# IT-4.6: Incidence of Potentially Preventable Venous Thromboembolism (VTE)

| **Measure Title** | **Incidence of Potentially Preventable Venous Thromboembolism** | | |
| --- | --- | --- | --- |
| **Description** | Assesses the number of patients with confirmed venous thromboembolism (VTE) during hospitalization (not present at admission) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date. | | |
| **NQF Number** | 0376 | | |
| **Measure Steward** | The Joint Commission | | |
| **Link to measure citation** | <http://www.qualityforum.org/QPS/0376>  <http://www.qualitymeasures.ahrq.gov/popups/printView.aspx?id=35547>  Specifications Manual: <http://www.jointcommission.org/assets/1/6/NHQM_v4_3a_PDF_10_2_2013.zip> | | |
| **Measure type** | Stand-Alone (SA) | | |
| **Measure status** | P4P | | |
| **DSRIP-specific modifications to Measure Steward’s specification** | None | | |
| **Denominator Description** | Patients who developed confirmed VTE during hospitalization. The target population includes patients discharged with an ICD-9-CM Secondary Diagnosis Codes for VTE as defined in Table 7.03 or Table 7.04.  Refer to Specifications Manual hyperlink above for detailed tables. | | |
| **Denominator Inclusions** | * Patients who developed confirmed venous thromboembolism (VTE) during hospitalization * Include discharges with an International Classification of Diseases, Ninth Revisions, Clinical Modification (ICD-9-CM) Other Diagnosis Codes of VTE   Refer to Specifications Manual hyperlink above for detailed tables. | | |
| **Denominator Exclusions** | * Patients less than 18 years of age * Patients who have a length of stay greater than 120 days * Patients with Comfort Measures Only documented  Patients enrolled in clinical trials * Patients with ICD-9-CM Principal Diagnosis Code of VTE as defined in Appendix A, Table 7.03 or 7.04 * Patients with VTE Present at Admission Patients with reasons for not administering mechanical and pharmacologic prophylaxis * Patients without VTE confirmed by diagnostic testing   Refer to Specifications Manual hyperlink above for detailed tables. | | |
| **Denominator Size** | * For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 75, providers must report on all cases. No sampling is allowed. * For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 380 but greater than 75, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of not less than 76 cases. * For a measurement period (either 6 or 12-months) where the denominator size is greater than 380, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of cases that is not less than 20% of all cases; however, providers may cap the total sample size at 300 cases. | | |
| **Numerator Description** | Patients who received no VTE prophylaxis prior to the VTE diagnostic test order date | | |
| **Numerator Inclusions** | The Measure Steward does not identify specific numerator inclusions beyond what is described in the numerator description. | | |
| **Numerator Exclusions** | The Measure Steward does not identify specific numerator exclusions beyond what is described in the numerator description. | | |
| **Setting** | Inpatient | | |
| **Data Source** | * Administrative claims * Clinical l Records | | |
| **Denominator Sub-set Definition (Optional)** | Providers have the option to further narrow the denominator population for this measure across one or more of the following domains. If providers wish to use this option, they must indicate their preference to HHSC through the measure selection process.  **Payer:** Providers may define the denominator population such that it is limited to one of the following options:   1. Medicaid 2. Uninsured/Indigent 3. Both: Medicaid and Uninsured/Indigent   **Gender:** Providers may define the denominator population such that it is limited to one of the following options:   1. Male 2. Female   **Ethnicity:** Providers may define the denominator population such that it is limited to one of the following options:   1. White/Caucasian 2. Black/African American 3. Latino/Hispanic 4. Asian 5. American Indian/Alaskan Native 6. Native Hawaiian/Other Pacific Islander   **Age:** Providers may define the denominator population such that it is limited to an age range:  Lower Bound: \_\_\_\_ (Provider defined)  Upper Bound: \_\_\_\_ (Provider defined)  **Comorbid Condition:** Providers may define the denominator population such that it is limited to individuals with one or more comorbid conditions:  **Setting/Location:** Providers may define the denominator population such that it is limited to individuals receiving services in a specific setting or service delivery location(s).  Service Setting/Delivery Location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Provider defined) | | |
| **Demonstration Years** | **DY3**  **10/01/13 – 09/30/14** | **DY4**  **10/01/14 – 09/30/15** | **DY5**  **10/01/15 – 09/30/16** |
| **Measurement Periods**  *(Note: For P4P measures, DY3 Measurement Period is equivalent to the Baseline Period for purposes of measuring improvement.)* | **Providers must report data for one of the following DY, SFY, or CY time periods:**  12 Month Period:   1. 10/01/13 – 09/30/14, or 2. 09/01/13 – 08/31/14, or 3. 01/01/13 – 12/31/13, or 4. 10/01/12 – 09/30/13, or 5. 09/01/12 – 08/31/13   6 Month Period:   1. 04/01/14 – 09/30/14, or 2. 03/01/13 – 08/31/14, or 3. 01/01/13 – 06/30/13, or 4. 07/01/13 – 12/31/13   Other: Providers specify/propose an alternative 6 or 12 month time period to be reviewed and approved by HHSC. | **Providers must report data across a 12-month time period that meets the following parameters:**  1. Start date: The start date for the reporting period must occur after the provider’s DY3 Measurement Period.  2. End date: The end date for the reporting period must occur on or before 09/30/15. | **Providers must report data across a 12-month time period that meets the following parameters:**  1. Start date: The start date for the reporting period must occur after the provider’s DY4 Measurement Period.  2. End date: The end date for the reporting period must occur on or before 09/30/16. |
| **Reporting Opportunities to HHSC** | 10/31/2014 | 4/30/2015  10/31/2015 | 4/30/2016  10/31/2016 |
| **Pay for Performance Target Methodology** | Not Applicable | Improvement Over Self | Improvement Over Self |