	Staff Counsel III-Supvr	5815
	DP Mgr II	1384	Staff Info Syss Analyst-Spec	1312
	DP Mgr III	1393	Staff Info Syss Analyst-Supvr	1316
	DP Mgr IV	1387	Staff Svcs Analyst-Gen	5157
	ELECTRCN II CORR F	6538	Staff SvcsMgr I	4800
	ELECTRNCS TECH C F	6916	Staff SvcsMgr III	4802
	Exec Asst	1728	Staff SvcsMgr II-Supvr	4801
	Exec Secty I	1247	Stationary Engineer	6712
	Facility Capt, CI	9646	Stationary Engineer Apprentice	6717
	FIR CAPTAIN/COR IN	9001	Stationary EngrApprnt, CF	6718
	FIRE CHIEF/CF	8976	Stationary Engr, CF	6713
	Food Administrator I, CF	2153	Stds Compliance Coord	8328
	FOOD ADMR II COR F	2147	STF COUN III/SP	5795
	GRAD STUDENT ASST	4872	STF COUN IV	5780
	GROUNDKEEPER C F	743	STF SVS MGR II	4969
	HLTH ANLYST	4672	STOCK CLERK	1509
	Hlth Education Consultant III	8332	Student Asst	4870
	Hlth Education Consultant III-Spec	8313	SUP INVEST/PET PRO	118
	Hlth Plan Spec II	4648	SUP RECDS TECH	1154
	HlthProgCoord	8202	SUP SVS A/INTERPRE	9820
	HlthProgMgr I	8427	SUPERVISING COOK I	2181
	HlthProgMgr II	8428	SUPVVG GRNDKP II CF	716
	HlthProgMgr III	8429	SUPVVG MANGMNT AUD	140
	HlthProg Spec I	8338	SUPVVG MANGMNT AUD	4163
	HlthProg Spec II	8336	Supvng Cook I	2183

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Specifications



Domain and Measure	Major Costs Per Inmate Per Month – Labor, Administrative Support Staff			
	HlthRecdTechn I	1869	SupvngCorr Cook, DOC	5480
	HlthRecdTechn III	1873	SupvngProgTechn III	9926
	HlthRecdTechn II-Spec	1872	SUPVR BLDG TRDS CF	6763
	HlthRecdTechn II-Supvr	1887	SUPVR OF VOC INSTR	2370
	Housekeeper	2043	SYS SFTW SP III/S	1559
	HVY TRUCK DRVR C F	6379	Syss Software Spec III-Tech	1367
	IND WRHS & DIS SP	7231	Syss Software Spec II-Tech	1373
	INF OF I/SP	5601	Syss Software Spec I-Tech	1587
	INFO SYS TC	1360	TAX SPEC BOE	6961
	INFORMATN OFFCR II	5595	Temp Help	13000
	InstlPers Off II	5138	TrngOfcr II	5194
	INSTRCT DSN-TEC	2947	Trng Off I	5197
	Jr Staff Analyst-Gen	5156	Truck Drvr, CF	6382
	LAB REL ANLYST	9529	VOC INST O S&RT CF	2849
	Laundry Worker	2116	Voc Instructor-Janitorial	2600
	LBR REL MGR I	9537	Warehouse Mgr I, CF	1504
	LBR REL SP	9535	WAREHOUSE WKR C F	6221
	Lead Custodian,CF	2005	Warehouse Worker	6220
	LEAD GRNDKP I CF	718	WAREHSE MGR II C F	1502
	LEAD GROUNDSPR CF	720	WATER&SEWG PL S CF	6724
	LEGAL SECRETARY	1282	Word ProcTechn	1181
	Limited Exam/ApptProg Candidate	4687	YOUTH AID	9991
	Locksmith I, CF	6643		
Last Revised	201604 JL			



Dashboard 4.2

Specifications



EHRS / NON-EHRS INSTITUTIONS

Domain and Measure	Major Costs Per Inmate Per Month – Non Labor, Hospital
Definition	This measure has two parts: 1) Per inmate per month cost, fiscal year to date, for inpatient community hospital services; and 2) Per inmate per month cost for these services in the prior fiscal year.
Denominator	The average inmate population using each month's population from fiscal year to date (YTD).
Numerator	The fiscal year to date cost of community inpatient hospital treatment services.
Rate Calculation	Statewide: Sum of costs YTD divided by average total inmate population divided by number of months in period YTD. Includes headquarter costs. Institution: Costs YTD divided by average inmate population divided by number of months in period YTD. Excludes headquarter costs.
Data Source(s)	Third Party Administrator Claims Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	
Last Revised	201604 JL



Dashboard 4.2

Specifications



EHRS / NON-EHRS INSTITUTIONS

Domain and Measure	Major Costs Per Inmate Per Month – Non Labor, Emergency Department
Definition	This measure has two parts: 1) Per inmate per month cost, fiscal year to date, for emergency department visits; and 2) Per inmate per month cost for these services in the prior fiscal year.
Denominator	The average inmate population using each month's population from fiscal year to date (YTD).
Numerator	The fiscal year to date cost of community emergency department visits.
Rate Calculation	Statewide: Sum of costs YTD divided by average total inmate population divided by number of months in period YTD, shown in dollars. Includes headquarter costs. Institution: Costs YTD divided by average inmate population divided by number of months in period YTD, shown in dollars. Excludes headquarter costs.
Data Source(s)	Third Party Administrator Claims Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	
Last Revised	201604 JL



Dashboard 4.2

Specifications



EHRS / NON-EHRS INSTITUTIONS

<i>Domain and Measure</i>	<i>Major Costs Per Inmate Per Month – Non Labor, Specialty</i>
Definition	This measure has two parts: 1) Per inmate per month cost, fiscal year to date, for off-site specialty services. Excludes costs associated with Quest Diagnostics or radiology, ambulance, dental laboratory, dentist, oral surgeon, oral/maxillofacial, psychiatrist, or psychologist services; and 2) Per inmate per month cost for these services in the prior fiscal year.
Denominator	The average inmate population using each month's population from fiscal year to date (YTD).
Numerator	<p>The fiscal year to date average monthly off-site specialty visit costs, including costs associated with radiation therapy.</p> <p>Excluded are costs associated with :</p> <ol style="list-style-type: none"> 1. Quest Diagnostics 2. Radiology services 3. Provider Type Description is: <ol style="list-style-type: none"> a. Ambulance-Air b. Ambulance-Group c. Dental Laboratory d. Dentist e. Oral Surgeon f. Oral/Maxillofacial g. Psychiatrist/ Psychiatrists/Psychiatry h. Psychologists/Psychology
Rate Calculation	<p>Statewide: Sum of costs YTD divided by average total inmate population divided by number of months in period YTD, shown in dollars. Includes headquarter costs.</p> <p>Institution: Costs YTD divided by average inmate population divided by number of months in period YTD, shown in dollars. Excludes headquarter costs.</p>
Data Source(s)	Third Party Administrator Claims Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	

Dashboard 4.2

Specifications

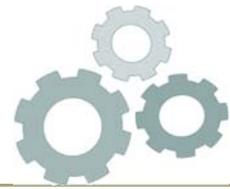


Domain and Measure	Major Costs Per Inmate Per Month – Non Labor, Specialty
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	
Last Revised	201604 JL



Dashboard 4.2

Specifications



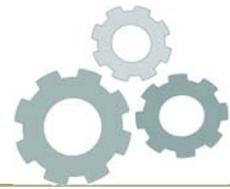
EHRS / NON-EHRS INSTITUTIONS

Domain and Measure	Major Costs Per Inmate Per Month – Non Labor, Medications
Definition	This measure has two parts: 1) Per inmate per month cost, fiscal year to date, for medications dispensed by CCHCS pharmacies; and 2) Per inmate per month cost for these medications in the prior fiscal year.
Denominator	The average inmate population using each month's population from fiscal year to date (YTD).
Numerator	The fiscal year to date average monthly medication costs dispensed by CCHCS pharmacies.
Rate Calculation	Statewide: Sum of costs YTD divided by average total inmate population divided by number of months in period YTD, shown in dollars. Includes headquarter costs. Institution: Costs YTD divided by average inmate population divided by number of months in period YTD, shown in dollars. Excludes headquarter costs.
Data Source(s)	Guardian Pharmacy Database Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	
Last Revised	201604 JL



Dashboard 4.2

Specifications



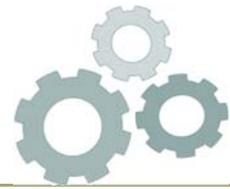
EHR / NON-EHR INSTITUTIONS

Domain and Measure	Major Costs Per Inmate Per Month – Non Labor, Diagnostics
Definition	This measure has two parts: 1) Per inmate per month cost, fiscal year to date, for contract laboratory and imaging services; and 2) Per inmate per month cost for these services in the prior fiscal year.
Denominator	The average inmate population using each month's population from fiscal year to date (YTD).
Numerator	The fiscal year to date average monthly diagnostic testing costs for laboratory and imaging services. Excludes: <ol style="list-style-type: none"> 1. Costs associated with radiation therapy treatments. 2. Costs associated with onsite diagnostic services not billed through the Third Party Administrator.
Rate Calculation	Statewide: Sum of costs YTD divided by average total inmate population divided by number of months in period YTD, shown in dollars. Includes headquarter costs. Institution: Costs YTD divided by average inmate population divided by number of months in period YTD, shown in dollars. Excludes headquarter costs.
Data Source(s)	Third Party Administrator Claims Electronic Health Records System (EHR)
Reporting Frequency	Monthly
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	
Last Revised	201604 JL



Dashboard 4.2

Specifications



Domain and Measure	Workload Per Day – Appointments per PCP EHRS Institutions
Definition	<p>Average number of primary care visits completed per primary care provider (PCP) per workday.</p> <p>This measure includes co-consultations completed by a PCP with a Primary Care Registered Nurse (PCRN).</p>
Denominator	<p>The total number of PCP workdays during the measurement period. A workday is counted when a PCP completes documentation for at least one patient seen that day.</p> <p><u>Includes the following classifications:</u></p> <ol style="list-style-type: none"> 1. Physician & Surgeon 2. Physician Assistant 3. Nurse Practitioner <p><u>Excludes the following classifications:</u></p> <ol style="list-style-type: none"> 1. Chief Physician & Surgeon 2. Chief Medical Executive
Numerator	<p>The total number of PCP appointments, orders and co-consultations completed on workdays from the denominator.</p> <p>Appointments, orders and co-consultations are considered completed if any of the following occur:</p> <ol style="list-style-type: none"> 1. <u>Appointment</u>: PCP appointment was checked out and documentation was completed by the PCP for the same patient on the same day. 2. <u>Order</u>: PCP order was completed along with documentation by the PCP for the same patient on the same day. 3. <u>Co-consultation</u>: PCRN appointment or order was completed and the PCP completed documentation for the same patient on the same day.
Rate Calculation	<p>Statewide: Rate is the sum of the numerators divided by the sum of the denominators.</p> <p>Institution: Rate is the numerator divided by the denominator.</p>

Dashboard 4.2

Specifications



Domain and Measure	Workload Per Day – Appointments per PCP EHRS Institutions
Data Source(s)	Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	Note that multiple appointments or orders may be closed during a single day for a single patient, which may be counted separately in this measure. This measure does not represent the average number of patients seen by a PCP per workday.
Last Revised	201605 JR



Dashboard 4.2

Specifications

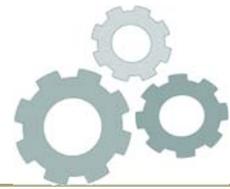


NON-EHRS INSTITUTIONS

Domain and Measure	Workload Per Day – Appointments per PCP
Definition	Average number of primary care appointments (both scheduled appointments and "walk-ins") per primary care provider per workday. Excludes appointments seen by physician managers.
Denominator	<p>The total number of PCP workdays* during the last month.</p> <p>Included as PCP job titles are the following:</p> <ol style="list-style-type: none"> 1. Physician & Surgeon 2. Physician Assistant 3. Nurse Practitioner <p>Excluded are days worked by any of the following:</p> <ol style="list-style-type: none"> 1. Chief Physician & Surgeon 2. Chief Medical Executive 3. Registered Nurse <p>*A workday is counted when a PCP completes at least one patient encounter that day.</p>
Numerator	<p>The total number of Primary Care Service Area appointments (Seen as Scheduled or seen as a "Walk-In") during the last month.</p> <p>Included as PCP job titles are the following:</p> <ol style="list-style-type: none"> 1. Physician & Surgeon 2. Physician Assistant 3. Nurse Practitioner <p>Excluded are days worked by any of the following:</p> <ol style="list-style-type: none"> 1. Chief Physician & Surgeon 2. Chief Medical Executive 3. Registered Nurse
Rate Calculation	<p>Statewide: Rate is the sum of the numerators divided by the sum of the denominators.</p> <p>Institution: Rate is the numerator divided by the denominator.</p>
Data Source(s)	Medical Scheduling and Tracking System
Reporting Frequency	Monthly
Background	

Dashboard 4.2

Specifications



Domain and Measure	Workload Per Day – Appointments per PCP
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	Note that multiple appointments may occur during a single patient encounter. This measure does not represent the average number of patients seen by providers per workday.
Last Revised	201604 JL



Dashboard 4.2

Specifications



<i>Domain and Measure</i>	<i>Workload Per Day – Appointments per PCRN EHRS Institutions</i>
Definition	<p>Average number of primary care appointments completed per Primary Care Registered Nurse (PCRN) per workday.</p> <p>Excludes appointments completed by nursing supervisors or managers, licensed vocational nurses, or public health nurses.</p>
Denominator	<p>The total number of PCRN workdays during the measurement period. A workday is counted when a PCRN completes documentation for at least one patient seen that day.</p> <p><u>Includes the following classifications:</u></p> <ol style="list-style-type: none"> 1. Registered Nurse <p><u>Excludes the following classifications:</u></p> <ol style="list-style-type: none"> 1. Chief Nursing Executive 2. Supervising Registered Nurse 3. Licensed Vocational Nurse 4. Public Health Nurse
Numerator	<p>The total number of PCRN appointments and orders completed on workdays from the denominator.</p> <p>Appointments and orders are considered completed if any of the following occur:</p> <ol style="list-style-type: none"> 1. <u>Appointment</u>: PCRN appointment was checked out and documentation was completed by the PCRN for the same patient on the same day. 2. <u>Order</u>: PCRN order was completed along with documentation by the PCRN for the same patient on the same day.
Rate Calculation	<p>Statewide: Rate is the sum of the numerators divided by the sum of the denominators.</p> <p>Institution: Rate is the numerator divided by the denominator.</p>
Data Source(s)	Electronic Health Records System (EHRS)
Reporting Frequency	Monthly

Dashboard 4.2

Specifications

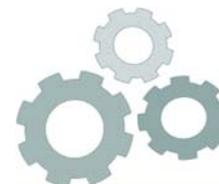


<i>Domain and Measure</i>	<i>Workload Per Day – Appointments per PCRN EHRS Institutions</i>
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	Note that multiple appointments may occur during a single patient encounter. This measure does not represent the average number of patients seen by registered nurses per workday.
Last Revised	201605 JR



Dashboard 4.2

Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Workload Per Day – Appointments per PCRN
Definition	Average number of primary care appointments (both scheduled appointments and "walk-ins") per registered nurse per workday. Excludes appointments seen by nursing supervisors or managers, licensed vocational nurses, or public health nurses.
Denominator	<p>The total number of PCRN workdays* during the last month.</p> <p>Included as RN job titles are the following:</p> <ol style="list-style-type: none"> 1. Registered Nurse <p>Excluded are days worked by any of the following:</p> <ol style="list-style-type: none"> 1. Chief Nursing Executive 2. Supervising Registered Nurse 3. Licensed Vocational Nurse 4. Public Health Nurse <p>*A workday is counted when a PCRN completes at least one patient encounter that day.</p>
Numerator	<p>The total number of Primary Care RN Service Area appointments (Seen as Scheduled or seen as a "Walk-In") during the last month.</p> <p>Included as RN job titles are the following:</p> <ol style="list-style-type: none"> 1. Registered Nurse <p>Excluded are days worked by any of the following:</p> <ol style="list-style-type: none"> 1. Chief Nursing Executive 2. Supervising Registered Nurse 3. Licensed Vocational Nurse 4. Public Health Nurse
Rate Calculation	<p>Statewide: Rate is the sum of the numerators divided by the sum of the denominators.</p> <p>Institution: Rate is the numerator divided by the denominator.</p>
Data Source(s)	Medical Scheduling and Tracking System
Reporting Frequency	Monthly
Background	

Dashboard 4.2

Specifications

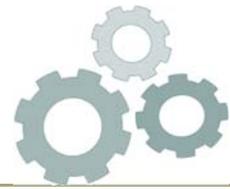


Domain and Measure	Workload Per Day – Appointments per PCRN
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	Note that multiple appointments may occur during a single patient encounter. This measure does not represent the average number of patients seen by registered nurses per workday.
Last Revised	201604 JL



Dashboard 4.2

Specifications



EHR'S INSTITUTIONS

Domain and Measure	Workload Per Day – Appointments per Primary MH Clinician
Definition	<p>Average number of patient and group appointments completed per Mental Health Primary Clinician (PC) per workday.</p> <p>Excludes encounters completed by Chief Psychologist, Senior Psychologist Specialists and Supervisors, and Supervising Psychiatric Social Worker.</p>
Denominator	<p>The number of PC workdays over the time period, where a PC completed at least one primary clinician patient encounter. Each unique day with at least one appointment is considered a workday for that specific provider.</p> <p>Included as PC job titles are the following:</p> <ol style="list-style-type: none"> 1. Psychologist - Clinical Correctional Facility 2. Clinical Social Worker Safety 3. Psychologist Contractor 4. Social Worker Contractor <p>Excluded are days worked by any of the following:</p> <ol style="list-style-type: none"> 1. Chief Psychologist / Correctional Facility 2. Senior Psychologist Correctional Facility / Specialist 3. Senior Psychologist Correctional Facility / Supervisor 4. Senior Psychologist Supervisor 5. Supervising Psychiatric Social Worker I Correctional Facility
Numerator	<p>The total number of PC appointments completed over the timeframe.</p> <p>Included as PC job titles are the following:</p> <ol style="list-style-type: none"> 1. Psychologist - Clinical Correctional Facility 2. Clinical Social Worker Safety 3. Psychologist Contractor 4. Social Worker Contractor <p>Excluded are days worked by any of the following:</p> <ol style="list-style-type: none"> 1. Chief Psychologist / Correctional Facility 2. Senior Psychologist Correctional Facility / Specialist 3. Senior Psychologist Correctional Facility / Supervisor 4. Senior Psychologist Supervisor 5. Supervising Psychiatric Social Worker I Correctional Facility
Rate Calculation	<p>Statewide: Rate is the sum of the numerators divided by the sum of the denominators.</p>

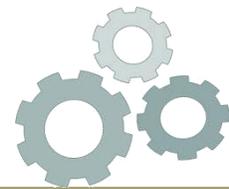
Dashboard 4.2

Specifications



Domain and Measure	Workload Per Day – Appointments per Primary MH Clinician
	Institution: Rate is the numerator divided by the denominator.
Data Source(s)	Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	
Last Revised	201607 SR



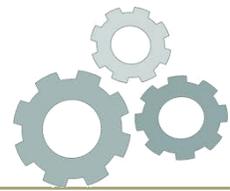


NON-EHRS INSTITUTIONS

Domain and Measure	Workload Per Day – Appointments per Primary MH Clinician
Definition	Average number of patient encounters completed per Mental Health Primary Clinician (PC) per workday. Excludes encounters completed by Chief Psychologist, Senior Psychologist Specialists and Supervisors, and Supervising Psychiatric Social Worker.
Denominator	<p>The number of PC workdays over the time period, where a PC completed at least one primary clinician patient encounter. Each unique day with at least one appointment is considered a workday for that specific provider.</p> <p>Included as PC job titles are the following:</p> <ol style="list-style-type: none"> 1. Psychologist - Clinical Correctional Facility 2. Clinical Social Worker Safety 3. Psychologist Contractor 4. Social Worker Contractor <p>Excluded are days worked by any of the following:</p> <ol style="list-style-type: none"> 1. Chief Psychologist / Correctional Facility 2. Senior Psychologist Correctional Facility / Specialist 3. Senior Psychologist Correctional Facility / Supervisor 4. Senior Psychologist Supervisor 5. Supervising Psychiatric Social Worker I Correctional Facility
Numerator	<p>The total number of PC encounters completed over the timeframe.</p> <p>Included as PC job titles are the following:</p> <ol style="list-style-type: none"> 1. Psychologist - Clinical Correctional Facility 2. Clinical Social Worker Safety 3. Psychologist Contractor 4. Social Worker Contractor <p>Excluded are days worked by any of the following:</p> <ol style="list-style-type: none"> 1. Chief Psychologist / Correctional Facility 2. Senior Psychologist Correctional Facility / Specialist 3. Senior Psychologist Correctional Facility / Supervisor 4. Senior Psychologist Supervisor 5. Supervising Psychiatric Social Worker I Correctional Facility
Rate Calculation	<p>Statewide: Rate is the sum of the numerators divided by the sum of the denominators.</p> <p>Institution: Rate is the numerator divided by the denominator.</p>

Dashboard 4.2

Specifications



Domain and Measure	Workload Per Day – Appointments per Primary MH Clinician
Data Source(s)	Mental Health Tracking System
Reporting Frequency	Monthly
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	
Last Revised	201604 JL



Dashboard 4.2

Specifications

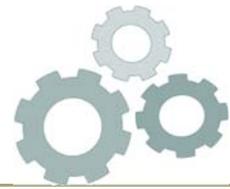


EHR'S INSTITUTIONS

<i>Domain and Measure</i>	<i>Workload Per Day – Appointments per Psychiatrist</i>
Definition	Average number of patient appointments completed per psychiatrist per workday. Excludes appointments completed by Chief Psychiatrist.
Denominator	<p>The number of psychiatrist workdays over the time period, where a psychiatrist completed documentation of at least one patient encounter. Each unique day with at least one appointment is considered a workday for that specific provider.</p> <p>Included as psychiatrist job titles are the following:</p> <ol style="list-style-type: none"> 1. Staff Psychiatrist 2. Staff Psychiatrist Correctional Facility 3. Psychiatrist Contractor <p>Excluded are days worked by any of the following:</p> <ol style="list-style-type: none"> 1. Chief Psychiatrist
Numerator	<p>The total number of documented psychiatrist appointments completed over the timeframe.</p> <p>Included as psychiatrist job titles are the following:</p> <ol style="list-style-type: none"> 1. Staff Psychiatrist 2. Staff Psychiatrist Correctional Facility 3. Psychiatrist Contractor <p>Excluded are days worked by any of the following:</p> <ol style="list-style-type: none"> 1. Chief Psychiatrist
Rate Calculation	<p>Statewide: Rate is the sum of the numerators divided by the sum of the denominators.</p> <p>Institution: Rate is the numerator divided by the denominator.</p>
Data Source(s)	Electronic Health Records System (EHR'S)
Reporting Frequency	Monthly
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.

Dashboard 4.2

Specifications



<i>Domain and Measure</i>	<i>Workload Per Day – Appointments per Psychiatrist</i>
Comments	
Last Revised	201607 SR



Dashboard 4.2

Specifications



NON-EHRS INSTITUTIONS

Domain and Measure	Workload Per Day – Appointments per Psychiatrist
Definition	Average number of patient encounters completed per psychiatrist per workday. Excludes encounters completed by Chief Psychiatrist.
Denominator	<p>The number of psychiatrist workdays over the time period, where a psychiatrist completed at least one patient encounter. Each unique day with at least one appointment is considered a workday for that specific provider.</p> <p>Included as psychiatrist job titles are the following:</p> <ol style="list-style-type: none"> 1. Staff Psychiatrist 2. Staff Psychiatrist Correctional Facility 3. Psychiatrist Contractor <p>Excluded are days worked by any of the following:</p> <ol style="list-style-type: none"> 1. Chief Psychiatrist
Numerator	<p>The total number of psychiatrist encounters completed over the timeframe.</p> <p>Included as psychiatrist job titles are the following:</p> <ol style="list-style-type: none"> 1. Staff Psychiatrist 2. Staff Psychiatrist Correctional Facility 3. Psychiatrist Contractor <p>Excluded are days worked by any of the following:</p> <ol style="list-style-type: none"> 1. Chief Psychiatrist
Rate Calculation	<p>Statewide: Rate is the sum of the numerators divided by the sum of the denominators.</p> <p>Institution: Rate is the numerator divided by the denominator.</p>
Data Source(s)	Mental Health Tracking System
Reporting Frequency	Monthly
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.

Dashboard 4.2

Specifications



Domain and Measure	Workload Per Day – Appointments per Psychiatrist
Comments	
Last Revised	201604 JL



Dashboard 4.2

Specifications



EHRS / NON-EHRS INSTITUTIONS

<i>Domain and Measure</i>	<i>Other Trends – Hospital Admissions</i>
Definition	The rate of community hospital admissions per 1,000 inmates per month.
Denominator	Inmate population on the last day of the reporting month.
Numerator	Total hospital admissions, excluding emergency department visits that do not result in an overnight hospital admission.
Rate Calculation	Statewide: Rate is the sum of the numerators divided by the total inmate population on the last day of the reporting month times 1,000 (to create a monthly rate per 1,000 inmates). Institution: Rate is the numerator divided by the inmate population on the last day of the reporting month times 1,000 (to create a monthly rate per 1,000 inmates).
Data Source(s)	Census and Discharge Data Information System Strategic Offender Management System Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	Reported as a rate per 1,000 inmates.
Last Revised	201604 JL



Dashboard 4.2

Specifications



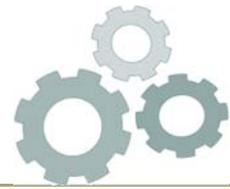
EHRS / NON-EHRS INSTITUTIONS

<i>Domain and Measure</i>	<i>Other Trends – Emergency Department Visits</i>
Definition	The rate of community emergency department (ED) visits per 1,000 inmates per month, excluding ED visits that result in an overnight hospital admission.
Denominator	Inmate population on the last day of the reporting month.
Numerator	Total emergency department, excluding emergency department visits that resulted in an overnight hospital admission.
Rate Calculation	Statewide: Rate is the sum of the numerators divided by the total inmate population on the last day of the reporting month times 1,000 (to create a monthly rate per 1,000 inmates). Institution: Rate is the numerator divided by the inmate population on the last day of the reporting month times 1,000 (to create a monthly rate per 1,000 inmates).
Data Source(s)	Third Party Administrator Claims Strategic Offender Management System Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	Reported as a rate per 1,000 inmates.
Last Revised	201604 JL



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Specifications



EHRS / NON-EHRS INSTITUTIONS

<i>Domain and Measure</i>	<i>Other Trends – Specialty Care Referrals</i>
Definition	The rate of requests for specialty services per 1,000 inmates per month.
Denominator	Inmate population on the last day of the reporting month.
Numerator	Total Requests for Specialty Services (RFS) in InterQual during the reporting month, including: <ol style="list-style-type: none"> 1. CP: Specialty Referral 2. CP: Procedures Adult 3. CP: Durable Medical Equipment 4. CP: Procedures 5. CP: Imaging
Rate Calculation	<p>Statewide: Rate is the sum of the numerators divided by the total inmate population on the last day of the reporting month times 1,000 (to create a monthly rate per 1,000 inmates).</p> <p>Institution: Rate is the numerator divided by the inmate population on the last day of the reporting month times 1,000 (to create a monthly rate per 1,000 inmates).</p>
Data Source(s)	InterQual Utilization Management System Strategic Offender Management System Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	Reported as a rate per 1,000 inmates.
Last Revised	201604 JL



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Specifications



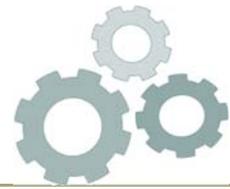
EHRS / NON-EHRS INSTITUTIONS

Domain and Measure	Other Trends – Prescriptions Per Inmate
Definition	The rate of prescribed medications dispensed per inmate per month.
Denominator	Inmate population on the last day of the reporting month.
Numerator	Count of prescribed medications dispensed during the reporting month based on patient location*. Dispense types exclude: <ol style="list-style-type: none"> 1. MAR Only 2. Profile Only 3. Mental Health DSH (Dept. of State Hospitals) 4. Floorstock
Rate Calculation	Statewide: Rate is the sum of the numerators divided by the total inmate population on the last day of the reporting month. Institution: Rate is the numerator divided by the inmate population on the last day of the reporting month.
Data Source(s)	Guardian Pharmacy Database Strategic Offender Management System Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	*Medications dispensed from Central Fill will be associated with the institution at which the patient received the medication.
Last Revised	201604 JL



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Specifications



EHRS / NON-EHRS INSTITUTIONS

<i>Domain and Measure</i>	<i>Other Trends – Diagnostics Per Inmate</i>
Definition	The rate of laboratory and imaging services per inmate per month.
Denominator	Inmate population on the last day of the reporting month.
Numerator	Count of Third Party Administrator claims for laboratory and imaging services during the reporting month. Excludes: <ol style="list-style-type: none"> 1. Services associated with radiation therapy treatments. 2. Imaging services billed using the same procedure code within 7 days. 3. Services not billed through Third Party Administrator Claims.
Rate Calculation	Statewide: Rate is the sum of the numerators divided by the total inmate population on the last day of the reporting month. Institution: Rate is the numerator divided by the inmate population on the last day of the reporting month.
Data Source(s)	Third Party Administrator Claims Strategic Offender Management System Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	
Last Revised	201604 JL



Dashboard 4.2

Specifications



EHRS / NON-EHRS INSTITUTIONS

<i>Domain and Measure</i>	<i>Other Trends – Appeals Received</i>
Definition	Number of appeals received during the reporting month per 1,000 inmates. Includes Americans with Disabilities Act (ADA) appeals, health care appeals, and staff complaints.
Denominator	Inmate population on the last day of the reporting month.
Numerator	Total appeals received including: <ol style="list-style-type: none"> 1. ADA Appeals 2. Health Care Appeals 3. Staff Complaints
Rate Calculation	<p>Statewide: Rate is the sum of the numerators divided by the total inmate population on the last day of the reporting month times 1,000 (to create a monthly rate per 1,000 inmates).</p> <p>Institution: Rate is the numerator divided by the inmate population on the last day of the reporting month times 1,000 (to create a monthly rate per 1,000 inmates).</p>
Data Source(s)	Monthly Health Care Appeals Report Strategic Offender Management System Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	<p>Reported as a rate per 1,000 inmates.</p> <p>Data source may change to Appeals Database once all necessary data has been obtained (i.e. appeal dates).</p>
Last Revised	201604 JL



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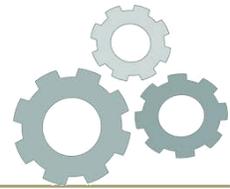
Specifications



EHRS / NON-EHRS INSTITUTIONS

<i>Domain and Measure</i>	<i>Other Trends – Prison Population Capacity</i>
Definition	Percentage of the population design capacity occupied at each institution on the last day of the reporting month.
Denominator	Total prison population design capacity.
Numerator	Total inmate population on the last day of the reporting month.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Offender Information Services Branch Weekly Report of Population Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	
Last Revised	201604 JL





Click on any of the links below to view specifications for measures in the Institution & Population Characteristics domain, which is found on the Dashboard Comparison View.

1. [High Risk Priority 1](#)
2. [High Risk Priority 2](#)
3. [Medium Risk](#)
4. [Low Risk](#)
5. [Mental Health EOP](#)
6. [Patients with Disabilities \(ADA\)](#)
7. [Inmates 50 Years of Age or Older](#)
8. [Men and Women Institutions](#)
9. [Licensed Beds](#)
10. [Institution Population](#)

Dashboard 4.2

Specifications



EHR / NON-EHR INSTITUTIONS

<i>Domain and Measure</i>	<i>Institution & Population Characteristics – High Risk Priority 1</i>
Definition	Percentage of patients who meet multiple criteria from a selection of evidence-based high risk criteria which include sensitive medical conditions, multiple hospitalizations and/or emergency department visits, high risk specialty consultations, significant abnormal labs, high-risk diagnoses, high risk procedures, age, and high claims or pharmacy costs.
Denominator	Institution population on the last day of the reporting month.
Numerator	<p>Number of patients from the denominator who trigger 2 or more of the following flags:</p> <ol style="list-style-type: none"> 1. Sensitive Medical Condition 2. High hospital, emergency department, Specialty Care and Pharmacy Costs 3. Multiple Hospitalizations (2 or more)* 4. Multiple Emergency Department Visits (3 or more)* 5. High Risk Specialty Consultations 6. Significant Abnormal Labs 7. Age 65 years or older 8. Specific High-Risk Diagnoses/Procedures <p>*A patient with one point for multiple hospital admissions cannot receive a second point for multiple emergency department visits and vice versa.</p>
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	<p>Automated risk classification system, which draws from:</p> <ol style="list-style-type: none"> 1. Guardian Pharmacy Database 2. Patient Health Information Portal 3. Quest Diagnostics Laboratory Database 4. Strategic Offender Management System 5. Third Party Administrator Claims 6. Electronic Health Records System (EHR)
Reporting Frequency	Monthly

Dashboard 4.2

Specifications



Domain and Measure	<i>Institution & Population Characteristics – High Risk Priority 1</i>
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	
Last Revised	201604 JL



Dashboard 4.2

Specifications



EHR / NON-EHR INSTITUTIONS

<i>Domain and Measure</i>	<i>Institution & Population Characteristics – High Risk Priority 2</i>
Definition	Percentage of patients who meet a single criteria from a selection of evidence-based high risk criteria which include sensitive medical conditions, multiple hospitalizations and/or emergency department visits, high risk specialty consultations, significant abnormal labs, high-risk diagnoses, high risk procedures, age, and high claims or pharmacy costs.
Denominator	Institution population on the last day of the reporting month.
Numerator	<p>Number of patients from the denominator who trigger 1 of the following flags:</p> <ol style="list-style-type: none"> 1. Sensitive Medical Condition 2. High hospital, emergency department, Specialty Care and Pharmacy Costs 3. Multiple Hospitalizations (2 or more)* 4. Multiple Emergency Department Visits (3 or more)* 5. High Risk Specialty Consultations 6. Significant Abnormal Labs 7. Age 65 years or older 8. Specific High-Risk Diagnoses/Procedures <p>*A patient with one point for multiple hospital admissions cannot receive a second point for multiple emergency department visits and vice versa.</p>
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	<p>Automated risk classification system, which draws from:</p> <ol style="list-style-type: none"> 1. Guardian Pharmacy Database 2. Patient Health Information Portal 3. Quest Diagnostics Laboratory Database 4. Strategic Offender Management System 5. Third Party Administrator Claims 6. Electronic Health Records System (EHR)
Reporting Frequency	Monthly

Dashboard 4.2

Specifications



Domain and Measure	<i>Institution & Population Characteristics – High Risk Priority 2</i>
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	
Last Revised	201604 JL



Dashboard 4.2

Specifications



EHR / NON-EHR INSTITUTIONS

Domain and Measure	Institution & Population Characteristics – Medium Risk
Definition	Percentage of patients with one or more chronic illnesses, based upon prescribed medications, laboratory test, or enrollment in the Mental Health Services Delivery System. Excludes patients who have certain well-controlled chronic conditions and patients who otherwise qualify as High Risk
Denominator	Institution population on the last day of the reporting month.
Numerator	Number of patients with 1 or more chronic illnesses, based upon prescribed medications, laboratory tests, or MHSDS enrollment. Also includes MH High Utilization and Permanent ADA. Excludes patients with chronic conditions that are well controlled.*
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Automated risk classification system, which draws from: <ol style="list-style-type: none"> 1. Guardian Pharmacy Database 2. Patient Health Information Portal 3. Quest Diagnostics Laboratory Database 4. Strategic Offender Management System 5. Third Party Administrator Claims 6. Electronic Health Records System (EHR)
Reporting Frequency	Monthly
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	*Well controlled chronic conditions include the following: <ol style="list-style-type: none"> 1. Asthma: Those who use <= 4 SABA dispenses in 12-months and not on an ICS. 2. Diabetes: Those with all HgA1c < 7.7 in the last 12-months and not on insulin. 3. Hypertension: Those who only receive monotherapy for blood

Dashboard 4.2

Specifications



Domain and Measure	Institution & Population Characteristics – Medium Risk
	pressure management. 4. Hepatitis C Virus (HCV): Those who do not meet criteria for chronic HCV infection or those who have low probability for advanced liver disease based on Fib-4 calculation. 5. Latent TB Infection (LTBI): Those who are receiving treatment for LTBI, and have ALT <2x normal elevation.
Last Revised	201604 JL



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Specifications



EHR / NON-EHR INSTITUTIONS

Domain and Measure	Institution & Population Characteristics – Low Risk
Definition	Percentage of patients with no chronic conditions other than well-controlled asthma, diabetes, hypertension, low risk hepatitis C viral infection, low risk latent tuberculosis infection; and who do not meet any of the criteria for High or Medium risk.
Denominator	Institution population on the last day of the reporting month.
Numerator	<p>Number of patients with no chronic conditions or with well controlled chronic conditions.</p> <p>Well controlled chronic conditions include the following:</p> <ol style="list-style-type: none"> 1. Asthma: Those who use <= 4 SABA dispenses in 12-months and not on an ICS. 2. Diabetes: Those with all HgA1c < 7.7 in the last 12-months and not on insulin. 3. Hypertension: Those who only receive monotherapy for blood pressure management. 4. Hepatitis C Virus (HCV): Those who do not meet criteria for chronic HCV infection or those who have low probability for advanced liver disease based on Fib-4 calculation. 5. Latent TB Infection (LTBI): Those who are receiving treatment for LTBI, and have ALT <2x normal elevation.
Rate Calculation	<p>Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100.</p> <p>Institution: Percentage is the numerator divided by the denominator times 100.</p>
Data Source(s)	<p>Automated risk classification system, which draws from:</p> <ol style="list-style-type: none"> 1. Guardian Pharmacy Database 2. Patient Health Information Portal 3. Quest Diagnostics Laboratory Database 4. Strategic Offender Management System 5. Third Party Administrator Claims 6. Electronic Health Records System (EHR)
Reporting Frequency	Monthly
Background	

Dashboard 4.2

Specifications



Domain and Measure	<i>Institution & Population Characteristics – Low Risk</i>
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	
Last Revised	201604 JL



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Specifications



EHR / NON-EHR INSTITUTIONS

<i>Domain and Measure</i>	<i>Institution & Population Characteristics – Mental Health EOP</i>
Definition	Percentage of patients enrolled in the mental health Enhanced Outpatient Program (EOP) at institutions with an EOP mission.
Denominator	Institution population on the last day of the reporting month.
Numerator	Number of EOP patients on the last day of the reporting month.
Rate Calculation	<p>Statewide: Percentage is the total statewide EOP population at institutions with an EOP mission divided by the total statewide population at all institutions times 100.</p> <p>Institutions* with an EOP mission: Percentage is the numerator divided by the denominator times 100.</p> <p>*Institution rates are not calculated for institutions without an EOP mission.</p>
Data Source(s)	Mental Health Tracking System Electronic Health Records System (EHR)
Reporting Frequency	Monthly
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	Institutions without an EOP mission will be noted with “N/A”.
Last Revised	201604 JL



Dashboard 4.2

Specifications



EHRS / NON-EHRS INSTITUTIONS

<i>Domain and Measure</i>	<i>Institution & Population Characteristics – Patients with Disabilities (ADA)</i>
Definition	Percentage of patients with a mobility, hearing, vision or speech impairment designated by the Americans with Disabilities Act. Excludes patients with developmental or learning disabilities.
Denominator	Institution population on the last day of the reporting month.
Numerator	Number of ADA patients on the last day of the reporting month including those with vision, hearing and mobility impairments.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Disability and Effective Communication System Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	
Last Revised	201604 JL

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Dashboard 4.2

Specifications



EHRS / NON-EHRS INSTITUTIONS

<i>Domain and Measure</i>	<i>Institution & Population Characteristics – Inmates 50 Years of Age or Older</i>
Definition	Percentage of patients who are age 50 or older.
Denominator	Institution population on the last day of the reporting month.
Numerator	Number of patients on the last day of the reporting month who are 50 years of age or older.
Rate Calculation	Statewide: Percentage is the sum of the numerators divided by the sum of the denominators times 100. Institution: Percentage is the numerator divided by the denominator times 100.
Data Source(s)	Strategic Offender Management System Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	
Last Revised	201604 JL



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Dashboard 4.2

Specifications



EHRS / NON-EHRS INSTITUTIONS

Domain and Measure	Institution & Population Characteristics – Men and Women Institutions
Definition	Institution designation based on the gender of inmates housed at the institution - men's institutions are marked as "M", women's institutions are marked as "W", and institutions with both are marked as "M/W".
Denominator	Not Applicable
Numerator	Men or women institutions are designated as one of the following: <ol style="list-style-type: none"> 1. M (Men) 2. W (Women) 3. M/W (Men and Women)
Rate Calculation	Not Applicable
Data Source(s)	Strategic Offender Management System Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	
Last Revised	201604 JL



Dashboard 4.2

Specifications



EHRS / NON-EHRS INSTITUTIONS

<i>Domain and Measure</i>	<i>Institution & Population Characteristics – Specialized Health Care Beds</i>
Definition	Count of licensed beds, including Outpatient Housing Unit, Correction Treatment Center, General Acute Care Hospital, Hospice, Mental Health Crisis Beds, and Skilled Nursing Facility.
Denominator	Not Applicable
Numerator	<p>Number of licensed beds at each institution on the last day of the reporting month.</p> <p>Licensed beds includes those located in a:</p> <ol style="list-style-type: none"> 1. Outpatient Housing Unit (OHU) 2. Correctional Treatment Center (CTC) 3. General Acute Care Hospital (GACH) 4. Hospice 5. Mental Health Crisis Bed (MHCB) 6. Skilled Nursing Facility (SNF)
Rate Calculation	<p>Statewide: Not Applicable</p> <p>Institution: Not Applicable</p>
Data Source(s)	Health Care Placement Oversight Program’s Active Health Care Bed Report Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	
Last Revised	201604 JL



Dashboard 4.2

Specifications



EHRS / NON-EHRS INSTITUTIONS

Domain and Measure	<i>Institution & Population Characteristics – Institution Population</i>
Definition	Total population as of the last day of the reporting month
Denominator	Not Applicable
Numerator	Institution population on the last day of the reporting month.
Rate Calculation	Not Applicable
Data Source(s)	Strategic Offender Management System Electronic Health Records System (EHRS)
Reporting Frequency	Monthly
Background	
Goal/Ranking	This measure is included for monitoring purposes and has no specified benchmark or goal.
Comments	
Last Revised	201604 JL



Condition Specifications

Asthma



Type of Info.	Details
<p>Criteria used to identify patients with this condition.</p>	<p>I. Asthma</p> <p>Patients with any of the following:</p> <ul style="list-style-type: none"> A. Active prescriptions* having at least one (1) Inhaled Corticosteroid (ICS) <u>or</u> two (2) of the following distinct medication classes. See Table 1 <ul style="list-style-type: none"> i. Short Acting Beta Agonists (SABA) ii. Long Acting Beta Agonists (LABA) B. Four (4) dispenses of any combination of SABA/LABA/ICS medication within the last 365 days (1 year).++ See Table 1 C. An active PHIP or EHRS diagnosis of Asthma. See Table 2 and 3 D. Two or more hospital or specialty diagnoses of Asthma from Claims data within the last 730 days (2 years).** See Table 2 and 3 <p>II. Persistent Asthma</p> <ul style="list-style-type: none"> A. Patients identified above who also meet HEDIS criteria for Persistent Asthma: <ul style="list-style-type: none"> i. At least four (4) asthma medication dispensing events in the past 12 months of the following medication classes: <ul style="list-style-type: none"> i. Short Acting Beta Agonists (SABA) ii. Long Acting Beta Agonists (LABA) iii. Inhaled corticosteroid (ICS) <p>Excluded from the Asthma Registry:</p> <ul style="list-style-type: none"> A. Patients identified as COPD and NO diagnosis of Asthma. B. Patients with Serum Alpha 1 Antitrypsin deficiency. <p>Patients with a PHIP or EHRS diagnosis of Asthma and COPD will remain on both registries.</p> <p>*Medications remain active for thirty (30) days after discontinuation. **Multiple claims from the same hospitalization or specialty visit are counted as a single claim.</p>
<p>Criteria used to stratify patients with this condition into Low, Medium, or High Risk.</p>	<p>Risk Classification</p> <ul style="list-style-type: none"> A. High Risk <ul style="list-style-type: none"> 1. All patients who have a high risk Asthma PHIP or EHRS diagnosis, or two Claims diagnoses. See Table 2 and 3 B. Medium Risk <ul style="list-style-type: none"> 1. All patients who meet criteria for Asthma definition and not classified as low or high risk. C. Low Risk <ul style="list-style-type: none"> 1. Patient does not meet HEDIS definition of Persistent Asthma above, and must meet both of the following low risk rules: <ul style="list-style-type: none"> i. No Inhaled Corticosteroid (ICS) controller medication prescriptions within 365 days (1 year). ii. Less than four (4) canisters of SABA dispensed within the last 365 days (1 year) of dispense data.
<p>Is there a front-end Patient Registry for this condition?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Is there a dashboard</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

Condition Specifications

Asthma



measure for this condition?	
Data sources	<ul style="list-style-type: none"> • Maxor Guardian Rx • Third Party Administrator (TPA) Claims • Patient Health Information Portal (PHIP) • Electronic Health Record System (EHRS)
Comments	
Previous criteria used to identify patients with this condition.	<p>Patients with any of the following:</p> <ol style="list-style-type: none"> Two dispenses of Asthma medication (SABA/ICS/LABA/LAAC/SAAC) within the last 180 days (6 months). See Table 1 Two active or recently discontinued, within sixty (60) days (2 months), prescriptions for distinct Asthma medication classes (SABA/ICS/LABA/LAAC/SAAC). See Table 1 An active diagnosis of Status Asthmaticus on the PHIP or EHRS problem list. See Table 2 and 3 A claims Hospital/ER diagnosis of Status Asthmaticus. See Table 2 and 3

Reference	Table Name	Link
Table 1	Medications / GCN Codes	Click Here
Table 2	ICD 9 Diagnosis Codes	Click Here
Table 3	ICD 10 Diagnosis Codes	Click Here
Table 4	Labs / LOINC	N/A
Table 5	ICD 9 Procedure Codes	N/A
Table 6	ICD 10 Procedure Codes	N/A
Table 7	CPT Codes	N/A

Condition Specifications

Asthma



Draft Document for HEDIS 2016 Public Comment—Obsolete After March 18, 2015

Table ASM-C: Asthma Medications

Description	Prescriptions		
Antiasthmatic combinations	• Dyphylline-guaifenesin	• Guaifenesin-theophylline	
Antibody inhibitor	• Omalizumab		
Inhaled steroid combinations	• Budesonide-formoterol	• Fluticasone-salmeterol	• Mometasone-formoterol
Inhaled corticosteroids	• Beclomethasone • Budesonide • Ciclesonide	• Flunisolide • Fluticasone CFC free • Mometasone	• Triamcinolone
Leukotriene modifiers	• Montelukast	• Zafirlukast	• Zileuton
Long-acting, inhaled beta-2 agonists	• Arformoterol • Salmeterol	• Formoterol	
Mast cell stabilizers	• Cromolyn		
Methylxanthines	• Aminophylline • Dyphylline	• Theophylline	
Short-acting, inhaled beta-2 agonists	• Albuterol • Levalbuterol	• Metaproterenol	

Note: NCQA will post a comprehensive list of medications and NDC codes to www.ncqa.org by November 3, 2014.



Description

The percentage of members 5–~~85~~64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Definitions

Oral medication dispensing event

One prescription of an amount lasting 30 days or less. To calculate dispensing events for prescriptions longer than 30 days, divide the day's supply by 30 and round down to convert. For example, a 100-day prescription is equal to three dispensing events ($100/30 = 3.33$, rounded down to 3). The organization should allocate the dispensing events to the appropriate year based on the date on which the prescription is filled.

Multiple prescriptions for different medications dispensed on the same day are counted as separate dispensing events. If multiple prescriptions for the same medication are dispensed on the same day, sum the day's supply and divide by 30. Use the Drug ID to determine if the prescriptions are the same or different.

Refer to the definition of *Oral medication dispensing event* in ASM for examples.

Inhaler dispensing event

When identifying the eligible population, use the definition below to count inhaler dispensing events.

All inhalers (i.e., canisters) of the same medication dispensed on the same day count as one dispensing event. Medications with different Drug IDs dispensed on the same day are counted as different dispensing events. For example, if a member received three canisters of Medication A and two canisters of Medication B on the same date, it would count as two dispensing events.

Allocate the dispensing events to the appropriate year based on the date when the prescription was filled.

Use the Drug ID field in the NDC list to determine if the medications are the same or different.

Injection dispensing event

Injections count as one dispensing event. Multiple dispensing events of the same or different medication count as separate dispensing events. Allocate the dispensing events to the appropriate year based on the date when the prescription was filled.

Units of medication

When identifying medication units for the numerator, count each individual medication, defined as an amount lasting 30 days or less, as one medication unit. One medication unit equals one inhaler canister, one injection, or a 30-day or less supply of an oral medication. For example, two inhaler canisters of the same medication dispensed on the same day count as two medication units and only one dispensing event.

Condition Specifications

Asthma



Eligible Population

Product lines	Commercial, Medicaid, <u>Medicare</u> (report each product line separately).
Ages	5– 85 64 years by December 31 of the measurement year. Report <u>five</u> four age stratifications and a total rate: <ul style="list-style-type: none">• 5–11 years.• 12–18 years.• 19–50 years.• 51–64 years.• <u>65–85 years.</u>• Total. <p>The total is the sum of the age stratifications.</p>
Continuous enrollment	The measurement year and the year prior to the measurement year.
Allowable gap	No more than one gap in enrollment of up to 45 days during each year of continuous enrollment. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage during each year of continuous enrollment year.
Anchor date	December 31 of the measurement year.
Benefits	Medical. Pharmacy during the measurement year.
Event/diagnosis	Follow the steps below to identify the eligible population for the measure.

- Step 1** Identify members as having persistent asthma who met at least one of the following criteria during both the measurement year and the year prior to the measurement year. Criteria need not be the same across both years.
- At least one ED visit (ED Value Set), with a principal diagnosis of asthma (Asthma Value Set).
 - At least one acute inpatient encounter (Acute Inpatient Value Set), with a principal diagnosis of asthma (Asthma Value Set).
 - At least four outpatient visits (Outpatient Value Set) or observation visits (Observation Value Set), on different dates of service, with any diagnosis of asthma (Asthma Value Set) **and** at least two asthma medication dispensing events (Table ASM-C). Visit type need not be the same for the four visits.
 - At least four asthma medication dispensing events (Table ASM-C).
- Step 2** A member identified as having persistent asthma because of at least four asthma medication dispensing events, where leukotriene modifiers or antibody inhibitors were the sole asthma medication dispensed in that year, must also have at least one diagnosis of asthma (Asthma Value Set), in any setting, in the same year as the leukotriene modifier or antibody inhibitor (i.e., the measurement year or the year prior to the measurement year).

Condition Specifications

Asthma



- Step 3:** Exclude members who met any of the following criteria:
- Required exclusions**
- Members who had any diagnosis from any of the following value sets, any time during the member's history through December 31 of the measurement year:
 - Emphysema Value Set.
 - Other Emphysema Value Set.
 - COPD Value Set.
 - Obstructive Chronic Bronchitis Value Set.
 - Chronic Respiratory Conditions Due to Fumes/Vapors Value Set.
 - Cystic Fibrosis Value Set.
 - Acute Respiratory Failure Value Set.

Members who have no asthma controller or reliever medications dispensed (Table AMR-A) during the measurement year.

Administrative Specification

Denominator The eligible population.

Numerator The number of members who have a medication ratio of 0.50 or greater during the measurement year.

Step 1 For each member, count the units of controller medications (Table AMR-A) dispensed during the measurement year. Refer to the definition of *Units of medications*.

Step 2 For each member, count the units of reliever medications (Table AMR-A) dispensed during the measurement year. Refer to the definition of *Units of medications*.

Step 3 For each member, sum the units calculated in step 1 and step 2 to determine units of total asthma medications.

Step 4 For each member, calculate the ratio of controller medications to total asthma medications using the following formula.

$$\frac{\text{Units of Controller Medications (step 1)}}{\text{Units of Total Asthma Medications (step 3)}}$$

Step 5 Sum the total number of members who have a ratio of 0.50 or greater in step 4.



Table AMR-A: Asthma Controller and Reliever Medications

Asthma Controller Medications	
Description	Prescriptions
Antiasthmatic combinations	<ul style="list-style-type: none"> • Dyphylline-guaifenesin • Guaifenesin-theophylline
Antibody inhibitors	<ul style="list-style-type: none"> • Omalizumab
Inhaled steroid combinations	<ul style="list-style-type: none"> • Budesonide-formoterol • Fluticasone-salmeterol • Mometasone-formoterol
Inhaled corticosteroids	<ul style="list-style-type: none"> • Beclomethasone • Flunisolide • Triamcinolone • Budesonide • Fluticasone CFC free • Ciclesonide • Mometasone
Leukotriene modifiers	<ul style="list-style-type: none"> • Montelukast • Zafirlukast • Zileuton
Mast cell stabilizers	<ul style="list-style-type: none"> • Cromolyn
Methylxanthines	<ul style="list-style-type: none"> • Aminophylline • Theophylline • Dyphylline
Asthma Reliever Medications	
Description	Prescriptions
Short-acting, inhaled beta-2 agonists	<ul style="list-style-type: none"> • Albuterol • Metaproterenol • Levalbuterol

Note: NCQA will post a comprehensive list of medications and NDC codes to www.ncqa.org by November 3, 2014.



Condition Specifications

Anticoagulation (Warfarin)



Type of Info.	Details
Criteria used to identify patients with this condition.	<p>Patients with the following:</p> <p>A. A current active prescription* for Warfarin. See Table 1</p> <p>*Medications remain active for thirty (30) days after discontinuation.</p>
Criteria used to stratify patients with this condition into Low, Medium, or High Risk.	<p>Risk Classification:</p> <p>A. High Risk</p> <p> 1. All patients on Warfarin are high risk.</p> <p>B. Medium Risk</p> <p> 1. N/A</p> <p>C. Low Risk</p> <p> 1. N/A</p>
Is there a front-end Patient Registry for this condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is there a dashboard measure for this condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Data sources	<ul style="list-style-type: none"> • Quest • Maxor Guardian Rx • Electronic Health Record System (EHRS)
Comments	
Previous criteria used to identify patients with this condition.	<p>Patients with any of the following:</p> <p>A. A current active prescription for Warfarin. See Table 1</p> <p>B. A Warfarin dispense within the last sixty (60) days.</p> <p>C. A Warfarin medication discontinuation within the last fourteen (14) days.</p>

Reference	Table Name	Link
Table 1	Medications / GCN Codes	Click Here
Table 2	ICD 9 Diagnosis Codes	N/A
Table 3	ICD 10 Diagnosis Codes	N/A
Table 4	Labs / LOINC	N/A
Table 5	ICD 9 Procedure Codes	N/A
Table 6	ICD 10 Procedure Codes	N/A
Table 7	CPT Codes	N/A



Condition Specifications

Diabetes



Type of Info.	Details
Criteria used to identify patients with this condition.	<p>Patients with any of the following:</p> <ul style="list-style-type: none"> A. A prescription for a diabetic medication within the last 730 days (2 years). <ul style="list-style-type: none"> 1. Excludes patients with prescriptions for only rapid or short acting insulin. See Table 1 2. Excludes patients identified by Metformin only with an active PHIP or EHRS diagnosis of the following: See Table 2 and 3 <ul style="list-style-type: none"> i. Polycystic Ovary ii. Familial Hypertriglyceridemia iii. Dysmetabolic syndrome iv. Other Abnormal Glucose B. Any patient with two (2) HbA1C results* greater than 6.5 in the last 730 days (2 years). See Table 4 C. An active PHIP or EHRS diagnosis related to Diabetes. See Table 2 and 3 <p>*Quest Lab look back period: 2009-present; Foundation Lab look back period: 2009-2010</p>
Criteria used to stratify patients with this condition into Low, Medium, or High Risk.	<p>Risk Classification:</p> <ul style="list-style-type: none"> A. High Risk <ul style="list-style-type: none"> 1. All HbA1C measurements greater than or equal to 10.0 for the last 730 days (2 years) with a minimum of two (2) results. 2. All patients who have a high risk Diabetes PHIP or EHRS diagnosis. See Table 2 and 3 B. Medium Risk <ul style="list-style-type: none"> 1. All patients who meet criteria from Diabetes definition and not classified as high or low risk. C. Low Risk <ul style="list-style-type: none"> 1. Any patient who meet <u>all</u> the following items: <ul style="list-style-type: none"> i. Not currently on any type of insulin. See Table 1 ii. All HbA1C measurements less than 7.7 for the last 365 days (1 year). iii. Patient has at least one (1) HbA1C measurement within the last 365 days (1 year).
Is there a front-end Patient Registry for this condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is there a Dashboard measure for this condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Data sources	<ul style="list-style-type: none"> • Quest • Foundation • Maxor Guardian Rx • Third Party Administrator (TPA) Claims • Patient Health Information Portal (PHIP) • Electronic Health Record System (EHRS)
Comments	
Previous criteria used to identify patients with this condition.	<p>Patients with any of the following:</p> <ul style="list-style-type: none"> A. Any patient with two (2) HgA1C results greater than 6.5 at any time. See Table 4 B. A single diabetic medication dispense excluding regular insulin, short acting. See Table 1 C. A single prescription for a diabetic medication within the last 60 days (2 months)

Condition Specifications

Diabetes



excluding regular insulin, short acting. See Table 1
 D. PHIP or EHRS problem list diagnosis of Diabetes not added in error [250.00] – [250.99].
 See Table 2 and 3

Reference	Table Name	Link
Table 1	Medications / GCN Codes	Click Here
Table 2	ICD 9 Diagnosis Codes	Click Here
Table 3	ICD 10 Diagnosis Codes	Click Here
Table 4	Labs / LOINC	Click Here
Table 5	ICD 9 Procedure Codes	N/A
Table 6	ICD 10 Procedure Codes	N/A
Table 7	CPT Codes	N/A



Condition Specifications

End Stage Liver Disease (ESLD)



Type of Info.	Details
Criteria used to identify patients with this condition.	<p>Patients with any of the following:</p> <ul style="list-style-type: none"> A. Two (2) or more abnormal labs <u>and</u> one (1) active prescription*. <ul style="list-style-type: none"> 1. One (1) Medication. See Table 1 2. ≥ 2 Abnormal labs. See Table 4 B. One (1) abnormal lab <u>and</u> two (2) or more active prescriptions*. <ul style="list-style-type: none"> 1. ≥ 2 Medications. See Table 1 2. One (1) Abnormal lab. See Table 4 C. Three (3) or more active prescriptions*. <ul style="list-style-type: none"> 1. ≥ 3 Medications. See Table 1 D. An active prescription* for Rifaximin. See Table 1 E. An ESLD related diagnosis. <ul style="list-style-type: none"> 1. Diagnosis code suggesting ESLD in the PHIP or EHRS. See Table 2/3 2. Two or more diagnoses suggesting ESLD from Claims data within the last 730 days (2 years).** See Table 2/3 F. All patients with a history of HBV or HCV and have a FIB-4 ≥ 8. Exclusion: Patients on active HCV treatment or with an AST or ALT >500 U/L unless they trigger any of the criteria above. (Suggesting Acute Hepatitis) <p>Patients triggering one or more of the above criteria at any time will remain on the ESLD registry thereafter.</p> <p>Exclusion:</p> <ul style="list-style-type: none"> A. Patients in Hospice Care at CMF. <p>*Medications remain active for thirty (30) days after discontinuation. **Multiple claims from the same hospitalization or specialty visit are counted as a single claim.</p>
Criteria used to stratify patients with this condition into Low, Medium, or High Risk.	<p>Risk Classification:</p> <ul style="list-style-type: none"> A. High Risk <ul style="list-style-type: none"> 1. All patients identified with ESLD are High Risk. B. Medium Risk <ul style="list-style-type: none"> 1. N/A C. Low Risk <ul style="list-style-type: none"> 1. N/A
Is there a front-end Patient Registry for this condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is there a dashboard measure for this condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Data sources	<ul style="list-style-type: none"> • Quest • Maxor Guardian Rx

Condition Specifications

End Stage Liver Disease (ESLD)



	<ul style="list-style-type: none"> • Patient Health Information Portal (PHIP) • Electronic Health Record System (EHRS)
Comments	
Previous criteria used to identify patients with this condition.	<p>Patients with any of the following:</p> <ul style="list-style-type: none"> A. 2 or more abnormal labs plus one (1) active prescription. <ul style="list-style-type: none"> 1. ≥ 2 Abnormal labs 2. One (1) Medication B. 1 abnormal lab plus two (2) active prescriptions. <ul style="list-style-type: none"> 1. One (1) Abnormal lab 2. ≥ 2 Medications C. One (1) severely abnormal lab plus one (1) active prescription. <ul style="list-style-type: none"> 1. One (1) Severely Abnormal lab 2. One (1) Medication D. Three (3) or more active prescriptions. <ul style="list-style-type: none"> 1. ≥ 3 Medications E. An active prescription for an ESLD trump medication. <ul style="list-style-type: none"> 1. Rifaximin 2. Sorafenib F. ESLD hospitalization or procedures from Claims.

Reference	Table Name	Link
Table 1	Medications / GCN Codes	Click Here
Table 2	ICD 9 Diagnosis Codes	Click Here
Table 3	ICD 10 Diagnosis Codes	Click Here
Table 4	Labs / LOINC	Click Here
Table 5	ICD 9 Procedure Codes	N/A
Table 6	ICD 10 Procedure Codes	N/A
Table 7	CPT Codes	N/A

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Condition Specifications

Colon Cancer Screening



Type of Info.	Details
Criteria used to identify patients with this condition.	<p>Patients with the following:</p> <p>A. Fifty (50) to seventy-five (75) years of age.</p> <p>Excluded:</p> <p>A. Patients who have a PHIP, Claims or EHRS diagnosis for total colectomy. See Table 5 and 6</p>
Criteria used to stratify patients with this condition into Low, Medium, or High Risk.	<p>Risk Classification:</p> <p>A. High Risk</p> <p> 1. N/A</p> <p>B. Medium Risk</p> <p> 1. N/A</p> <p>C. Low Risk</p> <p> 1. N/A</p>
Is there a front-end Patient Registry for this condition?	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Click here to access Back End Definitions.</p>
Is there a dashboard measure for this condition?	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
Data sources	<ul style="list-style-type: none"> • Third Party Administrator (TPA) Claims • Patient Health Information Portal (PHIP) • Electronic Health Record System (EHRS) • Strategic Offender Management System (SOMS)
Comments	<p>The United States Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age fifty (50) years and continuing until age seventy-five (75) years.</p>
Previous criteria used to identify patients with this condition.	N/A

Reference	Table Name	Link
Table 1	Medications / GCN Codes	N/A
Table 2	ICD 9 Diagnosis Codes	N/A
Table 3	ICD 10 Diagnosis Codes	N/A
Table 4	Labs / LOINC	N/A
Table 5	ICD 9 Procedure Codes	Click Here
Table 6	ICD 10 Procedure Codes	Click Here
Table 7	CPT Codes	N/A



Condition Specifications

Breast Cancer Screening



Type of Info.	Details
Criteria used to identify patients with this condition.	Patients with any of the following: <ol style="list-style-type: none"> A. Women fifty (50) to seventy-four (74) years of age. B. All transgender patients on the Gender Dysphoria Registry fifty (50) to seventy-four (74) years of age who are on hormone therapy.
Criteria used to stratify patients with this condition into Low, Medium, or High Risk.	Risk Classification: <ol style="list-style-type: none"> A. High Risk <ol style="list-style-type: none"> 1. N/A B. Medium Risk <ol style="list-style-type: none"> 1. N/A C. Low Risk <ol style="list-style-type: none"> 1. N/A
Is there a front-end Patient Registry for this condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is there a dashboard measure for this condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Data sources	<ul style="list-style-type: none"> • Gender Dysphoria Registry • Strategic Offender Management System (SOMS)
Comments	The United States Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women fifty (50) to seventy-four (74) years of age.
Previous criteria used to identify patients with this condition.	N/A

Reference	Table Name	Link
Table 1	Medications / GCN Codes	N/A
Table 2	ICD 9 Diagnosis Codes	N/A
Table 3	ICD 10 Diagnosis Codes	N/A
Table 4	Labs / LOINC	N/A
Table 5	ICD 9 Procedure Codes	N/A
Table 6	ICD 10 Procedure Codes	N/A
Table 7	CPT Codes	N/A



Condition Specifications

Clozapine



Type of Info.	Details
Criteria used to identify patients with this condition.	<p>Patients with the following:</p> <p>A. A current active prescription* for Clozapine. See Table 1</p> <p>*Medications remain active for thirty (30) days after discontinuation.</p>
Criteria used to stratify patients with this condition into Low, Medium, or High Risk.	<p>Risk Classification:</p> <p>A. High Risk</p> <p> 1. All patients on Clozapine are high risk.</p> <p>B. Medium Risk</p> <p> 1. N/A</p> <p>C. Low Risk</p> <p> 1. N/A</p>
Is there a front-end Patient Registry for this condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is there a dashboard measure for this condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Data sources	<ul style="list-style-type: none"> Maxor Guardian Rx
Comments	
Previous criteria used to identify patients with this condition.	N/A

Reference	Table Name	Link
Table 1	Medications / GCN Codes	Click Here
Table 2	ICD 9 Diagnosis Codes	N/A
Table 3	ICD 10 Diagnosis Codes	N/A
Table 4	Labs / LOINC	N/A
Table 5	ICD 9 Procedure Codes	N/A
Table 6	ICD 10 Procedure Codes	N/A
Table 7	CPT Codes	N/A

