

54 measures in OASIS. To facilitate discussion, these 41 measures were put into 13 categories (used in consumer testing) and three domains (adapted from the Foundation for Accountability framework) as follows:

- Domain: Getting Better

Category 1: Physical Health

Improvements in: Dyspnea, status of surgical wounds, number of surgical wounds, urinary tract infection, urinary incontinence, bowel incontinence.

Category 2: Mental Health

Improvements in: Behavior problem frequency, cognitive functioning, confusion frequency, anxiety level.

Category 3: Meeting Basic Daily Needs

Improvements in: Eating, upper body dressing, lower body dressing, in bathing, grooming, management of oral medications.

Category 4: Getting Around

Improvements in: Ambulation/ locomotion, toileting, transferring, pain interfering with activity.

Category 5: Meeting Household Needs

Improvements in: Light meal preparation, laundry, shopping, housekeeping.

Category 6: Talking With People

Improvements in: Speech and language, phone use.

Category 7: Staying at Home Without Home Care

Discharged to community.

- Domain: Living With Illness or Disability

Category 8: Meeting Basic Daily Needs

Stabilization in: Bathing, grooming, management of oral medications.

Category 9: Meeting Household Needs

Stabilization in: Light meal preparation, laundry, shopping, housekeeping.

Category 10: Mental Health

Stabilization in: Cognitive functioning, anxiety level.

Category 11: Getting Around

Stabilization in: Transferring.

Category 12: Talking With People

Stabilization in: Speech and language, phone use.

- Domain: Staying Healthy/Avoiding Injury or Harm

Category 13: Medical Emergencies

Any emergency care provided, acute care hospitalization.

CMS and AHRQ focused panel attention on just these 41 measures because they assess long-term quality improvement issues that every home health agency should address. These OASIS measures are not specific to particular diagnoses but the functional outcomes they measure apply to many diagnoses. There are an additional 13 adverse event outcome OASIS measures that were not considered by the panel because they cover events that occur infrequently.

4. AHRQ Proposed Recommendations for Home Health Care Measures for the NHQR

Based on the Home Health Quality Measures Technical Expert Panel input, including: the individual panelist prioritization lists (*i.e.*, a significant proportion of panelists listed particular measures as priority items for inclusion), their written comments and the meeting discussion, AHRQ proposes using results collected on the following 12 OASIS measures for reporting on the quality of home health care in the NHQR:

- Improvement in dyspnea (physical health category);
- Improvement in urinary incontinence (physical health category);
- Improvement in upper body dressing (basic daily needs category);
- Improvement in management of oral medications dressing (basic daily needs category);
- Improvement in ambulation/ locomotion (getting around category);
- Improvement in toileting (getting around category);
- Improvement in transferring (getting around category);
- Improvement in pain interfering with activity (getting around category);
- Improvement in bathing (basic daily needs category);
- Stabilization in bathing (basic daily needs category);
- Improvement in confusion frequency (mental health);
- Acute care hospitalization (medical emergencies category).

AHRQ is soliciting public comment on this proposed set of 12 home health care measures selected from the 41 OASIS measures considered. Ten of these measures are the same as CMS has announced for use in its initial home health public reporting effort. Based on panel input regarding the NHQR, AHRQ is recommending two additional measures, "Improvement in dyspnea" and "Improvement in urinary incontinence." Finally, although CMS is using the measure, "Any Emergency Care," (one of the OASIS measures

listed above in Category 13), AHRQ is not recommending this measure for the NHQR at this time because we believe that this measure raises some significant issues that warrant further investigation. AHRQ would like to hear comments on the advantages and disadvantages of this measure in particular.

Carolyn M. Clancy,

Director.

[FR Doc. 03-6879 Filed 3-21-03; 8:45 am]

BILLING CODE 4160-90-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-03-53]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 498-1210.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project: The National Violent Death Reporting System—New—National Center for Injury prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Violence is an important public health problem. In the United States, homicide and suicide are the second