# IT-4.14: Intensive Care: In-hospital Mortality Rate

| **Measure Title** | **IT-4.14 Intensive Care: In-hospital mortality rate** |
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| **Description** | For all adult patients admitted to the intensive care unit (ICU), the percentage of patients whose hospital outcome is death; both observed and risk-adjusted mortality rates are reported with predicted rates based on the Intensive Care Outcomes Model - Mortality (ICOMmort). |
| **NQF Number** | 0703 |
| **Measure Steward** | Philip R. Lee Institute for Health Policy Studies |
| **Link to measure citation** | <http://www.qualityforum.org/QPS/0703>  |
| **Measure type** | Stand-alone (SA) |
| **Performance and Achievement Type**  | Pay for Performance (P4P) – Improvement Over Self (IOS)

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|  | DY4 | DY5 |
| Achievement Level Calculation | Baseline - 5% \*(performance gap)=Baseline - 5% \*(0% – Baseline rate) | Baseline - 10% \*(performance gap)=Baseline - 10% \*(0% – Baseline rate) |

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| **DSRIP-specific modifications to Measure Steward’s specification** | None |
| **Denominator Description**  | Total number of eligible patients who are discharged (including deaths and transfers) from the intensive care unit (ICU). |
| **Denominator Inclusions** | The Measure Steward does not identify specific denominator inclusions beyond what is described in the denominator description. |
| **Denominator Exclusions** | <18 years of age at time of ICU admission, ICU readmission, <4 hours in ICU, primary admission due to trauma, burns, or immediately post-CABG, admitted to exclude myocardial infarction (MI) and subsequently found without MI or any other acute process requiring ICU care, transfers from another acute care hospital |
| **Denominator Size** | Providers must report a minimum of 30 cases per measure during a 12-month measurement period (15 cases for a 6-month measurement period)* 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.
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| **Numerator Description**  | Total number of eligible patients whose hospital outcome is death |
| **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** | Electronic Clinical Data: Electronic Health Record, Electronic Clinical Data: Laboratory, Paper Records |
| **Allowable Denominator Sub-sets** | All denominator subsets are permissible for this outcome  |