

Anesthesiologist: \_\_\_\_\_ Date of Service: \_\_\_\_/\_\_\_\_/\_\_\_\_

ASA Physical Status    1   2   3   4   5   6

Same MD, DOS and same patient. State Procedure: \_\_\_\_\_

<p><b>AQI18: Coronary Artery Bypass Graft (CABG): Prolonged Intubation (Outcome)</b></p> <p><b>Performance Met</b></p> <p><input type="checkbox"/> <b>G8569:</b> Prolonged postoperative intubation (&gt;24 hours) required</p> <p><b>Performance Not Met</b></p> <p><input type="checkbox"/> <b>G8570:</b> Prolonged postoperative intubation (≥24 hours) not required</p>	<p><b>AQI59: Multimodal Pain Management (Process)</b></p> <p><b>Denominator Criteria</b></p> <p><input type="checkbox"/> <b>G9643:</b> Elective Surgery</p> <p><b>Performance Met</b></p> <p><input type="checkbox"/> <b>10A89:</b> Multimodal pain management was used</p> <p><b>Denominator Exception</b></p> <p><input type="checkbox"/> <b>10A90:</b> Documented allergy to multiple classes of analgesics</p> <p><b>Performance Not Met</b></p> <p><input type="checkbox"/> <b>10A91:</b> Multimodal pain management was not used</p>
<p><b>AQI62: Obstructive Sleep Apnea: Patient Education (Process)</b></p> <p><b>Denominator Criteria</b></p> <p><input type="checkbox"/> <b>G9643:</b> Elective Procedure</p> <p><b>Denominator Exclusions</b></p> <p><input type="checkbox"/> <b>G47.33:</b> Patient has an existing diagnosis of OSA</p> <p><input type="checkbox"/> <b>11A29:</b> Patient has an existing diagnosis of OSA</p> <p><input type="checkbox"/> <b>11A30:</b> Documentation of patient reason for not providing education regarding risk of OSA</p> <p><b>Performance Met</b></p> <p><input type="checkbox"/> <b>11A31:</b> Positive patient OSA screen AND documented education regarding risk for obstructive sleep apnea prior to PACU discharge</p> <p><input type="checkbox"/> <b>11A32:</b> Negative patient screen for OSA</p> <p><b>Performance Not Met</b></p> <p><input type="checkbox"/> <b>11A33:</b> No patient screen for OSA OR Positive OSA screen result and no documented education regarding risk for OSA prior to PACU discharge</p>	<p><b>AQI61: Ambulatory Post-Discharge Patient Follow Up (Process)</b></p> <p><b>Denominator Exclusions</b></p> <p><input type="checkbox"/> <b>11A34:</b> Patients who were transferred to a higher level of care</p> <p><input type="checkbox"/> <b>11A35:</b> Patients who were unable to be contacted or did not complete assessment</p> <p><b>Performance Met</b></p> <p><input type="checkbox"/> <b>11A36:</b> Patient post-discharge status was assessed within 72 hours of discharge</p> <p><b>Performance Not Met</b></p> <p><input type="checkbox"/> <b>11A37:</b> Patient post-discharge status was NOT assessed within 72 hours of discharge</p> <p><b>Place of Service Code:</b></p> <p><input type="checkbox"/> 19</p> <p><input type="checkbox"/> 22</p> <p><input type="checkbox"/> 24</p>
<p><b>AQI64: Neuromuscular Blockade: Reversal Administered (Process)</b></p> <p><b>Denominator Criteria</b></p> <p><input type="checkbox"/> <b>11A17:</b> Received depolarizing neuromuscular blocker</p> <p><input type="checkbox"/> <b>11A18:</b> Patient was extubated post-operatively or in the PACU</p> <p><b>Performance Met</b></p> <p><input type="checkbox"/> <b>11A22:</b> Documentation of neostigmine, Sugammadex, and/or edrophonium administered before earliest extubation</p> <p><input type="checkbox"/> <b>11A23:</b> Period of &gt;3 hours between last dose of non-depolarizing medication and extubation</p> <p><input type="checkbox"/> <b>11A24:</b> Documentation of sufficient neuromuscular blockade reversal after last dose of NMB and before earliest extubation</p> <p><b>Performance Not Met</b></p> <p><input type="checkbox"/> <b>11A25:</b> No documentation of neostigmine, Sugammadex and/or edrophonium administered or sufficient neuromuscular blockade reversal after last dose of NMB and &lt;3 hours between last dose of non-depolarizing medication and extubation</p> <p><b>Denominator Exclusions</b></p> <p><input type="checkbox"/> <b>11A21:</b> Patient age greater than 12 years received defasciculating dose</p>	<p><b>Quantum 31: Central Line Ultrasound Guidance (Process)</b></p> <p><b>Denominator Criteria</b></p> <p><input type="checkbox"/> <b>10A66:</b> Internal jugular site insertion</p> <p><b>Performance Met</b></p> <p><input type="checkbox"/> <b>10A67:</b> Clinician used ultrasound guidance during central line placement when internal jugular site used</p> <p><b>Performance Not Met</b></p> <p><input type="checkbox"/> <b>10A68:</b> Clinician did not use ultrasound guidance during central line placement when internal jugular site used</p>