

2002 HOSPITAL CORE MEASURE SELECTION FORM

SECTION A

HCO ID#
HCO NAME
ADDRESS
CITY, STATE, ZIP

Fax Completed Forms to
(630) 792-4992

SECTION B (Check the appropriate box, if applicable. Review the 2002 Core Measure Participation requirements and complete the appropriate forms.)

Small Hospital
Critical Access Hospital

Table with 3 columns: SECTION C, MEASUREMENT SYSTEM NAME/SYSTEM OWNER, SYSTEM ID#. Row 1: Quality Management System (QMS) / QM Data Solutions, Inc., 2131-01

SECTION D CORE MEASURE SETS AND MEASURES (Fill in all applicable circles)

NOT APPLICABLE See 2002 CORE MEASURE PARTICIPATION REQUIREMENTS

- Acute Myocardial Infarction
Heart Failure
Community Acquired Pneumonia
Pregnancy and Related Conditions

If you are required to participate in a measurement system and none or only one of the core measure sets can be selected, complete the 2002 HOSPITAL NON-CORE MEASURE SELECTION FORM

Joint Commission policy requires that your organization provide written confirmation of the performance measurement system(s) and performance measures your organization has selected to meet performance measurement requirements for accreditation.

Primary Contact Phone Date
Chief Executive Officer Signature Date