Measure Title
MA1: Case Delay

Measure Description:
Percentage of anesthesia cases or procedures which are delayed greater than 15 minutes after the scheduled start with a reason indicated.

NQS Domain:
Efficiency and Cost Reduction

Instructions:
This measure is to be reported each time a scheduled procedure is delayed 15 minutes past the scheduled time and a reason is indicated by the anesthesia provider for the delay.

Measure Reporting via 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, 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, 00532, 00539, 00540, 00541, 00542, 00546, 00548, 00550, 00560, 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, 01953, 01958, 01961, 01963, 01965, 01966, 01967, 01968, 01969, 01991, 01992, 62264, 62273, 62290, 62310, 62311, 62350, 62362, 62368, 62370, 63650, 63661, 64400, 64405, 64416, 64417, 64418, 64420, 64421, 64425, 64430, 64447, 64450, 64461, 64479, 64483, 64486, 64490, 64491, 64493, 64494, 64510, 64517, 64520, 64530, 64615, 64620, 64633, 64635, 64640, 64999, 99201, 99202, 99203, 99204, 99212, 99213, 99214, 99243, 99244

Denominator Exclusions / Exceptions
• Cases that were not scheduled in advance and are add-ons the day of surgery

- Previous surgical case was delayed
- Emergent cases identified by ASA Physical Status indicating case is emergent by using 'E' designation
- Organ Donors as designated by ASA Physical Status 6

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

Definition: Any procedure that is delayed form 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
- Contamination of Case
- Missing Labs
- Operating/Procedure Room Not Ready
- OR Staff Delay
- Paperwork Incomplete
- Pre-op Staff Delay
- Previous Case Ran Over
- Scheduling Error
- Surgeon Late
- Surgical Consent Missing
- Surgical H&P Missing

Numerator Quality-Data Coding Options for Reporting Satisfactorily:

Performance Met:
Advance 3B: Procedure delayed from scheduled start time
AND
Advance 3C: Reason for delay indicated

OR

Performance Not Met:
Advance 3A: Procedure was NOT delayed from scheduled start or reason not indicated

Numerator Note:
If a provider fails to indicate a reason for the case delay then the case should be calculated as 3A - Performance Not Met as this does not complete the required documentation of including a reason for the delay.

Measure Type: Process
High Priority: Yes
NQF Number: Not applicable
eCQM Number: Not applicable

Rationale:
Case delays not only cause a domino effect of efficiency in health care facilities but can also lead to increased anxiety and frustration in our patient population. They may also point to larger issues such as; scheduled volume not in line with facility space and capabilities, increased staff needs, room turnover efficiencies, ineffective and punctual clinical staff, etc.

Identifying and quantifying potential patterns in this area will lead to greater OR efficiencies, patient care/satisfaction and increased communication amongst clinical staff.

Additionally, the effort and resources required to schedule, preoperatively screen, and perform surgical procedures for patients represents a sizable investment by facilities, patients and providers. This measure seeks to track the rate of delay for reasons that are considered avoidable.

In a study concerning neurosurgical procedures, the costs for the supporting staff were considered. Factoring in the hourly breakdown of salaries for porters, technicians, nurses, surgeons, anesthesiologists, etc, a facility will find itself with a billable loss before the procedure even begins (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2878989/). When the first case of the day was delayed, it was found to have a domino effect, pushing back the start times of subsequently scheduled procedures, compounding the above-referenced costs (http://digitalrepository.aurorahealthcare.org/cgi/viewcontent.cgi?article=1265&context=jpcrr). One of the outcomes of the domino effect could be a reduction in the overall cases done in a day, leading to rescheduling and increasing the load not only on the doctors, hospital resources and support staff but also the patients.

Tracking the causes of scheduling delays and their reasons could aid systems in future methodologies for preparing surgical procedures as well as possible preoperative visits to reduce delays (http://anesthesiology.pubs.asahq.org/article.aspx?articleid=1926209).

Data Source: Certified Electronic Health Record Technology (CEHRT), Registry
Measure Steward: MiraMed Global Services/AdvanceQCDR
Number of Multiple Performance Rates: Not applicable
Inverse Measure: Yes
Proportion Measure Scoring: Yes
Continuous Measure Scoring: No
Risk Adjustment: No

Measure Title
ABG7: Immediate Adult Post-Operative Pain Management

Measure Description:
Percentage of patients aged 18 years or older admitted to the post anesthesia care unit (PACU) following an anesthetic with a maximum pain score < 7 out of 10 within 15 minutes of PACU arrival.

NQS Domain:
Person and Caregiver-Centered Experience and Outcomes

Instructions:
This measure is to be reported each time a patient is admitted to the PACU following a procedure that included an anesthetic during the reporting period.

Measure Reporting via 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 identify the numerator.

Denominator
All patients age 18 years and older admitted to a PACU after a surgical procedure under anesthesia care.

Denominator Criteria (Eligible Cases):
Patients age 18 years or older on date of encounter
AND
Patient assessed for pain in the postanesthesia care unit: ASA14H
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:
- Age 17 or less
- Labor Epidurals
- Patients not transferred directly to PACU from OR

- Patient not lucid or unable to communicate pain level
- Organ Donors as designated by ASA Physical Status 6

Numerator
The number of lucid patients with a pain score < 7 out of 10 within 15 minutes of PACU arrival.

Performance Met: ASA14B/ABG 1001: Patient has an initial pain score of 0-6 OR

Performance Not Met: ASA14A/ ABG 1002: Patient has an initial pain score of 7-10

Measure Type: Outcome
High Priority: Yes
NQF Number: Not applicable
eCQM Number: Not applicable

Rationale:
Alleviation of pain is a core responsibility of the anesthesia provider, and adequate postoperative pain control is an important component of patient satisfaction with anesthesia and surgery. A large body of literature exists to support evidence-based practice in this area. Significant variability in outcomes exists at the practice, facility and individual provider level. Capture of this metric under a common definition will greatly enhance anesthesia quality management and lead directly to improvements in patient outcome.

Data Source: Certified Electronic Health Record Technology, Registry
Measure Steward: ABG
Number of Multiple Performance Rates: Not applicable
Inverse Measure: No
Proportion Measure Scoring: Yes
Continuous Measure Scoring: No
Risk Adjustment: No

Measure Title

AQI48: Patient-Reported Experience with Anesthesia†

Measure Description:
Percentage of patients, aged 18 and older, who were surveyed on their patient experience and satisfaction with anesthesia care and who reported a positive experience.

This measure will consist of two performance rates:
AQI48a: Percentage of patients, aged 18 and older, who were surveyed on their patient experience and satisfaction with anesthesia care

AQI48b: Percentage of patients, aged 18 and older, who completed a survey on their patient experience and satisfaction with anesthesia care who report a positive experience with anesthesia care

NOTE: The measure requires that a valid survey, as defined in the numerator, be sent to patients between discharge from the facility and within 30 days of facility discharge. To report AQI XXb, a minimum number of 20 surveys with the mandatory question completed must be reported.

NQS Domain:
Person and Caregiver-Centered Experience and Outcomes

Measure Type:
Outcome

High Priority Status:
Yes

Inverse Measure:
No

Instructions:
This measure, consisting of two performance rates for AQI48a and AQI48b, is to be reported each time a patient underwent a procedure* with anesthesia during the reporting period. AQI48a should be reported each time a patient undergoes a procedure under anesthesia. To report AQI48b, the provider must report the individual patient scores received by the patient who completed the survey described in AQI48a. A percentage reporting a positive experience will be calculated by the registry on the provider's behalf. It is anticipated that qualified anesthesia providers and eligible clinicians who provide denominator-eligible services 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 denominator. Registry codes are used to report the measure numerator.

Denominator
Patients, aged 18 and older, who undergo a procedure* under anesthesia (AQI48a) and who complete a survey on their patient experience and satisfaction with anesthesia care (AQI48b)

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

Denominator Note: In order to report AQI48b, the denominator must include a minimum of 20 returned surveys.

Denominator Criteria (Eligible Cases):
Patient aged 18 years or older on date of encounter
AND
AQI XXa: 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, 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, 00731, 00732, 00750, 00752, 00754, 00756, 00770, 00790, 00792, 00794, 00796, 00797, 00800, 00802, 00811, 00812, 00813, 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, 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, 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, 20526, 20550, 20551, 20552, 20553, 20600, 20604, 20605, 20606, 20610, 20611, 27096, 36555, 36556, 36570, 36571, 36578, 36580, 36581, 36582, 36583, 36584, 36585, 62263, 62264, 62270, 62272, 62273, 62280, 62281, 62282, 62310, 62311, 62318, 62319, 62350, 62355, 62360, 62361, 62362, 62365, 62370, 63650, 63661, 63662, 63663, 63664, 63685, 63688, 64400, 64402, 64405, 64408, 64410, 64413, 64415, 64416, 64417, 64418, 64420, 64421, 64425, 64430, 64435, 64445, 64446, 64447, 64448, 64449, 64450, 64461, 64462, 64463, 64479, 64480, 64483, 64484, 64486, 64487, 64488, 64489, 64490, 64491, 64492, 64493, 64494, 64495, 64505, 64508, 64510, 64517, 64520, 64530, 64600, 64605, 64610, 64620, 64630, 64633, 64634, 64635, 64636, 64640, 64680, 64681, 72275, 93503, 95990, 95991

For AQI48b
AND
Patient completed a survey on their patient experience and satisfaction with anesthesia care
10A72

Denominator Exclusions
- 48a: Organ Donors as designated with ASA Physical Status 6
- 48a: Patient died within 30 days of the procedure: 10A11
- 48b: Patient did not complete the mandatory anesthesia satisfaction question: 10A69

Numerator - AQI48a:
Patients who received a survey within 30 days of the procedure to assess their experience and satisfaction with anesthesia.

Numerator Note: The survey should be administered to the patient shortly following discharge from the facility.

Definition: Practices and eligible clinicians may customize their patient experience and satisfaction with anesthesia surveys to meet local needs but, at a minimum, a valid survey must include a core set of questions that address three of the four following criteria related to patient experience and satisfaction and one mandatory question described below.

1. Pre-operative Education and Preparation
2. Patient and/or Family Communication
3. Care Team Response to Comfort and Well-Being
4. Post-operative pain control and/or management

Mandatory question that must be included in each valid survey (practices must also include an option for patient to indicate "Not Applicable"):
1. On a scale of 1 to 5, where 1 indicates the worst anesthesia experience and where 5 indicates the best anesthesia experience, how would you rate your overall anesthesia experience?

Numerator Note: Practices and eligible clinicians may wish to supplement these questions by taking into consideration the recommendations of the ASA Committee on Performance and Outcomes Measurement work product entitled "Patient Satisfaction and Experience with Anesthesia."

Numerator Note: Depending on local practice, practices and eligible clinicians may wish to supplement survey questions by taking into consideration the recommendations developed as part of the Perioperative Surgical Home (PSH) that are structured in five distinct components.

1. Pre-Operative Education and Preparation (Four Indicators)
    a. Patient comfort with instructions provided about eating better
    b. Patient comfort with instructions provided about exercise or physical therapy
    c. Patient comfort with instructions provided about stopping smoking (if applicable)
    d. Patient comfort with instructions provided about what to do after surgery
2. Check-In and Pre-Procedure Experience
3. Caregiver and Family Communication during Surgery
4. Care Team Response to Comfort and Well-Being
5. Post-Operative Pain Management

For more information on these resources, visit https://www.asahq.org/psh.

Numerator Quality-Data Coding Options for Reporting Satisfactorily: AQIXXa

Performance Met:
10A12 Patient provided with a survey within 30 days of the procedure to assess their experience and satisfaction with anesthesia
OR
Denominator Exception:
10A13 Documentation of patient reason(s), process reason(s)or medical reason(s) for not receiving survey (i.e. patients who are non-verbal, who are unable to be surveyed due to a medical or psychiatric reason, who are unable to be surveyed due to a language barrier, have not provided contact information, who are discharged to assisted living, skilled nursing facility or other similar location where direct access to the patient is not available, or who decline to be surveyed)
OR

Performance Not Met:
10A14 Patient was not provided with a survey within 30 days of the procedure to assess their experience and satisfaction with anesthesia

Numerator - AQI 48b:
Patients who reported a positive experience with anesthesia care.

Definition: A positive experience is defined as a response of 4 or 5 on the following mandatory patient experience and satisfaction survey question:
On a scale of 1 to 5, where 1 indicates the worst anesthesia experience and where 5 indicates the best anesthesia experience, how would you rate your overall anesthesia experience? (Practices must include an option for patient to indicate "Not Applicable")

Numerator Quality-Data Coding Options for Reporting Satisfactorily: AQI48b
Reporting note: To report this measure, the provider must report the individual patient scores. A percentage reporting a positive experience will be calculated on the provider's behalf.

Performance Met:
10A70 Patient reported a positive anesthesia experience (i.e., a 4 or 5 on the mandatory survey question)
OR
Performance Not Met:
10A71 Patient did NOT report a positive anesthesia experience (i.e., a 1, 2, or 3 on the mandatory survey question)

Rationale:
Despite the implementation of CAHPS and H-CAHPS, there is a persistent gap in the ability to adequately measure patient experience on the selection of performance measures for performance-based payment programs. To provide high quality, patient-centered care in the future, anesthesiologists and other qualified anesthesia providers should measure and respond to the patients' perception of the degree to which they felt they were treated as individuals and empowered by their anesthesiology practitioners to engage in decision-making for their care. The assessment of patient satisfaction with anesthesia care provides important feedback which enables providers to improve care delivery and quality. At present there is a vast array of tools available for practices and individuals to implement based upon local patient populations and for local quality improvement initiatives.

Data Source: Database, Registry
Measure Steward: American Society of Anesthesiologists (ASA) / Anesthesia Quality Institute (AQI)
Number of Multiple Performance Rates: 2
Proportion Measure Scoring: Yes
Continuous Measure Scoring: No
Risk Adjusted: No

Measure Title
AQI61: Ambulatory Post-Discharge Patient Follow-Up

Medaxion Licensed this measure from the AQI

Measure Description: Percentage of patients, regardless of age, who received anesthesia services in an ambulatory setting whose post-discharge status was assessed within 72 hours of discharge

NQS Domain / Meaningful Measures Area
Person and Care-giver Centered Experiences and Outcomes / Patient's Experience of Care

Measure Type
Process

High Priority Status
Yes

Inverse Measure
No

Instructions
This measure is to be reported each time a patient undergoes a procedure in an ambulatory setting with anesthesia services during the reporting period. It is anticipated that qualified anesthesia providers and eligible clinicians who provide denominator-eligible services will submit this measure.

Measure Reporting via the Qualified Clinical Data Registry
Patient demographics, Place of Service codes and CPT codes are used to identify patients who are included in the measure denominator. Registry codes are used to report the numerator.

Denominator
Patients, regardless of age, who received anesthesia services in an ambulatory setting

Denominator Criteria (Eligible Cases):

Patients regardless of age
AND
Place of Service code: 19, 22, 24
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, 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, 00731, 00732, 00750, 00752, 00754, 00756, 00770, 00790,00792, 00794,
00796, 00797, 00800, 00802, 00811, 00812, 00813, 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, 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, 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, 20526, 20550, 20551, 20552, 20553, 20600, 20604, 20605, 20606, 20610, 20611, 27096, 36555, 36556, 36570, 36571, 36578, 36580, 36581, 36582, 36583, 36584, 36585, 62263, 62264, 62270, 62272, 62273, 62280, 62281, 62282, 62310, 62311, 62318, 62319, 62350, 62355, 62360, 62361, 62362, 62365, 62370, 63650, 63661, 63662, 63663, 63664, 63685, 63688, 64400, 64402, 64405, 64408, 64410, 64413, 64415, 64416, 64417, 64418, 64420, 64421, 64425, 64430, 64435, 64445, 64446, 64447, 64448, 64449, 64450, 64461, 64462, 64463, 64479, 64480, 64483, 64484, 64486, 64487, 64488, 64489, 64490, 64491, 64492, 64493, 64494, 64495, 64505, 64510, 64517, 64520, 64530, 64600, 64605, 64610, 64620, 64630, 64633, 64634, 64635, 64636, 64640, 64680, 64681, 72275, 93503, 95990, 95991

Denominator Exclusions

- Patients who were transferred to a higher level of care: 11A34
- Patients who were unable to be contacted or did not complete assessment after at least 2 contact attempts: 11A35

Numerator

Patients whose post-discharge status was assessed within 72 hours of discharge. The post-discharge status assessment must address at least four of the following domains:

- Pain Management; including an assessment of patient satisfaction with pain control
- Nausea/Vomiting; including an assessment of severity.
- Activities of Daily Living; including an assessment of the patient's ability to return to baseline ADLs
- Satisfaction with Care; including an assessment of the patient's overall satisfaction with their anesthetic care
- Questions or Concerns Regarding Discharge Instructions; including an assessment of compliance with anesthetic discharge instructions.
- Questions assessing complications related to anesthetic care (e.g. possible nerve catheter infections, etc.)

Numerator Note: A post-discharge assessment can be conducted by any member of the care team via a range of communication modalities, including phone call, email, patient portal interaction, patient survey, or other means of communicating with the patient. When documenting the assessment, the provider should be sure to document any recommendations or follow-up instructions that were provided to address any problems identified during the assessment.

Numerator Quality-Data Coding Options for Reporting Satisfactorily

Performance Met:
11A36 — Patient post-discharge status was assessed within 72 hours of discharge

OR

Performance Not Met:

11A37 Patient post-discharge status was NOT assessed within 72 hours of discharge

NQF Number: Not applicable

eCQM: Not applicable

Rationale
With increasingly complex procedures being performed in ambulatory settings, timely and comprehensive follow-up after discharge is essential to identify and manage any post-operative complications, as well as to help patients manage their recovery at home. A post-discharge conversation with the patient is also an opportunity to assess patient-reported outcomes such as pain, nausea, vomiting, and return to functional status, which can give anesthesiologists and other qualified anesthesia providers valuable information for use in ongoing practice improvement.

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

Proportion Measure Scoring: Yes

Continuous Measure Scoring: No

Risk Adjustment: No

Measure Title
AQI62: Obstructive Sleep Apnea: Patient Education

Medaxion Licensed this measure from the AQI

Measure Description: Percentage of patients aged 18 years or older, who undergo an elective procedure requiring anesthesia services who are screened for obstructive sleep apnea AND, if positive, have documentation that they received education regarding their risk for obstructive sleep apnea (OSA) prior to PACU discharge

NQS Domain / Meaningful Measures Area
Patient Safety / Preventable Healthcare Harm

Measure Type
Process

High Priority Status
Yes

Inverse Measure
No

Instructions
This measure is to be reported each time a patient undergoes an elective procedure under anesthesia during the reporting period. It is anticipated that qualified anesthesia providers and eligible clinicians who provide denominator-eligible services will submit this measure.

Measure Reporting via the Qualified Clinical Data Registry
Patient demographics and CPT codes are used to identify patients who are included in the measure denominator. G-codes and Registry Codes are used to capture the numerator.

Denominator
All patients aged 18 years or older, who undergo an elective procedure requiring anesthesia services

Denominator Note: For the purposes of this measure, anesthesia services only include cases using general anesthesia, neuraxial anesthesia and monitored anesthesia care (MAC)

Denominator Criteria (Eligible Cases): Patients aged 18 and older

AND
Elective procedure: G9643
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, 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, 00731, 00732, 00750, 00752, 00754, 00756, 00770, 00790, 00792, 00794, 00796, 00797, 00800, 00802, 00811, 00812, 00813, 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, 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, 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

- Patient has an existing diagnosis of OSA: G47.33 or11A29
- Documentation of patient reason for not providing education regarding risk for OSA (e.g., severe dementia, patient is intubated, patient is not alert or responsive enough to participate in education, other patient reason(s)): 11A30

Numerator
Patients who are screened for obstructive sleep apnea AND, if positive, have documented education regarding their risk for obstructive sleep apnea prior to PACU discharge

Numerator Definition: Patient education regarding OSA must include documentation that a conversation addressing potential implications of OSA on the patient's perioperative course and any applicable recommendations for follow-up care and disease management occurred. Self-help materials (e.g., brochures, audio/video materials, pamphlets) alone are not sufficient to meet the numerator.

Numerator Quality-Data Coding Options for Reporting Satisfactorily

Performance Met:

11A31	Positive patient OSA screen AND documented education regarding risk for obstructive sleep apnea prior to PACU discharge

OR

Performance Met:

11A32	Negative patient screen for OSA

OR

Performance Not Met:

11A33	No patient screen for OSA OR positive OSA screen result and no documented education regarding risk for obstructive sleep apnea prior to PACU discharge

NQF Number: Not applicable

eCQM: Not applicable

Rationale
Obstructive Sleep Apnea (OSA) is a common problem in the surgical population, though many patients with OSA are undiagnosed. With improved preoperative assessment for OSA, surgery presents an important

opportunity for providers to counsel patients about their risk for OSA and to educate them on the associated perioperative risks associated with the condition. This education is an opportunity to manage patient and family expectations regarding their postoperative course and is a chance to discuss anticipated complications, changes in management, and recommended follow-up care that might be appropriate.

Clinical Recommendation Statements:

2014 ASA Guidelines on Perioperative Management of Patients with Obstructive Sleep Apnea [lix]
"If any characteristics noted during the preoperative evaluation suggest that the patient has OSA, the anesthesiologist and surgeon should jointly decide whether to (1) manage the patient perioperatively based on clinical criteria alone or (2) obtain sleep studies, conduct a more extensive airway examination, and initiate indicated OSA treatment in advance of surgery."

"The patient and his or her family as well as the surgeon should be informed of the potential implications of OSA on the patient's perioperative course."

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
Proportion Measure Scoring:	Yes
Continuous Measure Scoring:	No
Risk Adjustment:	No

Measure Title

AQI63: Neuromuscular Blockade: Documented Assessment of Neuromuscular Function Prior to Extubation

Medaxion Licensed this measure from the AQI

Measure Description: Percentage of patients requiring anesthesia services with a documented assessment of neuromuscular blockade reversal after last dose of non-depolarizing neuromuscular blocker

NQS Domain / Meaningful Measures Area
Patient Safety / Preventable Healthcare Harm

Measure Type
Process

High Priority Status
Yes

Inverse Measure
No

Instructions
This measure is to be reported each time a patient undergoes a procedure with anesthesia services during the reporting period. It is anticipated that qualified anesthesia providers and eligible clinicians who provide denominator-eligible services will submit this measure.

Measure Reporting via the Qualified Clinical Data Registry
Patient demographics, CPT codes and Registry codes are used to identify patients who are included in the measure denominator. Registry codes are used to report the numerator of the measure.

Denominator
All patients requiring anesthesia services that have received, either by bolus or infusion, a non-depolarizing neuromuscular blocker (NMB) and were extubated post-operatively or in the PACU

Denominator Definition: For the purposes of this measure, qualifying neuromuscular blocker medications include:

- Atracurium
- Cisatracurium
- Pancuronium
- Rocuronium
- Vecuronium

Denominator Criteria (Eligible Cases):
Patient regardless of age
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, 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, 00566, 00600, 00604, 00620, 00625, 00626, 00630, 00632, 00635, 00640, 00670,

00700, 00702, 00730, 00731, 00732, 00750, 00752, 00754, 00756, 00770, 00790, 00792, 00794, 00796, 00797,00800, 00802, 00811, 00812, 00813, 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, 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, 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

AND
Received depolarizing neuromuscular blocker (NMB): 11A17
AND Patient was extubated post-operatively or in the PACU: 11A18

Denominator Exclusions

- ASA Physical Status 5 or 6

Numerator
Cases with a documented assessment of neuromuscular blockade AFTER last dose or stopping of infusion of neuromuscular blocker and before earliest extubation

Numerator Definition: A documented assessment of neuromuscular blockade can include Nuea

- Train of Four Count (1,2,3, or 4). A Train of Four value of '0' is accepted for cases in which sugammadex will be administered for reversal.
- Assessment for tetany
- TOF ratio provided by acceleromyography
- Double-burst stimulation

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

11A19	Patient had documented assessment of neuromuscular blockade AFTER last dose or stopping of infusion of neuromuscular blocker and before earliest extubation
OR	

Performance Not Met:

11A20	Patient did not have documented assessment of neuromuscular blockade AFTER last dose or stopping of infusion of neuromuscular blocker and before earliest extubation

NQF Number: Not applicable

eCQM: Not applicable

Rationale
Postoperative residual neuromuscular blockade can lead to significant complications. Several studies have found associations between the use of neuromuscular blockade agents (NMBA) and residual neuromuscular blockade in the recovery room. Adverse postoperative respiratory outcomes are even more frequent when patients receive NMBA and reversal agents are not used. A mainstay of residual blockade prevention continues to be monitoring neuromuscular depth, to guide appropriate usage of reversal agents like neostigmine and sugammadex. Due to variability in duration of muscle relaxants, even in defasciculating doses, we recommend that TOF is monitored when any non-depolarizing neuromuscular blockers are administered.

This measure was developed as an adaptation from the Multicenter Perioperative Outcomes Group (MPOG) QCDR measure NMB01: Train of Four Taken. ASA worked with MPOG during the development of this measure to ensure the measures are aligned and harmonized.

Clinical Recommendation Statements:

2013 ASA Practice Guidelines for Postanesthetic Care[xxxi]

"Assessment of neuromuscular function should be performed during emergence and recovery for patients who have received nondepolarizing neuromuscular blocking agents or who have medical conditions associated with neuromuscular dysfunction."

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
Proportion Measure Scoring:	Yes
Continuous Measure Scoring:	No
Risk Adjustment:	No

Measure Title
AQI64: Neuromuscular Blockade: Reversal Administered

Medaxion Licensed this measure from the AQI

Measure Description: Percentage patients aged 12 years and older, requiring anesthesia services where nondepolarizing neuromuscular blockade is used and neostigmine, sugammadex, and/or edrophonium are administered prior to extubation

NQS Domain / Meaningful Measures Area
Patient Safety / Preventable Healthcare Harm

Measure Type
Process

High Priority Status
Yes
Inverse Measure
No

Instructions
This measure is to be reported each time a patient undergoes a procedure with anesthesia services during the reporting period. It is anticipated that qualified anesthesia providers and eligible clinicians who provide denominator-eligible services will submit this measure.

Measure Reporting via the Qualified Clinical Data Registry
Patient demographics, CPT codes and Registry codes are used to identify patients who are included in the measure denominator. Registry codes are used to report the numerator of the measure.

Denominator
All patients aged 12 years and older, requiring anesthesia services that have received, either by bolus or infusion, a non-depolarizing neuromuscular blocker (NMB) AND were extubated post-operatively or in the PACU

Denominator Definition: For the purposes of this measure, qualifying neuromuscular blocker medications include:

- Atracurium
- Cisatracurium
- Pancuronium
- Rocuronium
- Vecuronium

Mivacurium and Doxacurium are not included in this measure.

Denominator Criteria (Eligible Cases): Patient aged 12 years and older

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, 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, 00522, 00524, 00528, 00529, 00530, 00532, 00534, 00537,

00539, 00540, 00541, 00542, 00546, 00548, 00550, 00566, 00600, 00604, 00620, 00625, 00626, 00630, 00632, 00635, 00640, 00670, 00700, 00702, 00730, 00731, 00732, 00750, 00752, 00754, 00756, 00770, 00790, 00792, 00794, 00796, 00797, 00800, 00802, 00811, 00812, 00813, 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, 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, 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

AND

Received depolarizing neuromuscular blocker (NMB): 11A17

AND

Patient was extubated post-operatively or in the PACU: 11A18

Denominator Exclusions:

- ASA Physical Status 5 or 6
- Patient (age > 12 years) received defasciculating dose of: Vecuronium ≤1mg, Cisatracurium ≤2mg, Rocuronium ≤10mg: 11A21

Numerator
Cases with documentation of neostigmine, Sugammadex, and/or edrophonium administered before earliest extubation OR a period of >3 hours between last dose of non-depolarizing medication and extubation OR documentation of sufficient neuromuscular blockade reversal after last dose of NMB and before earliest extubation

Numerator Quality-Data Coding Options for Reporting

Satisfactorily Performance Met:

11A22	Documentation of neostigmine, Sugammadex, and/or edrophonium administered before earliest extubation

OR

Performance Met:

11A23	Period of >3 hours between last dose of non-depolarizing medication and extubation

OR

Performance Met:

11A24	Documentation of sufficient neuromuscular blockade reversal after last dose of NMB and before earliest extubation

OR

Performance Not Met:

11A25	No documentation of neostigmine, Sugammadex, and/or edrophonium administered or sufficient neuromuscular blockade reversal after last dose of NMB and before earliest extubation AND <3 hours between last dose of non-depolarizing medication and extubation

NQF Number: Not applicable

eCQM: Not applicable

Rationale
Postoperative residual neuromuscular blockade can lead to significant complications. Several studies have found associations between the use of neuromuscular blockade agents (NMBA) and residual neuromuscular blockade in the recovery room. Adverse postoperative respiratory outcomes are even more frequent when patients receive NMBA and reversal agents are not used. A mainstay of residual blockade prevention continues to be monitoring neuromuscular depth, to guide appropriate usage of reversal agents like neostigmine and sugammadex. Due to variability in duration of muscle relaxants, even in defasciculating doses, we recommend that TOF is monitored when any nondepolarizing neuromuscular blockers are administered.

This measure was developed as an adaptation from the Multicenter Perioperative Outcomes Group (MPOG) QCDR measure NMB02: Reversal Administered. ASA worked with MPOG during the development of this measure to ensure the measures are aligned and harmonized.

Clinical Recommendation Statements:

2013 ASA Practice Guidelines for Postanesthetic Care [lviii]

"Specific antagonists should be administered for reversal of residual neuromuscular blockade when indicated."

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
Proportion Measure Scoring: Continuous	Yes
Measure Scoring:	No
Risk Adjustment:	No

Measure Title
AQI66: Obstructive Sleep Apnea: Mitigation Strategies

Medaxion Licensed this measure from the AQI

Measure Description: Percentage of patients aged 18 years or older, who undergo an elective procedure requiring anesthesia services who are screened for obstructive sleep apnea (OSA) AND, if positive, for whom two or more selected mitigation strategies were used prior to PACU discharge

NQS Domain / Meaningful Measures Area
Patient Safety / Preventable Healthcare Harm

Measure Type
Process

High Priority Status
Yes

Inverse Measure
No

Instructions
This measure is to be reported each time a patient undergoes an elective procedure under anesthesia during the reporting period. It is anticipated that qualified anesthesia providers and eligible clinicians who provide denominator-eligible services will submit this measure.

Measure Reporting via the Qualified Clinical Data Registry
Patient demographics, G-codes and CPT codes are used to identify patients who are included in the measure denominator. Registry Codes are used to capture the numerator.

Denominator: All patients aged 18 years or older, who undergo an elective procedure requiring anesthesia services

Denominator Note: For the purposes of this measure, anesthesia services only include cases using general anesthesia, neuraxial anesthesia and monitored anesthesia care (MAC)

Denominator Criteria (Eligible Cases): Patients aged 18 years and older

AND
Elective procedure: G9643
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, 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, 00731, 00732, 00750, 00752, 00754, 00756, 00770, 00790, 00792, 00794, 00796, 00797, 00800, 00802, 00811, 00812, 00813, 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, 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, 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

- None

Numerator
Patients who are screened for obstructive sleep apnea AND, if positive, have documentation that two or more of the following mitigation strategies were used prior to PACU discharge:

- Preoperative initiation of continuous positive airway pressure (CPAP) or non-invasive positive pressure ventilation (NIPPV)
- Preoperative use of mandibular advancement devices or oral appliances
- Intraoperative administration of CPAP, nasopharyngeal airway, or oral appliance during sedation
- Use of major conduction anesthesia (spinal/epidural) or peripheral nerve block
- Multimodal analgesia
- Extubation while patient is awake
- Verification of full reversal of neuromuscular block
- Extubation and recovery carried out in lateral, semiupright, or other nonsupine position
- Postoperative administration of CPAP, nasopharyngeal airway, or oral appliance in the postanesthesia care unit (PACU)

Numerator Quality-Data Coding Options for Reporting Satisfactorily

Performance Met:	
11A26	Positive patient screen for OSA OR existing OSA diagnosis AND documentation of two or more mitigation strategies used prior to PACU discharge
OR	
Performance Met:	
11A27	Negative patient screen for OSA
OR	
Performance Not Met:	
11A28	No patient screen for OSA OR positive OSA screen result and Documentation of less than 2 mitigation strategies used prior to PACU discharge

NQF Number: Not applicable

eCQM: Not applicable

Rationale
Undiagnosed OSA may pose a variety of problems for anesthesiologists and qualified anesthesia providers. A number of case reports have documented an increase in the incidence of postoperative complications and deaths among patients suspected of having OSA. Untreated OSA patients are known to have a higher incidence of difficult intubation, postoperative complications, increased intensive care unit admissions, and greater duration of hospital stay. Identifying patients with OSA is the first step in preventing postoperative complications due to OSA. Moderate-to-severe sleep apnea is independently associated with a large increased risk of all-cause mortality, incident stroke, and cancer incidence and mortality in this community- based sample. With improved preoperative assessment of OSA risk, anesthesiologists are better able to tailor their care to the individual patient's needs through a variety of techniques and mitigation strategies.

Clinical Recommendation Statements:

2014 ASA Guidelines on Perioperative Management of Patients with Obstructive Sleep Apnea[xxxiii]

"Preoperative initiation of continuous positive airway pressure (CPAP) should be considered, particularly if OSA is severe.

- For patients who do not respond adequately to CPAP, NIPPV should be considered.

The preoperative use of mandibular advancement devices or oral appliances and preoperative weight loss should be considered when feasible."

"For superficial procedures, consider the use of local anesthesia or peripheral nerve blocks, with or without moderate sedation.

If moderate sedation is used, ventilation should be continuously monitored by capnography or another automated method if feasible because of the increased risk of undetected airway obstruction in these patients.

Consider administering CPCP or using an oral appliance during sedation to patients previously treated with these modalities."

"Major conduction anesthesia (spinal/epidural) should be considered for peripheral procedures.
Unless there is a medical or surgical contraindication, patients at increased perioperative risk from OSA should be extubated while awake.

Full reversal of neuromuscular block should be verified before extubation. When possible, extubation and recovery should be carried out in the lateral, semiupright, or other nonsupine position."

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
Proportion Measure Scoring:	Yes
Continuous Measure Scoring:	No
Risk Adjustment:	No

Please note that measures with a preceding asterisk (*) are a part of the CMS-recommended Anesthesiology Measure Set.

Advance QCDR is also certified to submit MIPS measures.

Please note that measures with a preceding asterisk (*) are a part of the CMS-recommended Anesthesiology Measure Set.

- MIPS 005: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- MIPS 008: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- MIPS 032: Stroke and Stroke Rehabilitation: Discharged on Antithrombotic Therapy
- MIPS 044*: CABG - Preoperative Beta-Blocker in Patients with Isolated CABG Surgery
- MIPS 047: Care Plan
- MIPS 076*: Prevention of CVC Related Bloodstream Infections
- MIPS 128: Preventative Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
- MIPS 130: Documentation of Current Medications in the Medical Record
- MIPS 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- MIPS 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
- MIPS 374: Closing the Referral Loop: Receipt of Specialist Report
- MIPS 402: Tobacco Use and Help with Quitting Among Adolescents
- MIPS 404*: Anesthesiology Smoking Abstinence: The Percentage of Current Smokers Who Abstain from Cigarettes Prior to Anesthesia on the Day of Elective Procedure
- MIPS 407: Appropriate Treatment of Methicillin-Sensitive Staphylococcus Aureus (MSSA) Bacteremia
- MIPS 424*: Peri-operative Temperature Management
- MIPS 430*: Prevention of PONV – Combination Therapy
- MIPS 431: Preventive Care and Screening:Unhealthy Alcohol Use: Screening & Brief Counseling
- MIPS 463*: Prevention of Post-Operative Vomiting (POV) Combination Therapy (Pediatrics)