

AQI Recommended Indicators

These are the things you should report:

Business Indicators

- Cases done
 - By surgical service
 - By anesthesia type
 - By ASA class
 - By location
- Number of providers
 - By type (Physician, Resident, CRNA, AA, etc.)
 - By subspecialty training or group
- Total minutes billed
 - By surgical service
- Top ten cases done, and average duration

Process Indicators

- On-time starting percentage of first cases
 - By service / facility
- Cancellation rate
 - By cause and preventability
- Physician Quality Reporting System (PQRS) measure compliance
 - Prophylactic antibiotic administration
 - Adherence to central line bundle
 - Normothermia in the Post Anesthesia Care Unit (PACU)
- Documentation compliance (% of cases with completed QM records)
 - By location / service / provider
- Number of patient complaints

Clinical Outcome Indicators

- Number of cases completed uneventfully
- Number of each critical event occurring (by location/service):

-Death	-Incorrect patient	-Vascular access complication
-Cardiac arrest	-Medication error	-Pneumothorax
-Perioperative MI	-Unplanned admission	-Infection after regional anesthesia
-Anaphylaxis	-Unplanned ICU admission	-Epidural hematoma
-Malignant hyperthermia	-Intraoperative awareness	-High spinal

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|--------------------------|-----------------------------|--------------------------------|
| -Transfusion reaction | -Unplanned difficult airway | -Postdural puncture headache |
| -New stroke | -Unplanned reintubation | -Local anesthetic toxicity |
| -Visual loss | -Dental trauma | -Peripheral neurologic deficit |
| -Incorrect surgical site | -Perioperative aspiration | |

Patient Experience Indicators

- Overall patient satisfaction
 - By Service/facility/patient type
- Rate of postoperative nausea and vomiting
- Adequacy of pain management in the PACU
- Patient complaints
 - By Service/facility/patient type

Consensus definitions of critical events can be found on the [AQI website](#): under the tab for “Quality.” Then go to “Quality Measurement Tools.” Look for the document titled “ASA’s Committee on Performance and Outcomes Measurement (CPOM) Perioperative Events.” These definitions were developed by the ASA Committee on Performance and Outcome Measurement.

Data to Collect

To assemble the indicators listed above, an anesthesia practice QM program will need to electronically capture the following relatively short list of raw data:

- For each case done:
 - Location (facility)
 - CPT code(s)
 - surgeon
 - anesthesia provider(s)
 - date
 - time (or duration)
 - anesthesia type (general, regional, sedation, combination, etc)
 - ASA class
 - PQRS compliance (yes/no/not applicable for each of three variables)
 - Occurrence of a listed complication (yes/no, and which one)
 - Patient survey data (satisfaction, PONV, pain questions)
- Documentation completed, including QM form (yes/no)
- Number of patient complaints received (obtain this from the facility and the surgeons as well as from your own office mail)

Alliance with the facility QM personnel can help to gather patient satisfaction and complaint data, as well as complications occurring beyond the immediate perioperative period. Software programs have been developed to facilitate capturing these data elements, analyzing them, and reporting the indicators listed above. Some of these resources are available in MADOM, while a list of commercial vendors solutions can be obtained from the AQI website.