

CROWNWeb Clinical Quality Measures

Measure	Valid Range	Example
Medication Allergies		
Medication Allergies	Ctrl + select	Epoetin and Other (Penicillin)
Anemia Management		
Hgb (g/dL)	5.0 – 20.0	12.5
Ferritin (ng/mL)	10 – 4000	1000
TSAT (%)	3 – 120	50
Reticulocyte Hemoglobin (CHR)(pg)	20 – 40	30
Adequacy		
Kt/V	0.5 – 2.5	1.2
Kt/V Method	UKM, Daugardis II, Depner, URR, Other	URR
BUN Pre-Dialysis (mg/dL)	3 – 200	100
BUN Post-Dialysis	3 – 200	65
Pre-Dialysis Weight and Unit of Measure	lbs or kgs	175 lbs
Post-Dialysis Weight and Unit of Measure	lbs or kgs	165 lbs
Delivered Minutes of BUN Hemodialysis Session	60 – 600	240
Height and Unit of Measure	In or cm	72 in
Serum Creatinine (mg/dL)	2.0 – 25.0	12.5
Interdialytic Time in	dd:hh:mm or mm	1:20:00
Normalized Protein Catabolic Rate (nPCR)	NNN.NN	
Residual Renal Function Testing Performed	Received from Lab Not Received from Lab	Not Received from Lab
Residual Renal Clearance for HD	(mL/min/1.73 m ²)	Typically PD
Mineral Metabolism		
Phosphorus (mg/dL)	.1 – 20	10
Uncorrected Ca (mg/dL)	.1 – 20	10
Corrected Ca (mg/dL)	.1 – 20	9
Serum Albumin (g/dL)	1.0 – 5.5	3.5
Serum Albumin Lower Limit (g/dL)	.5 – 5.5`	4.0
Serum Albumin Lab Method	BCP or BCG	BCP
ESA (Erythropoetin Stimulating Agent)		
ESA Prescribed and Date Prescribed	Yes or No (Does not matter whether med was held or not)	Yes
ESA Agent Prescribed		Epoetin Alpha
ESA Monthly Dose and Unit of Measure		144000 Units
ESA Route	IVP or SC	IVP
Infection (Vascular Access related infection)		
Iron		
Intravenous (IV) Iron Prescribed and Date	Prescribed or Not Prescribed	Prescribed
Intravenous (IV) Iron		Iron Sucrose (Venofer)
IV Iron Dose and Unit of Measure	Other	60 mL
Oral Iron Prescribed	Typically PD only	Not Prescribed

Measure	Valid Range	Example
Fluid Weight Management		
Education on Sodium Restriction Not Received	Check Box	Leave unchecked
Date Patient Education on Sodium Restriction	mm/dd/yyyy	01/01/2012
Sodium Profiling / Modeling Prescribed	Prescribed or Not Prescribed	Prescribed
Constant Dialysis Sodium	Prescribed or Not Prescribed	Not Prescribed
Dialysis Sodium Concentration		>138 Dialysate Sodium Concentration Not Used
Post-Dialysis Weight Assessment Date	Date the physician prescribed the Dry Weight	01/01/2012
Post-Dialysis Target Weight for Session	Prescribed or Not Prescribed	Prescribed
Home Blood Pressure Values Provided	Provided or Not Provided	Did not provide
Dry Weight Order	Prescribed or Not Prescribed	Prescribed
Presence of Edema		No Physical Presence of Edema
Presence of Abnormal Breath Sounds		No Physical Presence of Abnormal Breath Sounds
Echocardiogram Date	mm/dd/yyyy	01/01/2012
Presence of Left Ventricular Hypertrophy		Shows Left Ventricular Hypertrophy
Change in Left Ventricular Hypertrophy		Shows Change in Left Ventricular
Hospitalization (Dialysis related hospitalization)		
Vaccination		
Influenza Vaccination Not Received	Checkbox	Check
Reason No Influenza Vaccination		Patient Reason(s)
Influenza Exclusion Reason		Personal Choice
Pneumococcal Vaccination Not Received	Checkbox	Check
Reason No Pneumococcal Vaccination		Medical Reason(s)
Pneumococcal Exclusion Reason		Patient Allergic History
Hepatitis B Vaccination Not Received	Checkbox	Do Not Check
Hepatitis B Vaccination Initial 1	mm/dd/yyyy	01/01/2012
Vitamin D Analog		
Non-Oral Vitamin D Analog Prescribed		Non-Oral Vitamin D Analog Prescribed
Non-Oral Vitamin D Analog		Hectorol
Non-Oral Vitamin D Analog Dosage (mcg)		60
Non-Oral Vitamin D Analog Route		SC
Oral Vitamin D Analog Prescribed		Oral Vitamin D Analog Prescribed
Oral Vitamin D Analog		Rocaltrol
Oral Vitamin D Analog Dosage		15 mcg
Serum Parathyroid Hormone Type		Not applicable
SPT Value		Leave blank