1.0 Measure title

This section is to contain the name or title of the measure. It can be a broad description of the measure(s). This should be written in plain, simple language. Alternate titles in the literature that have been used should be listed here.

1.1 Dimension

"Dimension" is defined as a broad area, or aspect of health that contains a number of domains (e.g. an Interventions dimension that includes a Psychotherapy as well as a Medications domain). Usually there is only one dimension per measure.

1.2 Domain

This is defined as an area or category of measures used for measuring the quality of health care. A domain will typically contain a number of related measures, and a single measure may be captured by more than one domain.

1.3 Rationale

The rationale is a value statement that explains the necessity and usefulness of the measure in terms of quality of care. The selection of the measure should be addressed by the rationale. The description of the rationale should capture:

- The specific need for the suggested measure(s),
- A brief description of the supporting evidence within a broader context such as: increased quality of life or utilization of health system resources.
- A description of the goal of the measure and how the measure reflects the goal,
- A description of the patients and the specific aspects of health care to which the measures apply,
- Inclusion of supportive evidence such as published literature, unpublished studies, focus group results, etc.

1.4 Care Setting

The care setting refers to the most relevant classification of the most discrete level of health care delivery to which the measure is recommended for application.

The care setting may have hierarchical levels. The group of care settings for Primary Health Care are:

- Shared care – Collaborations between providers from primary care and mental health disciplines who share the responsibility for the care an individual receives.
- Emergency Services - A hospital room or mobile crisis response unit equipped for the reception and treatment of persons requiring immediate medical care.
- School-Based Mental Health Services - Mental health services administered through a site at an educational facility.
- Work-Based Mental Health Services - Mental health services administered through a site at a workplace.
- Outreach Services - Primary care service provided in non-traditional settings, usually more accessible to vulnerable populations (e.g., home-based care, Assertive Community Treatment teams, street nurses).
- Solo Practitioner - Health care delivered by an individual clinician, offering services on a person-to-person basis, such as a family doctor, nurse, or nurse practitioner.
- Group Family Practice - Health care delivered by a group of clinicians, offering services on a person-to-person basis, such as a group of nurse practitioners or a group of family doctors.
- Community Health Care Centre - Health care delivered by a multidisciplinary team of providers and specialists, typically offering services to a geographic area or special population.
- Walk in Clinics – A clinic providing medical services to patients without an appointment.

1.5 Measure Definition

Measures can be activities, events, occurrences or outcomes for which data can be collected. In most cases, the purpose of the measure is to allow a comparison with a defined threshold or benchmark, or to compare with prior performance using the same measure.

Measure definitions are a more precise description of the measure that gives specifications such as: **technical details, target populations and time limits.** The target population refers to the characteristics of the population that is to be included in the measurement process for the measure. It should contain enough detail to allow someone to clearly determine if a case is to be included or excluded in the calculation.

The time period should reflect the period which would be counted as a single event. For example, the measure to be counted is the number of events in a year (as opposed to 6 months). Note that within health care, time can play a role in other ways, for example, if a person is admitted to a hospital soon after discharge and one is counting 'number of new events', is the admission to be seen as a new even or a continuation of the old one? This is solved by a descriptive statement: any admission less than 30 days after a discharge is to be seen as a continuation of the previous event, not a new admission.
This section should describe in detail:

- Include the precise method of counting or collected information (e.g. use of a particular questionnaire, measured using a particular piece of equipment or a particular set of procedures).
- Any other procedure that may be used that produces some sort of quantity or number that represents the measure
- Specification of the numerator and the denominator if the measure is a ratio or proportion
- Age groups (all ages, age 19-64 only, ect.)
- Gender (whether the measures are to be done separately for males and females, or if gender is to be ignored for the measure)
- Other specification factors (e.g. aboriginal population only, must have home address, ect.)
- The time period specification

1.6 Calculation

The calculation section should describe the procedures to be used in the calculation of the measure. Its level of detail will vary depending on the complexity of the measure. In all cases, the description of calculation should:

- Provide enough detail that the steps in the calculation of the measure should be clear and easily followed
- Have a standardized format to facilitate uniform calculations and allow for comparisons within a practice and across practices
- State explicitly how to handle outlier cases[1]

[1] Outliers are data points that are much different in value from the majority of the measures or expected value of the measure.

- If the measure is a ratio or proportion, the details about the calculation of the numerator and denominator must be separately specified.

1.7 Data Issues

Data issues encompass the necessary detail required for the data structure. The description of data issues should include:

- Standardized data collection protocols to permit uniform implementation by health care providers. Ideally, this would permit comparisons of health care quality improvement over time through the establishment of a national comparative database.
- Ability to be uniformly adopted for use. Data can be collected and compared both within a practice and across practices.
- Identification of the data source(s) necessary to implement the measure.
- Data accuracy and identification of any potential variations in the data sources.

The data section can be broken down into two sub-sections:

1) Describing the ideal set of data required for the measure.
2) Describing the expected data or data currently available for the measure.

1.8 Interpretation

The interpretation also classifies the score according to whether better quality is associated with a higher score, a lower score, or a score falling (or rising) within a defined interval. The interpretation requires detailed descriptions of:

- What the results of the measure signify (whether it depicts good or poor quality)
- How changes in the measure are noted, catalogued and displayed.
- What changes in the data over time mean.
- The difference between the interpretation of a single measure and the interpretation of a series of measures taken over time.

If applicable, this section should also clearly state:

- Benchmarks of target values to be used in the interpretation (or how to determine them)

- What constitutes a clinically significant difference or change (as opposed to statistical significance)
- How to interpret changes in the distribution of the data (e.g. decreased variance, change in the mode, etc.)

1.9 Notes

Here, any additional information that may be used to further refine the measure can be stated.