

AQI NACOR OUTCOME DATA SET CONCEPTUAL DEFINITIONS

October 31, 2016 - FOR USE DURING 2017

	A	B	C	D	E	F
	1st Level	2nd Level	Definition	Notes	AQI XML Schema Element	Source
1	Outcome		An adverse event that reached the patient and may or may not have resulted in harm			
2		Acidemia	The accumulation of excess hydrogen ions or depletion of alkaline reserve (bicarbonate content) in the blood and body tissues resulting in an arterial blood pH < 7.35	Clarifying statement: Acidemia may result from a metabolic and/or respiratory acidosis	<OutcomeID>	
3		Acute Kidney Injury (AKI)	New kidney damage or a sudden decrease in kidney function. Criteria include: 1. Increase in serum creatinine (Cr) > 0.3 mg/dl within 48 hours 2. Increase in Cr to > 1.5 times baseline, which is known or presumed to have occurred within the prior 7 days		<OutcomeID>	Kidney Disease: Improving Global Outcomes (KDIGO); KDIGO Clinical Practice Guideline for Acute Kidney Injury March 2012 (modified)
4		Adverse Drug Reaction	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	<OutcomeID>	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
5		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)		<OutcomeID>	Stedman's Medical Dictionary for the Health Professions and Nursing, 7th ed. (modified)
6		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. THIS DATA ELEMENT REPLACES ASA QCDR - "DENTAL TRAUMA" FROM CPOM 2009	<OutcomeID>	
7		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	<OutcomeID>	
8		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	<OutcomeID>	American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)
9		Arrhythmia	New onset of an abnormality of the cardiac rhythm; a cardiac rhythm other than normal sinus rhythm	Synonyms: irregular heartbeat Specific rhythms to be included: atrial fibrillation, atrial flutter, ventricular tachycardia, ventricular fibrillation, 2nd or 3rd degree heart block Clarifying statement: A disorder in which there is abnormal electrical activity in the heart.	<OutcomeID>	Stedman's Medical Dictionary. 28th ed.
10		Aspiration	The entry of material (e.g., food, liquid, gastric contents) into the respiratory tract and accompanied by consistent radiologic findings	Synonym: Perioperative aspiration	<OutcomeID>	American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)
11		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	<OutcomeID>	American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)
12		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	<OutcomeID>	Stedman's Medical Dictionary. 28th ed.
13		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		<OutcomeID>	Stedman's Medical Dictionary. 28th ed.
14		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	<OutcomeID>	Stedman's Medical Dictionary. 28th ed.
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16		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	<OutcomeID>	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).
17		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	<OutcomeID>	
18		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	<OutcomeID>	
19		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	<OutcomeID>	
20		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)	<OutcomeID>	
21		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		<OutcomeID>	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).
22		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		<OutcomeID>	Anesthesia Quality Institute 2016 Qualified Clinical Data Registry (AQI QCDR). Feb 8, 2016 (modified)
23		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 FOR ASA 2017 QCDR - "STROKE, CEREBRAL VASCULAR ACCIDENT OR COMA FOLLOWING ANESTHESIA" FROM CPOM 2009 IS A COMBINATION OF THE NACOR DATA ELEMENTS "CEREBRAL VASCULAR ACCIDENT" AND "COMA" - THE DEFINITION FOR ASA#10 "STROKE, CEREBRAL VASCULAR ACCIDENT OR COMA FOLLOWING ANESTHESIA" SHOULD BE THE DEFINITION FOR "CEREBRAL VASCULAR ACCIDENT" PLUS THE DEFINITION FOR "COMA"	<OutcomeID>	
24		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	<OutcomeID>	Stedman's Medical Dictionary. 28th ed.; Hunt, Beverley J. Bleeding and Coagulopathies in Critical Care NEJM 2014;370(9): 847-859

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25		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 FOR ASA 2017 QCDR - "STROKE, CEREBRAL VASCULAR ACCIDENT OR COMA FOLLOWING ANESTHESIA" FROM CPOM 2009 IS A COMBINATION OF THE NACOR DATA ELEMENTS "CEREBRAL VASCULAR ACCIDENT" AND "COMA" - THE DEFINITION FOR ASA#10 "STROKE, CEREBRAL VASCULAR ACCIDENT OR COMA FOLLOWING ANESTHESIA" SHOULD BE THE DEFINITION FOR "CEREBRAL VASCULAR ACCIDENT" PLUS THE DEFINITION FOR "COMA"	<OutcomeID>	American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)
26		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	<OutcomeID>	Anesthesia Quality Institute 2016 Qualified Clinical Data Registry (AQI QCDR). Feb 8, 2016 (modified); MedicineNet.Com
27		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	<OutcomeID>	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)
28		Deep Vein Thrombosis	One or more blood clots (thrombus) within a large vein, usually in the thigh or calf	Synonym: DVT	<OutcomeID>	
29		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	<OutcomeID>	Stedman's Medical Dictionary. 28th ed. (modified)
30		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	<OutcomeID>	American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) (modified)
31		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 FOR ASA 2017 QCDR - "UNRECOGNIZED DIFFICULT AIRWAY" FROM CPOM 2009 IS A COMBINATION OF THE NACOR DATA ELEMENTS "DIFFICULT INTUBATION" AND "DIFFICULT MASK VENTILATION" - THE DEFINITION FOR ASA#10 "UNRECOGNIZED DIFFICULT AIRWAY" SHOULD BE THE DEFINITION FOR "DIFFICULT INTUBATION" PLUS THE DEFINITION FOR "DIFFICULT MASK VENTILATION"	<OutcomeID>	Stedman's Medical Dictionary. 28th ed. (modified)
32		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	FOR ASA 2017 QCDR - "UNRECOGNIZED DIFFICULT AIRWAY" FROM CPOM 2009 IS A COMBINATION OF THE NACOR DATA ELEMENTS "DIFFICULT INTUBATION" AND "DIFFICULT MASK VENTILATION" - THE DEFINITION FOR ASA#10 "UNRECOGNIZED DIFFICULT AIRWAY" SHOULD BE THE DEFINITION FOR "DIFFICULT INTUBATION" PLUS THE DEFINITION FOR "DIFFICULT MASK VENTILATION"	<OutcomeID>	Langeron et al. Anesthesiology 2000;92:1229 (modified)
33		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	<OutcomeID>	Stedman's Medical Dictionary. 28th ed.
34		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	<OutcomeID>	

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1		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	<OutcomeID>	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
35		Failed Intubation	Inability to insert or pass an endotracheal tube into the trachea	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	<OutcomeID>	Stedman's Medical Dictionary. 28th ed. (modified)
36		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		<OutcomeID>	VA National Center for Patient Safety, Nov2013
37		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	<OutcomeID>	
38		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	<OutcomeID>	Baily, J. Hemodynamic instability. GASNet Inc. © 2003 (modified)
39		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	FOR ASA 2017 QCDR - USE WITH MEASURE #10 TO DEFINE "HIGH SPINAL"	<OutcomeID>	American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)
40		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	<OutcomeID>	
41		Hyperglycemia	An abnormally high concentration of glucose (greater than 200 mg/dl or 11.1 mmol/l) in the circulating blood		<OutcomeID>	
42		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	<OutcomeID>	Stedman's Medical Dictionary. 28th ed.
43		Hyperthermia	An unplanned, abnormally increased core body temperature (greater than 38.3 degrees Celsius or 100.9 degrees Fahrenheit)		<OutcomeID>	
44		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	<OutcomeID>	
45		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)		<OutcomeID>	
46		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	<OutcomeID>	
47		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	<OutcomeID>	Stedman's Medical Dictionary (modified)
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1		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	<OutcomeID>	Stedman's Medical Dictionary (modified)
49		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 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		<OutcomeID>	American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009
50		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 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.		<OutcomeID>	American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009
51		Itching	An irritating sensation in the skin or mucous membranes that arouses the desire to scratch or rub the affected bodily areas	Synonym: Pruritus	<OutcomeID>	Stedman's Medical Dictionary. 28th ed.
52		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		<OutcomeID>	Stedman's Medical Dictionary (modified)
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1		Kidney Failure	Kidney failure is defined as either: (1) a level of GFR to <15 mL/min/1.73 m ² , 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 FOR ASA 2017 QCDR - USE WITH MEASURE #25 TO DEFINE "RENAL FAILURE"	<OutcomeID>	KDIGO Clinical Practice Guideline for Acute Kidney Injury March 2012 (modified)
54		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. FOR ASA 2017 QCDR - USE WITH MEASURE #10 TO DEFINE "MAJOR SYSTEMIC LOCAL ANESTHETIC TOXICITY"	<OutcomeID>	American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)
55		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	<OutcomeID>	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)
56		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	<OutcomeID>	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)
57		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	<OutcomeID>	
58		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 FOR ASA 2017 - USE WITH MEASURE #10 TO DEFINE "PERIOPERATIVE MYOCARDIAL INFARCTION"	<OutcomeID>	American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)
59		Myocardia 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: >0.1mV 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 >0.05mV in two contiguous leads and/or T inversion >0.1mV in two contiguous leads with prominent R wave or R/S ratio > 1	<OutcomeID>	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
60		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		<OutcomeID>	American Society of Anesthesiologists: Practice advisory for the prevention and management of operating room fires. Anesthesiology 2013;118(n2)
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	1st Level	2nd Level	Definition	Notes	AQI XML Schema Element	Source
1						
62		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 FOR ASA 2017 QCDR - USE DATA ELEMENT IN MEASURE #10 - "VISUAL LOSS"	<OutcomeID>	
63		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 FOR ASA 2017 - USE WITH MEASURE #10 TO DEFINE "PERIPHERAL NEUROLOGIC DEFICIT FOLLOWING REGIONAL ANESTHESIA"	<OutcomeID>	American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)
64		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: <ul style="list-style-type: none"> • Fever (>38 degree C or > 100.4 degree F) • Leukopenia (<4,000 WBC/mm3) or Leukocytosis (>12,000 WBC/mm3) • For adults > 70 years old, altered mental status with no other recognized cause AND at least TWO of the following: <ul style="list-style-type: none"> • 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) 		<OutcomeID>	Stedman's Medical Dictionary. 28th ed. (modified); Centers for Disease Control
65		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	<OutcomeID>	American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)
66		Positioning Injury	Damage or harm to the patient resulting from the placement of his/her body and extremities while under anesthesia		<OutcomeID>	Stedman's Medical Dictionary. 28th ed. (modified)
67		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	<OutcomeID>	Stedman's Medical Dictionary. 28th ed. (modified)
68		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	<OutcomeID>	American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)

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	1st Level	2nd Level	Definition	Notes	AQI XML Schema Element	Source
1		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)	<OutcomeID>	Stedman's Medical Dictionary (modified); Deiner S, Silverstein JH. Postoperative delirium and cognitive dysfunction. Br J Anaesth 2009;103 (suppl 1), i41. (modified)
69		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	<OutcomeID>	Stedman's Medical Dictionary. 28th ed. (modified)
70		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	<OutcomeID>	Mosby's Medical Dictionary, 9th edition.2009, Elsevier (modified)
71		Pulmonary Edema	Accumulation of extravascular fluid in lung tissues and alveoli diagnosed by chest x-ray, ultrasound, clinical examination, or blood gas analysis		<OutcomeID>	Stedman's Medical Dictionary for the Health Professions and Nursing, 7th ed.
72		Pulmonary Embolus	A blood clot that travels from or through the heart to the lungs	Synonyms: PE, venous thromboembolism, pulmonary embolism	<OutcomeID>	
73		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		<OutcomeID>	Mosby's Medical Dictionary, 9th edition. 2009, Elsevier (modified); American Academy of Pediatrics
74		Respiratory Failure	Inadequate pulmonary function , either acute or chronic, that results in hypoxemia or hypercarbia		<OutcomeID>	Stedman's Medical Dictionary for the Health Professions and Nursing, 7th ed. (modified)
75		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	<OutcomeID>	Mosby's Medical Dictionary, 9th edition. 2009, Elsevier (modified)
76		Sepsis	Life-threatening organ dysfunction caused by a dysregulated host response to infection		<OutcomeID>	Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3) JAMA 2016
77		Shivering	Trembling occurring as a thermoregulatory response to cold or onset of fever		<OutcomeID>	Stedman's Medical Dictionary. 28th ed.
78		Skin or Mucous Membrane Injury	Damage or harm to any portion of the membranous protective covering of the body		<OutcomeID>	Stedman's Medical Dictionary. 28th ed.
79		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	<OutcomeID>	
80		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	<OutcomeID>	American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)
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	1st Level	2nd Level	Definition	Notes	AQI XML Schema Element	Source
1		Surgical Site Infection (SSI) Includes: A. Superficial Incisional SSI B. Deep Incisional SSI 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.		<OutcomeID>	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.
82		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	<OutcomeID>	American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)
83		Ulcer	A lesion through the skin or mucous membrane resulting from loss of tissue, usually with inflammation	Synonyms: Ulcus, Erosion	<OutcomeID>	Stedman's Medical Dictionary. 28th ed.
84		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	<OutcomeID>	Mosby's Medical Dictionary, 9th edition.2009 (modified)
85		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	<OutcomeID>	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
86		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	<OutcomeID>	Stedman's Medical Dictionary. 28th ed.
87		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	<OutcomeID>	Stedman's Medical Dictionary (modified)
88		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	<OutcomeID>	Stedman's Medical Dictionary (modified)
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	1st Level	2nd Level	Definition	Notes	AQI XML Schema Element	Source
1						
90		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	FOR ASA 2017 QCDR - USE WITH MEASURE #37 TO DEFINE "UNPLANNED TRANSFER OR ADMISSION TO HOSPITAL"	<OutcomeID>	Stedman's Medical Dictionary. 28th ed. (modified)
91		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		<OutcomeID>	
92		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".	<OutcomeID>	American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)
93		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"	<OutcomeID>	
94		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	<OutcomeID>	American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)
95		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	<OutcomeID>	American College of Surgeons NSQIP Operations Manual 1July2015
96		Unplanned Tracheal Extubation	Unanticipated or unintentional removal of the endotracheal tube during or after ventilatory support or a surgical procedure	Synonym: Inadvertent tracheal extubation	<OutcomeID>	Stedman's Medical Dictionary (modified)
97		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 FOR ASA 2017 - USE WITH MEASURE #10 TO DEFINE "VASCULAR ACCESS COMPLICATION, INCLUDING VASCULAR INJURY OR PNEUMOTHORAX"	<OutcomeID>	
98		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.	<OutcomeID>	
99		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	<Outcome Name>	
100		Wrong Patient	Administering anesthesia to or performing a procedure (diagnostic or therapeutic) on a patient for whom it was not intended	Synonym: Incorrect patient FOR ASA 2017 QCDR - USE WITH MEASURE #10 TO DEFINE "OPERATION ON INCORRECT PATIENT"	<OutcomeID>	American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified); The Joint Commission (modified)
101		Wrong Procedure	Performing an incorrect or unintended intervention, treatment, or operation	Synonyms: Incorrect procedure, wrong surgery	<OutcomeID>	The Joint Commission (modified)

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1						
102		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	<OutcomeID>	American Society of Regional Anesthesia and Pain Medicine (modified)
103		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 FOR ASA 2017 QCDR - USE WITH MEASURE #10 TO DEFINE "OPERATION ON INCORRECT SITE"	<OutcomeID>	American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified); The Joint Commission (modified)
104	Outcome Severity		The degree of harm that may or may not have been caused by the adverse event			
105		No Harm	Event reached the patient, but no harm was evident within 24 hours to three days after the event		<OutcomeSeverity>	AHRQ Common Formats Harm Scale v1.2
106		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		<OutcomeSeverity>	AHRQ Common Formats Harm Scale v1.2
107		Moderate Harm	Bodily or psychological injury adversely affecting function ability or quality of life, but not at a level of severe harm		<OutcomeSeverity>	AHRQ Common Formats Harm Scale v1.2
108		Severe Harm	Bodily or psychological injury (including pain or disfigurement) that interferes significantly with functional ability or quality of life		<OutcomeSeverity>	AHRQ Common Formats Harm Scale v1.2
109		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.	<OutcomeSeverity>	AHRQ Common Formats Harm Scale v1.2
110	Outcome Time Frame		The period of time at which the outcome occurred			
111		Pre-Operative	The outcome occurred at a time between the decision to have surgery and the beginning of the surgical procedure		<OutcomeTimeFrame>	
112		Intra-Operative	The outcome occurred at a time between the beginning and the end of the surgical, therapeutic, or diagnostic procedure		<OutcomeTimeFrame>	
113		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	<OutcomeTimeFrame>	
114		24 Hours	The outcome occurred after the patient left the PACU but within 24 hours from Anesthesia Start Time		<OutcomeTimeFrame>	
115		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	<OutcomeTimeFrame>	
116		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	<OutcomeTimeFrame>	
117		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	<OutcomeTimeFrame>	
118		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	<OutcomeTimeFrame>	
119		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	<OutcomeTimeFrame>	
120		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	<OutcomeTimeFrame>	