

# 2016 AQI QCDR Measure Specifications

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Anesthesia Quality Institute



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## **INTRODUCTION TO 2016 SPECIFICATIONS**

Thank you for your interest in reporting quality measures for the Physician Quality Reporting System (PQRS) via the ASA Qualified Clinical Data Registry (ASA QCDR). This booklet includes measure specifications for the non-PQRS measures contained in the ASA QCDR.

The requirements for satisfactorily participating in a QCDR include:

### **INDIVIDUAL REPORTING OPTION via ASA QCDR**

Of the measures available via the ASA QCDR, report at least 9 measures covering at least 3 of the NQS domains, AND report each measure for at least 50 percent of the EP's patients. Of these measures, the EP would report on at least 2 outcome measures, OR, if 2 outcomes measures are not available, report on at least 1 outcome measures and at least 1 of the following types of measures – resource use, patient experience of care, efficiency/appropriate use, or patient safety.<sup>1</sup>

Eligible professionals (EPs) reporting at the individual level are assessed on an individual basis. Although they may be part of a group practice, their PQRS assessment is based upon their individual performance.

**Note:** ASA QCDR has not applied for Group Practice Reporting Option (GPRO) status for the Qualified Clinical Data Registry. Practices who seek to report via the GPRO function should contact a different QCDR.

For PQRS reporting, **there are no hardship or low-volume exemptions.** All EPs who furnish covered professional services must participate in the PQRS program each year by meeting the criteria for satisfactory reporting – for example, satisfactory participation in a QCDR, in order to avoid the PQRS payment adjustment.

Individual EPs and practices are responsible for identifying a sufficient number of measures via the QCDR to report throughout the year. This policy is consistent with other reporting mechanism as well. For the QCDR reporting option, you may use any combination of official PQRS measures and non-PQRS QCDR measures available through the ASA QCDR reporting mechanism. For available PQRS measures, please consult the AQI website.

As required by regulation, practices will have access to their performance reports at least four times a year. It is the responsibility of the individual EPs and/or practices to ensure that AQI is receiving all required data. Any adjustments to collecting such data remain under the purview and responsibility of the individual EP and the practice. If you have trouble accessing the reports or have questions on how to read the reports, please contact AQI at [askaqi@asahq.org](mailto:askaqi@asahq.org).

Measure specifications are reviewed and updated on a yearly basis. It is the responsibility of the individual EP and/or the practice to make appropriate modifications to their data capture and reporting systems - on an annual basis. Each year, ASA physician leaders, committees and staff review the measures for applicability to the practice of anesthesiology, determine the feasibility of reporting such measures and take into consideration measure feedback received throughout the year. Practices and individual EPs are invited to attend virtual office hours for announcements and clarification on measures. Measure specifications as posted in this book are final for the year 2016 and cannot be amended or changed by the practice for reporting purposes. If the practice cannot gather and submit **all** the specified denominator or quality-data codes in the numerator, the practice may not report that measure. Questions related to reporting individual measures should be sent to [gra@asahq.org](mailto:gra@asahq.org).

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<sup>1</sup> The AQI offers more than two outcome measures to report. Therefore, EPs must report at least two outcome measures.

Note that the measure specifications include two different measure numbers – an “ASA XX” measure number and an “AQI XX” measure number. The ASA number has been used for several years in the ASA QCDR. The “AQI XX” number has been assigned by CMS. Gaps in numbering may reflect measures that have been removed from the ASA QCDR.

PQRS measures that have been retired from the official PQRS measure list, such as Timely Administration of Prophylactic Antibiotics (formerly PQRS #30) and the Perioperative Temperature Management process measure (PQRS #193) are not available for reporting via the ASA QCDR.

**Participation in the ASA QCDR does not guarantee satisfactory participation in the PQRS program. Successful submission to CMS is contingent upon each individual EP and/or practice meeting the PQRS program requirements and the timeliness, quality, and accuracy of the data they provide for reporting.**

**MEASURES REMOVED FROM NON-PQRS ASA QCDR MEASURE SET**

Please note that several previously used ASA QCDR measures have been placed in the official PQRS measure set. ASA has included these measures in the official PQRS measures available for reporting via the QCDR mechanism. Individual EPs and practices may choose to report any combination of PQRS and non-PQRS QCDR measures available through the ASA QCDR.

2015 Measure Number	Measure Description	Reason for Not Including in 2016 Specifications
ASA #6 / PQRS #427	Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU)	Measure has been adopted into official PQRS list.  Measure is available for reporting via the ASA QCDR and ASA Qualified Registry mechanism.
ASA #7 / PQRS #430	Prevention of Post-Operative Nausea and Vomiting (PONV)	Measure has been adopted into official PQRS list.  Measure is available for reporting via the ASA QCDR and ASA Qualified Registry mechanism.
ASA #9 / PQRS #426	Anesthesiology: Post-Anesthetic Transfer of Care Measure: Procedure Room to a Post Anesthesia Care Unit	Measure has been adopted into official PQRS list.  Measure is available for reporting via the ASA QCDR and ASA Qualified Registry mechanism.
ASA #11	Perioperative Cardiac Arrest	Measure was not accepted by CMS for 2016.
ASA #12	Perioperative Mortality Rate	Measure was not accepted by CMS for 2016.
ASA #14	Assessment of Acute Postoperative Pain	Measure was not accepted by CMS for 2016.
ASA #17 / PQRS #30	Perioperative Care: Timely Administration of Prophylactic Parenteral Antibiotics	Measure has been retired from official PQRS list.

2015 Measure Number	Measure Description	Reason for Not Including in 2016 Specifications
ASA #18 / PQRS #424	Perioperative Temperature Management <b>NOTE:</b> For 2016, CMS has identified this measure as a <u>process</u> measure.	Measure has been adopted into official PQRS list.  Measure is available for reporting via the ASA QCDR and ASA Qualified Registry mechanism.
ASA #19	Perioperative Use of Aspirin for patients with Drug-eluting Coronary Stents	Measure was not accepted by CMS for 2016.
ASA #20	Surgical Safety Checklist – Applicable Safety Checks Completed Before Induction of Anesthesia	Measure was not accepted by CMS for 2016.
ASA #21 / PQRS #404	Smoking Abstinence	Measure has been adopted into official PQRS list.  Measure is available for reporting via the ASA QCDR and ASA Qualified Registry mechanism.
ASA #22	Corneal Injury Diagnosed in the Post-Anesthesia Care Unit/Recovery Area after Anesthesia Care (Inverse Measure)	Measure was changed from an inverse measure to a traditional/positive performance measure. New measure is now identified as ASA #38.
ASA #24	Coronary Artery Bypass Graft (CABG): Stroke	Measure was not accepted by CMS for 2016.
ASA #25	Coronary Artery Bypass Graft (CABG): Post-Operative Renal Failure	Measure was not accepted by CMS for 2016.

2015 Measure Number	Measure Description	Reason for Not Including in 2016 Specifications
ASA #28	Rate of Post-Operative stroke or death in asymptomatic patients undergoing Carotid Endarterectomy (CAE)	Measure was not accepted by CMS for 2016.
ASA #30	Rate of Endovascular aneurysm repair (EVAR) of small or moderate non-ruptured abdominal aortic aneurysm (AAA) who die while in the hospital	Measure was not accepted by CMS for 2016.
ASA #31	Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation	Measure was not accepted by CMS for 2016.
ASA #32	Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet	Measure was not accepted by CMS for 2016.
ASA #33	Unplanned Hospital Readmission within 30 days of Principal Procedure	Measure was removed for feasibility issues.
ASA #34	Surgical Site Infection	Measure was removed for feasibility issues.

## **MODIFICATIONS TO EXISTING NON-PQRS ASA QCDR MEASURES**

The table below identifies changes that were made to the ASA non-PQRS QCDR measures available in 2015 in preparation for 2016. This table only serves as general reference in support of but not superseding the final measure specifications for each measure within the booklet.

<b>2015 Measure Number</b>	<b>Measure Title</b>	<b>Modifications</b>
ASA #8 / AQI #3	Prevention of Post-Operative Vomiting (POV) - Combination Therapy (Pediatrics)	<ul style="list-style-type: none"> <li>• Denominator Exclusion Added</li> <li>• Denominator Criteria Updated (Removed CPT Codes 00326, 00561, 00834, 00836)</li> </ul>
ASA #10 / AQI #5	Composite Anesthesia Safety	<ul style="list-style-type: none"> <li>• Measure Description Updated</li> <li>• Denominator Exclusion Added</li> <li>• Denominator Criteria Updated (Added CPT Codes 01953, 01967)</li> </ul>
ASA #13 / AQI #8	Post-anesthesia Care Unit (PACU) Re-Intubation Rate	<ul style="list-style-type: none"> <li>• Denominator Definition Added</li> <li>• Denominator Exclusion Added</li> <li>• Denominator Criteria Updated (Removed CPT Codes 01967, 01990, 01999, ASA13F)</li> <li>• Denominator Criteria Updated (Added ASA13H, ASA13J)</li> </ul>
ASA #15 / AQI #10	Composite Procedural Safety for Central Line Placement	<ul style="list-style-type: none"> <li>• Measure Description Updated</li> <li>• Denominator Definition Added</li> <li>• Denominator Exclusion Added</li> <li>• Denominator Criteria Updated (Removed CPT Codes 75901, 75902)</li> <li>• Performance Exclusion Deleted</li> <li>• Rationale Updated</li> </ul>
ASA #16 / AQI #11	Composite Patient Experience	<ul style="list-style-type: none"> <li>• Denominator Criteria Updated (Removed CPT Codes 00326, 00561, 00834, 00836, 01990, 01999)</li> <li>• Denominator Criteria Updated (Added CPT Codes 01953, 01967, 01968, 01969)</li> <li>• Denominator Exclusion Added</li> <li>• Performance Not Met Updated</li> <li>• Rationale Updated</li> </ul>
ASA #23 / AQI #18	Coronary Artery Bypass Graft (CABG): Prolonged Intubation	<ul style="list-style-type: none"> <li>• No Changes</li> </ul>



**MEASURE(S) ADDED TO NON-PQRS ASA QCDR MEASURE LIST IN 2016**

<b>2016 Measure Number</b>	<b>Measure Description</b>	<b>Measure Provenance</b>
ASA #38 / AQI TBD	New Corneal Injury Not Diagnosed in the Post Anesthesia Care Unit/Recovery Area after Anesthesia Care	American Society of Anesthesiologists

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## DEFINITIONS<sup>2</sup>

**Continuous Score:** A measure score in which each individual value for the measure can fall anywhere along a continuous scale, and can be aggregated using a variety of methods such as the calculation of a mean or median (for example, mean number of minutes between presentation of chest pain to the time of administration of thrombolytics). NOTE: The ASA QCDR does not include any continuous score measures for 2016.

**CPT Category II Codes:** CPT Category II or CPT II codes, developed through the CPT Editorial Panel for use in performance measurement, encode the clinical action(s) described in a measure's numerator. CPT II codes consist of five alphanumeric characters in a string ending with the letter "F." CPT II codes are not modified or updated during the reporting period and remain valid for the entire program year as published in the measure specifications manuals and related documents for PQRS.

**CPT II Modifiers:** CPT II modifiers are unique to CPT II codes and may be used to report measures by appending the appropriate modifier to a CPT II code as specified for a given measure. The modifiers for a code cannot be combined and their use is guided by the measure's coding instructions, which are included in the numerator coding section of the measure specifications. Use of the modifiers is unique to CPT II codes and may not be used with other types of CPT codes. Only CPT II modifiers may be appended to CPT II codes. Descriptions of each modifier are provided below to help identify circumstances when the use of a modifier may be appropriate. Note that reporting an exclusion or reporting modifier will alter an EP's performance rate. Accurate reporting on all selected measures will count toward the reporting requirements, whether the clinical action is reported as complete or not complete (or performance met or not met).

- CPT II code modifiers fall into two categories; exclusion modifiers and the 8P reporting modifier. Exclusion modifiers may be appended to a CPT II code to indicate that an action specified in the measure was not provided due to medical, patient, or system reason(s) documented in the medical record. These modifiers serve as denominator exclusions for the purpose of measuring performance. Not all exclusions will apply to every measure, and some measures do not allow any performance exclusions.

**Denominator (Eligible Cases):** The lower part of a fraction used to calculate a rate, proportion, or ratio. It can be the same as the initial population or a subset of the initial population to further constrain the population for the purpose of the measure.

**Denominator exception:** Those conditions that should remove a patient, procedure, or unit of measurement from the denominator of the performance rate only if the numerator criteria are not met. Denominator exceptions allow for adjustment of the calculated score for those providers with higher risk populations. Denominator exceptions are used only in proportion measures. Denominator exceptions allow for the exercise of clinical judgment and should be specifically defined where capturing the information in a structured manner fits the clinical workflow. These cases are removed from the denominator; however the number of patients with valid exceptions may still be reported. Exceptions allow for the exercise of clinical judgment. Allowable reasons fall into three general categories:

- Medical reasons
- Patient reasons
- System reasons

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<sup>2</sup> ASA and AQI have gathered these definitions from a number of sources including, but not limited to, CMS PQRS Implementation Guide, [CMS Measure Blueprint](#) and other official CMS documents, the [National Quality Forum Phrase Book](#), ASA reference documents and other materials. For specific references, please contact the ASA Department of Quality and Regulatory Affairs (QRA) at [qra@asahq.org](mailto:qra@asahq.org).

**Denominator Exclusion:** Patients who should be removed from the measure population and denominator before determining if numerator criteria are met. Denominator exclusions are used in proportion and ratio measures to help narrow the denominator. (For example, patients with bilateral lower extremity amputations would be listed as a denominator exclusion for a measure requiring foot exams.)

**Denominator statement:** A statement that describes the population evaluated by the performance measure.

**eCQM:** Electronic clinical quality measures (eCQMs) are standardized performance measures derived solely for use in EHRs. NOTE: The ASA QCDR does not include any eCQMs for 2016.

**Eligible Professionals (EPs):** Healthcare professionals who are providing services which get paid under or are based on the Medicare Physician Fee Schedule.

**G-codes for PQRS:** A set of Centers for Medicare & Medicaid Services (CMS)-defined temporary Healthcare Common Procedure Coding System (HCPCS codes) used to report quality measures on a claim. G-codes are maintained by CMS.

**Initial (patient) population:** Refers to all events to be evaluated by a specific performance eMeasure involving patients who share a common set of specified characteristics within a specific measurement set to which a given measure belongs. All patients counted (for example, as numerator, as denominator) are drawn from the initial population.

**Intermediate Outcome Measure:** An intermediate outcome measure assesses a factor or short-term result that contributes to an ultimate outcome.

**Inverse Measure:** An inverse measure is a measure that represents a poor clinical quality action as meeting performance for the measure. For this measure, a lower performance rate indicates a higher quality of clinical care.

**NACOR (National Anesthesia Clinical Outcomes Registry):** A data warehouse that has been designated as a Qualified Clinical Data Registry (QCDR) by the Centers for Medicare and Medicaid Services (CMS) for Physician Quality Reporting System (PQRS) reporting.

**National Quality Strategy (NQS):** The National Quality Strategy was first published in March 2011 as the [National Strategy for Quality Improvement in Health Care](#), and is led by the Agency for Healthcare Research and Quality on behalf of the U.S. Department of Health and Human Services (HHS).

Mandated by the Patient Protection and Affordable Care Act, the National Quality Strategy was developed through a transparent and collaborative process with input from a range of stakeholders. More than 300 groups, organizations, and individuals, representing all sectors of the health care industry and the general public, provided comments. Based on this input, the National Quality Strategy established a set of [three overarching aims](#) that builds on the Institute for Healthcare Improvement's Triple Aim<sup>®</sup>, supported by [six priorities](#) that address the most common health concerns that Americans face. To align with National Quality Strategy, stakeholders can use [nine levers](#) to align their core business or organizational functions to drive improvement on the aims and priorities.

**To advance these aims, the National Quality Strategy focuses on six priorities (domains):**

- Making care safer by reducing harm caused in the delivery of care.
- Ensuring that each person and family is engaged as partners in their care.
- Promoting effective communication and coordination of care.

- Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
- Working with communities to promote wide use of best practices to enable healthy living.
- Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.

**Measure:** A mechanism to assign a quantity to an attribute by comparison to a criterion. A measure may stand alone or belong to a composite, subset, set, and/or collection of measures. A healthcare performance measure is a way to calculate whether and how often the healthcare system does what it should. Measures are based on scientific evidence about processes, outcomes, perceptions, or systems that relate to high-quality care. See CMS Measure Blueprint.

**Numerator:** The upper portion of a fraction used to calculate a rate, proportion, or ratio. Also called the measure focus, it is the target process, condition, event, or outcome. Numerator criteria are the processes or outcomes expected for each patient, procedure, or other unit of measurement defined in the denominator. A numerator statement describes the clinical action that satisfies the conditions of the performance measure.

**Numerator exclusions:** Patients who are included in the initial patient population, who do not meet the measure numerator criteria, but who do meet the specific numerator exclusionary criteria. Numerator exclusions are not considered to be part of a given measure’s numerator.

**Outcome Measure:** A measure that assesses the results of healthcare that are experienced by patients: clinical events, recovery and health status, experiences in the health system, and efficiency/cost. See CMS Measure Blueprint.

**Performance Measure Reporting Modifier:** The 8P reporting modifier is intended to be used as a “reporting modifier” to allow the reporting of circumstances when an action described in a measure’s numerator is not performed and the reason is not otherwise specified.

**Performance Timeframe:** A designated timeframe within which the action described in a performance measure should be completed. This timeframe is generally included in the measure description and may or may not coincide with the measure’s data reporting frequency requirement.

**Physician Quality Reporting System (PQRS):** The Physician Quality Reporting System (PQRS) is a quality reporting program that encourages individual eligible professionals (EPs) and group practices to report information on the quality of care to Medicare. PQRS gives participating EPs and group practices the opportunity to assess the quality of care they provide to their patients, helping to ensure that patients get the right care at the right time.

**Process Measure:** A measure that focuses on steps that should be followed to provide good care. There should be a scientific basis for believing that the process, when executed well, will increase the probability of achieving a desired outcome. See CMS Measure Blueprint.

**Proportion Measure:** A score derived by dividing the number of cases that meet a criterion for quality (the numerator) by the number of eligible cases within a given time frame (the denominator) where the numerator cases are a subset of the denominator cases (for example, percentage of eligible women with a mammogram performed in the last year).

**Qualified Clinical Data Registry (QCDR):** A CMS-approved entity that collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients. A

QCDR will complete the collection and submission of PQRS quality measures data on behalf of individual eligible professionals (EPs).

**Quality:** Quality is how good something is. For healthcare, it is often expressed in a range. When a person receives high-quality healthcare, he or she has received the right services, at the right time, and in the right way to achieve the best possible health. See NQF Phrase Book.

**Quality-Data Codes:** QDCs are non-payable Healthcare Common Procedure Coding System (HCPCS) codes composed of specified CPT Category II codes and/or G-codes that describe the clinical action required by a measure's numerator. Clinical actions can apply to more than one condition and, therefore, can also apply to more than one measure. Where necessary, to avoid shared CPT Category II codes, G-codes are used to distinguish clinical actions across measures. Some measures require more than one clinical action and may have more than one CPT Category II code, G-code, or a combination associated with them. EPs should review numerator reporting instructions for each measure carefully.

**Quality Improvement:** Quality improvement (QI) encompasses all of the work people are doing to improve healthcare and the health of individuals and populations. QI is both systematic and ongoing. Healthcare professionals and providers, consumers, researchers, employers, health plans, suppliers and other stakeholders all contribute to effective quality improvement. Clinical quality improvement is a type of QI specifically designed to raise the standards for preventing, diagnosing, and treating poor health. ([NQF Phrase Book](#))

**Risk-Adjustment:** Statistical process used to identify and adjust for extraneous variables not associated with care delivery that threaten validity because they affect the outcome being measured outside of the health system's control/ The purpose is a fairer and more accurate comparison of outcomes of care across healthcare organizations or providers.

**Specifications:** Measure instructions that address the following: data elements, data sources, point of data collection, timing and frequency of data collection and reporting, specific instruments to be used (if appropriate), and implementation strategies.

## Measure Title

**\*ASA #8 / AQI #3: Prevention of Post-Operative Vomiting (POV) - Combination Therapy (Pediatrics)**

## Measure Description

Percentage of patients aged 3 through 17 years of age, who undergo a procedure under general anesthesia in which an inhalational anesthetic is used for maintenance AND who have two or more risk factors for post-operative vomiting (POV), who receive combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively or intraoperatively.

## NQS Domain

Person and Caregiver-Centered Experience and Outcomes

## Instructions:

This measure is to be reported each time a patient having risk factors for POV is treated preoperatively or intraoperatively following inhalation general anesthetic.

## Measure Reporting via the Qualified Clinical Data Registry

CPT codes, patient demographics and registry codes are used to identify patients who are included in the measure's denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting with claims, submit the listed CPT codes, and the appropriate CPT Category II code or the appropriate CPT Category II code with the modifier. The modifiers allowed for this measure are: 1P - medical reasons, 8P - reason not otherwise specified. All measure-specific coding should be reported on the claims representing the eligible encounter as the denominator codes.

## Denominator

All patients, aged 3 through 17 years of age, who undergo a procedure under general anesthesia in which an inhalational anesthetic is used for maintenance AND who have two or more risk factors for POV.

**Definition:** Risk factors for POV are:

- Surgery  $\geq$  30 minutes
- Age  $\geq$  3 years
- Strabismus surgery
- History of POV or PONV in parent or sibling

### Denominator Criteria (Eligible Cases):

Patients Aged  $\geq$  3 years old and  $\leq$  17 years old

**AND**

Patient received general anesthetic with inhalational anesthetic for maintenance (**ASA08A**)

**AND**

Patient has two or more risk factors for POV (**ASA08B**)

**AND**

### Patient encounter during the reporting period (CPT):

00100, 00102, 00103, 00104, 00120, 00124, 00120, 00124, 00126, 00140, 00142, 00144, 00145, 00147, 00148, 00160, 00162, 00164, 00170, 00172, 00174, 00176, 00190, 00192, 00210, 00211, 00212, 00214, 00215, 00216, 00218, 00220, 00222, 00300, 00320, 00322, 00350, 00352, 00400, 00402, 00404, 00406, 00410, 00450, 00454, 00470, 00472, 00474, 00500, 00520, 00522, 00524, 00528, 00529, 00530, 00532, 00534, 00537, 00539, 00540, 00541, 00542, 00546, 00548, 00550, 00560, 00562, 00563, 00566, 00567, 00580, 00600, 00604, 00620, 00625, 00626, 00630, 00632, 00635, 00640, 00670, 00700, 00702, 00730, 00740, 00750, 00752, 00754, 00756, 00770, 00790, 00792, 00794, 00796, 00797, 00800, 00802, 00810,



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### **Denominator Exclusions / Exceptions**

- Cases in which an inhalational anesthetic is used only for induction
- Organ Donors as designated by ASA Physical Status 6

### **Numerator**

Patients who receive combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively or intraoperatively

**Definition:** The recommended pharmacologic anti-emetics for POV prophylaxis in pediatric patients at risk of POV include (but may not be limited to):

- 5-hydroxytryptamine (5-HT<sub>3</sub>) receptor antagonists (recommended as the first choice for prophylaxis for POV in children)
- Dexamethasone
- Antihistamines
- Butyrophenones

The foregoing list of medications/drug names is based on clinical guidelines and other evidence. The specified drugs were selected based on the strength of evidence for their clinical effectiveness. This list of selected drugs may not be current. Physicians and other health care professionals should refer to the FDA's web site page entitled "Drug Safety Communications" for up-to-date drug recall and alert information when prescribing medications.

### **Numerator Quality-Data Coding Options for Reporting Satisfactorily**

#### ***Performance Met:***

**4558F** Patient received at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and intra-operatively

#### **OR**

#### ***Performance Not Met – Medical Performance Exclusion:***

**4558F-1P** Documentation of medical reason(s) for not administering combination therapy of at least two prophylactic pharmacologic anti-emetic agents of different classes (e.g., intolerance or other medical reason)

#### **OR**

***Performance Not Met – Reason Unspecified:***

**4558F-8P**      Combination therapy of at least two prophylactic pharmacologic anti-emetic agents of different classes not administered, reason unspecified

**Measure Type:**            Process  
**NQF Number:**            Not applicable  
**eCQM Number:**          Not applicable

**Rationale**

Postoperative nausea and vomiting (PONV) is an important patient-centered outcome of anesthesia care. PONV is highly dis-satisfying to patients, although rarely life-threatening. A large body of scientific literature has defined risk factors for PONV; demonstrated effective prophylactic regimes based on these risk factors, and demonstrated high variability in this outcome across individual centers and providers. Further, a number of papers have shown that performance can be assessed at the level of individual providers -- the outcome is common enough that sufficient power exists to assess variability and improvement at this level. A separate measure is needed for pediatric patients because the risk factors and recommended prophylaxis are different from adults.

**Data Source:**            Claims/Paper Medical Record, Registry  
**Measure Steward:**      American Society of Anesthesiologists (ASA) / Anesthesia Quality Institute (AQI)  
**Number of Multiple Performance Rates:**      Not applicable  
**Inverse Measure:**                                    No  
**Proportion Measure Scoring:**                    Yes  
**Continuous Measure Scoring:**                    No  
**Risk Adjustment:**                                    No

**Clinical Recommendation Statements:**

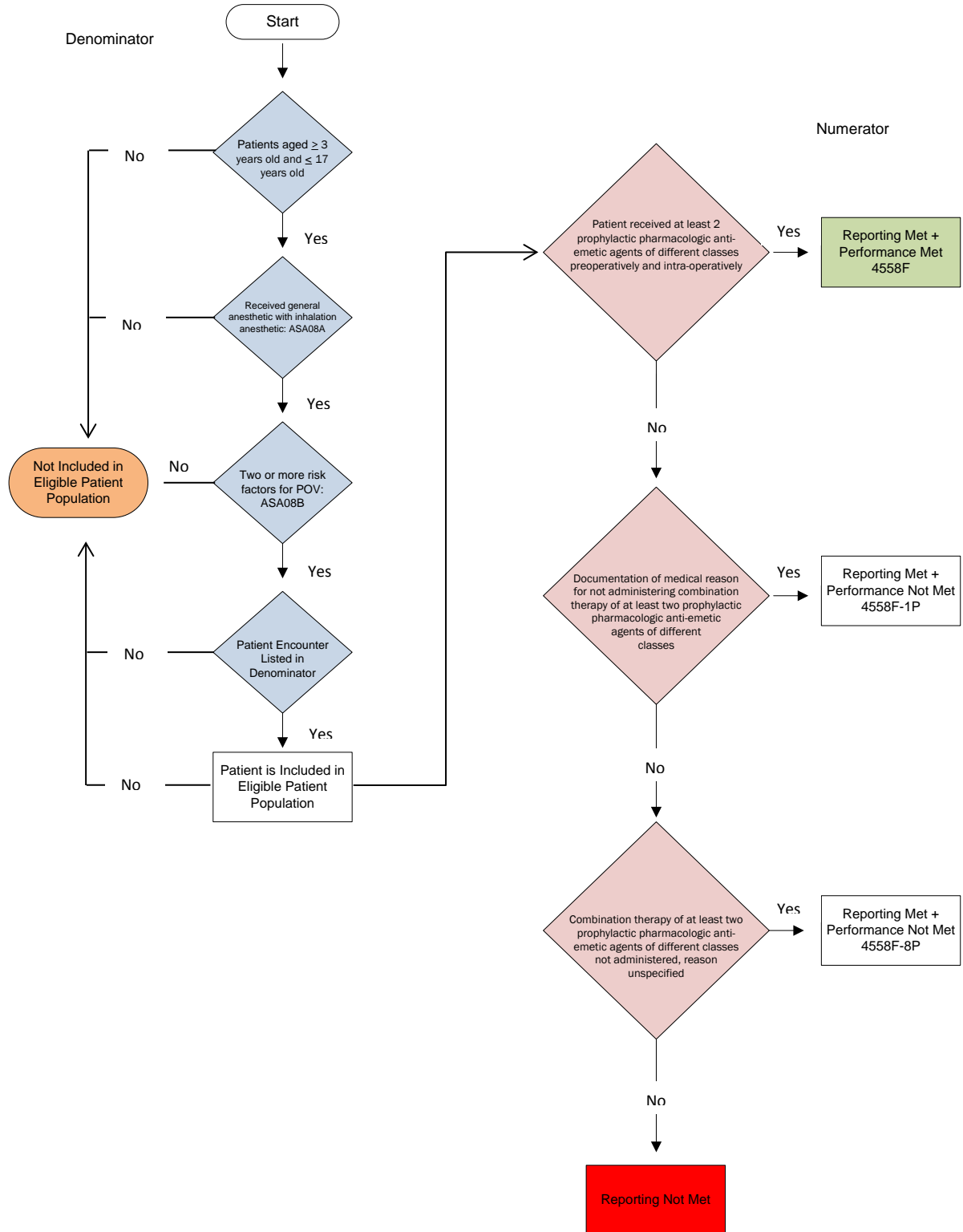
The following evidence statements are quoted verbatim from the referenced clinical guidelines:

Society for Ambulatory Anesthesia (SAMBA) recommendations:

Administer prophylactic antiemetic therapy to children at increased risk for POV; as in adults, use of combination therapy is most effective.

All prophylaxis in children at moderate or high risk for POV should include combination therapy using a 5-HT3 antagonist and a second drug. Because the effects of interventions from different drug classes are additive, combining interventions has an additive effect in risk reduction.

Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics)



## ASA #10/ AQI #5: Composite Anesthesia Safety

### Measure Description

Percentage of patients, regardless of age, who undergo a procedure\* under anesthesia without the occurrence of a major adverse event prior to completion of anesthesia care.

### NQS Domain

Effective Clinical Care

### Instructions:

This measure is to be reported each time a patient undergoes a surgical, therapeutic or diagnostic procedure under anesthesia.

### Measure Reporting via the Qualified Clinical Data Registry

CPT codes and patient demographics are used to identify patients who are included in the measure's denominator. Registry codes are used to report the numerator of the measure.

### Denominator

All patients, regardless of age, who undergo a procedure\* under anesthesia

**Definition:** \*Any procedure including surgical, therapeutic or diagnostic

#### Denominator Criteria (Eligible Cases):

All patients, regardless of age

#### AND

**Patient encounter during the reporting period (CPT):** 00100, 00102, 00103, 00104, 00120, 00124, 00120, 00124, 00126, 00140, 00142, 00144, 00145, 00147, 00148, 00160, 00162, 00164, 00170, 00172, 00174, 00176, 00190, 00192, 00210, 00211, 00212, 00214, 00215, 00216, 00218, 00220, 00222, 00300, 00320, 00322, 00326, 00350, 00352, 00400, 00402, 00404, 00406, 00410, 00450, 00454, 00470, 00472, 00474, 00500, 00520, 00522, 00524, 00528, 00529, 00530, 00532, 00534, 00537, 00539, 00540, 00541, 00542, 00546, 00548, 00550, 00560, 00561, 00562, 00563, 00566, 00567, 00580, 00600, 00604, 00620, 00625, 00626, 00630, 00632, 00635, 00640, 00670, 00700, 00702, 00730, 00740, 00750, 00752, 00754, 00756, 00770, 00790, 00792, 00794, 00796, 00797, 00800, 00802, 00810, 00820, 00830, 00832, 00834, 00836, 00840, 00842, 00844, 00846, 00848, 00851, 00860, 00862, 00864, 00865, 00866, 00868, 00870, 00872, 00873, 00880, 00882, 00902, 00904, 00906, 00908, 00910, 00912, 00914, 00916, 00918, 00920, 00921, 00922, 00924, 00926, 00928, 00930, 00932, 00934, 00936, 00938, 00940, 00942, 00944, 00948, 00950, 00952, 01112, 01120, 01130, 01140, 01150, 01160, 01170, 01173, 01180, 01190, 01200, 01202, 01210, 01212, 01214, 01215, 01220, 01230, 01232, 01234, 01250, 01260, 01270, 01272, 01274, 01320, 01340, 01360, 01380, 01382, 01390, 01392, 01400, 01402, 01404, 01420, 01430, 01432, 01440, 01442, 01444, 01462, 01464, 01470, 01472, 01474, 01480, 01482, 01484, 01486, 01490, 01500, 01502, 01520, 01522, 01610, 01620, 01622, 01630, 01634, 01636, 01638, 01650, 01652, 01654, 01656, 01670, 01680, 01682, 01710, 01712, 01714, 01716, 01730, 01732, 01740, 01742, 01744, 01756, 01758, 01760, 01770, 01772, 01780, 01782, 01810, 01820, 01829, 01830, 01832, 01840, 01842, 01844, 01850, 01852, 01860, 01916, 01920, 01922, 01924, 01925, 01926, 01930, 01931, 01932, 01933, 01935, 01936, 01951, 01952, 01953, 01958, 01960, 01961, 01962, 01963, 01965, 01966, 01967, 01968, 01969, 01991, 01992

### Denominator Exclusions / Exceptions

- Organ Donors as designated by ASA Physical Status 6

## Numerator

Patients who did not experience a major adverse event prior to completion of anesthesia care\*\*.

**Definition:** Major adverse events of anesthesia are defined according to the 2009 Committee of Performance and Outcomes Measurement work product “Development of the ASA Critical Incidents Reporting System. The adverse events and their definitions can be accessed here:

<http://www.aqihq.org/files/CPOM-registry-data-set.pdf>. Adverse events include:

- Death
- Cardiac arrest
- Perioperative myocardial infarction
- Anaphylaxis
- Malignant hyperthermia
- Transfusion reaction
- Stroke, cerebral vascular accident, or coma following anesthesia
- Visual loss
- Operation on incorrect site
- Operation on incorrect patient
- Medication error
- Unplanned ICU admission
- Intraoperative awareness
- Unrecognized difficult airway
- Reintubation
- Dental trauma
- Perioperative aspiration
- Vascular access complication, including vascular injury or pneumothorax
- Pneumothorax following attempted vascular access or regional anesthesia
- Infection following epidural or spinal anesthesia
- Epidural hematoma following spinal or epidural anesthesia
- High Spinal
- Postdural puncture headache
- Major systemic local anesthetic toxicity
- Peripheral neurologic deficit following regional anesthesia
- Infection following peripheral nerve block

\*\* Anesthesia care is completed when the patient is discharged from the Postanesthesia Care Unit (PACU) or admitted to the Intensive Care Unit.

### **Numerator Quality-Data Coding Options for Reporting Satisfactorily**

#### ***Performance Met:***

**ASA10A:** Patient did not experience an adverse event prior to completion of anesthesia care.

#### **OR**

#### ***Performance Not Met:***

**ASA10B:** Patient experienced an adverse event prior to completion of anesthesia care

**Measure Type:** Outcome

**NQF Number:** Not applicable

**eCQM Number:** Not applicable

**Rationale**

Serious adverse events are rare in anesthesia care, but can be assessed for performance improvement purposes as a composite of mortality, major organ system injury, and unintended events (e.g. anaphylaxis, cardiac arrest) that carry a high risk. Completion of anesthesia care **WITHOUT** complication is the fundamental goal of both patients and anesthesia providers, suggesting that this metric is at the core of assessment for the specialties involved.

Major adverse events of anesthesia are defined and clinical recommendations are available according to the 2009 Committee of Performance and Outcomes Measurement work product “Development of the ASA Critical Incidents Reporting System.” The adverse events and their definitions can be accessed here:  
<http://www.aqihq.org/files/CPOM-registry-data-set.pdf>.

**Data Source:** Claims/Paper Medical Record, Registry

**Measure Steward:** American Society of Anesthesiologists (ASA) / Anesthesia Quality Institute (AQI)

**Number of Multiple Performance Rates:** Not applicable

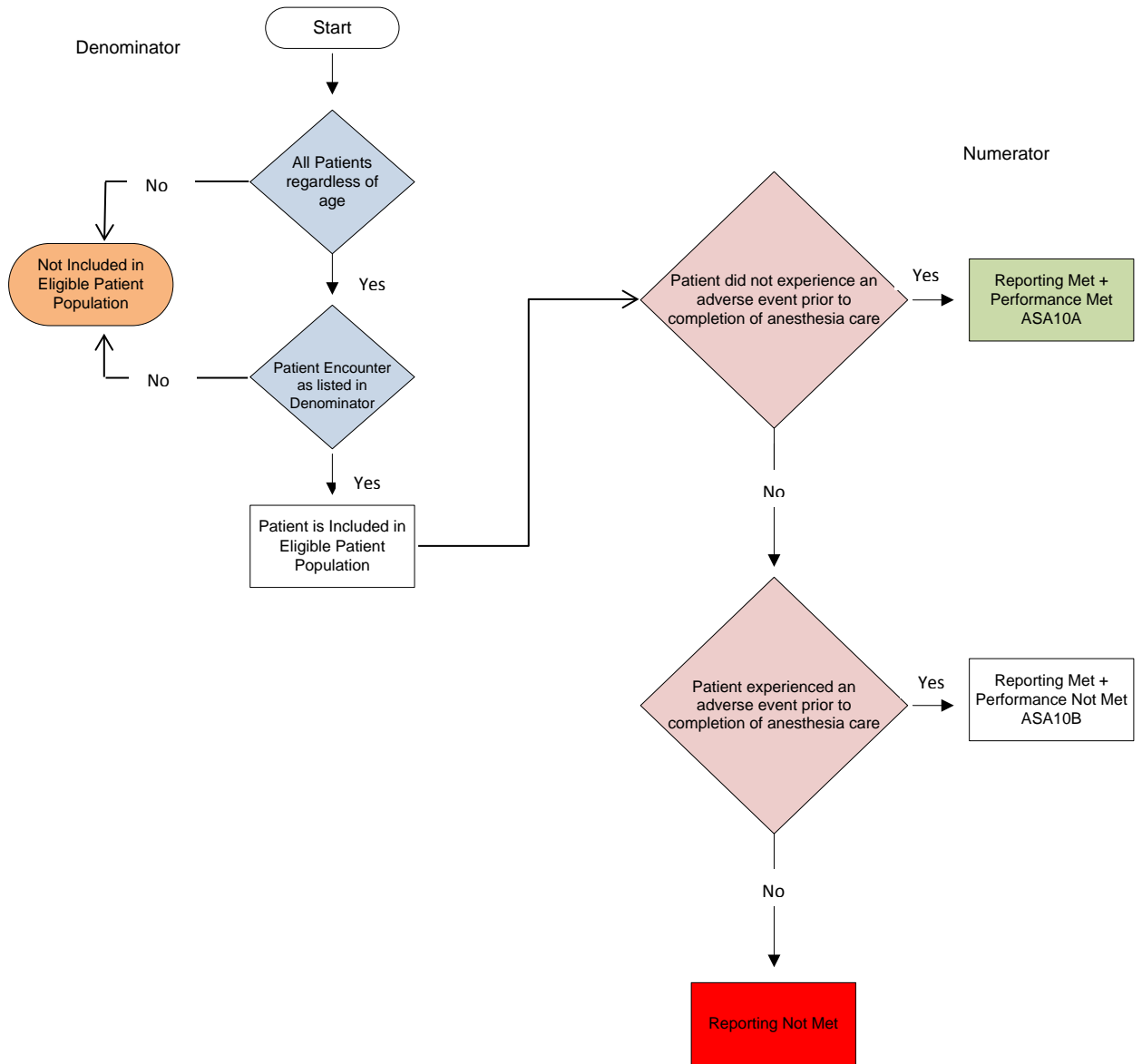
**Inverse Measure:** No

**Proportion Measure Scoring:** Yes

**Continuous Measure Scoring:** No

**Risk Adjustment:** No

# Composite Anesthesia Safety



**Measure Title:****ASA #13 / AQI #8: Post-anesthesia Care Unit (PACU) Re-intubation Rate****Measure Description**

Percentage of patients, regardless of age, who were extubated in the operating room or the postanesthesia care unit following general anesthesia but required re-intubation prior to PACU discharge.

**NQS Domain**

Patient Safety

**Instructions:**

This measure is to be reported each time a patient who undergoes a procedure under general anesthesia has a supraglottic airway (SGA) or endotracheal tube (ETT) placed for the procedure and then removed in the operating room or PACU.

**Measure Reporting via the Qualified Clinical Data Registry**

CPT codes, registry codes and patient demographics are used to identify patients who are included in the measure's denominator. Registry codes are used to report the numerator of this measure.

**Denominator**

All patients, regardless of age, who undergo a procedure under general anesthesia facilitated by an SGA or ETT that was removed in the operating room or post anesthesia care unit.

**Denominator Definition:** For the purposes of this measure the terms “removed” and “extubated” are synonymous.

**Denominator Criteria (Eligible Cases):**

All patients, regardless of age

**AND**

Patient underwent a procedure under general anesthesia facilitated by an SGA or ETT: **ASA13H**

**AND**

SGA or ETT was removed in the operating room or post anesthesia care unit: **ASA13J**

**AND****Patient encounter during the reporting period (CPT):**

00100, 00102, 00103, 00104, 00120, 00124, 00126, 00140, 00142, 00144, 00145, 00147, 00148, 00160, 00162, 00164, 00170, 00172, 00176, 00190, 00192, 00210, 00211, 00212, 00214, 00215, 00216, 00220, 00222, 00300, 00320, 00322, 00326, 00350, 00352, 00400, 00402, 00404, 00406, 00410, 00450, 00454, 00470, 00472, 00474, 00500, 00520, 00522, 00524, 00528, 00529, 00530, 00532, 00534, 00537, 00539, 00540, 00541, 00542, 00546, 00548, 00550, 00560, 00561, 00562, 00563, 00566, 00567, 00580, 00600, 00620, 00625, 00626, 00630, 00632, 00635, 00640, 00670, 00700, 00702, 00730, 00740, 00750, 00752, 00754, 00756, 00770, 00790, 00792, 00794, 00796, 00797, 00800, 00802, 00810, 00820, 00830, 00834, 00836, 00840, 00844, 00846, 00848, 00851, 00860, 00862, 00864, 00865, 00866, 00868, 00870, 00873, 00880, 00882, 00902, 00904, 00906, 00908, 00910, 00912, 00914, 00918, 00920, 00921, 00922, 00924, 00926, 00928, 00930, 00932, 00934, 00936, 00938, 00940, 00942, 00944, 00948, 00952, 01112, 01120, 01130, 01140, 01150, 01160, 01170, 01173, 01180, 01190, 01200, 01202, 01210, 01212, 01214, 01215, 01220, 01230, 01232, 01250, 01260, 01270, 01272, 01274, 01320, 01340, 01360, 01380, 01382, 01390, 01392, 01400, 01402, 01404, 01420, 01440, 01442, 01444, 01462, 01464, 01470, 01472, 01474, 01480, 01482, 01484, 01486, 01490, 01500, 01502, 01520, 01522, 01610, 01620, 01622, 01630, 01634, 01636, 01638, 01650, 01652, 01654, 01656, 01670, 01680, 01682, 01710, 01712, 01714, 01716, 01730, 01732, 01740, 01742, 01744, 01756, 01758, 01760, 01770, 01772, 01782, 01810, 01820, 01829, 01830, 01832,



01840, 01842, 01844, 01850, 01860, 01916, 01920, 01922, 01924, 01925, 01926, 01930, 01931, 01935, 01936, 01951, 01952, 01958, 01961, 01963, 01965, 01966, 01991, 01992

#### **Denominator Exclusions / Exceptions**

- Patients transferred directly to the Intensive Care Unit (ICU) from the Operating Room (OR).
- Organ Donors as designated by ASA Physical Status 6

#### **Numerator**

Patients who required new management with an Endotracheal Tube (ETT), supraglottic airway (SGA) or new surgical airway prior to PACU discharge

#### **Numerator Quality-Data Coding Options for Reporting Satisfactorily**

##### ***Performance Met:***

**ASA13A:** Patient required new airway management prior to PACU discharge.

##### ***Performance Not Met***

**ASA13B:** Patient did not require new airway management prior to PACU discharge.

##### ***Performance Not Met – Medical Performance Exclusion***

**ASA13G:** Patient received a planned trial of extubation documented in the medical record prior to removal of the original airway device

**Measure Type:** Intermediate Outcome

**NQF Number:** Not applicable

**eCQM Number:** Not applicable

#### **Rationale**

The need for early repeat airway management of surgical patients is strongly associated with subsequent serious adverse outcomes; prolonged ICU and hospital stay, and increased costs of care. Assessment of this metric under a unified definition will be an important tool for benchmarking the performance of surgical facilities, anesthesia departments, and individual practitioners.

**Data Source:** Claims/Paper Medical Record, Registry

**Measure Steward:** American Society of Anesthesiologists (ASA) / Anesthesia Quality Institute (AQI)

**Number of Multiple Performance Rates:** Not applicable

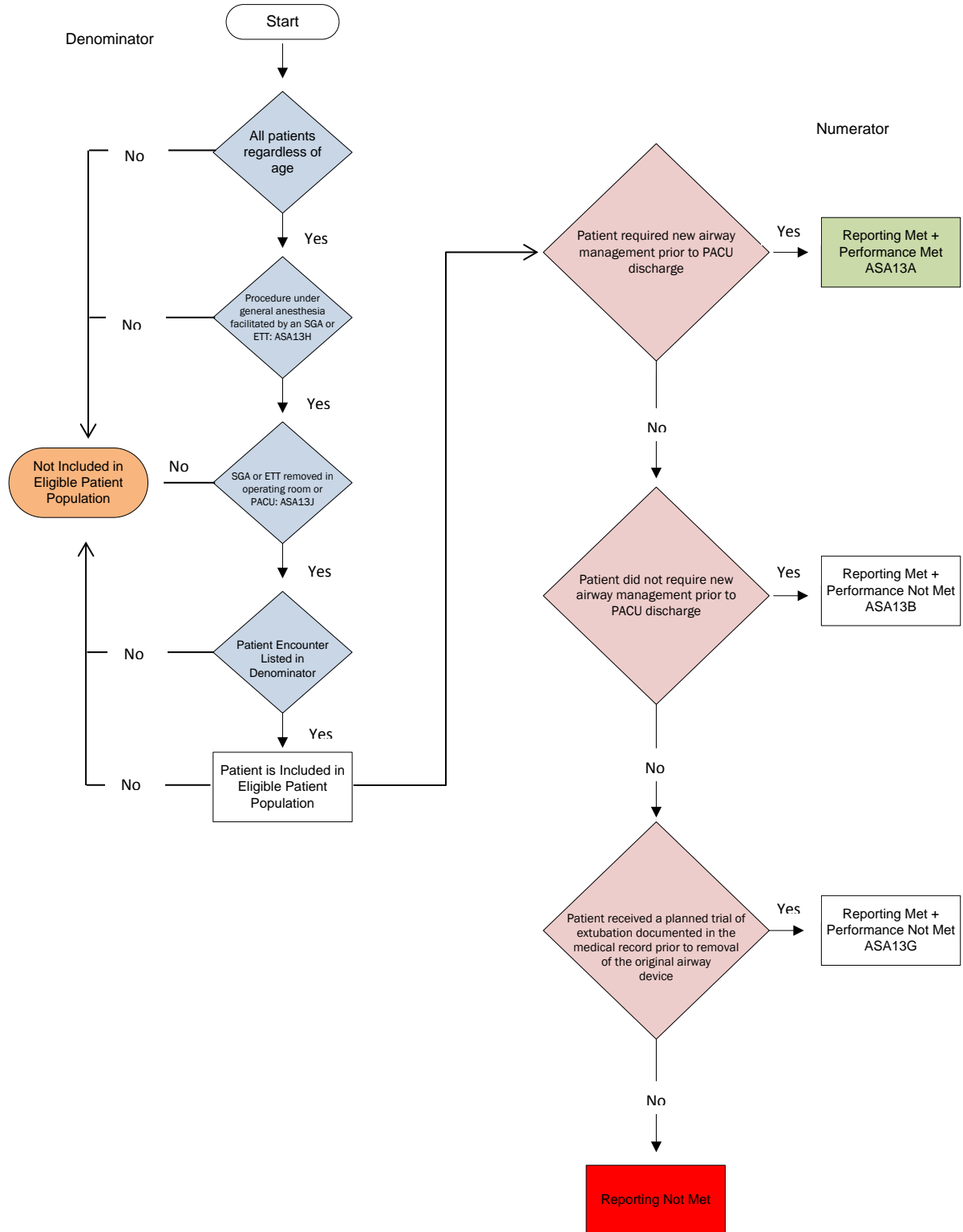
**Inverse Measure:** Yes

**Proportion Measure Scoring:** Yes

**Continuous Measure Scoring:** No

**Risk Adjustment:** No

# Postanesthesia Care Unit (PACU) Re-Intubation Rate



**Measure Title:**

**ASA #15 / AQI #10: Composite Procedural Safety for Central Line Placement**

**Measure Description**

Percentage of patients, regardless of age, who did not experience pneumothorax or arterial injury who undergo central venous cannulation insertion.

**NQS Domain**

Patient Safety

**Instructions:**

This measure is to be reported each time a central venous cannulation is attempted during the reporting period. It is anticipated that clinicians who attempt central venous cannulation insertions will submit this measure.

**Measure Reporting via the Qualified Clinical Data Registry**

CPT codes and patient demographics are used to identify patients who are included in the measure's denominator. CPT Category codes are used to report the numerator of the measure.

**Denominator**

All patients, regardless of age, who undergo central venous cannulation insertion.

**Denominator Definition:** For the purposes of this measure, clinicians should report the measure if also in circumstances where central venous cannulation was attempted and the appropriate denominator criteria were recorded.

**Denominator Criteria (Eligible Cases):**

All patients, regardless of age

**AND**

**Patient encounter during the reporting period (CPT):** 36555, 36556, 36557, 36558, 36560, 36561, 36563, 36565, 36566, 36568, 36569, 36570, 36571, 36575, 36576, 36578, 36580, 36581, 36582, 36583, 36584, 36585, 36589, 36590, 36592, 36595, 36596, 36597, 36598, 93503

**Denominator Exclusions/Exceptions**

- Organ Donors as designated by ASA Physical Status 6
- ASA Physical Status indicating case is emergent by using 'E' designation

**Numerator**

Patients who did not experience and arterial injury or pneumothorax requiring thoracostomy placement or decompression of the pleural cavity (from the medical record or PSI code).

**Numerator Quality-Data Coding Options for Reporting Satisfactorily**

***Performance Met:***

**ASA15B:** Patient did not experience an arterial injury or pneumothorax requiring thoracostomy placement.

**OR**

***Performance Not Met***

**ASA15A:** Patient did experience an arterial injury or pneumothorax requiring thoracostomy placement

**OR**

Patient encounter during the reporting period (CPT): 32035, 32036, 32551

**Measure Type:** Intermediate Outcome

**NQF Number:** Not applicable

**eCQM Number:** Not applicable

**Rationale**

Central venous cannulation may be associated with serious adverse events. Arterial injury and pneumothorax each require additional treatment that adds to the cost and discomfort of care. Recent scientific literature has documented that the risk for these complications can be reduced through evidence-based practice. This measure will allow for documentation of variability in occurrence of this outcome, and will empower quality improvement efforts.

Vascular access complication, including vascular injury or pneumothorax as well as pneumothorax following attempted vascular access or regional anesthesia is described in the 2009 Committee of Performance and Outcomes Measurement work product “Development of the ASA Critical Incidents Reporting System. The adverse events and their definitions can be accessed here: <http://www.aqihq.org/files/CPOM-registry-data-set.pdf>. Additional reference may be found in the [ASA Statement on Intravascular Catheterization Procedures](#).

**Data Source:** Claims/Paper Medical Record, Registry

**Measure Steward:** American Society of Anesthesiologists (ASA) / Anesthesia Quality Institute (AQI)

**Number of Multiple Performance Rates:** Not applicable

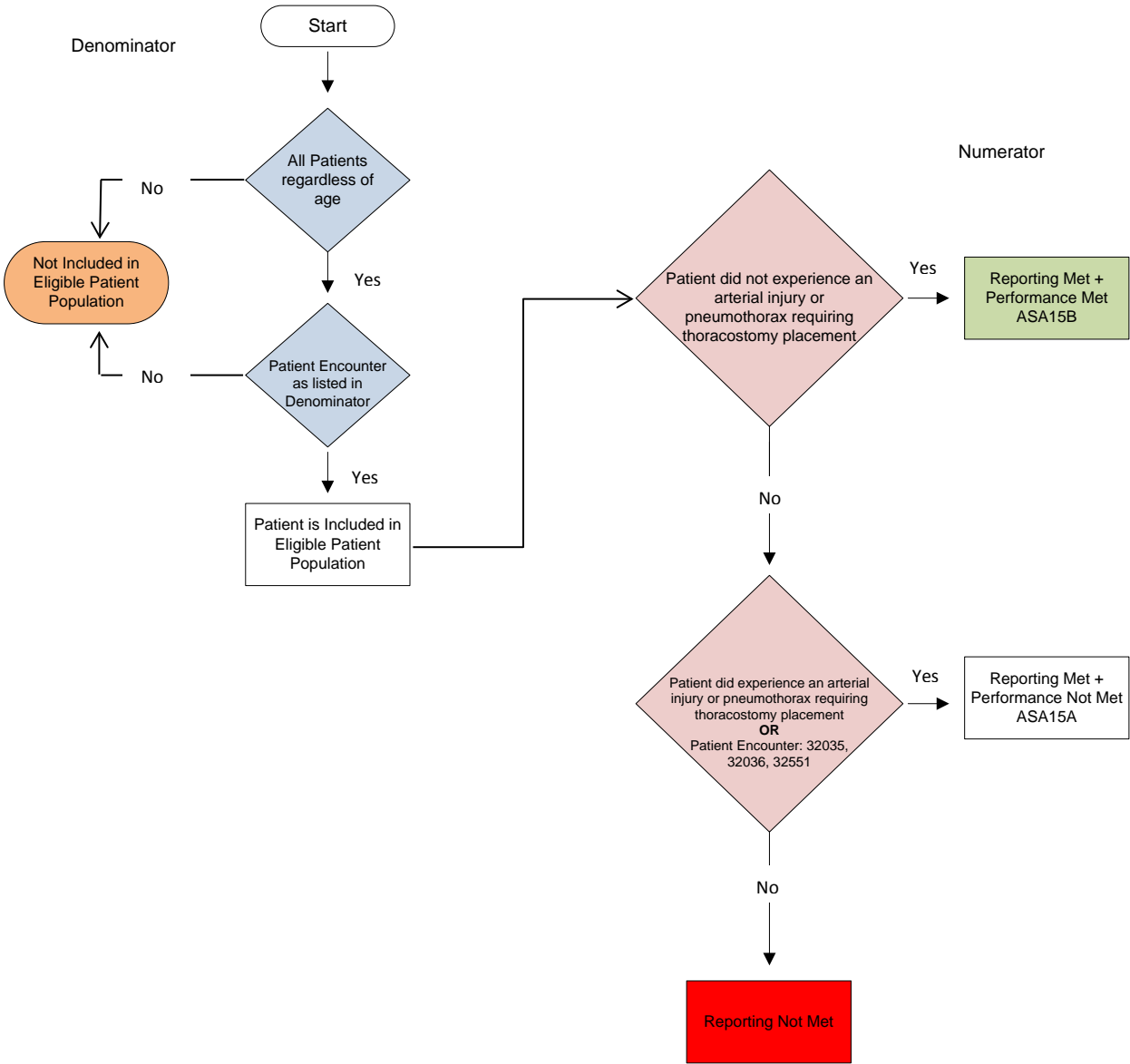
**Inverse Measure:** No

**Proportion Measure Scoring:** Yes

**Continuous Measure Scoring:** No

**Risk Adjustment:** No

Composite Procedural Safety for Central Line Placement



**Measure Title:**

**ASA #16 / AQI #11: Composite Patient Experience**

**Measure Description**

Percentage of patients, aged 18 and older, who were surveyed on their patient experience and satisfaction with anesthesia care (e.g. private vendor assessment of patient experience and satisfaction, Consumer Assessment of Healthcare Providers and Systems Surgical Care Survey or S-CAHPS). The survey tool used must reflect and take into consideration the recommendations of the ASA Committee on Performance and Outcomes Measurement work product entitled "[Patient Satisfaction and Experience with Anesthesia.](#)"

**NQS Domain**

Person and Caregiver-Centered Experience and Outcomes

**Instructions:**

This measure is to be reported each time a patient underwent a procedure\* with anesthesia during the reporting period.

**Measure Reporting via the Qualified Clinical Data Registry**

CPT codes and patient demographics are used to identify patients who are included in the measure denominator. Registry codes are used to report the measure numerator.

**Denominator**

Patients, aged 18 and older, who undergo a procedure\* under anesthesia.

**Definition:** \* Any procedure including surgical, therapeutic or diagnostic

**Denominator Criteria (Eligible Cases):**

Patients aged  $\geq 18$  years on date of encounter

**AND**

**Patient encounter during the reporting period (CPT):**

00100, 00102, 00103, 00104, 00120, 00124, 00126, 00140, 00142, 00144, 00145, 00147, 00148, 00160, 00162, 00164, 00170, 00172, 00176, 00190, 00192, 00210, 00211, 00212, 00214, 00215, 00216, 00220, 00222, 00300, 00320, 00322, 00350, 00352, 00400, 00402, 00404, 00406, 00410, 00450, 00454, 00470, 00472, 00474, 00500, 00520, 00522, 00524, 00528, 00529, 00530, 00532, 00534, 00537, 00539, 00540, 00541, 00542, 00546, 00548, 00550, 00560, 00562, 00563, 00566, 00567, 00580, 00600, 00620, 00625, 00626, 00630, 00632, 00635, 00640, 00670, 00700, 00702, 00730, 00740, 00750, 00752, 00754, 00756, 00770, 00790, 00792, 00794, 00796, 00797, 00800, 00802, 00810, 00820, 00830, 00840, 00844, 00846, 00848, 00851, 00860, 00862, 00864, 00865, 00866, 00868, 00870, 00873, 00880, 00882, 00902, 00904, 00906, 00908, 00910, 00912, 00914, 00918, 00920, 00921, 00922, 00924, 00926, 00928, 00930, 00932, 00934, 00936, 00938, 00940, 00942, 00944, 00948, 00952, 01112, 01120, 01130, 01140, 01150, 01160, 01170, 01173, 01180, 01190, 01200, 01202, 01210, 01212, 01214, 01215, 01220, 01230, 01232, 01250, 01260, 01270, 01272, 01274, 01320, 01340, 01360, 01380, 01382, 01390, 01392, 01400, 01402, 01404, 01420, 01440, 01442, 01444, 01462, 01464, 01470, 01472, 01474, 01480, 01482, 01484, 01486, 01490, 01500, 01502, 01520, 01522, 01610, 01620, 01622, 01630, 01634, 01636, 01638, 01650, 01652, 01654, 01656, 01670, 01680, 01682, 01710, 01712, 01714, 01716, 01730, 01732, 01740, 01742, 01744, 01756, 01758, 01760, 01770, 01772, 01782, 01810, 01820, 01829, 01830, 01832, 01840, 01842, 01844, 01850, 01860, 01916, 01920, 01922, 01924, 01925, 01926, 01930, 01931, 01935, 01936, 01951, 01952, 01953, 01958, 01961, 01963, 01965, 01966, 01968, 01969, 01991, 01992

### Denominator Exclusions / Exceptions

- ASA Physical Status indicating case is emergent by using “E” designation or designated by code 99140
- Organ Donors as designated with ASA Physical Status 6

### Numerator

Patients who received a survey\* or similar tool used to assess their experience and satisfaction with anesthesia.

**Definition:** \* The survey tool used must reflect and take into consideration the recommendations of the ASA Committee on Performance and Outcomes Measurement work product entitled “[Patient Satisfaction and Experience with Anesthesia.](#)”

### Numerator Quality-Data Coding Options for Reporting Satisfactorily

#### *Performance Met:*

**ASA16A:** Patient provided with a survey or similar tool to assess their experience and satisfaction with anesthesia

#### OR

#### *Performance Not Met*

**ASA16B:** Patient was not provided with a survey or similar tool to assess their experience and satisfaction with anesthesia

#### OR

#### *Performance Not Met:*

**ASA16F:** Patient unable to be surveyed because of cognitive impairment.

#### OR

#### *Structural Performance Not Met:*

**ASA16G:** Provider unable to send patient survey or similar tool in patient’s preferred language

**Measure Type:** Process

**NQF Number:** Not applicable

**eCQM Number:** Not applicable

### Rationale

Patient-centered outcomes are important discriminators of the quality of anesthesia practice. Anesthesia departments and individual providers should have access to relevant CAHPS and other patient survey data collected by the facility or practice as a means of guiding quality improvement initiatives.

**Data Source:** Claims/Paper Medical Record, Registry

**Measure Steward:** American Society of Anesthesiologists (ASA) / Anesthesia Quality Institute (AQI)

**Number of Multiple Performance Rates:** Not applicable

**Inverse Measure:** No

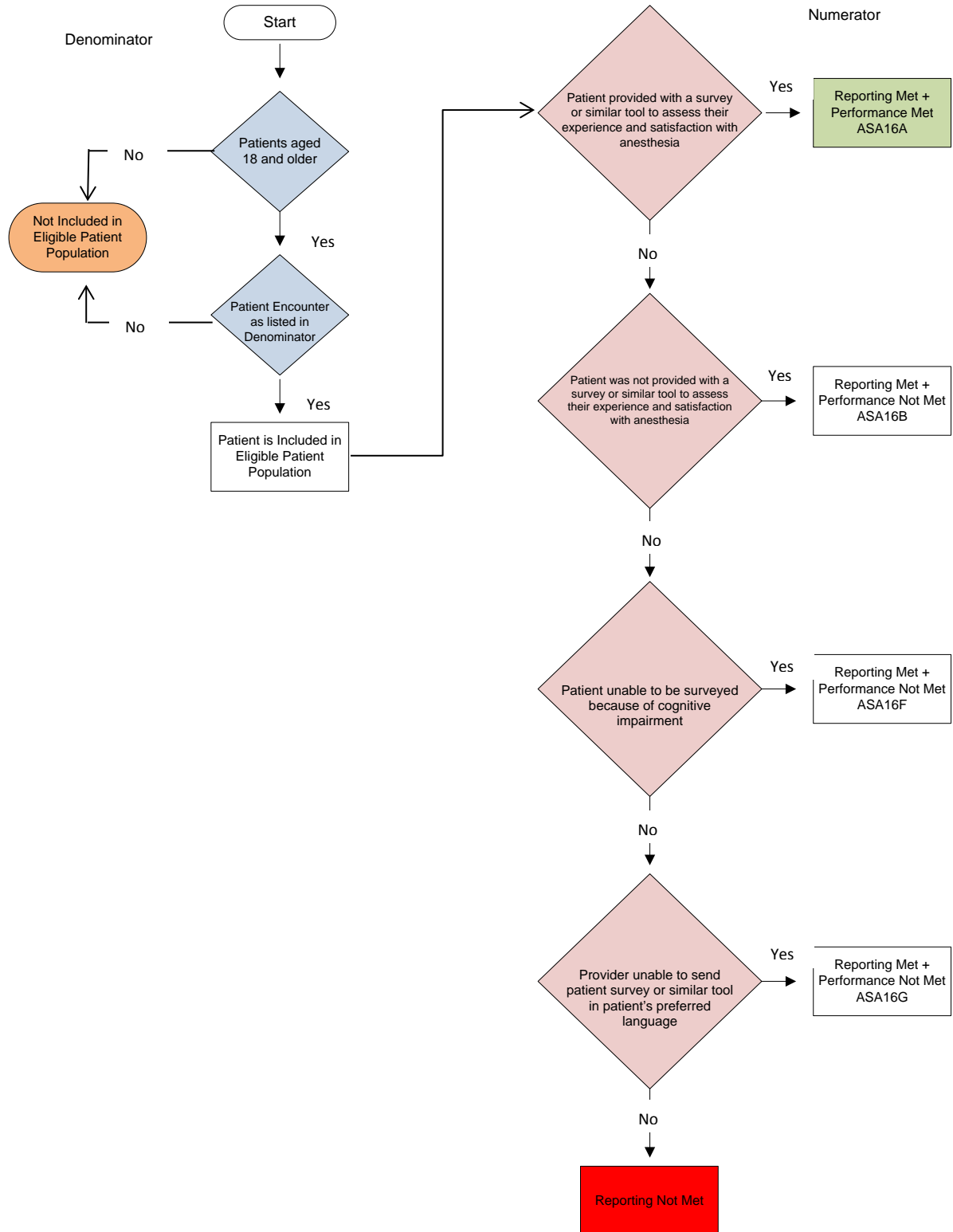
**Proportion Measure Scoring:** Yes

**Continuous Measure Scoring:** No

**Risk Adjustment:** No



# Composite Patient Experience



**Measure Title****ASA #23 / AQI #18: Coronary Artery Bypass Graft (CABG): Prolonged Intubation****Measure Description**

Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require postoperative intubation > 24 hours

**NQS Domain**

Effective Clinical Care

**Instructions:**

This measure is to be reported each time an isolated CABG procedure is performed during the reporting period. It is anticipated that clinicians who provide services for isolated CABG will submit this measure. This measure is intended to reflect the quality of services provided for isolated CABG or isolated reoperation CABG patients. Isolated CABG refers to CABG using arterial and/or venous grafts only.

**Measure Reporting via the Qualified Clinical Data Registry**

CPT codes and patient demographics are used to identify patients who are included in the measure's denominator. The measure must capture both the surgical and related anesthesia code. G-codes are used to report the numerator of the measure.

**Denominator**

All patients, aged  $\geq 18$  years, undergoing isolated CABG Surgery

**Denominator Criteria (Eligible Cases):**

All patients aged  $\geq 18$  years on date of encounter

**AND**

Patient encounter during the reporting period (CPT): 33510, 33511, 33512, 33513, 33514, 33516, 33533, 33534, 33535, 33536

**AND**

00566, 00567

**OR**

Patient encounter during the reporting period (CPT): 33510, 33511, 33512, 33513, 33514, 33516, 33533, 33534, 33535, 33536

**AND**

Patient encounter during the reporting period (CPT): 33530

**AND**

00562

**Denominator Exclusions / Exceptions**

- Organ donors as designated by ASA Physical Status 6

**Numerator**

Patients undergoing isolated CABG who require intubation > 24 hours following exit from the operating room

**Numerator Quality-Data Coding Options for Reporting Satisfactorily*****Performance Met:***

Prolonged postoperative intubation (> 24 hrs) required (**G8569**)

**OR**

***Performance Not Met:***

Prolonged postoperative intubation (> 24 hrs) not required (**G8570**)

- Measure Type:** Outcome
- NQF Number:** Not applicable
- eCQM Number:** Not applicable

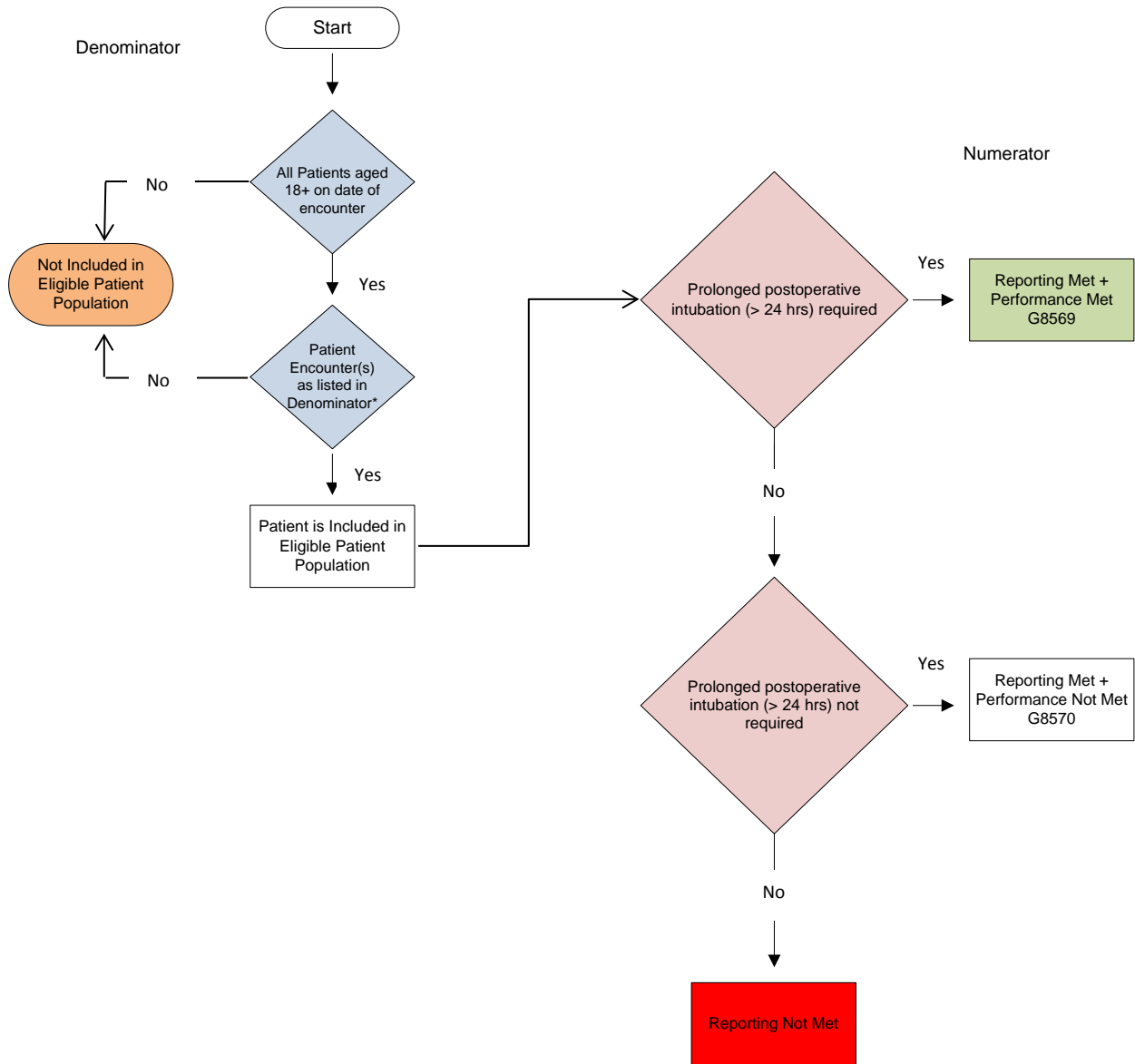
**Rationale**

Based on an STS coronary artery bypass graft (CABG) study population, the morbidity rate associated with prolonged intubation following CABG is 5.96%. Also, prolonged ventilation (defined as > 24 hours) was an independent predictor for readmission to the ICU following CABG surgery (OR=10.53; CI: 6.18 to 17.91). Shorter ventilation times are linked to high quality of care (ie, reduced in-hospital and operative mortality, as well as better long-term outcomes as compared to prolonged ventilation).

Extubation greater than (>) 24 hours postoperatively is considered a “pulmonary complication”. Patients who were extubated more than 24 hours after surgery had a longer duration of hospital stay and a greater incidence of postoperative complications.

- Data Source:** Claims/Paper Medical Record, Registry
- Measure Steward:** American Society of Anesthesiologists (ASA) / Anesthesia Quality Institute (AQI)
- Number of Multiple Performance Rates:** Not applicable
- Inverse Measure:** Yes
- Proportion Measure Scoring:** Yes
- Continuous Measure Scoring:** No
- Risk Adjustment:** No

Coronary Artery Bypass Graft (CABG): Prolonged Intubation



**\*NOTE:** This measure requires that both the surgical and anesthesia CPT Codes be submitted for the denominator.

**Measure Title****ASA #38: New Corneal Injury Not Diagnosed in the Post-anesthesia Care Unit/Recovery Area after Anesthesia Care****Measure Description**

Percentage of patients, aged 18 years or older, who undergo anesthesia care and did not have a new diagnosis of corneal injury in the post-anesthesia care unit/recovery area.

**NQS Domain**

Person and Caregiver-Centered Experience and Outcomes

**Instructions:**

This measure is to be reported each time a patient underwent a procedure\* with anesthesia not involving patients with pre-existing eye trauma or those patients undergoing ophthalmologic surgery.

**Measure Reporting via the Qualified Clinical Data Registry**

CPT codes and patient demographics are used to identify patients who are included in the measure's denominator. Registry codes are used to report the measure numerator.

**Denominator**

All patients, aged 18 and older, who undergo anesthesia care\*, except those with pre-existing eye trauma or those patients undergoing ophthalmologic surgery.

\* Anesthesia care includes general, regional and monitored anesthesia care.

**Denominator Criteria (Eligible Cases):**

Patients aged 18 years or older on date of encounter

**AND****Patient encounter during the reporting period (CPT):**

00100, 00102, 00104, 00120, 00124, 00126, 00160, 00162, 00164, 00170, 00172, 00174, 00176, 00190, 00192, 00210, 00211, 00212, 00214, 00215, 00216, 00218, 00220, 00222, 00300, 00320, 00322, 00350, 00352, 00400, 00402, 00404, 00406, 00410, 00450, 00454, 00470, 00472, 00474, 00500, 00520, 00522, 00524, 00528, 00529, 00530, 00532, 00534, 00537, 00539, 00540, 00541, 00542, 00546, 00548, 00550, 00560, 00562, 00563, 00566, 00580, 00600, 00604, 00620, 00625, 00626, 00630, 00632, 00635, 00640, 00670, 00700, 00702, 00730, 00740, 00750, 00752, 00754, 00756, 00770, 00790, 00792, 00794, 00796, 00797, 00800, 00802, 00810, 00820, 00830, 00832, 00840, 00842, 00844, 00846, 00848, 00851, 00860, 00862, 00864, 00865, 00866, 00868, 00870, 00872, 00873, 00880, 00882, 00902, 00904, 00906, 00908, 00910, 00912, 00914, 00916, 00918, 00920, 00921, 00922, 00924, 00926, 00928, 00930, 00932, 00934, 00936, 00938, 00940, 00942, 00944, 00948, 00950, 00952, 01112, 01120, 01130, 01140, 01150, 01160, 01170, 01173, 01180, 01190, 01200, 01202, 01210, 01212, 01214, 01215, 01220, 01230, 01232, 01234, 01250, 01260, 01270, 01272, 01274, 01320, 01340, 01360, 01380, 01382, 01390, 01392, 01400, 01402, 01404, 01420, 01430, 01432, 01440, 01442, 01444, 01462, 01464, 01470, 01472, 01474, 01480, 01482, 01484, 01486, 01490, 01500, 01502, 01520, 01522, 01610, 01620, 01622, 01630, 01634, 01636, 01638, 01650, 01652, 01654, 01656, 01670, 01680, 01682, 01710, 01712, 01714, 01716, 01730, 01732, 01740, 01742, 01744, 01756, 01758, 01760, 01770, 01772, 01780, 01782, 01810, 01820, 01829, 01830, 01832, 01840, 01842, 01844, 01850, 01852, 01860, 01916, 01920, 01922, 01924, 01925, 01926, 01930, 01931, 01932, 01933, 01935, 01936, 01951, 01952, 01953, 01961, 01962, 01963, 01965, 01966, 01967, 01968, 01969, 01991, 01992

### Denominator Exclusions / Exceptions

- Patients who undergo ophthalmologic surgery or patients with a diagnosis of either eye trauma or corneal injury before anesthesia care.
- Organ Donors as designated by ASA Physical Status 6

**Denominator Note:** Measure not applicable to anesthesia care described by code 00300 when the underlying surgical procedure is described by CPT Codes: 67800, 67801, 67805, 67808, 67810, 67840, 67850, 67875, 67900, or 67938.

### Numerator

All patients who undergo anesthesia care and who do not have a new diagnosis of corneal injury in the post-anesthesia care unit/recovery area.

#### Definition:

Corneal Injury: Includes both exposure keratitis and corneal abrasion. For the purposes of this measure, the distinction does not need to be made with fluorescein examination of the cornea under ultraviolet light; however, it can be diagnosed in this manner. Corneal injury 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.

#### Numerator Quality-Data Coding Options for Reporting Satisfactorily

##### *Performance Met:*

**ASA38A:** Patient was NOT newly diagnosed with exposure keratitis or corneal abrasion in the post anesthesia care unit or recovery room.

#### OR

##### *Performance Not Met – Medical Performance Exclusion:*

**ASA38B:** Patient diagnosed with new exposure keratitis or corneal abrasion in the post anesthesia care unit or recovery room.

**Measure Type:** Outcome

**NQF Number:** Not applicable

**eCQM Number:** Not applicable

### Rationale

Corneal abrasion/injury is the most common ophthalmologic complication that occurs during general anesthesia for non-ocular surgery. These injuries are usually just painful for the patient, but can lead to significant microbial keratitis with possibility of permanent scarring. There is no standardized method for protecting the eyes during an anesthesia for non-ocular surgery. Adhesive tape, individual single, sterile packaged eye covers, small bio-occlusive dressings, used with or without eye ointment are some of the options used. Some practitioners may simply observe closed, non-taped eyes. The specific type of eye ointment also varies significantly. Some ointment is made with petrolatum, some is water soluble, with or without preservatives. If ointment is used, preservative-free eye ointment is preferred, because preservative can cause corneal epithelial sloughing and conjunctiva hyperemia. None of the methods described in the literature are entirely effective at preventing corneal injury and some are associated with unwanted side effects. It is important to know that petrolatum is flammable and should be avoided when cautery will be used near the face. Several large studies have demonstrated that applying these

techniques while measuring performance can lead to significant improvements in patient care. Measuring the incidence of corneal injury will give practices the data they need to assess performance, compare to national benchmarks, and if gaps are identified, undertake measures to improve eye protection for patients. The net result will be reduced corneal injuries and patient discomfort. All eye trauma cases and all eye surgery cases will be excluded from the measure. Reporting separately those procedures done on the face, including the ear, nose, and mandible, will serve as stratification allowing comparison of procedures which most anesthesiologists believe have a higher risk of corneal injury and which also remove the eyes from the direct control of the anesthesiologist.

**Data Source:** Claims/Paper Medical Record, Registry

**Measure Steward:** American Society of Anesthesiologists (ASA) / Anesthesia Quality Institute (AQI)

**Number of Multiple Performance Rates:** Not applicable

**Inverse Measure:** No

**Proportion Measure Scoring:** Yes

**Continuous Measure Scoring:** No

**Risk Adjustment:** No

New Corneal Injury Not Diagnosed in the Postanesthesia Care Unit/Recovery Area after Anesthesia Care

