

**\*\*Disclaimer: This is a sample QCDR Data Capture Form. Not all PQRS or non-PQRS QCDR measures have been included on this form. This example contains measures from four NQS domains and five outcomes measures. Practices must customize based upon their measure selection\*\***

Anesthesiologist: _____	Date of Service: ____/____/____
<input type="checkbox"/> Same MD, DOS and same patient. State Procedure: _____	
Physical Status    1    2    3    4    5    6	

<b>PQRS 44: CABG - Preoperative Beta-Blocker</b> <input type="checkbox"/> <b>4115F:</b> Beta Blocker Administered within 24 hrs. prior to surgical incision <input type="checkbox"/> <b>4115F 1P:</b> Medical Reason for not administering Beta Blocker <input type="checkbox"/> <b>4115F 8P:</b> Beta Blocker not administered, not otherwise specified	<b>ASA 10: Composite Anesthesia Safety</b> <input type="checkbox"/> <b>ASA10A:</b> No Serious adverse event <input type="checkbox"/> <b>ASA10B:</b> Serious adverse event
<b>PQRS 76: CVC related Bloodstream Infections</b> <input type="checkbox"/> <b>6030F:</b> All elements of sterile barrier techniques followed <input type="checkbox"/> <b>6030F 1P:</b> Medical Reason for not following sterile barrier techniques <input type="checkbox"/> <b>6030F 8P:</b> Sterile Barrier Techniques not followed, not otherwise specified	<b>ASA 13: PACU Reintubation Rate</b> <input type="checkbox"/> <b>ASA13H:</b> Procedure under General Anesthesia by an SGA or ETT <input type="checkbox"/> <b>ASA13J:</b> SGA or ETT was removed in OR or PACU <input type="checkbox"/> <b>ASA13A:</b> Pt required new airway management prior to PACU D/C <input type="checkbox"/> <b>ASA13B:</b> Pt did not require new airway management <input type="checkbox"/> <b>ASA13G:</b> Pt received a planned trial of extubation
<b>PQRS 404: Smoking Abstinence</b> <input type="checkbox"/> <b>G9642:</b> Current Cigarette Smoker <input type="checkbox"/> <b>G9643:</b> Elective Surgery <input type="checkbox"/> <b>G9497:</b> Seen preoperatively by anesthesiologist or proxy prior to day of surgery <input type="checkbox"/> <b>G9644:</b> Pt abstained from smoking <input type="checkbox"/> <b>G9645:</b> Pt DID NOT abstain from smoking	<b>ASA 15: Composite Procedural Safety for Central Line Placement</b> <input type="checkbox"/> <b>ASA15B:</b> Pt did not experience arterial injury <b>ASA15A:</b> Pt experienced arterial injury
<b>PQRS 426: Transfer of Care to PACU</b> <input type="checkbox"/> <b>G9656:</b> Pt transferred directly from anesthetizing location to PACU <input type="checkbox"/> <b>G9657:</b> Transfer of care during an anesthetic to the ICU <input type="checkbox"/> <b>G9655:</b> Transfer of Care Checklist Used <input type="checkbox"/> <b>G9658:</b> Transfer of Care Checklist NOT Used	<b>ASA 16: Composite Patient Experience</b> <input type="checkbox"/> <b>ASA16A:</b> Pt provided with survey to assess their experience and satisfaction with anesthesia <input type="checkbox"/> <b>ASA16B:</b> Patient was NOT provided a survey <input type="checkbox"/> <b>ASA16F:</b> Pt unable to be surveyed (cognitive impairment) <input type="checkbox"/> <b>ASA16G:</b> Unable to provide survey in patient's preferred language
<b>ASA 8: Post-Operative Vomiting (Peds)</b> <input type="checkbox"/> <b>ASA08A</b> – Pt received general anesthetic with inhalational anesthetic for maintenance <input type="checkbox"/> <b>ASA08B</b> – 2 or more risk factors for POV <input type="checkbox"/> <b>4558F</b> – Pt received at least 2 prophylactic antiemetics of different classes pre-op and intra-op <input type="checkbox"/> <b>4558F 1P</b> – Medical Reason for not administering combination therapy (e.g. intolerance) <input type="checkbox"/> <b>4558F 8P</b> – Combination therapy not administered	<b>ASA 38: New Corneal Injury not diagnosed in PACU</b> <input type="checkbox"/> <b>ASA38A:</b> No New Exposure Keratitis or Corneal abrasion in PACU or Recovery <input type="checkbox"/> <b>ASA38B:</b> NEW exposure keratitis or corneal abrasion