

Advance #1 - PONV - Pediatrics: Prevention of PONV - Combination Therapy

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.

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-HT₃) 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.

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.

Denominator 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

Exclusion(s):

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

Exception:

- 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)

Advance #2 - Anesthesia Safety: Patients Undergoing an Anesthetic Not Experiencing an Adverse Event

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.

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

Numerator Quality-Data Coding Options for Reporting Satisfactorily:

Performance Met: Advance 2A: Patient did not experience an adverse event prior to completion of anesthesia care.

OR

Performance Not Met: Advance 2B: Patient experienced an adverse event prior to completion of anesthesia care

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

Definition: Any procedure including surgical, therapeutic or diagnostic Denominator Criteria (Eligible Cases):

Denominator:

All patients, regardless of age

Exclusion:

Organ Donors as designated by ASA Physical Status 6

Advance #3: Case Delay

Description:

Percentage of cases marked as delayed from scheduled start with a reason indicated

Numerator:

Cases that are delayed from scheduled start and have a reason indicated.

Definition: Any procedure that is delayed from the scheduled start time and has a reason indicated by the anesthesia provider of care. Reporting of the delay may include, but is not limited to:

- Anesthesia Late
- Difficult Block
- Scheduling Error
- Pre-op Staff Delay
- Paperwork Incomplete
- Missing Labs
- Surgical Consent Missing
- Surgical H&P Missing
- OR Staff Delay
- Contamination of Case
- Missing Equipment/Instrumentation
- Surgeon Late
- Patient Delay
- Not NPO
- Previous Case Ran Over
- Previous Case at Another Facility Ran Over

Numerator Quality-Data Coding Options for Reporting Satisfactorily:

Performance Met: Advance 3A: Procedure was not delayed from scheduled start
OR

Performance Not Met: Advance 3B: Procedure delayed from scheduled start time
AND Advance 3C: Reason for delay indicated

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

Exclusion(s):

- Cases that were not scheduled in advance and are add-ons the day of surgery.
- Emergent cases identified by ASA Physical Status indicating case is emergent by using 'E' designation
- Organ Donors as designated by ASA Physical Status 6

Advance #4 - Cardiac Arrest - Inverse Measure

Description:

Percentage of patients, regardless of age, who undergo a procedure under anesthesia and who experience a cardiac arrest under the care of a qualified anesthesia provider prior to anesthesia end time

Numerator:

Patients who experienced an unanticipated cardiac arrest under the care of a qualified anesthesia provider prior to anesthesia end time**.

Definition: Cardiac arrest is 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.

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

Denominator:

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

Definition: *Any procedure including surgical, therapeutic or diagnostic

Exclusion(s):

- Organ Donors as designated by ASA Physical Status 6
- Cases with a documented planned cardiac arrest (i.e., use of CPT Code 99116 for deep hypothermia)

Advance #5 - Mortality Rate - Inverse Measure

Description:

Percentage of patients, regardless of age, who undergo a procedure* under anesthesia and who experience mortality under the care of an anesthesia provider prior to anesthesia end time.

Numerator:

Patients who experience mortality under the care of an anesthesia provider prior to anesthesia end time.**

Definition: Death or mortality is defined as the irreversible cessation of all vital functions as indicated by permanent stoppage of the heart, respiration and brain activity; the end of life.

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

Denominator:

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

Definition: Any procedure including surgical, therapeutic or diagnostic

Exclusion:

Organ Donors as designated by ASA Physical Status 6

Advance #6 - Reintubation: Percentage of Patients Extubated and Subsequently Reintubated - Inverse Measure

Description:

Percentage of patients, regardless of age, who received general anesthesia for a procedure via endotracheal tube who were extubated in the operating room or the postanesthesia care unit (PACU), and required re-intubation prior to PACU discharge.

Numerator:

Patients who required re-intubation in the postanesthesia care unit

Definition: Reintubation is defined as the need to insert an endotracheal tube resulting from the inability to sustain adequate spontaneous breathing occurring after the removal of an artificial airway

Denominator:

All patients, regardless of age, who received general anesthesia for a procedure via endotracheal tube who were extubated in the operating room or postanesthesia care unit.

Exclusion(s):

- Organ Donors as designated by ASA Physical Status 6
- Patients who bypassed PACU care
- Patient received a planned trial of extubation documented in the medical record prior to removal of the original airway device

Advance #7 - Post-Op Pain Assessment

Description:

The percentage of patients 18 or older admitted to the PACU after an anesthetic with a maximum pain score <7/10 within 15 minutes of arrival.

Numerator:

The number of lucid patients with a pain score less than 7 within 15 minutes of PACU arrival.

Performance Met: Pain score 0-6 on arrival to PACU Reported

Performance Not Met: Pain score 7-10 on arrival to PACU Reported

Denominator:

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

Definition: Any procedure including surgical, therapeutic or diagnostic

Exclusion(s):

- Organ Donors as designated by ASA Physical Status 6
- Patients who bypassed PACU care

Advance #8 - Surgical Safety Checklist

Description:

Percentage of patients, regardless of age, who undergo a surgical procedure under general anesthesia who have documentation that all applicable safety checks from the World Health Organization (WHO) Surgical Safety Checklist (or other surgical checklist that includes the applicable safety checks for the specific procedure) were performed before induction of general anesthesia.

Numerator:

Patients who have documentation that all applicable safety checks of the WHO Surgical Safety Checklist (or other surgical checklist that includes the safety checks for specific procedure) were performed before induction of general anesthesia.

Definition:

The WHO Surgical Safety Checklist includes the following items

Before Induction of Anesthesia

- Has the patient confirmed his/her identity, site, procedure and consent?
- Is the site marked?
- Is the anesthesia machine and medication check complete?
- Is the pulse oximeter on the Patient And Functioning?
- Does the Patient have a:
 - o Known Allergy?
 - o Difficult Airway/Aspiration Risk?
 - o Risk of >500 ml Blood Loss (7ml/kg in children)?

Denominator:

All patients, regardless of age, who undergo a surgical procedure under general anesthesia

Exclusion:

- Organ Donors as designated by ASA Physical Status 6

Advance #9 - Corneal Abrasion

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.

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 who are awake and able to be assessed.

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 postanesthesia care unit or recovery room and was awake and able to be assessed.

OR

Performance Not Met: ASA38B: Patient diagnosed with new exposure keratitis or corneal abrasion in the postanesthesia care unit or recovery room and was awake and able to be assessed.

Denominator:

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

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.

Exclusion(s):

- 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

Advance #10 - Dental Trauma - Inverse Measure

Description:

Percentage of patients experiencing dental trauma due to intubation during an anesthetic procedure.

Numerator:

All patients who undergo an anesthetic procedure resulting in chipped or otherwise damaged teeth due to intubation.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:

Performance Met: Advance 5A: Patient did not receive of diagnosis of new dental injury/trauma

OR

Performance Not Met: Advance 5B: Patient was diagnosed with a new dental injury/trauma

All patients who undergo an anesthetic procedure requiring intubation.

Definition: Any procedure including surgical, therapeutic or diagnostic

Denominator:

All patients, regardless of age

Exclusion(s):

- Organ Donors as designated by ASA Physical Status 6
- Patients not intubated for anesthetic procedure G22

**Advance QCDR is also certified to submit MIPS measures. The anesthesia specific set of these as an example includes (but is not limited to):

- MIPS 044: CABG - Preoperative Beta-Blocker in Patients with Isolated CABG Surgery
- MIPS 076: Prevention of CVC Related Bloodstream Infections
- MIPS 130: Documentation of Current Medications in the Medical Record
- MIPS 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
- MIPS 404: Anesthesiology Smoking Abstinence: The percentage of current smokers who abstain from cigarettes prior to anesthesia on the day of elective surgery or procedure.
- MIPS 424: Peri-operative Temperature Management
- MIPS 426: Post-Anesthetic Transfer of Care: Procedure Room to PACU
- MIPS 427: Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to ICU
- MIPS 430: Prevention of PONV - Combination Therapy