Measure Information Form
Collected For: The Joint Commission Only

Measure Set: Children’s Asthma Care (CAC)

Set Measure ID#: CAC-3

Performance Measure Name: Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver

Description: An assessment that there is documentation in the medical record that a Home Management Plan of Care (HMPC) document was given to the pediatric asthma patient/caregiver.

Rationale: Asthma is the most common chronic disease in children and a major cause of morbidity and health care costs nationally (Adams, et al., 2001). For children, asthma is one of the most frequent reasons for admission to hospitals (McCormick, et al., 1999). Silber, et al., (2003) noted that there are approximately 200,000 admissions for childhood asthma in the United States annually, representing more than $3 billion dollars in expenditures. Under-treatment and/or inappropriate treatment of asthma are recognized as major contributors to asthma morbidity and mortality. Guidelines developed by the National Asthma Education and Prevention Program (NAEPP) of the National Heart, Lung and Blood Institute (NHLBI), as well as by the American Academy of Pediatrics (AAP) for the diagnosis and management of asthma in children, recommend establishing a plan for maintaining control of asthma and for establishing plans for managing exacerbations. Both aspects of care would include instructions related to pharmacotherapy and assessment of lung function.

According to the Agency for Healthcare Research and Quality (AHRQ), an Evidence-based Practice Center (EPC) and Aronson, Lefevere, Piper, et al. (2001) reported that increasing use of controller medications improves outcomes. Children with asthma who are seen by specialists or receive follow-up appointments are more likely to use appropriate long-term control medications (ACQA, 2004; Finklestein, Lozano, Farber, et al., 2002).

Organization of care towards patient self-management and patient/caregiver routine education on appropriate use of asthma medications, identification of symptoms of exacerbation, avoidance of environmental triggers cannot be overemphasized (AHRQ, 2005). For children, it is particularly important to involve both the patient and the caregiver in this educational component of asthma care as participation in the plan of care by both will provide the greatest opportunity to promote compliance with the
treatment plan, control of asthma, and treatment of exacerbations in a safe and timely manner.

**Type of Measure:** Process

**Improvement Noted As:** An increase in the rate.

**Numerator Statement:** Pediatric asthma inpatients with documentation that they or their caregivers were given a written Home Management Plan of Care (HMPC) document that addresses all of the following:
1. Arrangements for follow-up care
2. Environmental control and control of other triggers
3. Method and timing of rescue actions
4. Use of controllers
5. Use of relievers

**Included Populations:** Pediatric asthma inpatients discharged with a distinct or stand alone HMPC document that addresses the five specific topic areas above.

**Excluded Populations:** None

**Data Elements:**
- *Home Management Plan of Care Document Addresses Arrangements for Follow-up Care*
- *Home Management Plan of Care Document Addresses Environmental Control and Control of Other Triggers*
- *Home Management Plan of Care Document Addresses Methods and Timing of Rescue Actions*
- *Home Management Plan of Care Document Addresses Use of Controllers*
- *Home Management Plan of Care Document Addresses Use of Relievers*
- *Home Management Plan of Care Document Given to Patient/Caregiver*
- *Home Management Plan of Care Document Present*

**Denominator Statement:** Pediatric asthma inpatients discharged home

**Included Populations:** Discharges with:
- An ICD-9-CM Principal Diagnosis Code of asthma (as defined in Appendix A, Table 6.1)
- An age of 2 through 17 years
- Discharge to home

**Excluded Populations:**
- Patients with an age less than 2 years or 18 years or greater
- Patients who have a Length of Stay greater than 120 days
- Patients enrolled in clinical trials
Data Elements:
- Admission Date
- Birthdate
- Clinical Trial
- Discharge Date
- Discharge Status
- ICD-9-CM Principal Diagnosis Code

Risk Adjustment: None

Data Collection Approach: Retrospective data sources for required data elements include administrative data and medical records.

Data Accuracy: Variation may exist in the assignment of ICD-9-CM codes; therefore, coding practices may require evaluation to ensure consistency.

Measure Analysis Suggestions: This measure provides opportunity to assess components of the HMPC individually. Healthcare organizations may obtain percentage reports of each individual HMPC component and focus their quality improvement initiatives in relation to components not adequately addressed.

Sampling: A randomly selected sample of pediatric inpatient discharges.

Age Groups: 2 years to 17 years

Data Reported as: Aggregate rate generated from count data reported as a proportion

Selected References:
893-901.

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**Variable Key**
- MissingCounter
- CompletePlanCounter