



Complete Summary

TITLE

Viral upper respiratory infection (VURI) in adults and children: percentage of patients with an office visit for cold symptoms who have had symptoms for less than 7 days.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Viral upper respiratory infection (VURI) in adults and children. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 May. 29 p. [67 references]

Brief Abstract

DESCRIPTION

This measure assesses the percentage of patients with an office visit for cold symptoms who have had symptoms for less than 7 days.

RATIONALE

The priority aim addressed by this measure is to increase the appropriateness of patient visits for viral upper respiratory infection (VURI).

PRIMARY CLINICAL COMPONENT

Viral upper respiratory infection; cold symptoms (less than 7 days); office visit

DENOMINATOR DESCRIPTION

Number of patients presenting with an office visit for symptoms of a cold (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Number of patients in the denominator who have had symptoms of a cold documented for less than 7 days

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Viral upper respiratory infection \(VURI\) in adults and children.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Age greater than or equal to 3 months

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Day care has been shown to increase the frequency, severity, and duration of upper respiratory infections and the risk of secondary upper and lower respiratory infections.

Otitis, sinusitis, pneumonia, and wheeze associated respiratory illnesses such as bronchiolitis have been shown to be more frequent among children who attend day care.

Children under a year of age are at the highest risk with infections such as respiratory syncytial virus (RSV).

EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

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BURDEN OF ILLNESS

See "Association with Vulnerable Populations" field.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness
Timeliness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Patients with a visit to primary care (General Internal Medicine, Family Practice, Pediatrics, Urgent Care) for cold symptoms. Choose specific age groups of either children greater than or equal to 3 months and less than or equal to 18 years, or adults over 18.

Medical record review. Patients are identified from schedules or computer runs for the target month. A minimum of 20 charts per month per medical group is suggested.

Suggested data collection time frame is monthly.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of patients presenting with an office visit for symptoms of a cold*

*Patients with a visit with one or more of the following symptoms: cold, cough, sneezing, runny nose, congestion, sniffles (or upper respiratory infection [URI] or viral upper respiratory infection [VURI] noted) as presenting complaint(s).

Exclusions

If the impression and/or discharge diagnosis in the medical record is sinusitis, do NOT include in denominator.

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of patients in the denominator who have had symptoms of a cold documented for less than 7 days

Exclusions

Unspecified

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data

Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a lower score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

Data are collected separately for the following age groups:

- Children age 3 months to 18 years
- Adults age greater than 18 years

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Percentage of patients with an office visit for cold symptoms who have had symptoms for less than 7 days.

MEASURE COLLECTION

[Viral Upper Respiratory Infection \(VURI\) in Adults and Children Measures](#)

DEVELOPER

Institute for Clinical Systems Improvement

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 May

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Viral upper respiratory infection (VURI) in adults and children. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 May. 29 p. [67 references]

MEASURE AVAILABILITY

The individual measure, "Percentage of patients with an office visit for cold symptoms who have had symptoms for less than 7 days," is published in "Health Care Guideline: Viral Upper Respiratory Infection (VURI) in Adults and Children."

This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

NQMC STATUS

This NQMC summary was completed by ECRI on August 5, 2004.

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