Measure Information Form

**Project Title:** Patient Safety Structural Measure

**Date:**

Information included is current on 02/26/2024.

**Project Overview:**

The Centers for Medicare & Medicaid Services (CMS) contracted Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE) to develop a hospital-based structural measure focused on patient safety. The contract name is Development, Reevaluation, and Implementation of Outcome/Efficiency Measures for Hospital and Eligible Clinicians, Option Period 4. The contract number is HHSM-75FCMC18D0042, Task Order HHSM-75FCMC19F0001.

1. **Measure Name/Title (**[**CMS Consensus-Based Entity [CBE] Measure Submission Form**](https://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=86103)External link icon**, Measure Specifications sp.01)**

Patient Safety Structural Measure

*Briefly convey as much information as possible about the measure focus and target population.*

1. **Descriptive Information**

2.1 Measure Type

*Identify a measure type from the list. Patient-reported outcome-based performance measures (PRO-PMs) include health-related quality of life, functional status, symptom burden, and health-related behavior. For composite measures, please also identify the measure type of the components.*

☐process

☐outcome

☐PRO-PM

☐cost /resource use

☐efficiency

 structure

☐intermediate outcome

☐population health

☐composite

☐process

☐outcome

☐other

☐other

2.2 Brief Description of Measure (CMS CBE Measure Submission Form, Measure Specifications sp.02 and sp.06)

*This description should be concise and include type of score, measure focus, target population, and time frame.*

The Patient Safety Structural Measure is an attestation-based measure that assesses whether hospitals demonstrate having a structure and culture that prioritizes patient safety. The Patient Safety Structural Measure includes five domains, each containing multiple statements that aim to capture the most salient structural and cultural elements of patient safety. This measure is designed to identify hospitals that practice a systems-based approach to safety, as demonstrated by: leaders who prioritize and champion safety; a diverse group of patients and families meaningfully engaged as partners in safety; practices indicative of a culture of safety; and continuous learning and improvement. The Patient Safety Structural Measure is informed by Safer Together: The National Action Plan to Advance Patient Safety, developed by the National Steering Committee for Patient Safety convened by the Institute for Healthcare Improvement (IHI), as well as scientific evidence from existing patient safety literature and detailed input from patient safety experts, advocates, and patients. (1)

Citation:

1. National Steering Committee for Patient Safety. Safer Together: A National Action Plan to Advance Patient Safety. Boston, Massachusetts: Institute for Healthcare Improvement; 2020.

2.3 If Paired or Grouped (CMS CBE Measure Submission Form, Measure Specifications sp.03)

*Provide the reason why you must report the measure with other measures to interpret results appropriately.*

N/A

1. **Measure Specifications**

*These items follow the CMS CBE requirements for measure submission and provide information required for measure evaluation.*

3.1 Measure-Specific Webpage (CMS CBE Measure Submission Form, Measure Specifications sp.09) *Provide a Uniform Resource Locator (URL) link, if available, to a webpage where you can obtain current, detailed specifications, including code lists, risk adjustment model details, and supplemental materials. Do not enter a URL linking to a home page or to general information. If no URL is available, indicate N/A.*

N/A

3.2 If this is an electronic clinical quality measure (eCQM) (CMS CBE Measure Submission Form, Measure Specifications sp.10)

*If not an eCQM, state N/A.*

*If an eCQM, attach the zipped output from the Measure Authoring Tool (MAT) and Bonnie testing results. Use the specification fields from the online form for the plain language description of the specifications.*

N/A

3.3 Data Dictionary, Code Table, or Value Sets (CMS CBE Measure Submission Form, Measure Specifications sp.11)

*Attach the data dictionary, code table, or value sets (and risk model codes and coefficients when applicable). The preferred file format is either .xls or .csv. If not used, contact CMS for further directions.*

N/A

3.4 For an instrument-based measure (CMS CBE Measure Submission Form, Measure Specifications sp.23 and sp.24)

*If not an instrument-based measure, indicate N/A.*

*Attach copy of the instrument, if available.*

*Indicate the responder (i.e., patient, family or other caregiver, clinician) or indicate if not an instrument-based measure.*

N/A

3.5 Updates since last submission (CMS CBE Measure Submission Form, Specifications: Maintenance Update spma.01 and spma.02)

*If this is the first submission, state N/A.*

*Are there changes to the specifications since the last updates/submission? If yes, update the specifications for 3.1 (CMS CBE Measure Submission Form, Measure Specifications sp.09) and 3.6-3.24 (CMS CBE Measure Submission Form, Measure Specifications sp.12-sp.22, sp.25-sp.30) and explain reasons for the changes here (CMS CBE Measure Submission Form, Measure Specifications sp.07, sp.08, and sp.12).*

*Briefly describe any changes to the measure specifications since the last endorsement date and explain the reasons for the changes.*

N/A

3.6 Numerator Statement (CMS CBE Measure Submission Form, Measure Specifications sp.12)

*Briefly describe the measure focus or what the measure measures about the target population—cases from the target population with the target process, condition, or event based on the evidence.*

*For example:*

*Patients in the target population who received/had [measure focus] {during [time frame]} if different from the target population*

*Do not include the rationale for the measure.*

*For outcome measures, state the measured outcome. Describe calculation of the risk-adjusted outcome later in the calculation algorithm. (CMS CBE Measure Submission Form, Measure Specifications sp.22)*

The hospital outcome is defined by the five patient safety domains, each containing multiple statements. A hospital must positively attest to all statements within a domain to receive one point for that domain, 0 – 5 total points (1 point for each of 5 patient safety domains). The five domains defining the numerator are: Domain 1: Leadership Commitment to Eliminating Preventable Harm; Domain 2: Strategic Planning & Organizational Policy; Domain 3: Culture of Safety & Learning Health System; Domain 4: Accountability & Transparency; and Domain 5: Patient & Family Engagement.

3.7 Numerator Details (CMS CBE Measure Submission Form, Measure Specifications sp.13)

*Include all information necessary to identify and calculate the cases from the target population with the target process, condition, event, or outcome. Provide definitions and specific data collection items and responses. For measures based on a coded data set, identify the code set, the specific codes, and the code descriptors**. If using this to format submissions to the CMS CBE, and the list of codes and descriptors exceeds one page, provide the list in a Microsoft Excel or .csv file.*

*For outcome measures, describe how to identify and count the observed outcome. The calculation algorithm should also describe how to calculate the risk adjustment. (CMS CBE Measure Submission Form, Measure Specifications sp.22)*

*Provide the time period for measure data aggregation (e.g., 12 months, 3 years, another specified look-back period).*

Affirmative attestation to all statements within a domain will be required for the hospital to receive a point for the domain. At one point per domain, hospitals affirmatively attesting to all statements will receive the maximum five points. Hospitals participating in the Hospital Inpatient Quality Reporting (IQR) Program must complete attestation during the CMS-specified time period. The five domains and associated statements for each domain include:

**Domain 1: Leadership Commitment to Eliminating Preventable Harm**

The senior leadership and governing board at hospitals set the tone for commitment to patient safety. They must be accountable for patient safety outcomes and ensure that patient safety is the highest priority for the hospital. While the hospital leadership and the governing board may convene a board committee dedicated to patient safety, the most senior governing board must oversee all safety activities and hold the organizational leadership accountable for outcomes. Patient safety should be central to all strategic, financial, and operational decisions.

Please attest whether your hospital engages in the following activities. Select all that apply (note: affirmative attestation of all statements within a domain is required for the hospital to receive a point for the domain).

1. Our hospital senior governing board prioritizes safety as a core value, holds hospital leadership accountable for patient safety, and includes patient safety metrics to inform annual leadership performance reviews and compensation.
2. Our hospital leaders, including C-suite executives, place patient safety as a core institutional value. One or more C-suite leaders oversee a system-wide assessment on safety (examples provided in the Attestation Guide), and the execution of patient safety initiatives and operations, with specific improvement plans and metrics. These plans and metrics are widely shared across the hospital and governing board.
3. Our hospital governing board, in collaboration with leadership, ensures adequate resources to support patient safety (such as equipment, training, systems, personnel, and technology).
4. Reporting on patient and workforce safety events and initiatives (such as safety outcomes, improvement work, risk assessments, event cause analysis, infection outbreak, culture of safety, or other patient safety topics) accounts for at least 20% of the regular board agenda and discussion time for senior governing board meetings.
5. C-suite executives and individuals on the governing board are notified within 3 business days of any confirmed serious safety events resulting in significant morbidity, mortality, or other harm.

**Domain 2: Strategic Planning & Organizational Policy**

Hospitals must leverage strategic planning and organizational policies to demonstrate a commitment to safety as a core value. The use of written policies and protocols that demonstrate patient safety is a priority and identify goals, metrics and practices to advance progress, is foundational to creating an accountable and transparent organization. Hospitals should acknowledge the ultimate goal of zero preventable harm, even while recognizing that this goal may not be currently attainable and requires a continual process of improvement and commitment. Patient safety and equity in care are inextricable, and therefore equity, with the goal of safety for all individuals, must be embedded in safety planning, goal-setting, policy, and processes.

Please attest whether your hospital engages in the following activities. Select all that apply (note: affirmative attestation of all statements within a domain is required for the hospital to receive a point for the domain).

1. Our hospital has a strategic plan that publicly shares its commitment to patient safety as a core value and outlines specific safety goals and associated metrics, including the goal of “zero preventable harm.”
2. Our hospital safety goals include the use of metrics to identify and address disparities in safety outcomes based on the patient characteristics determined by the hospital to be most important to health care outcomes for the specific populations served.
3. Our hospital has implemented written policies and protocols to cultivate a just culture that balances no-blame and appropriate accountability and reflects the distinction between human error, at-risk behavior, and reckless behavior.1
4. Our hospital requires implementation of a patient safety curriculum and competencies for all clinical and non-clinical hospital staff, including C-suite executives and individuals on the governing board, regular assessments of these competencies for all roles, and action plans for advancing safety skills and behaviors.
5. Our hospital has an action plan for workforce safety with improvement activities, metrics and trends that address issues such as slips/trips/falls prevention, safe patient handling, exposures, sharps injuries, violence prevention, fire/electrical safety, and psychological safety.
6. Our hospital purchases medications by utilizing contracting provisions that promote supply chain resiliency, including multi-year contracts with volume guarantees and stringent “failure to supply” clauses, either directly with vendors or indirectly through wholesalers or Group Purchasing Organizations.
7. Our hospital has policies and procedures to respond to medication shortages and outages, including ensuring continuity of pharmaceutical services to meet patient needs during emergencies for a minimum of 7 days.

**Domain 3: Culture of Safety & Learning Health System**

Hospitals must integrate a suite of evidence-based practices and protocols that are fundamental to cultivating a hospital culture that prioritizes safety and establishes a learning system both within and across hospitals. These practices focus on actively seeking and harnessing information to develop a proactive, hospital-wide approach to optimizing safety and eliminating preventable harm. Hospitals must establish an integrated infrastructure (that is, people and systems working collaboratively) and foster psychological safety among staff to effectively and reliably implement these practices.

Please attest whether your hospital engages in the following activities. Select all that apply (note: affirmative attestation of all statements within a domain is required for the hospital to receive a point for the domain).

1. Our hospital conducts a hospital-wide culture of safety survey using a validated instrument annually, or every two years with pulse surveys on target units during non-survey years. Results are shared with the governing board and hospital staff, and used to inform unit-based interventions to reduce harm.
2. Our hospital has a dedicated team that conducts event analysis of serious safety events using an evidence-based approach, such as the National Patient Safety Foundation’s Root Cause Analysis and Action (RCA2).2
3. Our hospital has a patient safety metrics dashboard and uses external benchmarks (such as CMS Star Ratings or other national databases) to monitor performance and inform improvement activities on safety events (such as: medication errors, surgical/procedural harm, falls, pressure injuries, diagnostic errors, and healthcare-associated infections).
4. Our hospital implements a minimum of 4 of the following high reliability practices:
   * Tiered and escalating (e.g., unit, department, facility, system) safety huddles at least 5 days a week, with one day being a weekend, that include key clinical and non-clinical (e.g., lab, housekeeping, security) units and leaders, with a method in place for follow-up on issues identified.
   * Hospital leaders participate in monthly rounding for safety on all units, with C-suite executives rounding at least quarterly, with a method in place for follow-up on issues identified.
   * A data infrastructure to measure safety, based on patient safety evidence (e.g., systematic reviews, national guidelines) and data from the electronic medical record that enables identification and tracking of serious safety events and precursor events. These data are shared with C-suite executives at least monthly, and the governing board at every regularly scheduled meeting.
   * Technologies, including a computerized physician order entry system and a barcode medication administration system, that promote safety and standardization of care using evidence-based practices.
   * The use of a defined improvement method (or hybrid of proven methods), such as Lean, Six Sigma, Plan-Do-Study-Act, and/or high reliability frameworks.
   * Team communication and collaboration training of all staff.
   * The use of human factors engineering principles in selection and design of devices, equipment, and processes.
5. Our hospital participates in large-scale learning network(s) for patient safety improvement (such as national or state safety improvement collaboratives), shares data on safety events and outcomes with these network(s) and has implemented at least one best practice from the network or collaborative.

**Domain 4: Accountability & Transparency**

Accountability for outcomes, as well as transparency around safety events and performance, represent the cornerstones of a culture of safety. For hospital leaders, clinical and non-clinical staff, patients, and families to learn from safety events and prevent harm, there must exist a culture that promotes event reporting without fear or hesitation, and safety data collection and analysis with the free flow of information.

Please attest whether your hospital engages in the following activities. Select all that apply (note: affirmative attestation of all statements within a domain is required for the hospital to receive a point for the domain).

1. Our hospital has a confidential safety reporting system that allows staff to report patient safety events, near misses, precursor events, unsafe conditions, and other concerns, and prompts a feedback loop to those who report.
2. Our hospital reports serious safety events, near misses and precursor events to a Patient Safety Organization (PSO) listed by the Agency for Healthcare Research and Quality (AHRQ)3 that participates in voluntary reporting to AHRQ’s Network of Patient Safety Databases.
3. Patient safety metrics are tracked and reported to all clinical and non-clinical staff and made public in hospital units (e.g., displayed on units so that staff, patients, families, and visitors can see).
4. Our hospital has a defined, evidence-based communication and resolution program reliably implemented after harm events, such as AHRQ’s Communication and Optimal Resolution (CANDOR) toolkit,4 that contains the following elements:
   * Harm event identification
   * Open and ongoing communication with patients and families about the harm event
   * Event investigation, prevention, and learning
   * Care-for-the-caregiver
   * Financial and non-financial reconciliation
   * Patient-family engagement and on-going support
5. Our hospital uses standard measures to track the performance of our communication and resolution program and reports these measures to the governing board at least quarterly.

**Domain 5: Patient & Family Engagement**

The effective and equitable engagement of patients, families, and caregivers is essential to safer, better care. Hospitals must embed patients, families, and caregivers as co-producers of safety and health through meaningful involvement in safety activities, quality improvement, and oversight.

Please attest whether your hospital engages in the following activities. Select all that apply (note: affirmative attestation of all statements within a domain is required for the hospital to receive a point for the domain).

1. Our hospital has a Patient and Family Advisory Council that ensures patient, family, caregiver, and community input to safety-related activities, including representation at board meetings, consultation on safety goal-setting and metrics, and participation in safety improvement initiatives.
2. Our hospital’s Patient and Family Advisory Council includes patients and caregivers of patients who are diverse and representative of the patient population.
3. Patients have comprehensive access to and are encouraged to view their own medical records and clinician notes via patient portals and other options, and the hospital provides support to help patients interpret information that is culturally- and linguistically-appropriate as well as submit comments for potential correction to their record.
4. Our hospital incorporates patient and caregiver input about patient safety events or issues (such as patient submission of safety events, safety signals from patient complaints or other patient safety experience data, patient reports of discrimination).
5. Our hospital supports the presence of family and other designated persons (as defined by the patient) as essential members of a safe care team and encourages engagement in activities such as bedside rounding and shift reporting, discharge planning, and visitation 24 hours a day, as feasible.

References:

1. Agency for Healthcare Research and Quality. The CUSP Method. <https://www.ahrq.gov/hai/cusp/index.html>
2. Agency for Healthcare Research and Quality. (2019, September 7). Root Cause Analysis. <https://psnet.ahrq.gov/primer/root-cause-analysis>

Agency for Healthcare Research and Quality. Federally-Listed Patient Safety Organizations (PSOs). Retrieved January 5, 2024, from <https://pso.ahrq.gov/pso/listed?f%5B0%5D=resources_provided%3A2>

Agency for Healthcare Research and Quality. (2022). Communication and Optimal Resolution (CANDOR). <https://www.ahrq.gov/patient-safety/settings/hospital/candor/index.html>

3.8 Denominator Statement (CMS CBE Measure Submission Form, Measure Specifications sp.14)

*Provide a narrative description of the broadest population (based on the evidence) for which the target process, condition, event, or outcome is applicable. Include the time period for measure data aggregation, if different from the numerator.*

*Example*

*Patient [age] with [condition] in [setting] during [time frame]*

*For outcome measures, state the target population for the outcome. The calculation algorithm should also describe how to calculate the risk adjustment. (CMS CBE Measure Submission Form, Measure Specifications sp.22)*

The denominator for each facility is 5 domains.

3.9 Denominator Details (CMS CBE Measure Submission Form, Measure Specifications sp.15)

*Provide all definitions and instructions needed to identify and calculate the target population/ denominator (e.g., definitions, time period for data collection, specific data collection items/responses, codes/value sets). For measures based on a coded data set, identify the code set, the specific codes, descriptors, definitions, and specific data collection items as appropriate. (If using this to format submissions to CMS CBE, and the list of codes and descriptors exceeds one page, provide the list in an .xls or .csv file in the required format listed in CMS CBE Measure Submission Form, Measure Specifications sp.11.)*

*For outcome measures, describe how to identify the target population. The calculation algorithm should also describe how to calculate the risk adjustment. (CMS CBE Measure Submission Form, Measure Specifications sp.22)*

N/A

3.10 Denominator Exclusions (CMS CBE Includes “Exception” in the “Exclusion” Field) (CMS CBE Measure Submission Form, Measure Specifications sp.16)

*If no denominator exclusions, state N/A and skip to 3.12.*

*Identify patients in the target population who should not receive the process (i.e., medical treatment), or are not eligible for the outcome for some other reason, particularly if their inclusion may bias results. Exclusion should be evidence-based. If no denominator exclusions, indicate N/A and skip to 3.12.*

*Example*

*Patients in the [target population] who [have some additional characteristic, condition, procedure]*

There are no denominator exclusions.

3.11 Denominator Exclusion Details (CMS CBE Includes “Exception” in the “Exclusion” Field) (CMS CBE Measure Submission Form, Measure Specifications sp.17)

*Provide all information needed to identify and calculate exclusions from the denominator (e.g., definitions and/or specific data collection items and responses). For measures based on a coded data set, identify the code set, specific codes, descriptors, definitions, and specific data collection items for the codes as appropriate. Provide lists of individual codes with descriptors that exceed one page in an .xls or .csv file in the required format listed in 3.3. (CMS CBE Measure Submission Form, Measure Specifications sp.11)*

There are no denominator exclusions.

3.12 Stratification Details/Variables (CMS CBE Measure Submission Form, Measure Specifications sp.18)

*Provide instructions for calculating the measure by category (e.g., age), including the stratification variables, all codes, logic, definitions, specific data collection items/responses, and the risk model covariate and coefficients for the clinically adjusted version of the measure, when appropriate. Provide lists of individual codes with descriptors that exceed one page in an .xls or .csv file in the required format listed in 3.3. (CMS CBE Measure Submission Form, Measure Specifications sp.11)*

N/A

3.13 Risk Adjustment Type (CMS CBE Measure Submission Form, Measure Specifications sp.19)

*Select the risk adjustment type. Provide specifications for risk stratification in 3.14 (CMS CBE Measure Submission Form, Measure Specifications sp.20) and for the statistical model in 3.16-3.17 (CMS CBE Measure Submission Form, Measure Specifications sp.22, sp.25, and sp.26).*

 no risk adjustment or risk stratification

☐stratification by risk category/subgroup

☐statistical risk model

☐other

3.14 Type of Score (CMS CBE Measure Submission Form, Measure Specifications sp.20)

count 0 – 5 total points (1 point for each of 5 patient safety domains)

☐rate/proportion

☐ratio

☐categorical (e.g., yes or no)

☐continuous variable (CV) (e.g., an average)

☐composite/scale

☐other (specify) Click or tap here to enter text.

3.15 Interpretation of Score (CMS CBE Measure Submission Form, Measure Specifications sp.21)

*Provide an interpretation that classifies whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score.*

Better quality is associated with a higher score.

3.16 Calculation Algorithm/Measure Logic (CMS CBE Measure Submission Form, Measure Specifications sp.22)

*Describe the sequence of steps necessary to calculate the measure score, including identifying the target population; exclusions; cases meeting the target process, condition, event, or outcome; aggregating data; risk adjustment; time period of data; and any other calculations.*

*You may provide a diagram of the calculation algorithm/measure logic at a measure-specific webpage URL identified in 3.1 (CMS CBE Measure Submission Form, Measure Specifications sp.09) or in an attached appendix.*

A hospital must positively attest to all statements within a domain to receive one point for that domain, 0 – 5 total points (1 point for each of 5 patient safety domains). The five domains defining the numerator are: Domain 1: Leadership Commitment to Eliminating Preventable Harm; Domain 2: Strategic Planning & Organizational Policy; Domain 3: Culture of Safety & Learning Health System; Domain 4: Accountability & Transparency; and Domain 5: Patient & Family Engagement.

3.17 Sampling (CMS CBE Measure Submission Form, Measure Specifications sp.25 and sp.26)

*If the measure is based on a sample or survey, provide instructions for obtaining the sample and conducting the survey, along with minimum response rate required. If the measure is an instrument-based quality measure (e.g., PRO-PM), identify whether (and how) to allow proxy responses.*

N/A

3.18 Survey/Patient-Reported Data (CMS CBE Measure Submission Form, Measure Specifications sp.27)

*If the measure is not based on a survey or instrument, state N/A.*

*If the measure is based on a survey or instrument, provide instructions for data collection and guidance on the minimum response rate. If the measure is a PRO-PM, specify how to report the calculation of response rates with quality measure results.*

*Specify how to handle missing data (e.g., imputation, delete case). This item is a requirement for composite measures and PRO-PMs.*

N/A

3.19 Data Source (CMS CBE Measure Submission Form, Measure Specifications sp.28)

*Indicate all sources for which the measure is specified and tested.*

☐administrative data

☐claims data

☐paper patient medical records

☐electronic patient medical records

☐electronic clinical data

☐registries

☐standardized patient assessments

☐patient-reported data and surveys

☐non-medical data

 other—describe in 3.20 (CMS CBE Measure Submission Form, Measure Specifications sp.29)

3.20 Data Source or Collection Instrument (CMS CBE Measure Submission Form, Measure Specifications sp.29)

*Identify the specific data source/data collection instrument (e.g., name of database, clinical registry, collection instrument). If the measure is instrument-based (e.g., PRO-PM), identify the specific the tools/instruments used to collect the measure information and standard methods, modes, and languages of administration.*

The data source for the Patient Safety Structural Measure is self-attestation by hospitals participating in the Hospital Inpatient Quality Reporting Program and the PPS-Exempt Cancer Hospital Quality Reporting Program*.*

3.21 Data Source or Collection Instrument (Reference) (CMS CBE Measure Submission Form, Measure Specifications sp.30)

*Provide the reference for the data source or collection instrument. Attach a copy or specify where to find the URL.*

N/A

3.22 Level of Analysis (CMS CBE Measure Submission Form, Measure Specifications sp.07)

*Indicate only the levels for which the measure is specified and tested.*

☐individual clinician

☐group/practice

 hospital/facility/agency

☐health plan

☐accountable care organization

☐geographic population

☐other (specify) Click or tap here to enter text.

3.23 Care Setting (CMS CBE Measure Submission Form, Measure Specifications sp.08)

*Indicate only the settings for which the measure is specified and tested.*

☐ambulatory surgery center

☐clinician office/clinic

☐outpatient rehabilitation

☐urgent care – ambulatory

☐behavioral health: inpatient

☐behavioral health: outpatient

☐dialysis facility

☐emergency medical services/ambulance

☐emergency department

☐home health

☐hospice

 hospital

☐hospital: critical care

 hospital: acute care facility

☐imaging facility

☐laboratory

☐pharmacy

☐nursing home/skilled nursing facility (SNF)

☐inpatient rehabilitation facility (IRF)

☐long-term acute care

☐birthing center

☐no applicable care setting

☐other (specify) Click or tap here to enter text.

3.24 Composite Measure ([CMS CBE Composite Measure Submission Form](https://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=83206) External link icon, Measure Specifications sp.30)

*This section is for additional specifications as needed. Use it for aggregation and weighting rules or calculation of individual quality measures if not individually endorsed.*

N/A