

Release Notes for the 2010B Manual

Section	Rationale	Description
Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths completed	Updated guideline and URL.	Change under Selected References: American Psychiatric Association. (2003) Practice guideline for the assessment and treatment of patients with suicidal behaviors. Arlington (VA): American Psychiatric Association. http://www.guideline.gov/summary/summary.aspx?doc_id=9317&nbr=004986&string=suicide+AND+assessment+AND+psychiatric+AND+patients to: American Psychiatric Association. (2003). Practice guidelines for psychiatric evaluation of adults. Arlington (VA): American Psychiatric Association. http://www.guideline.gov/summary/summary.aspx?doc_id=9317
Admission Date	To align with NHQM.	Change under suggested data sources: PRIORITY ORDER FOR THESE SOURCES <ul style="list-style-type: none"> • Face sheet • Physician orders • UB-04, Field Location: 12 to: PRIORITY ORDER FOR THESE SOURCES <ul style="list-style-type: none"> • Physician orders • Face sheet • UB-04, Field Location: 12
Admission to NICU	PC-05 updated to include healthy newborns only.	Replace data element <i>Discharge from NICU</i> with new data element <i>Admission to NICU</i> .
Cesarean Section	Used for direct standardization. To provide detail on risk adjustment method. To update URL.	Add the following strata: <ul style="list-style-type: none"> • PC-02a Cesarean Section - Overall Rate • PC-02b Cesarean Section - 8 through 14 years • PC-02c Cesarean Section - 15 through 19 years • PC-02d Cesarean Section - 20 through 24 years • PC-02e Cesarean Section - 25 through 29 years • PC-02f Cesarean Section - 30 through 34 years • PC-02g Cesarean Section - 35 through 39 years • PC-02h Cesarean Section - 40 through 44 years • PC-02i Cesarean Section - 45 through 64 years Add under Risk Adjustment Notes: Applied through direct standardization Change: under Selected References California Office of Statewide Hospital Planning and Development. (2006). Utilization Rates for Selected Medical Procedures in California Hospitals, Retrieved from the Internet on November 1, 2007 at: http://www.oshpd.state.ca.us/Charts/VolUtil/2006Util.pdf . to: California Office of Statewide Hospital Planning and Development. (2006). Utilization Rates for Selected Medical Procedures in California Hospitals, Retrieved from the Internet on February 11, 2010 at: http://www.oshpd.ca.gov/HID/Products/PatDischargeData/ResearchReports/HospIPQualInd/Vol-Util_IndicatorsRpt/2007Util.pdf Algorithm Changes: Add an overall rate and 8 strata into the end of the algorithm
Clinical Trial	To remain consistent with how data	Removed from general data element list and added to measure specific data element list.

	element is treated by missing data policy.	
Discharge Status	To clarify that the allowable value only applies to HBIPS measures.	Under allowable value 30 add: (Used for HBIPS measures only. Not valid for any other Joint Commission measures both aligned and non-aligned.)
Elective Delivery	To clarify intent of table 11.07. Developer requested name change.	Change Denominator Excluded Populations first bullet from: <i>ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes</i> for conditions justifying elective delivery as defined in Appendix A, Table 11.07 to <i>ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes</i> for conditions possibly justifying elective delivery prior to 39 weeks gestation as defined in Appendix A, Table 11.07 Change: Original Performance Measure Source/ Developer from HCA- St. Marks Perinatal Center to: Hospital Corporation of America- Women's and Children's Clinical Services
Exclusive Breast Milk Feeding	To update measure to include healthy term newborns. <i>Point of Origin for Admission or Visit</i> and <i>Admission Type</i> are being retired and replaced with a new data element <i>Newborn Admission Source</i> to reduce the number of changes and potential addendums related to changes by the NUBC. Reference no longer available on the website. Initial Patient Population has 2 distinct sub-populations. The algorithm is changed to allow only PC-Newborn Initial Patient Population with Breast Feeding into PC-05 algorithm flow. To be	Change denominator statement from Newborns discharged from the hospital to:Term newborns discharged from the hospital Change denominator included populations from Live-born newborns to: Live-born newborns with <i>ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes</i> for term gestation as defined in Appendix A, Table 11.20.1 Change denominator excluded population in first bullet from Discharged from the hospital while in the Neonatal Intensive Care Unit (NICU) to Admitted to the Neonatal Intensive Care Unit (NICU) at this hospital during the hospitalization Delete the denominator data elements <i>Admission Type</i> , <i>Point of Origin for Admission or Visit</i> and <i>Discharge from NICU</i> Add denominator data elements <i>Newborn Admission Source</i> and <i>Admission to NICU</i> Delete from Selected References: U.S. Department of Health and Human Services. (2000). Office of Women's Health. Blueprint for Action on Breastfeeding. Available at: http://www.cdc.gov/breastfeeding/pdf/bluprntbk2.pdf . Algorithm changes: Remove branch of Principal or Other Diagnosis Code check on table 11.21 Remove branch of Principal or Other Procedure Code check on table 11.22 Replace <i>Admission Type</i> and <i>Point of Origin for Admission or Visit</i> with new data element <i>Newborn Admission Source</i> . Replace <i>Discharge from NICU</i> with new data element <i>Admission to NICU</i> .

	consistent with the changes by NUBC.	
Exclusive Breast Milk Feeding	To clarify that the use of a sucrose solution is considered a medication.	Add to the Notes for Abstraction: Sweet-Ease® or a similar 24% sucrose and water solution given to the newborn for the purpose of reducing discomfort during a painful procedure is classified as a medication and is not considered a supplemental feeding.
Health Care-Associated Bloodstream Infections in Newborns	To update measure to remain consistent with original measure developer.	<p>Change numerator included populations from <i>ICD-9-CM Other Diagnosis Codes</i> for newborn septicemia or bacteremia as defined in Appendix A, Table 11.10 and one diagnosis code from Table 11.11 to: <i>ICD-9-CM Other Diagnosis Codes</i> for septicemias as defined in Appendix A, Table 11.10.1 OR one or more diagnosis code for newborn septicemia or bacteremia from Table 11.0 and one diagnosis code for newborn bacteremia from Table 11.11.</p> <p>Change denominator included populations fourth bullet from Transferred in from another acute care hospital within 2 days of birth to Transferred in from another acute care hospital or health care setting within 2 days of birth</p> <p>Change denominator excluded populations from <i>ICD-9-CM Principal Diagnosis Code</i> for newborn septicemia or bacteremia as defined in Appendix A, Table 11.10 to: <i>ICD-9-CM Principal Diagnosis Code</i> for sepsis as defined in Appendix A, Table 11.10.2.</p> <p>Delete the denominator data elements <i>Admission Type</i> and <i>Point of Origin for Admission or Visit</i>.</p> <p>Add the denominator data element <i>Newborn Admission Source</i>.</p>
Hours of physical restraint use	Measure received NQF endorsement. URL corrected for reference.	<p>* Add NQF-ENDORSED VOLUNTARY CONSENSUS STANDARDS FOR HOSPITAL CARE to header.</p> <ul style="list-style-type: none"> Change under Selected References Success Stories and Ideas for Reducing Restraint/Seclusion. (2003). A compendium of strategies created by the American Psychiatric Association (APA), the American Psychiatric Nurses Association (APNA), the National Association of Psychiatric Health Systems (NAPHS), and the American Hospital Association Section for Psychiatric and Substance Abuse Services (AHA). Retrieved from the Internet on January 10, 2004 at http://www.naphs.org to: Success Stories and Ideas for Reducing Restraint/Seclusion. (2003). A compendium of strategies created by the American Psychiatric Association (APA), the American Psychiatric Nurses Association (APNA), the National Association of Psychiatric Health Systems (NAPHS), and the American Hospital Association Section for Psychiatric and Substance Abuse Services (AHA). Retrieved from the Internet on February 10, 2010 at http://www.naphs.org
Hours of seclusion use	Measure received NQF endorsement. URL corrected for reference.	<p>* Add NQF-ENDORSED VOLUNTARY CONSENSUS STANDARDS FOR HOSPITAL CARE to header.</p> <ul style="list-style-type: none"> Change under Selected References Success Stories and Ideas for Reducing Restraint/Seclusion. (2003). A compendium of strategies created by the American Psychiatric Association (APA), the American Psychiatric Nurses Association (APNA), the National Association of Psychiatric Health Systems (NAPHS), and the American Hospital Association Section for Psychiatric and Substance Abuse Services (AHA). Retrieved from the Internet on January 10, 2004 at http://www.naphs.org to: Success Stories and Ideas for Reducing Restraint/Seclusion. (2003). A compendium of strategies created by the American Psychiatric Association (APA), the American Psychiatric Nurses Association (APNA), the National Association of Psychiatric Health Systems (NAPHS), and the American Hospital Association Section for Psychiatric and Substance Abuse Services (AHA). Retrieved from the Internet on February 10, 2010 at http://www.naphs.org
Measure Set	To align with NHQM.	<p>Format: Change the Occurs for the Measure Set in the Transmission Alphabetical Data Dictionary Hospital Initial Patient Population Data file from "1 – 10" to "1 – 9".</p>

Newborn Admission Source	_Point of Origin for Admission or Visit_ and Admission Type will be replaced with Newborn Admission Source to reduce the number of changes and potential addendums related to changes by the NUBC.	Replace <i>Point of Origin for Admission or Visit</i> and <i>Admission Type</i> with new data element <i>Newborn Admission Source</i> .
Perinatal Care	Language clarified and examples updated to explain PC-04 and PC-05 initial patient population.	<ol style="list-style-type: none"> 1. Changed the Initial Patient Population algorithm and narrative for Newborns. <ol style="list-style-type: none"> a. The Newborn Initial Patient Population flow has been redefined as two independent processes for the two subpopulations ie. Newborns with BSI and Newborns with Breast Feeding. Cases should be processed through both flows to obtain two sets of sampling groups. b. Changed the definition for Newborns with BSI in the narrative. c. Changed the definition for Newborns with Breastfeeding in the narrative. 2. Updated the language in the Sampling requirements under Quarterly and Monthly sampling to indicate hospitals must select sample from each Newborn subpopulation instead of the entire Newborn Population. 3. Updated the language in the Sampling requirements from "Within the PC-Newborn population, there are two subpopulations each identified by Patient Age at admission and a specific group of diagnosis codes or lack there of" to "Within the PC-Newborn population, there are two subpopulations each identified by Patient Age at admission and a specific group of diagnosis and procedure codes or lack thereof". 4. Updated the language in the first bullet under Sampling requirements under both Quarterly and Monthly Sampling from " The PC-Newborns with BSI subpopulation is not eligible for sampling and will use the entire Newborns Initial Patient population for reporting" to "The PC-Newborns with BSI subpopulation is not eligible for sampling and will use the entire Newborns with BSI Initial Patient subpopulation for reporting." 5. Updated the Quarterly and Monthly Sampling Examples to include examples for each Initial Sampling Group size. 6. Changed the language in the sampling tables from "Average Quarterly Initial Patient Population" to "Average Quarterly Initial Patient Sample Group Size". 7. Changed the language in the sampling tables from "Average Monthly Initial Patient Population" to "Average Monthly Initial Patient Sample Group Size"
Post discharge continuing care plan created	Corrected typo and Updated URL.	Change under Selected References: American Academy of Community Psychiatrists Continuity of Care Guidelines (2001) http://www.comm.psych.pitt.edu/finds/COG.DOC to: American Association of Community Psychiatrists Continuity of Care Guidelines (2001) http://psychservices.psychiatryonline.org/cgi/content/full/55/11/1271
Post discharge continuing care plan transmitted to next level of care provider upon discharge	Corrected typo and Updated URL.	Change under Selected References American Academy of Community Psychiatrists Continuity of Care Guidelines (2001) http://www.comm.psych.pitt.edu/finds/COG.DOC to: American Association of Community Psychiatrists Continuity of Care Guidelines (2001) http://psychservices.psychiatryonline.org/cgi/content/full/55/11/1271
Sample Size – Medicare Only	To align with NHQM	Change the 1st bullet under Notes from: If the hospital is sampling the measure set, then the Sample Size – Medicare Only will be less

		<p>than the Initial Patient Population Size – Medicare Only for the set, stratum, or sub-population. To: If the hospital is sampling the measure set, then the Sample Size – Medicare Only should be equal or less than the Initial Patient Population Size – Medicare Only for the set, stratum, or sub-population.</p> <p>In the Notes for Abstraction: Change last part of sentence from “equals zero” to “should equal zero”.</p>
Sample Size – Non-Medicare Only	To align with NHQM.	<p>Definition Change the 1st bullet under Notes from: If the hospital is sampling the measure set, then the Sample Size – Non-Medicare Only will be less than the Initial Patient Population Size – Non-Medicare Only for the set, stratum, or sub-population. To: If the hospital is sampling the measure set, then the Sample Size – Non-Medicare Only should be equal or less than the Initial Patient Population Size – Non-Medicare Only for the set, stratum, or sub-population.</p> <p>Notes for Abstraction: Change last part of sentence from “equals zero” to “should equal zero”.</p>
Vendor Tracking Identifier	To align with NHQM.	<p>Specifically defining what characters are allowed for: Vendor Tracking ID in the Allowable Values field:</p> <p>Add: Up to 100 letters, numbers, and/or special characters can be entered. NOTE: Only the following special characters will be allowed: ~ ! @ # \$ % ^ * () _ + { } : ? ` - = [] \ ; ' . , / and space.</p> <p>Change: the first sentence from “The identifier cannot be a space (blank) or be the patient’s social security number” to “The identifier cannot be left blank or be the patient’s social security number”.</p>
a1. Acknowledgment and Conditions of Use	To update example.	Change Example Acknowledgment from <i>The Specifications Manual for Joint Commission National Quality Core Measures</i> [Version 2010A, October, 2009] to <i>The Specifications Manual for Joint Commission National Quality Core Measures</i> [Version XX, Month, Year]
a3. Using the The Joint Commission's National Measure Specifications Manual	To align with NHQM.	<p>Change In Section 2 – Measurement Information: 5th sentence from “Next is a document that describes the Initial Patient Population and the sample requirements for each measure set.” to “Next is a document that describes the Initial Patient Population and the sample size requirements for each measure set.”</p> <p>Add to Section 4-Population and Sampling Methods at end of paragraph: Specific measure set sample size requirements tables are located in the Measure Information section.</p>
b. Introduction to the Data Dictionary	To align with NHQM.	<p>In the Introduction under Data elements that are general for every patient that fall into measures that are reported at time of discharge include: Delete <i>Point of Origin for Admission or Visit</i> from the list.</p> <p>Add under Episode of Care to the end of paragraph: The medical record should be abstracted as it was billed.</p> <p>Change under Data Element Terms under Type = type of information the data element contains (i.e., numeric, alphanumeric, date, decimal, or time) to type of information the data element contains (e.g., numeric, alphanumeric, date, character, or time)</p> <p>Add under <i>Medical Record Documentation</i> the following sentence to the third paragraph after the first sentence: However, documentation that is not timed, dated or authenticated may still be used for abstraction if not required by the specific data element.</p> <p>Change under <i>Suggested Data Sources</i> the third bullet: In some instances, a data element may restrict the sources that may be used to gain the information (e.g., <i>Parity</i>). If so, these sources will be identified and labeled as “Only Acceptable Sources.” to In some instances, a data element may restrict the sources that may be used to gain the information, list a priority in which the sources should be used or may restrict documentation by only physician/advanced practice nurse/physician assistant. If so, these sources will be identified and labeled as “Excluded Data Sources.” “ONLY ACCEPTABLE SOURCES”, “Priority Source”, or “PHYSICIAN/APN/PA DOCUMENTATION ONLY”.</p>

		<p>Add under <i>Physician/Advanced Practice Nurse/ Physician Assistant Documentation</i> the last bullet: For the purposes of abstraction, telephone or verbal physician/APN/PA orders (TO/VO) in the medical record are considered physician/APN/PA documentation at the time they were written regardless of whether or not they were authenticated by the physician/APN/PA at the time of abstraction.</p>
g1. Transmission of Data	To align with NHQM.	<p>1- Table 1, which displays the HBIPS and PC Measures and their Transmission-IDs have been removed. The information is moved to the contracts documents.</p> <p>2- In the Transmission document in the 'Joint Commission Guidelines for Submission of Hospital Initial Patient Population Data' section:</p> <p>Add to the beginning of 1st paragraph: Hospitals must submit to CMS and The Joint Commission on a quarterly basis the aggregate population and sample counts for Medicare and non-Medicare discharges for each of the measure sets. If the aggregate population count is zero, the hospital is still required to submit the Hospital Initial Inpatient Population Data file and would submit zero as the population and sample counts.</p> <p>3- Delete action-code has been removed. In the 'Hospital Initial Patient Population Data XML File Layout – Submission'</p> <p>Remove under Action-Code “Options include:” and sub-bullets a. Add and b. Delete.</p> <p>Add after the 1st sentence under Action-Code: The “Add” action-code is required for all initial patient population files submitted.</p> <p>Change the “Note” under Action-Code to: Note: In order to replace an existing file utilizing the Add action code, the files must match on:”</p> <p>Also Change the word “delete” to “replace” in second sentence in the Note.</p> <p>4- Hospital ICD-Population XML File layout changes: a- Removed the DELETE from allowable values for action-code. b- specifically defined the definition for create-by, version, and create-by-tool to "Up to letters, numbers and/or special characters can be entered. Only the following special characters will be allowed: ~ ! @ # \$ % ^ * () _ + { } : ? ` - = [] \ ; ' . , / and space"</p> <p>5-Hospital ICD-Clinical Data XML File layout: a- Add “Suggested Data Collection Question” and question to each element.</p> <p>b- Add columns for Data Type, Field Size, Occurs and Programming Notes.</p> <p>c- Change the tab name of “Table A” to “Detail Elements Information”</p> <p>d- Retired 3 elements: Discharge to NICU (DISCHGNICU) Admission Type (ADMSNTYPE) Point of Origin for Admission or Visit (ADMSNSRC)</p> <p>e- Added two new elements: Newborn Admission Source (NWBRNADMSRC) Admission to NICU (ADMNICU)</p> <p>In the main Transmission Document: 6- Fixed a typo in paragraph "The Transmission Data Processing Flows contain information regarding the order in which the Joint Commission’s Data Warehouse evaluates the national hospital quality measures and the associated population and sampling data."</p> <p>7- In the 'Hospital Clinical Data' section, add the PC to the HBIPS measure sets.</p> <p>8- The following sentence was corrected from: "Data Elements Not Accepted by The Joint Commission: The following data elements may be transmitted to the Centers for Medicare and Medicaid (CMS) for the aligned national hospital quality measures because the data transmitted to The Joint Commission for any measure because the data transmitted to The Joint Commission is anonymous." to "Data Elements Not Accepted by The Joint Commission: The following data elements may be transmitted to the Centers for Medicare and Medicaid Services</p>

		<p>(CMS) for the aligned national hospital quality measures but cannot be transmitted to The Joint Commission for any measure because the data transmitted to The Joint Commission are anonymous."</p> <p>9- Changed the Support address from oryxdq@jointcommission.org to WIKI site, http://manual.jointcommission.org</p>
g4. Transmission Data Processing Flow: Population and Sampling	To align with NHQM.	<p>1- Fixed a typing error in step 3: The <i>Measure Set</i> /Stratum is evaluated to ensure a valid value is submitted.</p> <ul style="list-style-type: none"> • <ul style="list-style-type: none"> ○ If the data are not expected, reject the XML file and stop processing. <p>2- Transmission Data Processing Flow change: Change #7 to: 7. Check the action-code • If action-code equals Add, continue with processing. • If the action-code is missing or invalid, reject the XML file and stop processing.</p> <p>Remove the following line and step 11: The following steps are performed if the record's action code equals DELETE: 11. The database is checked to see if a record with the same Unique Record Key, as defined in the Data Transmission section, exists: • If the case does not exist in the database, then the transmitted DELETE record is rejected. • If the record does exist in the database, the existing record is deleted.</p> <p>3- Uploaded the new Transmission Data Processing Flow: Population and Sampling , which displays the following change:</p> <p>Remove the DELETE branch from the "action-code" diamond Add a Missing/Invalid branch and associated logic to the "action-code"diamond</p> <p>Remove the off-page connector "Z" after the process box "Accept data into the warehouse (action-code = ADD)"</p> <p>Add Stop box and off-page connector Z to the left of the stop box after the process box "Accept data into the warehouse (action-code = ADD)"</p> <p>Remove off-page connector "K" and associated logic and "Key Data Elements" text.</p>
z. Appendix A - ICD-9-CM Code Tables	Code tables updated to remove retired codes and to clarify included and excluded populations with input from original measure developers.	<ul style="list-style-type: none"> • Change name of table 11.07 from Conditions Justifying Elective Delivery to Conditions Possibly Justifying Elective Delivery Prior to 39 Weeks Gestation • Add codes: 042, 656.31, 659.71, V08, V23.5 to Table 11.07 • Delete codes: 645.21, 649.73, 652.11, 652.21, 652.31, 652.41, 652.51, 654.31, 654.32 from Table 11.07 • Add code 790.7 to Table 11.10 • Add code 041.85 to Table 11.11 • Add Table 11.10.1 Septicemias • Add Table 11.10.2 Sepsis • Delete codes: 13.61, 13.62, 13.63, 13.9, 29.3, 32.0, 32.3, 32.4, 32.5, 33.5, 36.00, 36.01, 36.02, 36.05, 36.3, 37.4, 37.5, 38.7, 39.7, 39.75, 39.76, 41.0, 41.00, 41.01, 41.02, 41.03, 41.04, 41.05, 41.06, 41.07, 41.08, 41.09, 43.1, 43.2, 44.2, 45.8, 46.12, 47.0, 47.1, 48.5, 48.66, 49.3, 52.2, 52.91, 53.7, 54.5, 59.01, 60.2, 64.0, 65.0, 65.3, 65.4, 65.8, 66.0, 67.5, 68.3, 68.4, 68.5, 68.6, 68.7, 69.11, 78.31, 80.5, 81.09, 81.41, 81.48, 81.61, 81.69, 81.86, 81.87, 84.58, 85.7 from Table 11.18 • Delete code 93.90 from Table 11.19 • Add Table 11.20.1 Term Gestation
z. Appendix C - Glossary of Terms	To align with NHQM.	<p>Add the following new terms:</p> <p>Agency for Healthcare Research and Quality (AHRQ) The Agency for Healthcare Research and Quality (AHRQ) is the health services research arm of the U.S. Department of Health and Human Services (HHS), complementing the biomedical research mission of its sister agency, the National Institutes of Health. AHRQ is a home to research centers that specialize in major areas of health care research such as quality improvement and patient safety, outcomes and effectiveness of care, clinical practice and technology assessment, and health care organization and delivery systems.</p>

inpatient prospective payment system (IPPS) rule A prospective payment system (PPS) under Medicare for hospital acute inpatient services. Hospitals contract with Medicare to furnish acute inpatient care and are reimbursed through pre-determined payment on a per discharge or per case basis for Medicare beneficiaries with inpatient stays.

measure data elements Data elements used by one specific measure or several measures in two or more measure sets, such as Clinical Trial.

outpatient prospective payment system (OPPS) rule A prospective payment system (PPS) under Medicare for hospital outpatient services, certain Part B services furnished to hospital inpatients that have no Part A coverage, and partial hospitalization services furnished by community mental health centers. All services paid under the PPS are classified into groups called Ambulatory Payment Classifications or APCs. A payment rate is established for each APC. Depending on the services provided, hospitals may be paid for more than one APC for an encounter.

Change language from **continuous variable** An aggregate data measure in which the value of each measurement can fall anywhere along a continuous scale (e.g., the time [in minutes] from emergency department arrival to administration of thrombolysis) to **continuous variable** An aggregate data measure in which the value of each measurement can fall anywhere along a continuous scale (e.g., the time [in minutes] from hospital arrival to administration of thrombolysis), **format** Specifies the character length of a specific data element; the type of information the data element contains: numeric, decimal, number, date, time, or alphanumeric; and the frequency with which the data element occurs to **format** Specifies the character length of a specific data element; the type of information the data element contains: numeric, decimal, number, date, time, character, or alphanumeric; and the frequency with which the data element occurs, **measure-specific data elements** Data elements used by one specific measure or several measures in one specific measure set, such as heart failure measures to **measure-specific data elements** Data elements used by one specific measure or several measures in one specific measure set, such as Laparoscope in the SCIP measures and **sample size** The number of individuals or particular patients included in a study. Usually chosen so that the study has a particular statistical power of detecting an effect of a particular size to **sample size** The number of individuals or particular patients included in a study. Usually chosen so that the study has a particular statistical power of detecting an effect of a particular size. For measure set specific "Sample Size Requirements" refer to Measure Information section.