

Hospital Inpatient Quality Reporting Program

THA/TKA Patient-Reported Outcome-based Performance Measure

Please Note: A data collection tool available within the Hospital Quality Reporting system via the Hospital Quality Reporting Secure Portal allows hospitals to complete and submit their THA/TKA PRO-PM data. This document is a representation of the text contained in the measure data form and is for reference purposes only.

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THA/TKA pre-operative patient survey

• Indicates required data

Medicare Provider Number / CCN

123456

Medicare Identification (MBI)/HICNO *

No dashes or spaces

Survey Type

Pre-operative Survey

Patient Information

Date of Birth


Date of Eligible Procedure

Date of Survey Collection

Date of Admission to Anchor Hospitalization

Procedure Type


Generic PROM Version


Mode of Collection

Person Completing the Survey

How comfortable are you filling out medical forms by yourself?

Body Mass Index (BMI)

Must be a whole number (non-decimal) between 10 and 70

Height

Must be a whole number (non-decimal) between 60 and 280

Survey ID:

380017

Submission period:

04/01/2023 - 05/15/2023

With respect to reporting period:

1/1/2022 - 12/31/2022

Last updated:

DD/MM/YYYY HH:MM AM/PM

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Weight

Must be a whole number (non-decimal) between 22 and 350

Chronic (>= 90 days) Use of Narcotics

What amount of pain have you experienced in the last week in your other knee/hip?

My BACK PAIN at the moment is:

KOOS Questions

Severity of knee joint stiffness in the last week after first wakening in the morning

Amount of knee pain in the last last week when twisting/pivoting on knee

Amount of knee pain in the last week when straightening knee fully

Amount of knee pain in the last week when going up or down stairs

Amount of knee pain in the last week when standing upright

Degree of difficulty rising from sitting in the last week due to knee

Degree of difficulty bending to floor/picking up an object in the last week due to knee

VR-12 Questions

During the past 4 weeks, have you accomplished less in work or other daily activities than you would like as a result of any emotional problems (such as feeling depressed or anxious)?

During the past 4 weeks, did you not do work or other activities as carefully as usual as a result of any emotional problems (such as feeling depressed or anxious)?

How much of the time during the past 4 weeks have you felt calm and peaceful?


How much of the time during the past 4 weeks have you had a lot of energy?

How much of the time during the past 4 weeks have you felt downhearted and blue?

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How much of the time during the past 4 weeks have you felt downhearted and blue?

During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

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