# Standard Definitions for Patient Outcome Data Elements

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<th>Data Element</th>
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| **Patient Service Days** | Defined as the total number of days a patient receives home infusion services. | Examples:  
  - Total Service Days = 30  
  - Total Service Days = 117 days |
| **Access Device Days** | Defined as the total number of days a patient has an indwelling IV access device at home for infusion services. | Note: Access device days include the days in which the patient is at home and has an indwelling IV access device.  
Example:  
  - Total Access Device Days = 20  
  - If indwelling access device is not removed until 3/21/2021 then total Access Device Days = 21 |
<table>
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<th>Therapy Days</th>
<th>Defined as the total number of administration days of a drug or biologic to a patient in the home.</th>
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<tbody>
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<td></td>
<td>• Calculated as the total days a patient receives an administration of drug or biologic in the home.</td>
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<td>• One value per therapy</td>
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**Examples:**

- A patient on anti-infective therapy starts and receives first infusion on 3/1/2021. The prescriber orders twenty days of therapy and discontinues services and removal of access device on 3/20/2021 after dose infused on this day.
  - Total Therapy Days = 20
- A patient is receiving daily infusions of an anti-infective. The prescriber places a hold on infusions, with orders to maintain access device until an office visit 10 days later. The drug is stopped on day 40 of therapy and access device stays in place until day 50 and is subsequently removed.
  - Total Therapy days = 40
- A patient is receiving 2 different anti-infective therapies and access device is removed after last dose on day 21.
  - Total Therapy days = 42 (21 days for each anti-infective therapy)
- A patient receives weekly IVIG treatments with the first dose administered by peripheral access device on 3/1/2020 and pharmacy receives a physician order to discontinue services on 5/1/2021.
  - Total Therapy Days = 9
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BACKGROUND

The Standard Definitions for Patient Outcome Data Elements are presented by the National Home Infusion Foundation (NHIF) to home and specialty infusion providers for use when collecting data related to patient events as part of ongoing quality improvement activities. These definitions were developed by a volunteer-based Outcomes Task Force comprised of individual provider and business-firm members committed to the utilization of quality data to advance the infusion industry. Standardized definitions will allow providers to engage in industry-wide benchmarking and research activities, generating the necessary data for demonstrating the quality and value associated with administering infused medications in the home and alternate site setting. Providers are encouraged to adopt the NHIF Patient Outcome Definitions to become eligible for participation in future industry-wide quality data initiatives.

IMPLEMENTATION CONSIDERATIONS

Providers are encouraged to adopt the definitions proposed in the above “Patient Service Days” definition. The NHIF data elements are designed to consolidate data into broader categories to facilitate comparisons across different providers.

NHIF recognizes that individual providers use a variety of software systems and processes to collect data and understands that differences exist with regard to the clinical terminology used today. NHIF knows that some adaptation may need to occur to achieve standardization with these outcome data elements; however, the Outcomes Task Force made every effort to develop data definitions that are broad enough to accommodate variations in software and data collection processes between providers.

REPORTING DATA

The National Home Infusion Foundation (NHIF) is administering industry-wide benchmarking programs that utilize the Patient Outcome Data Elements proposed by NHIF. Providers that have adopted the standard NHIF definitions will be able to participate in benchmarking initiatives. Participation in benchmarking is highly encouraged as a means of evaluating one’s performance compared to industry norms and standards. Benchmarking is a well-established method of improving quality, demonstrating value, and identifying best practices.

QUESTIONS/ COMMENTS

Questions or comments regarding the Standard Definitions for Patient Outcome Data Elements should be directed to NHIFdata@nhia.org.

For additional information about the NHIF Benchmarking Initiatives, please visit the NHIF website at http://bit.ly/nhif-benchmarking-initiatives.