

AQI NACOR DATA ELEMENT CONCEPTUAL DEFINITIONS For Use During 2017

OCTOBER 2016 v2.0 (31 October 2016)

This document clarifies data element conceptual definitions and intent. Synonyms, examples, clarifying statements, clinical scenarios, exclusions and/or notes are included where appropriate and available. Clarifications to these will be made on an as-needed basis. Updates to the official conceptual definitions will be made on an annual basis.

Comments or recommendations should be sent to askaqi@asahq.org.

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MINIMUM DATA SET DATA ELEMENTS

ANESTHESIA START TIME – Time when the anesthesia team assumes continuous care of the patient and begins preparing the patient for an anesthetic for anesthesia services in the operating room or an equivalent area.

Clarifying Statement for Reporting: Time should be reported in the local time zone

AQI XML Schema Element: <AnesthesiaStartTime>

Anesthesia Start Time as listed in the AQI XML schema is a combination of the Date of Service plus Anesthesia Start Time – The ISO 8601 standard for any date / time value is used (YYYY-MM-DDThh:mm:ss[.mmm] -> 2016-05-01T07:30:00.000)

Source: AACD Procedural Times Glossary (1991)

ANESTHESIA END (FINISH) TIME – Time at which anesthesiologist turns over care of the patient to a post anesthesia care team (either PACU or ICU). This time ends when the anesthesia team is no longer furnishing anesthesia services to the patient, that is when the patient may be placed safely under postoperative care and when the anesthesia team has completed transfer of patient care.

Clarifying Statement for Reporting: Time should be reported in the local time zone

AQI XML Schema Element: <AnesthesiaEndTime>

Anesthesia End (Finish) Time as listed in the AQI XML schema is a combination of the Date of Service plus Anesthesia End Time – The ISO 8601 standard for any date / time value is used (YYYY-MM-DDThh:mm:ss[.mmm] -> 2016-05-01T07:30:00.000)

Source: AACD Procedural Times Glossary (1991)

ANESTHESIA TYPE –

Clarifying Statement: Anesthesia is defined as the loss of sensation resulting from pharmacologic depression of nerve function. There are several types of anesthesia including neuraxial, general, or peripheral nerve block. Monitored Anesthesia Care is a specific type of anesthesia service that may be provided when neuraxial anesthesia, general anesthesia, or peripheral nerve block is not utilized.

Source: Stedman's Medical Dictionary for the Health Professions and Nursing 2012 (modified)

NEURAXIAL – Pertaining to local anesthetics placed around the nerves of the central nervous system

AQI XML Schema Element: <AnesthesiaCategory>

COMBINED SPINAL AND EPIDURAL – A regional anesthetic technique, which combines both spinal and epidural anesthesia and/or analgesia

Synonym: CSE

AQI XML Schema Element: <AnesthesiaSubCategory>

Source: Cochrane Database of Systematic Reviews 2007 (modified)

EPIDURAL – Injection of a local anesthetic and/or other medication into the peridural space of the spinal cord, beneath the ligamentum flavum, that depresses neuronal function and produces loss of ability to perceive pain and/or other sensations

Synonym: Peridural Anesthesia

AQI XML Schema Element: <AnesthesiaSubCategory>

Source: Stedman's Medical Dictionary. 28th ed. (modified)

SPINAL – Injection of a local anesthetic and/or other medication into the cerebrospinal fluid surrounding the spinal cord that depresses neuronal function and produces loss of ability to perceive pain and/or other sensations

AQI XML Schema Element: <AnesthesiaSubCategory>

Source: Stedman's Medical Dictionary. 28th ed. (modified)

GENERAL ANESTHESIA – A drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. General anesthesia often impairs the patient's cardiovascular function and/or the ability to independently maintain spontaneous ventilation. Under general anesthesia, patient may require assistance in maintaining a patent airway and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug induced depression of neuromuscular function.

AQI XML Schema Element: <AnesthesiaCategory>

Source: American Society of Anesthesiologists, Committee on Quality Management and Departmental Administration. Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia. Oct 15, 2014

INHALATIONAL GENERAL ANESTHESIA– A drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. Anesthesia includes the administration of an inhalation agent (nitrous oxide, sevoflurane, desflurane, enflurane, halothane, or isoflurane). General anesthesia often impairs the patient's cardiovascular function and/or the ability to independently maintain spontaneous ventilation. Under general anesthesia, patient may require assistance in maintaining a patent airway and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug induced depression of neuromuscular function.

AQI XML Schema Element: <AnesthesiaSubCategory>

Source: American Society of Anesthesiologists, Committee on Quality Management and Departmental Administration. Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia. Oct 15, 2014

TOTAL INTRAVENOUS ANESTHESIA – A drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. Anesthesia is maintained exclusively by the administration of intravenous medications and inhalation anesthetic agents are not used. General anesthesia often impairs the patient's cardiovascular function and/or the ability to independently maintain spontaneous ventilation. Under general anesthesia, patient may require assistance in maintaining a patent airway and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug induced depression of neuromuscular function.

Synonym: TIVA

AQI XML Schema Element: <AnesthesiaSubCategory>

Source: American Society of Anesthesiologists, Committee on Quality Management and Departmental Administration. Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia. Oct 15, 2014

MONITORED ANESTHESIA CARE – A specific type of anesthesia service in which a qualified anesthesia provider has been requested to participate in the care of a patient undergoing a diagnostic or therapeutic procedure

Synonym: MAC

Note: Indications for Monitored Anesthesia Care depend on the nature of the procedure, the patient's clinical condition, and/or the potential need to convert to a general or regional anesthetic.

Clarifying Statements: This is a specific type of anesthesia service that excludes general anesthesia, peripheral nerve block, and neuraxial anesthesia (spinal and epidural anesthesia). Deep sedation/analgesia is also included in MAC.

AQI XML Schema Element: <AnesthesiaCategory>

Source: American Society of Anesthesiologists, Committee on Quality Management and Departmental Administration. Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia. Oct 15, 2014; Medical Dictionary 2009; CMS definition

PERIPHERAL NERVE BLOCK– An injection of a local anesthetic and/or other medication into the area surrounding one or more peripheral nerves that depresses neuronal function and produces loss of the ability to perceive pain and/or other sensations in the specific part of the body innervated by the affected nerve(s). This does not include administration of medications into the epidural or intrathecal spaces.

Synonyms: Regional anesthesia, plexus block, nerve block

Clarifying Statement: This category of anesthesia includes intravenous regional anesthesia but excludes neuraxial anesthesia.

AQI XML Schema Element: <AnesthesiaCategory>

Source: Stedman's Medical Dictionary. 28th ed. (modified); Johns Hopkins Health Library, www.hopkinsmedicine.org (modified)

ANESTHESIA PHYSICAL STATUS CLASSIFICATION –

ASA I – American Society of Anesthesiologists (ASA) Physical Status indicating the patient is considered to be a normal healthy patient

Example: Healthy, non-smoking, no or minimal alcohol use

AQI XML Schema Element: <ASAClass>

Source: American Society of Anesthesiologists Physical Status Classification System Oct 15, 2014. www.asahq.org/resources/clinical-information/asa-physical-status-classification-system

ASA IE – American Society of Anesthesiologists (ASA) Physical Status indicating the patient is considered to be a normal healthy patient who undergoes an emergency surgery (emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)

AQI XML Schema Element: <ASAClass>

Source: American Society of Anesthesiologists Physical Status Classification System Oct 15, 2014. www.asahq.org/resources/clinical-information/asa-physical-status-classification-system

ASA II – American Society of Anesthesiologists (ASA) Physical Status indicating the patient is considered to have mild systemic disease (mild diseases are those only without substantive functional limitations)

Example: Current smoker, social alcohol drinker, pregnancy, obesity (30 < BME < 40), well-controlled DM/HTN, mild lung disease

AQI XML Schema Element: <ASAClass>

Source: American Society of Anesthesiologists Physical Status Classification System Oct 15, 2014. www.asahq.org/resources/clinical-information/asa-physical-status-classification-system

ASA IIE – American Society of Anesthesiologists (ASA) Physical Status indicating the patient is considered to have mild systemic disease (mild diseases are those only without substantive functional limitations) who undergoes an emergency surgery (emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)

AQI XML Schema Element: <ASAClass>

Source: American Society of Anesthesiologists Physical Status Classification System Oct 15, 2014.
www.asahq.org/resources/clinical-information/asa-physical-status-classification-system

ASA III – American Society of Anesthesiologists (ASA) Physical Status indicating the patient is considered to have severe systemic disease, including substantive functional limitations with one or more moderate to severe diseases

Example: Poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥ 40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents

AQI XML Schema Element: <ASAClass>

Source: American Society of Anesthesiologists Physical Status Classification System Oct 15, 2014.
www.asahq.org/resources/clinical-information/asa-physical-status-classification-system

ASA IIIE – American Society of Anesthesiologists (ASA) Physical Status indicating the patient is considered to have severe systemic disease, including substantive functional limitations with one or more moderate to severe diseases who undergoes an emergency surgery (emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)

AQI XML Schema Element: <ASAClass>

Source: American Society of Anesthesiologists Physical Status Classification System Oct 15, 2014.
www.asahq.org/resources/clinical-information/asa-physical-status-classification-system

ASA IV – American Society of Anesthesiologists (ASA) Physical Status indicating the patient is considered to have severe systemic disease that is a constant threat to life

Example: Recent (< 3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis

AQI XML Schema Element: <ASAClass>

Source: American Society of Anesthesiologists Physical Status Classification System Oct 15, 2014.
www.asahq.org/resources/clinical-information/asa-physical-status-classification-system

ASA IVE – American Society of Anesthesiologists (ASA) Physical Status indicating the patient is considered to have severe systemic disease that is a constant threat to life who undergoes an emergency surgery (emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)

AQI XML Schema Element: <ASAClass>

Source: American Society of Anesthesiologists Physical Status Classification System Oct 15, 2014.
www.asahq.org/resources/clinical-information/asa-physical-status-classification-system

ASA V – American Society of Anesthesiologists (ASA) Physical Status indicating the patient is considered to be moribund and is not expected to survive without the operation

Example: Ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction

AQI XML Schema Element: <ASAClass>

Source: American Society of Anesthesiologists Physical Status Classification System Oct 15, 2014.
www.asahq.org/resources/clinical-information/asa-physical-status-classification-system

ASA VE – American Society of Anesthesiologists (ASA) Physical Status indicating the patient is considered to be moribund and is not expected to survive without the operation who undergoes an emergency surgery (emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)

AQI XML Schema Element: <ASAClass>

Source: American Society of Anesthesiologists Physical Status Classification System Oct 15, 2014.
www.asahq.org/resources/clinical-information/asa-physical-status-classification-system

ASA VI – American Society of Anesthesiologists (ASA) Physical Status indicating the patient is declared brain-dead and whose organs are being removed for donor purposes

AQI XML Schema Element: <ASAClass>

Source: American Society of Anesthesiologists Physical Status Classification System Oct 15, 2014.
www.asahq.org/resources/clinical-information/asa-physical-status-classification-system

ASA VIE – American Society of Anesthesiologists (ASA) Physical Status indicating the patient is declared brain-dead and whose organs are being removed for donor purposes who undergoes an emergency surgery (emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)

AQI XML Schema Element: <ASAClass>

Source: American Society of Anesthesiologists Physical Status Classification System Oct 15, 2014.
www.asahq.org/resources/clinical-information/asa-physical-status-classification-system

CPT CODE - ANESTHESIA – The Current Procedural Terminology (CPT) code set describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes

Note: CPT codes for anesthesia include: 00100–01999; 99100–99150

AQI XML Schema Element: <CPTAnesValue>

CPT CODE - SURGICAL – The Current Procedural Terminology (CPT) code set describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes

Note: CPT codes for surgery include: 10000-79999; 0000T-9999T

AQI XML Schema Element: <CPTValue>

DATE OF SERVICE – The month, day, and year for the Anesthesia Start Time

Clarifying Statement for Reporting: Date should be reported as YYYY-MM-DD in the local time zone

AQI XML Schema Element: <AnesthesiaStartTime>

Anesthesia Start Time as listed in the AQI XML schema is a combination of the Date of Service plus Anesthesia Start Time – The ISO 8601 standard for any date / time value is used (YYYY-MM-DDThh:mm:ss[.mmm] -> 2016-05-01T07:30:00.000)

FACILITY ID – The practice specific identification number generated or used by the anesthesia practice's billing software to indicate in what facility the procedure/case was performed.

Note: This ID number is not the facility name, facility TIN, or any other easily identifiable number. It must, however, be the same as provided in the practice survey provided to AQI/NACOR

AQI XML Schema Element: <FacilityID>

ICD CODE – ICD (International Classification of Diseases) is a set of codes used to indicate patient diagnosis, comorbidities and procedure during any medical encounter

Note: In the US, the ICD version used is ICD-CM (International Classification of Diseases - Clinical Modification)
All ICD codes from either ICD-9 or ICD-10 associated with the patient's existing medical conditions should be reported, including comorbidities.

Clarifying Statement for Reporting: Indication of whether the ICD code is from ICD-9 or ICD-10 is required.

AQI XML Schema Element: <ICDValue> = Actual ICD Code
<ICD Version> = {9, 10}

Source: World Health Organization (WHO), CMS

PATIENT AGE – The length of time that the patient has lived.

Clarifying Statement: Age in years at the Anesthesia Start Time.

Note: Age will be calculated from the Date of Birth if available.

Clarifying Statement for Reporting: For **pediatric patients less than 1 year old**, age in years should be reported using decimal years to the ten-thousandths place

Example: a patient aged 5 days old should be reported as 0.0137 year ($5/365 = 0.0137$)

When pediatric data is reported from NACOR, patient age will be reported using the following categories: Less than 7 days; 1 to 8 weeks; 2 months to 11 months and 30/31 days; or patient age in years (whole integer) if 1 year or older.

AQI XML Schema Element: <Age>

Source: US Census Bureau (modified)

PATIENT DATE OF BIRTH – The month, day, and year on which the patient was born; reported as YYYY-MM-DD

AQI XML Schema Element: <DOB>

Source: US Census Bureau

PATIENT SEX –

Note: This refers to the patient’s sex recorded in the medical record. The World Health Organization (WHO) summarizes the issue as follows “Sex refers to the biological and physiological characteristics that define men and women. Gender refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women.” Oct 21, 2011

The data from most medical records may not permit distinguishing between a patient’s sex and their current gender identity.

MALE – Sex as defined by reporting entity from the medical record.

AQI XML Schema Element: <PatientSex>

FEMALE – Sex as defined by reporting entity from the medical record.

AQI XML Schema Element: <PatientSex>

UNKNOWN – Sex as defined by reporting entity from the medical record.

Clarifying Statement for Reporting: Do not use this data element if no information is available. In that case, the data is considered missing.

AQI XML Schema Element: <PatientSex>

MISSING

Clarifying Statement for Reporting: This data element is only used when nothing is reported to NACOR.

AQI XML Schema Element: <PatientSex>

PAYMENT METHOD – The way in which a health care provider is compensated for services provided.

Clarifying Statement: Payment methods include: Commercial (includes HMO, PPO, etc.), Government (Medicare Fee for Service – Part A; Medicare – Part B; Medicare Managed Care/Advantage – Part C; Medicaid; Military/VA; other government), Worker’s Compensation, Self-pay, Charity, Other, Unknown.

AQI XML Schema Element: <PaymentCode>

Source: The Business Dictionary (www.businessdictionary.com/definition/payment-method.html) (modified)

PROVIDER CREDENTIALS –

Advanced Practice Nurse – A registered nurse with advanced training (Masters, Post-masters, or Doctoral degree) and licensed to practice in the state.

Clarifying Statement: This includes Nurse-Midwives

Credentials: APN

AQI XML Schema Element: <StaffCred>

Anesthesiologist – A Doctor of Medicine or Osteopathic Medicine with postgraduate specialty training in anesthesiology and licensed by the state to practice medicine.

Credentials: MD or DO

AQI XML Schema Element: <StaffCred>

Source: Mosby's Medical Dictionary, 9th edition. 2009 (modified)

Certified Anesthesiologist Assistant - A person who (1) works under the direction of an anesthesiologist; (2) is in compliance with all applicable requirements of State law, including any licensure requirements the State imposes on nonphysician anesthetists; and (3) is a graduate of a medical school-based anesthesiologist's assistant education program that (a) is accredited by the Committee on Allied Health Education and Accreditation and (b) includes approximately two years of specialized basic science and clinical education in anesthesia at a level that builds on a premedical undergraduate science background.

Credentials: CAA (previously called AA)

AQI XML Schema Element: <StaffCred>

Source: CMS Manual 2010

Certified Registered Nurse Anesthetist – A registered nurse who (1) is licensed as a registered professional nurse by the State in which the nurse practices; (2) meets any licensure requirements the State imposes with respect to

non-physician anesthetists; (3) has graduated from a nurse anesthesia educational program that meets the standards of the Council on Accreditation of Nurse Anesthesia Programs, or such other accreditation organization as may be designated by the Secretary; and (4) meets the following criteria: (i) has passed a certification examination of the Council on Certification of Nurse Anesthetists, the Council on Recertification of Nurse Anesthetists or any other certification organization that may be designated by the Secretary; or (ii) is a graduate of a program described in (3) within 24 months after that graduation

Synonym: Nurse Anesthetist

Credentials: CRNA

AQI XML Schema Element: <StaffCred>

Source: CMS Manual 2010

Dentist or Oral Surgeon – An individual who is qualified by training and licensed by a state or region to diagnose and treat abnormalities of the teeth, gums, and underlying bone, including conditions caused by disease, trauma, and heredity.

Credentials: DDS or DMD

Clarifying statement: Anesthesia may be administered by a dentist or oral surgeon who is qualified to administer anesthesia under State law.

AQI XML Schema Element: <StaffCred>

Source: Mosby's Dental Dictionary, 2nd edition. © 2008 (modified)

Fellow (Anesthesiology) – A Doctor of Medicine or Osteopathic Medicine who has completed postgraduate residency training in anesthesiology and is participating in a subspecialty training program.

Credentials: MD or DO

AQI XML Schema Element: <StaffCred>

Source: Farlex Partner Medical Dictionary 2012 (modified)

Physician Assistant – A graduate of an accredited Physician Assistant education program that is in compliance with all applicable requirements of State law and that can practice medicine under the supervision of a licensed doctor of medicine or osteopathy.

Credentials: PA

AQI XML Schema Element: <StaffCred>

Podiatrist – A health professional who diagnoses and treats disorders of the feet.

Credentials: DPM

Clarifying statement: Anesthesia may be administered by podiatrist who is qualified to administer anesthesia under State law.

AQI XML Schema Element: <StaffCred>

Source: Mosby's Medical Dictionary, 9th edition. 2009

Registered Nurse – A graduate trained nurse who has passed a state registration examination and has been licensed to practice nursing

Credentials: RN

AQI XML Schema Element: <StaffCred>

Source: The American Heritage Medical Dictionary, 2007

Resident (Anesthesia) – A Doctor of Medicine or Osteopathic Medicine who is participating in an accredited postgraduate residency training program.

Credentials: MD or DO

AQI XML Schema Element: <StaffCred>

Student Registered Nurse Anesthetist – A registered nurse in a nurse anesthesia educational program accredited by the Council on Accreditation of Nurse Anesthesia Programs who provides anesthesia services under the supervision of qualified clinical instructors, including CRNAs and/or anesthesiologists

Credentials: SRNA

AQI XML Schema Element: <StaffCred>

Surgeon – A Doctor of Medicine or Osteopathic Medicine with postgraduate specialty training in surgery or a surgical subspecialty and licensed by the state to practice medicine.

Clarifying Statement for Reporting: The primary surgeon for the operative procedure should be reported. For some procedures such as CT scan or MRI, this data field may be left blank.

Credentials: MD or DO

AQI XML Schema Element: <StaffCred>

Source: Mosby's Medical Dictionary, 9th edition. 2009 (modified)

PROVIDER ID – The practice specific provider/staff identification number generated or used by the anesthesia practice's billing software to indicate the provider/staff that participated in the procedure/case

Note: This ID number is not the identifiable Staff ID, staff name, staff NPI, staff social security number, or any other easily identifiable number. It must, however, be the same as provided in the practice survey provided to AQI/NACOR

AQI XML Schema Element: <StaffID>

PROVIDER NPI NUMBER – The standard unique health identifier for health care providers as mandated by the Health Insurance Portability and Accountability (HIPAA) Act of 1996

Clarifying Statement: NPI = National Provider Identification

AQI XML Schema Element: <NPI>

Source: Health and Human Services (HHS) as mandated by the Health Insurance Portability and Accountability (HIPAA) Act of 1996

UNIQUE ANESTHESIA EPISODE OF CARE ID – The primary key number internally generated by the anesthesia practice from the billing or electronic medical/health record related to the episode of anesthetic care. This is not the identifiable medical record number

Clarifying Statement: This refers to the anesthesia case ID for the episode of care

AQI XML Schema Element: <AnesthesiaRecordID>

ADMINISTRATIVE RELATED DATA ELEMENTS

ADMISSION STATUS –

INPATIENT – Admission to an in-patient healthcare facility prior to or after the therapeutic or diagnostic procedure as a result of a physician's order

Synonym: Admitted

Note: Includes same day admit patients

AQI XML Schema Element: <AdmissionStatus>

Source: CMS

OBSERVATION – A therapeutic or diagnostic procedure is performed in a healthcare facility without a physician's admission order

Synonym: Overnight recovery

Note: The patient stays in an in-patient facility overnight (at least one midnight) but does not have a physician's order for admission. A patient who is in the hospital (without admission orders) with an expected stay of one midnight is an observation patient and an outpatient.

AQI XML Schema Element: <AdmissionStatus>

Source: CMS

AMBULATORY – A therapeutic or diagnostic procedure performed in a healthcare facility that does not require an overnight stay (less than 24 hours of care)

Synonyms: Day surgery, same-day surgery, outpatient

AQI XML Schema Element: <AdmissionStatus>

Source: CMS

COVERAGE CODE –

Note: The conceptual definitions for these data elements are based on CMS billing codes

MD-ALONE – The physician (a) personally performed the entire anesthesia service alone; or (b) is involved with one anesthesia case with a resident (physician is a teaching physician); or (c) is continuously involved in a single case involving a student nurse anesthetist; or (d) is working with a CRNA or AA in one anesthesia case and the services of each are found to be medically necessary

Clarifying Statement: Personally performed

Note: Applies to DOs as well as MDs

Medicare Anesthesia Documentation Modifier: AA-Anesthesia services performed personally by an anesthesiologist

AQI XML Schema Element: <CoverageCode>

Source: CMS Medicare Claims Processing Manual, Chapter 12 (rev.3476, 03-111-16)

MD-DIRECTING – The physician (a) performs and documents a pre-anesthetic examination and evaluation; and (b) prescribes and documents the anesthesia plan; and (c) personally participates in the most demanding procedures in the anesthesia plan, including induction and emergence, and documents this participation; and (d) ensures that any procedures in the anesthesia plan that he or she does not perform are performed by a qualified anesthetist; and (e) monitors the course of anesthesia administration at frequent intervals; and (f) remains physically present and available for immediate diagnosis and treatment of emergencies; and (g) provides and documents indicated-post-anesthesia care for two, three or four concurrent procedures involving qualified individuals, all of whom could be CRNAs, AAs, SRNAs, interns, residents or combinations of these individuals.

A physician who is concurrently directing the administration of anesthesia to not more than four surgical patients cannot ordinarily be involved in furnishing additional services to other patients. However, addressing an emergency of short duration in the immediate area, administering an epidural or caudal anesthetic to ease labor pain, or periodic, rather than continuous, monitoring of an obstetrical patient does not substantially diminish the scope of control exercised by the physician in directing the administration of anesthesia to surgical patients. It does not constitute a separate service for the purpose of determining whether the medical direction criteria are met. Further, while directing concurrent anesthesia procedures, a physician may receive patients entering the operating suite for the next surgery, check or discharge patients in the recovery room, or handle scheduling matters without affecting fee schedule payment. (Chapter 12 Section 50C of the claims processing manual)

Note: Applies to DOs as well as MDs

Medicare Anesthesia Documentation Modifier: QK--Medical direction by a physician of two, three, or four concurrent anesthesia procedures; QY--Medical direction of one CRNA/CAA by an anesthesiologist

AQI XML Schema Element: <CoverageCode>

Source: CMS Medicare Claims Processing Manual, Chapter 12 (rev.3476, 03-111-16)

MD PRESENT BUT NOT DIRECTING – The physician is working with one or more CRNAs but does not fulfill or does not document all of the requirements for Medical Direction.

Note: Applies to DOs as well as MDs

Medicare Anesthesia Documentation Modifier: There is no current Medicare Documentation Modifier for this.

AQI XML Schema Element: <CoverageCode>

MD-SUPERVISING – The physician is involved in more than four concurrent cases.

Note: Applies to DOs as well as MDs

Medicare Anesthesia Documentation Modifier: AD--Medically supervised by a physician, more than four concurrent anesthesia procedures

AQI XML Schema Element: <CoverageCode>

Source: CMS Medicare Claims Processing Manual, Chapter 12 (rev.3476, 03-111-16), modified

CRNA-ALONE – The CRNA provides legally authorized anesthesia services without medical direction by a physician

Medicare Anesthesia Documentation Modifier: QZ—CRNA service; provides anesthesia care without medical direction by a physician

AQI XML Schema Element: <CoverageCode>

Source: CMS Medicare Claims Processing Manual, Chapter 12 (rev.3476, 03-111-16), modified

CRNA-DIRECTED – The CRNA participates in a single anesthesia procedure which involves physician medical direction services

Medicare Anesthesia Documentation Modifier: QX--CRNA service with medical direction by a physician

AQI XML Schema Element: <CoverageCode>

Source: CMS Medicare Claims Processing Manual, Chapter 12 (rev.3476, 03-111-16), modified

CRNA-SUPERVISED – The CRNA participates in a single anesthesia procedure which involves physician medical supervision services

Medicare Anesthesia Documentation Modifier: There is no current Medicare Documentation Modifier for this.

AQI XML Schema Element: <CoverageCode>

Source: CMS Medicare Claims Processing Manual, Chapter 12 (rev.3476, 03-111-16), modified

CRNA-SUPERVISING – The teaching CRNA supervises a single case involving a student nurse anesthetist where the CRNA is continuously present and the teaching CRNA is not medically directed by an anesthesiologist

Synonym: Teaching CRNA

Medicare Anesthesia Documentation Modifier: There is no current Medicare Documentation Modifier for this.

AQI XML Schema Element: <CoverageCode>

Source: CMS Medicare Claims Processing Manual, Chapter 12 (rev.3476, 03-111-16), modified

CAA-DIRECTED – The CAA participates in a single anesthesia procedure which involves physician medical direction services

Note: CAA stands for Certified Anesthesiologist Assistant

Medicare Anesthesia Documentation Modifier: QX--CAA service with medical direction by a physician

AQI XML Schema Element: <CoverageCode>

Source: CMS Medicare Claims Processing Manual, Chapter 12 (rev.3476, 03-111-16), modified

MD-MD – The teaching anesthesiologist is involved in the training of a resident in a single anesthesia case, two concurrent anesthesia cases involving residents, or a single anesthesia case involving a resident that is concurrent to another case paid under the medical direction rules

Clarifying Statement: Teaching anesthesiologist directing an anesthesiology resident

Note: Also applies to MD-DO, DO-DO, and DO-MD

Medicare Anesthesia Documentation Modifier: AA and QC--Teaching physician involved in the training of physician residents in up to two concurrent cases, or the training of physician residents in one case that is concurrent to another case paid under Medical Direction.

The GC modifier is reported by the teaching physician to indicate he/she rendered the service in compliance with the teaching physician requirements in §100.1.2. One of the payment modifiers must be used in conjunction with the GC modifier. (Chapter 12, Section 50K)

The teaching anesthesiologist should use the “AA” modifier and the “GC” certification modifier to report such cases. See §50 B. and §0 K. (Chapter 12, Section 100.1.2 A 4)

AQI XML Schema Element: <CoverageCode>

Source: CMS Medicare Claims Processing Manual, Chapter 12 (rev.3476, 03-111-16), modified

LOCATION – A particular place or setting where the procedure was performed

Clarifying Statement: Perioperative care may have been provided in more than one setting. The setting (location) of where the actual procedure, exclusive of any pre-op or post-op care, was performed should be reported

Source: Miriam Webster's Dictionary, modified

AMBULANCE – LAND - A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

AMBULATORY SURGICAL CENTER - A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

ASSISTED LIVING FACILITY - Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

BIRTHING CENTER - A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care as well as immediate care of new born infants

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

COMMUNITY MENTAL HEALTH CENTER - A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

COMPREHENSIVE INPATIENT REHABILITATION FACILITY - A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY - A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

CUSTODIAL CARE FACILITY - A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

EMERGENCY ROOM HOSPITAL - A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

FEDERALLY QUALIFIED HEALTH CENTER - A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

GROUP HOME - A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration)

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

HOME - Location, other than a hospital or other facility, where the patient receives care in a private residence

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

HOMELESS SHELTER - A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters)

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

HOSPICE - A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

INDEPENDENT CLINIC - A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

INDEPENDENT LABORATORY - A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

INDIAN HEALTH SERVICE (FREE-STANDING FACILITY) - A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

INDIAN HEALTH SERVICE (PROVIDER-BASED FACILITY) - A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

IN-PATIENT - A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

INPATIENT PSYCHIATRIC FACILITY - A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

MASS IMMUNIZATION CENTER- A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as, a public health center, pharmacy, or mall but may include a physician office setting

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

MILITARY TREATMENT FACILITY - A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF)

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

MOBILE UNIT - A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

NURSING FACILITY - A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

OFFICE - Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

OUTPATIENT HOSPITAL (OFF CAMPUS) - A portion of an off-campus hospital provider based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

OUTPATIENT HOSPITAL (ON CAMPUS) - A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

PHARMACY - A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

PRISON/CORRECTIONAL FACILITY - A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either Federal, State or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

PSYCHIATRIC RESIDENTIAL TREATMENT CENTER - A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

PUBLIC HEALTH CLINIC - A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY - A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

RURAL HEALTH CLINIC - A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

SCHOOL - A facility whose primary purpose is education

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

SKILLED NURSING FACILITY - A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

URGENT CARE FACILITY - Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

WALK-IN RETAIL HEALTH CLINIC - A walk-in health clinic, other than an office, urgent care facility, pharmacy or independent clinic and not described by any other Place of Service code, that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services

AQI XML Schema Element: <LocationType>

Source: CMS Place of Service Codes for Professional Claims Aug 6, 2015

PATIENT CHARACTERISTICS - Selected attributes of a patient.

HEIGHT – Vertical measurement of the patient

AQI XML Schema Element: <Height> inches
<HeightInCm> cm

Source: Stedman's Medical Dictionary. 28th ed. (modified)

WEIGHT – The apparent mass of the patient's body

AQI XML Schema Element: <Weight> lbs
<WeightInKg> Kg

Source: Stedman's Medical Dictionary. 28th ed. (modified)

PROCEDURE STATUS –

EMERGENCY – A surgical, therapeutic, or diagnostic procedure that cannot be delayed without causing a significant risk of death or permanent impairment

Synonym: Emergent surgery

Note: The ASA Physical Status should include "E". The designation of a procedure as an emergency is determined by a surgeon and/or an anesthesiologist.

AQI XML Schema Element: <ProcStatus>

URGENT – A surgical, therapeutic, or diagnostic procedure that must be performed to prevent death or permanent impairment but that can be delayed

Note: The procedure may be delayed to allow for medical optimization of the patient or to permit better availability of resources (ex., personnel or equipment)

AQI XML Schema Element: <ProcStatus>

ELECTIVE – A surgical, therapeutic, or diagnostic procedure that can be performed at any time or date with an agreement between the surgeon and the patient

AQI XML Schema Element: <ProcStatus>

TIME –

ANESTHESIA INDUCTION TIME – Time when the anesthesiologist begins the administration of agents intended to provide the level of anesthesia required for the scheduled procedure

AQI XML Schema Element: <TMType:AnesthesiaInductionStartTime>

Source: AACD Procedural Times Glossary (1991)

ANESTHESIA READY TIME – Time at which the patient has a sufficient level of anesthesia established to begin surgical preparation of the patient, and remaining anesthetic chores do not preclude positioning and prepping the patient

AQI XML Schema Element: <TMType:StartTime>

Source: AACD Procedural Times Glossary (1991)

PROCEDURE/SURGERY START TIME – Time the procedure is started

AQI XML Schema Element: <ProcStartTime>

Source: AACD Procedural Times Glossary (1991)

PROCEDURE/SURGERY FINISH TIME – Time when all instrument and sponge counts are completed and verified as correct; all post-op radiological studies to be done in the OR are completed; all dressings and drains are secured; and the physician/surgeons have completed all procedure related activities on the patient

AQI XML Schema Element: <ProcEndTime>

Source: AACD Procedural Times Glossary (1991)

ARRIVAL IN PACU/ICU TIME – Time of patient arrival in PACU or ICU

AQI XML Schema Element: <TMType:StartTime>

Source: AACD Procedural Times Glossary (1991)

READY FOR DISCHARGE FROM PACU/ICU TIME – Time that the patient is assessed to be ready for discharge from the PACU or ICU

Clarifying Statement: This is the time that the patient has been assessed and met criteria for discharge and care by the anesthesiologist has been concluded and care transferred to another medical service.

AQI XML Schema Element: <TMType:StartTime>

Source: AACD Procedural Times Glossary (1991)

DISCHARGE FROM PACU/ICU TIME – Time that the patient is transported out of PACU or ICU

AQI XML Schema Element: <TMType:StartTime>

Source: AACD Procedural Times Glossary (1991)

OUTCOME DATA ELEMENTS

OUTCOME – An adverse event that reached the patient and may or may not have resulted in harm

ACIDEMIA – The accumulation of excess hydrogen ions or depletion of alkaline reserve (bicarbonate content) in the blood resulting in an arterial blood pH < 7.35

Clarifying statement: Acidemia may result from a metabolic and/or respiratory acidosis

AQI XML Schema Element: <OutcomeID>

ACUTE KIDNEY INJURY (AKI) – New kidney damage or a sudden decrease in kidney function. Criteria include:

1. Increase in serum creatinine (Cr) \geq 0.3 mg/dl within 48 hours
2. Increase in Cr to \geq 1.5 times baseline, which is known or presumed to have occurred within the prior 7 days

AQI XML Schema Element: <OutcomeID>

Source: Kidney Disease: Improving Global Outcomes (KDIGO); KDIGO Clinical Practice Guideline for Acute Kidney Injury March 2012 (modified)

ADVERSE DRUG REACTION (ADR) – Any unexpected, unintended, undesired, or excessive response to a drug that requires discontinuing the drug (therapeutic or diagnostic), changing the drug therapy, or modifying the dose (except for minor dosage adjustments). The adverse reaction must be severe enough that it requires prolonged observation or stay in a health care facility, necessitates supportive treatment, negatively affects prognosis, or results in temporary or permanent harm, disability, or death.

Synonym: ADR

Clarifying statement: All noxious and unintended responses to a medicinal product related to any dose should be considered adverse drug reactions per the US FDA Guideline for Industry, Clinical Safety Data Management: Definitions and Standards for Expedited Reporting

AQI XML Schema Element: <OutcomeID>

Source: American Society of Health-System Pharmacists. ASHP guidelines on adverse drug reaction monitoring and reporting. *Am J Health-Syst Pharm* 1995;52:417-419; US Federal Drug Administration Guidelines for Industry, Clinical Safety Data Management

AIRWAY OBSTRUCTION – An acute respiratory dysfunction that produces reduced airflow into the alveoli and an arterial oxygen saturation less than 90% and that results in bradycardia or other clinical signs of hypoxia; the obstruction can be anatomically localized (e.g., tumor, stricture, foreign body, laryngospasm) or generalized (e.g., bronchospasm, asthma)

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary for the Health Professions and Nursing, 7th ed. (modified)

AIRWAY TRAUMA – An injury to any of the structures or tissues of the mouth, nasopharynx, oropharynx, or larynx resulting from the use of any airway device such as laryngoscope, oral or nasal airway, endotracheal tube, or stylet

Clarifying statement: The most common injury is to the teeth, but airway trauma includes other injuries such as mucosal tears or tongue lacerations.

AQI XML Schema Element: <OutcomeID>

AMNIOTIC FLUID EMBOLISM – An obstetric emergency resulting from amniotic fluid, fetal cells, hair, or other debris that enters the maternal circulation via placental vessels and triggers an immune reaction.

Synonym: AFE

AQI XML Schema Element: <OutcomeID>

ANAPHYLAXIS – A severe, life-threatening allergic response, which is rapid in onset and characterized by a sudden drop in blood pressure and/or respiratory insufficiency

Note: Elevated serum tryptase level may be used to confirm the diagnosis. Although anaphylaxis is a life-threatening allergic reaction, there may be other manifestations such as urticaria, bronchospasm, and edema. Epinephrine is often required as part of the treatment.

AQI XML Schema Element: <OutcomeID>

Source: American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)

ARRHYTHMIA – New onset of an abnormality of the cardiac rhythm; a cardiac rhythm other than normal sinus rhythm, including atrial fibrillation, atrial flutter, ventricular tachycardia, ventricular fibrillation, 2nd or 3rd degree heart block

Synonym: irregular heartbeat

Clarifying statement: A disorder in which there is abnormal electrical activity in the heart.

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary. 28th ed.

ASPIRATION – The entry of material (e.g., food, liquid, gastric contents) into the respiratory tract and accompanied by consistent radiologic findings

Synonym: Perioperative aspiration

AQI XML Schema Element: <OutcomeID>

Source: American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)

AWARENESS – A scenario in which a patient becomes conscious during a procedure performed under general anesthesia and subsequently has recall of these events

Synonym: Intraoperative awareness, awareness under anesthesia, recall of intraoperative events

Clarifying statement: Awareness should be limited to explicit memory and should not include the time before general anesthesia is fully induced or the time of emergence from general anesthesia or during an intraoperative "wake-up test", when arousal and return of consciousness are intended.

AQI XML Schema Element: <OutcomeID>

Source: American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)

BRADYCARDIA – Significant slowness of the heart rate that poses a threat to the patient and requires treatment.

Note: The heart rate that is considered bradycardic depends on the patient's age and coexisting medical conditions.

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary. 28th ed.

BURN INJURY – Unintentional damage to tissue caused by excessive heat; a lesion caused by fire, heat or any other cauterizing agent, including friction, caustic agents, electricity, radiation, or electromagnetic energy

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary. 28th ed.

CANNOT VENTILATE – Inability to force oxygen into the trachea and alveoli for the purpose of oxygenating the blood in the pulmonary capillaries and removing carbon dioxide

Clarifying statement: Inability to generate an adequate tidal volume or produce active movement of oxygen into the trachea and alveoli despite multiple attempts despite instituting corrective actions such as changing head and neck positions, use of jaw thrust or airway devices such as oral or nasal airways or placement of a laryngeal mask airway or other supraglottic airway device. CANNOT VENTILATE may occur in patients with a tracheostomy when positive pressure does not produce active movement of oxygen into the trachea and alveoli.

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary. 28th ed.

CARDIAC ARREST – The unplanned cessation of the mechanical activity of the heart as confirmed by the absence of signs of effective circulation. Cardiac compression and/or defibrillation may be required for treatment.

Synonym: perioperative cardiac arrest, cardiopulmonary arrest, circulatory arrest

AQI XML Schema Element: <OutcomeID>

Source: American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified); Anesthesia Quality Institute 2016 Qualified Clinical Data Registry (AQI QCDR). Feb 8, 2016 (modified).

CASE CANCELLED BEFORE ANESTHESIA START TIME – A scheduled procedure that is not performed on the scheduled procedure day and the decision not to perform the procedure takes place before Anesthesia Start Time.

Synonym: surgery cancellation; cancelled operative procedure

Note: The decision to cancel the scheduled procedure or operation may be made by the patient, the institution or insurance company, the surgeon (proceduralist) or the anesthesiologist.

AQI XML Schema Element: <OutcomeID>

CASE CANCELLED BEFORE ANESTHESIA INDUCTION TIME – A scheduled procedure that is not performed on the scheduled procedure day and the decision not to perform the procedure takes place after Anesthesia Start Time but before Anesthesia Induction Time.

Synonym: Aborted surgery, surgery cancellation; cancelled operative procedure

Note: The decision to cancel (abort) the scheduled procedure or operation may be made by the surgeon (proceduralist) or the anesthesiologist.

AQI XML Schema Element: <OutcomeID>

CASE CANCELLED AFTER ANESTHESIA INDUCTION TIME – A scheduled procedure that is not performed on the scheduled procedure day and the decision not to perform the procedure takes place after Anesthesia Induction Time but before Procedure/Surgery Start Time.

Synonym: Aborted surgery, surgery cancellation; cancelled operative procedure

Note: The decision to cancel (abort) the scheduled procedure or operation may be made by the surgeon (proceduralist) or the anesthesiologist.

AQI XML Schema Element: <OutcomeID>

CASE DELAY – The Surgery/Procedure Start Time occurs significantly later than expected in the context of institutional norms.

Note: Case delays may be due to patient issues (e.g., late arrival, insurance problems, abnormal lab values), system issues (e.g., test results unavailable, blood unavailable, equipment malfunction or unavailable, transport delay), or practitioner issues (e.g., no consent obtained, surgery, nursing or anesthesia personnel arrived late).

AQI XML Schema Element: <OutcomeID>

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION (CLABSI) – A primary bloodstream infection that develops in a patient with a central line in place within the 48-hour period prior to the infection onset.

Criteria for diagnosis include any of the following:

- Criteria 1: Patient has a recognized pathogen cultured from one or more blood cultures AND organism cultured from blood is NOT related to an infection at another site.
- Criteria 2: Patient has at least one of the following signs or symptoms: fever (>38 degrees C), chills or hypotension AND signs and symptoms and positive laboratory results (two or more positive blood cultures drawn on separate occasions) are NOT related to an infection at another site
- Criteria 3: Patient < 1 year of age has at least one of the following signs or symptoms: fever (> 38 degrees C core), hypothermia (<36 degrees core), apnea, or bradycardia AND signs and symptoms and positive laboratory results (two or more positive blood cultures drawn on separate occasions) are NOT related to an infection at another site

AQI XML Schema Element: <OutcomeID>

Source: Centers for Disease Control and Prevention Central Line–Associated Bloodstream Infection (CLABSI) Surveillance 2013 (modified); The Joint Commission. Preventing Central Line–Associated Bloodstream Infections: A Global Challenge, a Global Perspective. Oak Brook, IL: Joint Commission Resources, May 2012 (modified).

CENTRAL LINE PLACEMENT INJURY – A pneumothorax, hemothorax, or thoracic duct, cardiac, or vascular injury that results from an attempted or completed insertion of a central venous catheter.

AQI XML Schema Element: <OutcomeID>

Source: Anesthesia Quality Institute 2016 Qualified Clinical Data Registry (AQI QCDR). Feb 8, 2016 (modified).

CEREBROVASCULAR ACCIDENT – The sudden death of neurons in a localized area of brain due to inadequate blood flow that produces motor, sensory, or cognitive dysfunction (e.g., hemiplegia, hemiparesis, aphasia, sensory deficit, impaired memory) that persists for more than 24 hours.

Synonyms: CVA, stroke

Note: Imaging may be used for confirmation and to rule out other central nervous system pathology.

AQI XML Schema Element: <OutcomeID>

COAGULOPATHY – The impairment, inability or incapacity of the blood to form clots and is associated with clinical bleeding.

Clarifying statement: Coagulopathy is a disorder involving the elements of blood coagulation, including platelets, coagulation factors and inhibitors, and the fibrinolytic system and may be confirmed by abnormal tests of clotting (PT, INR, PTT) or decreased platelet count.

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary. 28th ed.; Hunt, Beverley J. Bleeding and Coagulopathies in Critical Care NEJM 2014;370(9): 847–859.

COMA – A state of profound unconsciousness, not present prior to the initiation of anesthetic care, in which the individual cannot be awakened, fails to respond normally to external stimuli, and does not initiate voluntary actions. Exclude coma due to prolonged anesthetic effect or hypothermia (temp <34 degrees C).

Clarifying statement: Scenarios include profound unconsciousness following anoxic or ischemic events such as cardiac arrest; metabolic encephalopathy; thromboembolic event; or cerebral hemorrhage.

AQI XML Schema Element: <OutcomeID>

Source: American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified).

CORNEAL INJURY – A corneal injury is either a corneal abrasion (a scratch or scrape on the cornea, the clear front window of the eye that transmits and focuses light into the eye) or exposure keratitis (inflammation of the cornea from drying of the corneal tear film).

Synonyms: Exposure keratitis, exposure keratopathy

Clarifying statement and criteria: Includes both **exposure keratitis** and **corneal abrasion** (diagnosed in any manner including with fluorescein examination of the cornea under ultraviolet light). Also includes any new symptom of eye pain treated with topical antibiotic (e.g., erythromycin) while in the post-anesthesia care unit/recovery area. Other causes of eye pain (e.g., acute angle-closure glaucoma) can be excluded by instilling one drop of local anesthetic (e.g., proparacaine) into the eye. If the pain is immediately and completely relieved, corneal injury is confirmed and acute angle-closure glaucoma is excluded.

AQI XML Schema Element: <OutcomeID>

Source: Anesthesia Quality Institute 2016 Qualified Clinical Data Registry (AQI QCDR). Feb 8, 2016 (modified); MedicineNet.Com

DEATH – The irreversible cessation of all vital functions as indicated by permanent stoppage of the heart, respiration, and brain activity; the end of life.

Synonym: Mortality

Clarifying statement: Excludes ASA 6 patients

AQI XML Schema Element: <OutcomeID>

Source: American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified); Anesthesia Quality Institute 2016 Qualified Clinical Data Registry (AQI QCDR). Feb 8, 2016 (modified).

DEEP VEIN THROMBOSIS – One or more blood clots (thrombus) within a large vein, usually in the thigh or calf.

Synonym: DVT

AQI XML Schema Element: <OutcomeID>

DELAYED EMERGENCE – Failure of the patient to recover consciousness or normal function within 60 minutes after discontinuing the administration of anesthetic drugs used to produce sedation or general anesthesia; this condition often requires the escalation of planned care.

Synonyms: delayed emergence from anesthesia; prolonged emergence; delayed awakening

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary. 28th ed. (modified)

DELIRIUM – An altered state of consciousness marked by confusion, disorientation or temporary memory dysfunction, difficulty in sustained attention to stimuli, disordered thinking and perception. There must be evidence from the history, physical examination, or laboratory findings that the disturbance is caused by the direct physiological consequences of a general medical condition or that the condition developed during substance intoxication, or during or shortly after, a withdrawal syndrome.

Synonyms: intensive care unit delirium, delirium tremens, alcohol withdrawal, organic brain syndrome, acute confusional state, acute encephalopathy, acute organic reaction, acute psycho-organic syndrome

Note: Delirium may be hyperactive, hypoactive, or mixed. It is a change in mentation that may be present immediately after awakening from general anesthesia or sedation or may begin at a later time in the postoperative period. There are several tests that have been developed and validated to diagnose and grade delirium including Confusion Assessment Method (CAM), Delirium Rating Scale Revised-98, and the Delirium Symptom Interview.

AQI XML Schema Element: <OutcomeID>

Source: American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) (modified)

DIFFICULT INTUBATION – Problematic or challenging insertion of an endotracheal tube into the patient's trachea, requiring at least 3 attempts by one or more skilled individuals.

Clarifying statement: "Difficult intubation" indicates that the endotracheal tube was successfully placed but with greater difficulty, requiring at least 3 attempts.

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary. 28th ed. (modified)

DIFFICULT MASK VENTILATION – The inability of an unassisted trained anesthesia provider to maintain the oxygen saturation as measured by pulse oximetry to > 92% or to prevent or reverse signs of inadequate ventilation during positive-pressure mask ventilation.

AQI XML Schema Element: <OutcomeID>

Source: Langeron et al. Anesthesiology 2000;92:1229 (modified)

ELECTROLYTE ABNORMALITY – A physiologic disorder in which there are fewer or more than normal levels (lower or higher concentration) of serum electrolytes (minerals found in the blood, body fluids, and urine necessary for the body to function properly)

Synonyms: electrolyte disorder; electrolyte imbalance

Clinical scenarios: hyponatremia, hypernatremia, hypercalcemia, hypocalcemia, hyperkalemia, hypokalemia, hypermagnesemia, hypomagnesemia

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary. 28th ed.

EMERGENCE DELIRIUM - A state of mental confusion, agitation and disinhibition associated with hyperexcitability, crying, restlessness and hallucinations occurring during the emergence from general anesthesia.

Synonyms: emergence agitation, emergence excitement

Clarifying statement: Emergence delirium begins shortly after the conclusion of general anesthesia and usually resolves within the first hour.

AQI XML Schema Element: <OutcomeID>

EQUIPMENT/DEVICE FAILURE OR MALFUNCTION – The medical device did not provide the expected service or was not functioning as per its specifications.

Note: This is the accepted national and international definition in the field of patient safety

AQI XML Schema Element: <OutcomeID>

Source: The Australian Patient Safety Foundation's Advanced Incident Management System (AIMS) – Australia; Eindhoven University of Technology Eindhoven/PRISMA-Medical Classification Model – The Netherlands; AHRQ Common Formats V1.2

FAILED INTUBATION – Inability to insert or pass an endotracheal tube into the trachea.

Synonym: cannot intubate

Clarifying statement: Inability to successfully place an endotracheal tube after making multiple attempts, often using several techniques, laryngoscopes, and other airway equipment. If an emergency surgical airway is required because conventional intubation techniques have been unsuccessful, this should be classified as a FAILED INTUBATION.

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary. 28th ed. (modified)

FALL – A sudden, unintentional downward displacement of a (patient's) body to the floor or other object, excluding those resulting from violence or other purposeful act, with or without a resultant injury.

AQI XML Schema Element: <OutcomeID>

Source: VA National Center for Patient Safety, Nov2013

FAT EMBOLISM – Fat tissue passes into the bloodstream and triggers an immune reaction, hemodynamic instability, or organ damage.

Clarifying statement: Fat embolism may occur with trauma and fracture of or surgery on a large bone like the femur. The clinical signs and symptoms depend on the specific location of the emboli.

AQI XML Schema Element: <OutcomeID>

HEMODYNAMIC INSTABILITY – An unplanned significant change in global or regional perfusion for more than 30 minutes that may not adequately support normal organ function as indicated by abnormalities in one or more of the following parameters: heart rate, mean arterial blood pressure, or cardiac index that requires treatment with multiple doses or continuous administration of vasoactive agents.

Clarifying statement: In most cases, a significant change is a mean arterial pressure that is more than 20% from baseline or a cardiac index less than 2.0 L/min/m².

Source: Baily, J. Hemodynamic instability. GASNet Inc. © 2003 (modified)

AQI XML Schema Element: <OutcomeID>

HIGH SPINAL OR EPIDURAL – Neuraxial anesthesia in which the level of sensory denervation extends at least to the second thoracic dermatome and that produces hypotension, bradycardia, and/or respiratory insufficiency that requires intubation or ventilatory assistance

AQI XML Schema Element: <OutcomeID>

Source: American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)

HYPERCAPNIA – Abnormally increased arterial carbon dioxide tension greater than 45 mmHg measured in arterial blood at standard temperature

Synonym: Hypercarbia

Clarifying statement: Hypercapnia is associated with respiratory acidosis.

AQI XML Schema Element: <OutcomeID>

HYPERGLYCEMIA – An abnormally high concentration of glucose (greater than 200 mg/dl or 11.1 mmol/l) in the circulating blood

AQI XML Schema Element: <OutcomeID>

HYPERTENSIVE EPISODE – An unplanned elevation of the systemic arterial blood pressure to a level likely to induce adverse consequences (arbitrarily defined in adults as a systolic or diastolic blood pressure more than 20% above baseline or a systolic pressure greater than 190 mmHg or diastolic pressure greater than 110 mmHg and lasting for more than 10 minutes).

Pediatric HYPERTENSION is determined by the patient's age and body size. The values for:
Full-term newborn systolic pressure is greater than 100 mmHg or diastolic greater than 70 mmHg;
Age 1 to 3 yrs, systolic greater than 114 -120 mmHg or diastolic greater than 66-75 mmHg;
Age 4 to 12 yrs, systolic greater than 122-135 mmHg or diastolic greater than 79-91 mmHg

Synonym: High blood pressure (not due to a pre-existing condition); blood pressure spike

Clarifying statement: This does not include hypertension resulting from intentional therapeutic measures that are implemented to increase perfusion to vital organs.

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary. 28th ed.

HYPERTHERMIA – An unplanned, abnormally increased core body temperature (greater than 38.3 degrees Celsius or 100.9 degrees Fahrenheit);

AQI XML Schema Element: <OutcomeID>

HYPOGLYCEMIA – An abnormally low concentration of glucose in the circulating blood;
For adults, less than 70 mg/dl;
For neonates, less than 45 mg/dl;
For children (less than age 12 yr), less than 60 mg/dl

Synonym: Glucopenia

AQI XML Schema Element: <OutcomeID>

HYPOTENSIVE EPISODE – An unintentional low systemic arterial blood pressure at a level that may result in inadequate perfusion of critical organs such as the brain, kidney, or heart (arbitrarily defined in adults as a systolic blood pressure less than 20% below the patient's baseline or a systolic blood pressure less than 80 mmHg or a diastolic blood pressure less than 50 mmHg lasting for more than 10 minutes).

AQI XML Schema Element: <OutcomeID>

HYPOXEMIA – A-persistent abnormal, low partial pressure of oxygen in the arterial blood (less than 60 mmHg measured at standard temperature or an arterial oxygen saturation of less than 90%)

Clarifying statement: The duration of HYPOXEMIA that produces an adverse outcome is dependent on many factors.

AQI XML Schema Element: <OutcomeID>

INADEQUATE PAIN CONTROL – Ineffective regulation and/or management of an unpleasant sensation associated with actual or potential tissue damage from an acute or chronic condition and mediated by specific nerve fibers to the brain where its conscious appreciation may be modified by various factors

Clarifying statement: This may be reflected by a patient-reported pain score greater than 8 or by a health professional's assessment of the patient's behavior (for example, crying or grimacing) in response to the pain

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary (modified)

INADEQUATE REVERSAL OF NEUROMUSCULAR BLOCK – Patient weakness, resulting in inadequate ventilation, swallowing, airway maintenance or insufficient strength, after administration of a medication to counter or neutralize the effect of a previously administered neuromuscular blocking agent (a medication that produces paralysis or weakness by preventing the activation of skeletal muscles by the nervous system at the myoneural junction). **INADEQUATE REVERSAL OF NEUROMUSCULAR BLOCK** may also occur when no reversal agent was administered because the clinician judged that none was necessary after use of a neuromuscular blocking agent.

Clarifying statement: **INADEQUATE REVERSAL OF NEUROMUSCULAR BLOCK** can be documented when the train of four (TOF), measured using the ulnar nerve, is less than 0.9.

Synonym: Prolonged block

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary (modified)

INFECTION FOLLOWING EPIDURAL OR SPINAL ANESTHESIA

Includes (a) Superficial soft tissue infection along the course of an epidural/spinal catheter; (b) Epidural Abscess; (c) Meningitis associated with Central Neuraxial Block; and (d) Epidural Infection with Sepsis

Infectious complications associated with neuraxial anesthesia and analgesia:

Superficial soft tissue infection along the course of an epidural/spinal catheter or needle placement track

Swelling, local erythema and tenderness in combination with any of the following: (a) Fever (>38.0 degrees C); (b) Drainage; (c) Positive culture from the area; and/or (d) Leukocytosis >12/nl or CRP>20 mg/L

Epidural abscess

Radiological evidence of a mass in the epidural space consistent with an epidural abscess within 30 days following epidural/spinal needle/catheter placement/catheter removal or attempted epidural/spinal placement in combination with any of the following: (a) Fever (>38.0 degrees C); (b) Drainage; (c) Positive culture from surgical exploration or puncture; (d) Leukocytosis >12/nl or CRP>20 mg/L; (e) Local erythema; (f) Local tenderness; (g) Focal back pain; and/or (h) Neurologic deficit

Meningitis associated with central neuraxial block

Spinal or epidural block (catheter insertion/removal) in the last 72 hours in combination with: (a) New onset of central neurologic symptoms; (b) Headache; (c) Stiff neck; (d) Fever >38.0 degrees C; (e) Positive CSF culture; and/or (f) Meningitis specific antibiotic therapy started

Epidural infection with sepsis

Diagnostic criteria of superficial soft tissue infection or epidural abscess or Meningitis in combination with positive blood culture with the same organism isolated from puncture site or abscess or clinical diagnosis of sepsis

AQI XML Schema Element: <OutcomeID>

Source: American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009

INFECTION FOLLOWING PERIPHERAL NERVE BLOCK

Includes: (a) Peripheral Nerve Block Associated with Superficial Soft Tissue Infection; (b) Peripheral Nerve Block Associated with Abscess or Deep Tissue Infection; and (c) Peripheral Nerve Block Associated with Sepsis

Peripheral nerve block associated superficial soft tissue infection

Swelling, local erythema, and tenderness along the catheter or needle placement track in combination with any of the following:

- a. Fever (> 38.0 degrees C);
- b. Drainage;
- c. Positive culture from the area;
- d. Leukocytosis >12/nl or CRP>20mg/L

Peripheral nerve block associated abscess or deep tissue infection

Evidence of an abscess or fluid collection consistent with an infectious process by imaging or surgical exploration within 30 days following peripheral nerve block needle placement/catheter removal or attempted placement, especially if in combination with any of the following:

- a. Fever (>38.0 degrees C);
- b. Neurologic deficit;
- c. Drainage;
- d. Positive culture from surgical exploration or puncture;
- e. Leukocytosis >12/nl or CRP>20 mg/L

Peripheral nerve block associated infection with sepsis

Diagnostic criteria of superficial soft tissue infection or abscess or deep tissue infection in combination with positive blood culture with the same organism isolated from puncture site or abscess or clinical diagnosis of sepsis.

AQI XML Schema Element: <OutcomeID>

Source: American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009

ITCHING – An irritating sensation in the skin or mucous membranes that arouses the desire to scratch or rub the affected bodily areas

Synonym: Pruritus

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary. 28th ed.

IV INFILTRATION – Leakage of exogenously administered intravenous fluid from a catheter into the tissue surrounding the vein thereby preventing fluid or medications from reaching the circulation and producing the intended effect

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary (modified)

KIDNEY FAILURE – Kidney failure is defined as either: (1) a level of GFR to <15 mL/min/1.73 m², which is accompanied in most cases by signs and symptoms of uremia, or (2) a need for initiation of kidney replacement therapy (dialysis or transplantation) for treatment for complications of decreased GFR, which would otherwise increase the risk of mortality and morbidity

Synonym: Renal failure

AQI XML Schema Element: <OutcomeID>

Source: KDIGO Clinical Practice Guideline for Acute Kidney Injury March 2012 (modified)

LOCAL ANESTHETIC SYSTEMIC TOXICITY – Major adverse effects observed following injection of a local anesthetic resulting in elevated plasma drug concentration that produces seizures, somnolence, loss of consciousness, respiratory depression/apnea, bradycardia/asystole, or ventricular tachycardia/fibrillation.

Clarifying Statement: An elevated plasma drug concentration does not need to be documented.

AQI XML Schema Element: <OutcomeID>

Source: American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)

MALIGNANT HYPERTHERMIA – A potentially fatal, inherited disorder usually associated with the administration of volatile anesthetics and/or succinylcholine. The disorder is due to an acceleration of metabolism in skeletal muscles and may produce muscle rigidity, masseter spasm, tachycardia, elevated core temperature, increased carbon dioxide and acid production, and muscle breakdown resulting in myoglobinuria.

Synonym: MH

AQI XML Schema Element: <OutcomeID>

Source: American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified); The Malignant Hyperthermia Associated of the United States (modified)

MEDICATION ERROR – Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication; product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use.

Synonyms: Drug error, wrong drug, syringe swaps, look alike vial

Clarifying statements: A medication error is the administration of incorrect medication, incorrect route, or incorrect dosing.

Types of medication errors include omission, unauthorized drug, extra dose, wrong dose, wrong dosage form, wrong rate, deteriorated drug, wrong administration technique, wrong time, and drug administered to wrong patient.

AQI XML Schema Element: <OutcomeID>

Source: American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified); National Coordinating Council for Medication Error Reporting and Prevention (NCCMERP)

MULTIPLE ORGAN FAILURE – Altered function of one or more organs (vital body system) such that homeostasis cannot be maintained without intervention.

Synonyms: multiple organ failure, multisystem organ failure, multiple organ dysfunction syndrome

Clarifying statements: Organ failure may occur in acutely ill patients from sepsis, injury, hypoperfusion (shock), and hypermetabolism.

AQI XML Schema Element: <OutcomeID>

MYOCARDIAL INFARCTION – Blockage of blood flow in a coronary artery causing damage or death of a portion of the heart muscle. Diagnostic criteria: (ONE from below)

1. Documented ECG changes indicative of acute MI with one or more of the following
 - a. ST elevation > 1 mm in two or more contiguous leads not resolved within 20 minutes
 - b. New left bundle branch block
 - c. New q-wave in two or more contiguous leads
2. New elevation in troponin greater than 3 times the upper level of the reference range in the setting of suspected myocardial infarction.
3. Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality

Synonym: heart attack, MI, acute myocardial infarction, acute MI

AQI XML Schema Element: <OutcomeID>

Source: American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)

MYOCARDIAL ISCHEMIA – A temporary condition in which there is inadequate circulation of blood and transport of oxygen and glucose via the coronary arteries to the heart muscle but does not result in death of myocardium. It may be diagnosed by clinical symptoms of angina, ECG (ST segment or T wave) changes, new myocardial wall motion abnormality, or small increases in troponin.

Synonym: Angina

Clarifying statement: ECG manifestations of acute myocardial ischemia (in the absence of left ventricular hypertrophy and left bundle branch block):

- 1) New ST elevation at the J point in two contiguous leads with the cut-points: ≥ 0.1 mV in all leads other than leads V₂-V₃ where the following cut-points apply: ≥ 0.2 mV in men ≥ 40 years; ≥ 0.25 mV in men < 40 years, or ≥ 0.15 mV in women; OR
- 2) New horizontal or down-sloping ST depression ≥ 0.05 mV in two contiguous leads and/or T inversion ≥ 0.1 mV in two contiguous leads with prominent R wave or R/S ratio > 1

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary. 28th ed.; Stedman's Medical Dictionary for the Health Professions and Nursing, 7th ed., (modified); ECG Criteria from European Society of Cardiology, American College of Cardiology Foundation, American Heart Association, Inc., and the World Heart Federation. Expert Consensus Document 2012 doi:10.1038/nrcardui,2012.122.

OR FIRE – Combustion in which fuel or other material is ignited and combined with oxygen, giving off light, heat, and/or flame on or near patients who are under anesthesia care

AQI XML Schema Element: <OutcomeID>

Source: American Society of Anesthesiologists: Practice advisory for the prevention and management of operating room fires. *Anesthesiology* 2013;118(n2)

PERIOPERATIVE VISUAL LOSS – Total or partial loss of sight in one or both eyes after non-ocular surgery not caused by direct trauma or injury to the eye or the central nervous system

Synonym: Visual loss, loss of vision, vision loss

Clarifying statement: This excludes visual changes caused by a perioperative stroke or other CNS event. Perioperative visual loss may be produced by central retinal artery occlusion or anterior or posterior ischemic optic neuropathy.

AQI XML Schema Element: <OutcomeID>

PERIPHERAL NEUROLOGIC DEFICIT AFTER REGIONAL ANESTHESIA – In a patient that has received regional anesthesia or analgesia, there is impaired sensory and/or motor and/or autonomic function that persists for more than 72 hours after the last injection of local anesthetic or adjuvant drug without other identifiable etiologies.

Synonym: PNI

Note: Nerve damage may be confirmed by electrophysiologic testing such as nerve conduction studies or electromyography

Clarifying Statement: Regional anesthesia includes epidural, spinal, and peripheral nerve blocks

AQI XML Schema Element: <OutcomeID>

Source: American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)

PNEUMONIA – Inflammation of the lung parenchyma characterized by consolidation of the affected part, the alveolar air spaces being filled with exudate, inflammatory cells, and fibrin produced by infection (bacterial, virus, fungus) or chemical irritation (aspiration)

Per the CDC, Pneumonia is defined by:

Radiology finding on chest radiograph or CT of new persistent infiltrate, consolidation, or cavitation AND at least one of the following:

- Fever (>38 degree C or > 100.4 degree F)
- Leukopenia (<4,000 WBC/mm³) or Luekocytosis (>12,000 WBC/mm³)
- For adults > 70 years old, altered mental status with no other recognized cause

AND at least TWO of the following:

- New onset of purulent sputum, or change in character of sputum, or increased respiratory secretions, or increased suctioning requirements
- New onset or worsening cough, or dyspnea, or tachypnea
- Rales or bronchial breath sounds
- Worsening gas exchange (e.g. O₂ desaturations or PaO₂/FiO₂<240, increased oxygen requirements, or increased ventilator demand)

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary. 28th ed. (modified); Centers for Disease Control

PNEUMOTHORAX – The unintended presence of air or gas in the pleural cavity, diagnosed by clinical findings or imaging (x-ray, CT, or ultrasound) that results from a regional anesthetic such as supraclavicular brachial plexus block, barotrauma, or instrumentation of the airway.

Synonym: Pneumothorax following attempted vascular access or regional anesthesia, tension pneumothorax

Clarifying Statement: This does not include pneumothorax related to CVL placement. Pneumothorax related to CVL placement should be reported as a Central Line Placement Injury.

AQI XML Schema Element: <OutcomeID>

Source: American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)

POSITIONING INJURY - Damage or harm to the patient resulting from the placement of his/her body and extremities while under anesthesia

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary. 28th ed. (modified)

POST-DISCHARGE NAUSEA AND VOMITING – Nausea (involuntary symptoms resulting from an inclination to vomit, often occurring before vomiting; sickness at the stomach accompanying a loathing for food) and/or vomiting (the ejection of the contents of the stomach through the esophagus and mouth) that occurs after the DISCHARGE FROM PACU/ICU Time.

Synonym: PDNV

Note: Post-discharge nausea and vomiting is a subclass of post-operative nausea and vomiting

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary. 28th ed. (modified)

POSTDURAL PUNCTURE HEADACHE – The new onset of pain in various parts of the head, not confined to the area of distribution of any nerve, usually occurring within 72 hours of an intended or unintended dural puncture. Signs and symptoms include the headache worsening in the sitting or upright position, usually relieved when the patient is supine, may be accompanied by visual or auditory changes, and may occur more frequently in younger patients when the dura has been punctured. A clinical scenario in which a postdural puncture headache may present may be following placement of an epidural or spinal anesthetic or sometimes following a nerve block in close proximity to the neuraxis (e.g., paravertabral or intescalene block).

Synonym: Spinal headache

AQI XML Schema Element: <OutcomeID>

Source: American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)

POSTOPERATIVE COGNITIVE DYSFUNCTION – A loss or decrement from baseline mental function in domains such as learning and memory, judgement, reasoning, verbal abilities, executive functions or perception occurring after anesthesia and surgery.

Synonyms: cognitive dysfunction, POCD

Clarifying statement: Postoperative cognitive dysfunction can only be confirmed by a decrement in mental abilities from the preoperative level when measured by standardized neuropsychological testing (baseline versus postoperative scores).

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary (modified); Deiner S, Silverstein JH. Postoperative delirium and cognitive dysfunction. Br J Anaesth 2009;103 (suppl 1), i41. (modified)

POST-OPERATIVE NAUSEA AND VOMITING – Nausea (involuntary symptoms resulting from an inclination to vomit, often occurring before vomiting; sickness at the stomach accompanying a loathing for food), retching and/or vomiting (the ejection of the contents of the stomach through the esophagus and mouth) occurring between the conclusion of a surgical, diagnostic, or therapeutic procedure for which anesthesia care was provided and the DISCHARGE FROM PACU/ICU Time **and** requiring the administration of a rescue antiemetic medication for treatment.

Synonyms: postoperative nausea, postoperative vomiting, emesis, PONV

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary. 28th ed. (modified)

PROLONGED NEUROMUSCULAR BLOCK – An unanticipated increased duration of patient weakness after administration of a neuromuscular blocking agent (a medication that produces paralysis or weakness by preventing the activation of skeletal muscles by the nervous system at the myoneural junction)

Synonyms: Prolonged block requiring sedation, Prolonged muscle blockade

AQI XML Schema Element: <OutcomeID>

Source: Mosby's Medical Dictionary, 9th edition.2009, Elsevier (modified)

PULMONARY EDEMA – Accumulation of extravascular fluid in lung tissues and alveoli diagnosed by chest x-ray, ultrasound, clinical examination, or blood gas analysis

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary for the Health Professions and Nursing, 7th ed.

PULMONARY EMBOLUS – A blood clot that travels from or through the heart to the lungs

Synonyms: PE, venous thromboembolism, pulmonary embolism

AQI XML Schema Element: <OutcomeID>

RESPIRATORY ARREST – The unplanned cessation of spontaneous breathing for longer than 60 seconds in adults. For infants, it is cessation of breathing for 20 seconds or longer, or a shorter respiratory pause associated with bradycardia, cyanosis, pallor, and/or marked hypotonia.

AQI XML Schema Element: <OutcomeID>

Source: Mosby's Medical Dictionary, 9th edition. 2009, Elsevier (modified); American Academy of Pediatrics

RESPIRATORY FAILURE – Inadequate pulmonary function, either acute or chronic, that results in hypoxemia or hypercarbia

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary for the Health Professions and Nursing, 7th ed. (modified)

SEIZURE – Abnormal electric activity of the neurons in the brain that may have several clinical manifestations such as a sudden, violent involuntary series of contractions of a group of muscles (grand mal seizure); this outcome does not apply to seizures that are medically induced as part of a therapy such as electroconvulsive therapy (ECT)

Synonym: Convulsion

AQI XML Schema Element: <OutcomeID>

Source: Mosby's Medical Dictionary, 9th edition. 2009, Elsevier (modified)

SEPSIS – Life-threatening organ dysfunction caused by a dysregulated host response to infection

AQI XML Schema Element: <OutcomeID>

Source: Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3) JAMA 2016

SHIVERING – Trembling occurring as a thermoregulatory response to cold or onset of fever

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary. 28th ed.

SKIN OR MUCOUS MEMBRANE INJURY – Damage or harm to any portion of the membranous protective covering of the body

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary. 28th ed.

SPINAL CORD INJURY – Damage to the spinal cord that causes temporary or permanent changes in the patient's motor, sensory, or autonomic function

Clarifying statement: spinal cord injury may result from infection, ischemia, compression (as from a hematoma), or physical injury; a spinal cord injury may be complete resulting in a total loss of motor and sensory function in the body below the area of injury or incomplete resulting in only partial sensory or motor deficits

AQI XML Schema Element: <OutcomeID>

SPINAL HEMATOMA FOLLOWING SPINAL OR EPIDURAL ANESTHESIA – Symptomatic bleeding within the spinal neuraxis occurring after a completed or attempted epidural or spinal anesthetic. The hematoma may be confirmed by imaging (MRI).

Synonyms: Spinal hematoma, epidural hematoma, spinal subdural hematoma

AQI XML Schema Element: <OutcomeID>

Source: American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)

SURGICAL SITE INFECTIONS (SSI) –

Includes: (a) Superficial Incisional SSI; (b) Deep Incisional SSI; and (c) Organ/Space SSI

Superficial Incisional SSI - An infection (defined as the invasion of the body with organisms that have the potential to cause disease) that occurs within 30 days after the principal operative procedure and the infection involves only skin or subcutaneous tissue of the incision and at least one of the following: A. Purulent drainage, with or without laboratory confirmation, from the superficial incision; B. Organisms isolated from an aseptically obtained culture of fluid or tissue from the superficial incision; C. Superficial incision is deliberately opened by the surgeon and at least one of the following signs or symptoms of infection: pain or tenderness, localized swelling, redness, or heat

Deep Incisional SSI - An infection (defined as the invasion of the body with organisms that have the potential to cause disease) that occurs at the surgical site within 30 days after the principal operative procedure and involves deep soft tissues and at least one of the following: A. Purulent drainage from the deep incision but not from the organ/space component of the surgical site; B. A deep incision spontaneously dehisces or is deliberately opened by a surgeon when the patient has at least one of the following signs or symptoms: fever (> 38° C), localized pain, or tenderness, unless the site is culture-negative; C. An abscess or other evidence of infection involving the deep incision is found on direct examination, during reoperation, or by histopathologic or radiologic examination.

Organ/Space SSI - An infection (defined as the invasion of the body with organisms that have the potential to cause disease) that occurs within 30 days after the principal operative procedure and involves any of the anatomy (e.g., organs or spaces), other than the incision, which was opened or manipulated during the operation and at least one of the following: A. Purulent drainage from a drain that is placed through a stab wound into the organ/space.; B. Organisms isolated from an aseptically obtained culture of fluid or tissue in the organ/space; C. An abscess or other evidence of infection involving the organ/space that is found on direct examination, during reoperation, or by histopathologic or radiologic examination.

AQI XML Schema Element: <OutcomeID>

Source: Centers for Disease Control, Guideline for Prevention of Surgical Site Infection, 1999; American College of Surgeons NSQIP Operations Manual 1July2015; The Joint Commission National Patient Safety Goal NPSG.07.05.01; Stedman's Medical Dictionary 28th ed.

TRANSFUSION REACTION – An immune mediated adverse event consisting of immediate or delayed red blood cell hemolysis, allergic reaction, febrile reaction, or acute lung injury produced by the transfusion of a blood product

Synonyms: Hemolytic transfusion reaction, transfusion-related acute lung injury (TRALI)

Clarifying statement: Signs and symptoms indicating a transfusion reaction may include new onset of: fever, chills, rash, flank pain or back pain, bloody urine, fainting or dizziness, kidney failure, delayed anemia, lung dysfunction, or shock.

AQI XML Schema Element: <OutcomeID>

Source: American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)

ULCER – A lesion through the skin or mucous membrane resulting from loss of tissue, usually with inflammation

Synonyms: Ulcus, Erosion

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary. 28th ed.

UNANTICIPATED TRANSFUSION – The unplanned need to administer blood or blood components as demonstrated by absence of a blood sample for type and screen prior to the ANESTHESIA START TIME.

Note: TRANSFUSION is the introduction into the bloodstream of whole blood or blood components, such as plasma, platelets, or packed red blood cells from a donor other than the patient.

AQI XML Schema Element: <OutcomeID>

Source: Mosby's Medical Dictionary, 9th edition.2009 (modified)

UNPLANNED CONVERSION TO GENERAL ANESTHESIA – The need to induce general anesthesia as a result of the failure or inadequacy of the originally initiated anesthetic technique such as regional, neuraxial or local anesthesia. General anesthesia is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. General anesthesia often impairs the patient's cardiovascular function and/or the ability to independently maintain spontaneous ventilation. Under general anesthesia, patient may require assistance in maintaining a patent airway and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug induced depression of neuromuscular function.

Clinical scenario: Failed epidural, spinal, regional, or topical or infiltration anesthesia that results in inadequate anesthesia in the anatomic area of the planned surgery or procedure necessitating the need for general anesthesia to begin or complete the planned surgery or procedure.

AQI XML Schema Element: <OutcomeID>

Source: American Society of Anesthesiologists, Committee on Quality Management and Departmental Administration. Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia. Oct 15, 2014

UNPLANNED DURAL PUNCTURE – Unintentionally piercing or perforating the dura mater (the tough, fibrous membrane forming the outer covering of the central nervous system).

Synonyms: Unintended dural puncture; wet tap

Clarifying statement: unintended dural puncture may occur during attempted placement of a needle or a catheter in the epidural space

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary. 28th ed.

UNPLANNED ENDOBRONCHIAL INTUBATION – Insertion of an endotracheal tube to a depth that permits ventilation of only one lung or a portion of one lung and when the position of the endotracheal tube is not recognized and corrected.

Synonyms: Bronchial intubation, Mainstem intubation

Clarifying statement: Unrecognized ENDOBROCHIAL INTUBATION for an extended time will result in an adverse event such as atelectasis of a portion of the lung and hypoxia.

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary (modified)

UNPLANNED ESOPHAGEAL INTUBATION – Unintentionally inserting an endotracheal tube into the esophagus, the anatomic connection between the pharynx and the stomach.

Note: This applies to an event when the endotracheal tube is originally intended to be placed in the trachea. Esophageal intubation may be confirmed by absence of carbon dioxide in gas coming from the patient through the tube.

Clarifying statement: UNRECOGNIZED ESOPHAGEAL INTUBATION for an extended time will result in an adverse event such as hypoxia.

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary (modified)

UNPLANNED HOSPITAL ADMISSION – Transfer of a patient, scheduled for an outpatient procedure, to an in-patient status (patient is assigned a bed in a health care facility to undergo diagnosis and/or receive treatment and care) from an anesthetizing site, PACU, or other clinical location that was not anticipated or arranged at the time that anesthetic care was initiated

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary. 28th ed. (modified)

UNPLANNED HYPOTHERMIA – An unintended core body temperature lower than 95.9 degrees Fahrenheit (35.5 degrees Celsius) occurring within the 30 minutes immediately before or the 15 minutes immediately after ANESTHESIA END TIME.

AQI XML Schema Element: <OutcomeID>

UNPLANNED ICU ADMISSION – Transfer of a patient to an ICU from an anesthetizing site, PACU, or other clinical location that was not anticipated or arranged at the time that anesthetic care was initiated.

Clarifying statement: Reasons for unplanned admission to the ICU may include unanticipated clinical conditions requiring continuous monitoring such as the need for continued ventilation or respiratory support, the need for ongoing vasopressor support, unstable airway, the potential for apnea, and prolonged action of anesthetic agents or neuromuscular blockade.

Note: "Unplanned postoperative ventilation" should also be selected if it is the indication for "Unplanned ICU admission".

AQI XML Schema Element: <OutcomeID>

Source: American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)

UNPLANNED POSTOPERATIVE VENTILATION – The need to provide mechanical pulmonary support that was not anticipated or expected at the time that anesthetic care was initiated

Note: "Unplanned ICU admission" should also be selected for patients that have "Unplanned postoperative ventilation".

AQI XML Schema Element: <OutcomeID>

UNPLANNED REINTUBATION – The need to insert an endotracheal tube resulting from the inability to sustain adequate spontaneous breathing occurring after the removal of an artificial airway

Synonyms: Extubation failure, reintubation, unintended reintubation

Clinical Scenarios: (1) protection of the airway or to facilitate respiratory support to treat hypoxia, hypercarbia, respiratory insufficiency, altered mental status, or inadequate ventilation mechanics; and (2) at the conclusion of general anesthetic during which an endotracheal tube or LMA was placed and the airway device was removed.

AQI XML Schema Element: <OutcomeID>

Source: American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)

UNPLANNED REOPERATION – The need for or to undertake a surgical procedure that was not planned at the time of the principal operative procedure

Synonym: Unplanned return to the OR

EXCLUSIONS: This does not include a return to the OR if an unintended principal procedure is aborted due to patient physiology and is rescheduled for the completion of the initial procedure at a later date; unanticipated findings are discovered, such as a progressed disease state, during the principal procedure requiring additional or subsequent operations; a return to the OR for a follow-up procedure based on the pathology results from the principal operative procedure or concurrent procedure such as breast biopsies which return for re-excisions or insertion of port-a-caths for chemotherapy.

AQI XML Schema Element: <OutcomeID>

Source: American College of Surgeons NSQIP Operations Manual 1July2015

UNPLANNED TRACHEAL EXTUBATION – Unanticipated or unintentional removal of the endotracheal tube during or after ventilatory support or a surgical procedure

Synonym: Inadvertent tracheal extubation

AQI XML Schema Element: <OutcomeID>

Source: Stedman's Medical Dictionary (modified)

VASCULAR INJURY – Damage or harm to an artery or vein resulting from placement of a vascular access device such as an intravenous catheter, central venous catheter, or intra-arterial catheter

Clarifying statement: Scenarios include carotid or subclavian arterial puncture or dilatation during placement of a central venous catheter

AQI XML Schema Element: <OutcomeID>

VENOUS AIR EMBOLISM – Atmospheric gas, introduced into the vascular system, that travels to an organ such as the heart, brain, lungs, or kidney

Synonyms: VAE, air embolus

Clarifying statement: Venous air embolism may occur in many circumstances such as neurosurgical or orthopedic surgery, central venous catheter insertion or removal, or with intravenous administration of medication or fluids.

AQI XML Schema Element: <OutcomeID>

VENTILATION FOR MORE THAN 24 HOURS POST PROCEDURE – A patient who has a total of ventilator-assisted respirations greater than 24 hours after the conclusion of a procedure requiring anesthesia care

Synonym: Prolonged postop ventilation

Clarifying statement: this does not include patients on CPAP or BiPAP. It does include patients that remain intubated immediately after their anesthetic procedure and those who require reintubation within 6 hours after conclusion of an anesthetic.

AQI XML Schema Element: <OutcomeID>

WRONG PATIENT – Administering anesthesia to or performing a procedure (diagnostic or therapeutic) on a patient for whom it was not intended

Synonym: Incorrect patient

AQI XML Schema Element: <OutcomeID>

Source: American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified); The Joint Commission (modified)

WRONG PROCEDURE – Performing an incorrect or unintended intervention, treatment, or operation

Synonyms: Incorrect procedure, wrong surgery

AQI XML Schema Element: <OutcomeID>

Source: The Joint Commission (modified)

WRONG SITE REGIONAL ANESTHESIA – Injection of a local anesthetic or other medication around a nerve intended to provide analgesia or anesthesia for a surgical, diagnostic, or therapeutic procedure but inadvertently performed on the wrong side, wrong body part, or wrong patient.

Synonym: wrong side block, wrong site nerve block

Clarifying statement: This includes regional anesthesia or analgesia or peripheral nerve block.

AQI XML Schema Element: <OutcomeID>

Source: American Society of Regional Anesthesia and Pain Medicine (modified)

WRONG SITE SURGERY – An operation on the incorrect or unintended anatomic part, organ, body side, or location or surgery performed on a body part not consistent with the documented informed consent for that patient, excluding emergent situations whose urgency precludes obtaining informed consent from either the patient or an authorized representative

Synonyms: operation on wrong site, operation on incorrect site

AQI XML Schema Element: <OutcomeID>

Source: American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified); The Joint Commission (modified)

OUTCOME SEVERITY – The degree of harm that may or may not have been caused by the adverse event

NO HARM – Event reached the patient, but no harm was evident within 24 hours to three days after the event

AQI XML Schema Element: <OutcomeSeverity>

Source: AHRQ Common Formats Harm Scale v1.2

MILD HARM – Bodily or psychological injury resulting in minimal symptoms or loss of function, or injury limited to additional treatment, monitoring and/or increased length of stay

AQI XML Schema Element: <OutcomeSeverity>

Source: AHRQ Common Formats Harm Scale v1.2

MODERATE HARM – Bodily or psychological injury adversely affecting function ability or quality of life, but not at a level of severe harm

AQI XML Schema Element: <OutcomeSeverity>

Source: AHRQ Common Formats Harm Scale v1.2

SEVERE HARM – Bodily or psychological injury (including pain or disfigurement) that interferes significantly with functional ability or quality of life

AQI XML Schema Element: <OutcomeSeverity>

Source: AHRQ Common Formats Harm Scale v1.2

DEATH – Dead at time of assessment

Clarifying Statement: This data element is the severity of the outcome of an adverse event and should not be confused with the outcome data element – death – in the NACOR Outcome Data Elements. The conceptual definitions are different because the use and purpose of the data elements are different.

Source: AHRQ Common Formats Harm Scale v1.2 (modified)

OUTCOME TIME FRAME – The period of time at which the outcome occurred.

PRE-OPERATIVE – The outcome occurred at a time between the decision to have surgery and the beginning of the surgical procedure

AQI XML Schema Element: <OutcomeTimeFrame>

INTRA-OPERATIVE – The outcome occurred at a time between the beginning and the end of the surgical, therapeutic, or diagnostic procedure

AQI XML Schema Element: <OutcomeTimeFrame>

POSTOPERATIVE/PACU (POST-ANESTHESIA CARE UNIT) – The outcome occurred at a time between the end of the surgical, therapeutic, or diagnostic procedure and the time the patient was transported out of the PACU

Clarifying Statement: The patient may have already been discharged from the PACU but has not been transported to another location

AQI XML Schema Element: <OutcomeTimeFrame>

24 HOURS – The outcome occurred after the patient left the PACU but within 24 hours from Anesthesia Start Time

AQI XML Schema Element: <OutcomeTimeFrame>

48 HOURS – The outcome occurred after the patient left the PACU but within 48 hours from Anesthesia Start Time

Clarifying Statement for Reporting: For reporting the time of occurrence of an outcome, the longest appropriate single choice should be used. For example, if an adverse outcome occurred between 24+ and 48 hours after Anesthesia Start Time, 48 hours should be reported

AQI XML Schema Element: <OutcomeTimeFrame>

7 DAYS – The outcome occurred within 7 days after Anesthesia Start Time

Clarifying Statement for Reporting: For reporting the time of occurrence of an outcome, the longest appropriate single choice should be used. For example, if an adverse outcome occurred between 48+ hours and 7 days after Anesthesia Start Time, 7 days should be reported

AQI XML Schema Element: <OutcomeTimeFrame>

30 DAYS – The outcome occurred within 30 days after Anesthesia Start Time

Clarifying Statement for Reporting: For reporting the time of occurrence of an outcome, the longest appropriate single choice should be used. For example, if an adverse outcome occurred between 7+ days and 30 days after Anesthesia Start Time, 30 days should be reported

AQI XML Schema Element: <OutcomeTimeFrame>

60 DAYS – The outcome occurred within 60 days after Anesthesia Start Time

Clarifying Statement: For reporting the time of occurrence of an outcome, the longest appropriate single choice should be used. For example, if an adverse outcome occurred between 30+ days and 60 days after Anesthesia Start Time, 60 days should be reported

AQI XML Schema Element: <OutcomeTimeFrame>

90 DAYS – The outcome occurred within 90 days after Anesthesia Start Time

Clarifying Statement: For reporting the time of occurrence of an outcome, the longest appropriate single choice should be used. For example, if an adverse outcome occurred between 60 days after Anesthesia Start Time, 90 days should be reported

AQI XML Schema Element: <OutcomeTimeFrame>

1 YEAR – The outcome occurred within one year (365 days) after Anesthesia Start Time

Clarifying Statement: For reporting the time of occurrence of an outcome, the longest appropriate single choice should be used. For example, if an adverse outcome occurred between 90+ days and 1 year after Anesthesia Start Time, 1 year days should be reported

AQI XML Schema Element: <OutcomeTimeFrame>