For each data element fill in the cells for your site.

The cells with a tan background describe the data elements and the calculation criteria.

Do not edit the cells with the tan background.

The following is a description of the columns along with instructions.

Please note that many of the cells are populated with drop-down menus. Use these drop-down items as much as possible in order to facilitate subsequent analysis. If an option is not available, free text is acceptable.

If your site has more than one source for a data element, create a row for each source.

To create a row, perform the following steps:
1. Select the row (click on the row number)
2. Copy the row (either right-click/Copy, control-c, or from the menu bar Edit/Copy)
3. Insert the copied cells (either right-click/Insert Copied Cells, or from the menu bar Insert/Copied Cells)

CHIPRA Measure Sequence Number
The sequence number assigned to the measure by the CHIPRA team for use in analysis

Measure Title
The title of the measure

Data Element
The name of the data element as specified by the measure. For example, Birth Date

Description
Further description of the data element. For example, Patient date of birth

EHR Data Source Application
The application at your site from which this data element is obtained. For example, Laboratory I.S.
This is a drop-down menu item

EHR Data Element Name
The name used to identify this data element in your EHR. For example, the table and column in a database or a column name in a file export.
This is a free text entry

Location in EHR Data Entered/Accessed by User (Front End User Facing)
The area within your EHR where the data element is primarily captured or accessed by the user
This is a drop-down menu item

Data Search Type
How you would search for the data type. For example, if looking for the “ADHD diagnosis validation, validated tool” data element it is likely that you would search for the LOINC code or vendor code that represents this. Therefore The Data Search Type would be Code.

N/A
Boolean - Use this for true/false or yes/no data elements
Code - Use if the data element is coded
Date
Number - Use for integer and decimal
Text - Use if unconstrained text (free text)
This is a drop-down menu item
Coding System (Data Search Type)
If this data element is coded, indicate the coding system. Note that there are entries for organization (site) and vendor specific coding systems.
For example, if your site uses a pharmacy vendor code for medications, select "Vendor specific"
This is a drop-down menu item

Stored Data Type
What data type is stored. For example, a lab result would be stored as a number
N/A
Boolean - Use this for true/false or yes/no data elements
Code - Use if the data element is coded
Date
Number - Use for integer and decimal
Text - Use if unconstrained text (free text)
This is a drop-down menu item

Coding System [Stored Data Type]
If this data element is coded, indicate the coding system. Note that there are entries for organization (site) and vendor specific coding systems.
For example, if your site uses a pharmacy vendor code for medications, select "Vendor specific"
This is a drop-down menu item

Coding System Comments
Enter any comments

Unit of Measure
The units of measure, if applicable, associated with this data element.
For data elements with date data type indicate the granularity of the date (format order is not relevant).
This is a drop-down menu item

Frequency
Number of times the data element is recorded for a typical patient during the measurement period
This is a drop-down menu item

Criteria
The measurement criteria for this data element as described in the measure

EHR Ability to Calculate Criteria
Indicate whether or not your EHR has the technical capability to calculate the specified criteria.
This is a drop-down menu item

EHR Ability to Calculate Criteria Comments
Enter any comments

EHR Exception Presence
Indicate whether or not this data element is associated with a discrete exception.
An example would be: Please prescribe ACE/ARB for CAD. On the ACE/ARB row, select Yes to indicate that there is an exception if there is a discrete place to document why the ACE/ARB was not prescribed for CAD.
An exception may be defined as valid reasons for patients who are included in the denominator population, but for whom a process or outcome of care does not occur. Patients may have Exceptions for medical reasons (for example, patient has an egg allergy so they did not receive flu vaccine); patient reasons (for example, patient refused flu vaccine); or system reasons (for example, patient did not receive flu vaccine due to vaccine shortage).
This is a drop-down menu item
EHR Exception Presence Comments
Enter any comments

Technical Feasibility (Can my EHR do this?)
Indicate whether all data can be collected and all calculations can be performed.
This is a drop-down menu item

Implementation Feasibility (Will workflow be used consistently?)
Indicate if this measure is implemented, whether you think the results you receive will be accurate for use at your institution
This is a drop-down menu item

Feasibility Comments
Must enter comments if "Nonfeasible, cannot do today" or "Feasible with workflow changes" is selected for Technical or Implementation Feasibility. Also enter any additional comments

Measure Retains Originally Stated Intention of the Measure (Integrity)
Select the value that best indicates whether the measure retains the original intention of the measure
5 Strongly Agree
4 Moderately Agree
3 Neither Disagree Nor Agree
2 Moderately Disagree
1 Strongly Disagree

Measure Retains Originally Stated Intention of the Measure Comments
Enter any comments

Scores Obtained from Measure as Specified Accurately Differentiate Quality of Performance Across Providers (Face Validity)
Select the value that best indicates whether the scores obtained from the measure as specified accurately differentiate the quality of performance across providers
5 Strongly Agree
4 Moderately Agree
3 Neither Disagree Nor Agree
2 Moderately Disagree
1 Strongly Disagree

Scores Obtained from Measure as Specified Accurately Differentiate Quality of Performance Across Providers Comments
Enter any comments

Additional Comments/Thoughts About Measure
Enter any additional comments or thoughts about the measure

DET Color Key

<table>
<thead>
<tr>
<th>Denominator Elements</th>
<th>Numerator Elements</th>
<th>Exception Elements</th>
</tr>
</thead>
</table>

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<table>
<thead>
<tr>
<th>Measure Title</th>
<th>Data Element</th>
<th>Description</th>
<th>EHR Data Source Application</th>
<th>EHR Data Source Location</th>
<th>EHR Data Search Type</th>
<th>Date Search Type</th>
<th>Coding System Stored</th>
<th>Frequency</th>
<th>Measure to Calculate Criteria</th>
<th>EHR Exception</th>
<th>EHR Exception Presence</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutritional Status for Every Patient Within 24 Hours of PICU Admission</td>
<td>EHR Data</td>
<td>Date of Occurrence A</td>
<td>Patient received a documented screening of nutrition screening or assessment in the 48 hours preceding the date of occurrence.</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Nutritional Status for Every Patient Within 24 Hours of PICU Admission</td>
<td>EHR Data</td>
<td>Date of Occurrence B</td>
<td>Patient received a documented screening of nutrition screening or assessment in the 48 hours preceding the date of occurrence.</td>
<td>7</td>
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<td></td>
</tr>
<tr>
<td>Nutritional Status for Every Patient Within 24 Hours of PICU Admission</td>
<td>EHR Data</td>
<td>Date of Occurrence C</td>
<td>Patient received a documented screening of nutrition screening or assessment in the 48 hours preceding the date of occurrence.</td>
<td>7</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Nutritional Status for Every Patient Within 24 Hours of PICU Admission</td>
<td>EHR Data</td>
<td>Date of Occurrence D</td>
<td>Patient received a documented screening of nutrition screening or assessment in the 48 hours preceding the date of occurrence.</td>
<td>7</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ulcer within 24 hours of PICU Admission</td>
<td>EHR Data</td>
<td>Date of Occurrence A</td>
<td>Patient had an assessment of immobility-related pressure ulcer risk assessment by administration of a pressure ulcer risk assessment tool that is standardized within the institution.</td>
<td>7</td>
<td></td>
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<td></td>
</tr>
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<td>Ulcer within 24 hours of PICU Admission</td>
<td>EHR Data</td>
<td>Date of Occurrence B</td>
<td>Patient had an assessment of immobility-related pressure ulcer risk assessment by administration of a pressure ulcer risk assessment tool that is standardized within the institution.</td>
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</tr>
<tr>
<td>Ulcer within 24 hours of PICU Admission</td>
<td>EHR Data</td>
<td>Date of Occurrence C</td>
<td>Patient had an assessment of immobility-related pressure ulcer risk assessment by administration of a pressure ulcer risk assessment tool that is standardized within the institution.</td>
<td>7</td>
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<td></td>
</tr>
<tr>
<td>Ulcer within 24 hours of PICU Admission</td>
<td>EHR Data</td>
<td>Date of Occurrence D</td>
<td>Patient had an assessment of immobility-related pressure ulcer risk assessment by administration of a pressure ulcer risk assessment tool that is standardized within the institution.</td>
<td>7</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Unstable shock: The addition of or an increase in a continuous infusion of any cardioactive drug within the last 24 hours.</td>
<td>EHR Data</td>
<td>Date of Occurrence A</td>
<td>Patient had an assessment of immobility-related pressure ulcer risk assessment by administration of a pressure ulcer risk assessment tool that is standardized within the institution.</td>
<td>7</td>
<td></td>
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</tr>
<tr>
<td>Unstable shock: The addition of or an increase in a continuous infusion of any cardioactive drug within the last 24 hours.</td>
<td>EHR Data</td>
<td>Date of Occurrence B</td>
<td>Patient had an assessment of immobility-related pressure ulcer risk assessment by administration of a pressure ulcer risk assessment tool that is standardized within the institution.</td>
<td>7</td>
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<td></td>
</tr>
<tr>
<td>Unstable shock: The addition of or an increase in a continuous infusion of any cardioactive drug within the last 24 hours.</td>
<td>EHR Data</td>
<td>Date of Occurrence C</td>
<td>Patient had an assessment of immobility-related pressure ulcer risk assessment by administration of a pressure ulcer risk assessment tool that is standardized within the institution.</td>
<td>7</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Unstable shock: The addition of or an increase in a continuous infusion of any cardioactive drug within the last 24 hours.</td>
<td>EHR Data</td>
<td>Date of Occurrence D</td>
<td>Patient had an assessment of immobility-related pressure ulcer risk assessment by administration of a pressure ulcer risk assessment tool that is standardized within the institution.</td>
<td>7</td>
<td></td>
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</tr>
</tbody>
</table>

Note: The table above provides a summary of measures and data elements for the EHR Data Feasibility Tool, including measure titles, data elements, descriptions, and related criteria. This information is intended to support the identification and validation of EHR data elements for clinical quality improvement initiatives.
Please provide responses to the questions below. The responses will provide a better understanding of the workflow that can help determine if the measure needs to be updated.

<table>
<thead>
<tr>
<th>PMCoE PICU Measure Sequence Number</th>
<th>Questions</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Does your facility use the Braden-Q tool? If not, do you use another standardized pressure ulcer risk assessment tool?</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>How do you document the results of a standardized pressure ulcer risk assessment tool?</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>If you consider the current methods unsatisfactory, how would you prefer to capture these data elements?</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>How are the results from an Hgb test documented in your EMR system?</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>How is the reason for an Hgb test documented in your EMR system? Is an associated date for this event typically recorded?</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>How easily are you able to identify the exclusions for this measure within the patient’s EMR? Are the exclusions identifiable from codified fields?</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>How do you identify patients with ‘unstable shock’ in your EMR system?</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>If you consider the current methods unsatisfactory, how would you prefer to capture these data elements?</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Does your institution use STAMP, the Pediatric Yorkhill Malnutrition Score, or some other standardized nutrition screening tool?</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>How are standardized nutrition screening tool results documented in your EMR?</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>If you consider the current methods unsatisfactory, how would you prefer to capture these data elements?</td>
<td></td>
</tr>
</tbody>
</table>
Scores Obtained from Measure as Specified Accurately Differentiate Quality of Performance Across Providers

<table>
<thead>
<tr>
<th>Measure</th>
<th>5 Strongly Agree</th>
<th>4 Moderately Agree</th>
<th>3 Neither Disagree Nor Agree</th>
<th>2 Moderately Disagree</th>
<th>1 Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Risk Assessment for Immobility-related Pressure Ulcer within 24 hours of PICU Admission</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriateness of Red Cell Transfusions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial Baseline Screen of Nutritional Status for Every Patient Within 24 Hours of PICU Admission</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PMCoE PICU Measure Sequence Number</td>
<td>Measure Title</td>
<td>Technical Feasibility (Can my EHR do this?)</td>
<td>Implementation Feasibility (Will workflow be used consistently?)</td>
<td>Feasibility Comments</td>
<td>Measure Retains Originally Stated Intention (Integrity)</td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
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</tr>
<tr>
<td>3</td>
<td>Initial Risk Assessment for Immobility-related Pressure Ulcer within 24 hours of PICU Admission</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Appropriateness of Red Cell Transfusions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Initial Baseline Screen of Nutritional Status for Every Patient Within 24 Hours of PICU Admission</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Attachment 8A.2 Feasibility Testing Results

<table>
<thead>
<tr>
<th>DET Quality Analysis Criteria</th>
<th>Advocate Lutheran General</th>
<th>Advocate Hope Children’s</th>
<th>Struger</th>
<th>Lurie Children’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Measure 3 (Pressure Ulcer) Technical Feasibility</td>
<td>Feasible. Can do today.</td>
<td>n/a</td>
<td>Feasible. Can do today.</td>
<td>n/a</td>
</tr>
<tr>
<td>7. Measure 3 (Pressure Ulcer) Implementation Feasibility</td>
<td>Feasible. Can do today.</td>
<td>n/a</td>
<td>Feasible. Can do today.</td>
<td>n/a</td>
</tr>
</tbody>
</table>