# IT-4.1: Improvement in Risk Adjusted Potentially Preventable Complications Rate(s)

| **Measure Title** | **IT-4.1 Improvement in Risk Adjusted Potentially Preventable Complications Rate(s)** |
| --- | --- |
| **Description** | Improve 5 risk adjusted PPC rates. |
| **NQF Number** | N/A |
| **Measure Steward** | 3M |
| **Link to measure citation** | Not Available |
| **Measure type** | Stand-alone (SA) |
| **Performance and Achievement Type** | Pay for Performance (P4P) – Improvement Over Self (IOS)   |  |  |  | | --- | --- | --- | |  | DY4 | DY5 | | Achievement Level Calculation | Baseline - 5% \*(performance gap)  =  Baseline - 5% \*(0% – Baseline rate) | Baseline - 10% \*(performance gap)  =  Baseline - 10% \*(0% – Baseline rate) | |
| **DSRIP-specific modifications to Measure Steward’s specification** | None |
| **Denominator Description** | This measure does not have a traditional denominator format. Each rates denominator is specific to the selected PPC the provider aims to reduce. Providers will select and report improvement in PPC rates as reported in Category 4 OR providers may opt to use internal PPC reports.  Rate #1: Denominator for the first PPC to be reported (to be defined by the provider)  Rate #2: Denominator for the second PPC to be reported (to be defined by the provider)  Rate #3: Denominator for the third PPC to be reported (to be defined by the provider)  Rate #4: Denominator for the fourth PPC to be reported (to be defined by the provider)  Rate #5: Denominator for the fifth PPC to be reported (to be defined by the provider) |
| **Denominator Inclusions** | The Measure Steward does not identify specific denominator inclusions beyond what is described in the denominator description. |
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| **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. |
| **Numerator Description** | This measure does not have a traditional numerator format. Each rates numerator is specific to the selected PPC the provider aims to reduce. Providers will select and report improvement in PPC rates as reported in Category 4 OR providers may opt to use internal PPC reports.  Rate #1: Numerator for the first PPC to be reported (to be defined by the provider)  Rate #2: Numerator for the second PPC to be reported (to be defined by the provider)  Rate #3: Numerator for the third PPC to be reported (to be defined by the provider)  Rate #4: Numerator for the fourth PPC to be reported (to be defined by the provider)  Rate #5: Numerator for the fifth PPC to be reported (to be defined by the provider) |
| **Numerator Inclusions** | The Measure Steward does not identify specific numerator inclusions beyond what is described in the numerator description. |
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| **Setting** | Inpatient |
| **Data Source** | Administrative/Clinical data sources; Category 4 reports |
| **Allowable Denominator Sub-sets** | All denominator subsets are permissible for this outcome |