

What Does the AQI Think You Should Measure?

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JANUARY 12, 2017



Who's Talking?

8 years in private practice anesthesiology

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a practice management company

Quality consulting for physician practices, quality data
collection software, and registry development

Chair, AQI Practice Quality Improvement Committee
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Learning Objectives

At the conclusion of this activity, participants should be able to:

- Identify meaningful quality indicators for anesthesiology
- Assess measure applicability to a particular practice
- Assess technologic feasibility of data collection

Learning Objectives

- Identify meaningful quality indicators for anesthesiology
 - *What could you measure?*
- Assess measure applicability to a particular practice
 - *What should you measure?*
- Assess technologic feasibility of data collection
 - *What can you measure?*

What could you measure?

Data Categories - AQI

- Practice characteristics
- Case-specific data (CPT code, anesthesia type, duration, agents used, fluid given, etc.)
- Outcome data (mortality, complications, etc.)
- Risk adjustment data (diagnosis codes, comorbidities, hospital LOS, etc.)



Data Categories - Technology Tier

Tier One: Administrative/Claims/Billing/Demographic

Tier Two: Registry/gross clinical (QR/QCDR)

Tier Three: AIMS/granular clinical

Data Categories Tier One – Billing Data

- Administrative/Claims/Billing/Demographic
 - CPT codes
 - Case duration
 - Anesthesia type
 - Characteristics of patient population
 - Easiest to collect

Data Categories Tier Two – Registry Data

- Process
 - Utilization of checklists
 - Medication Administration
 - Easy(ish) to collect
- Outcome
 - Mortality
 - Adverse events
 - Harder to collect, but doable

Data Categories Tier Three – AIMS Data

- Granular, case-level clinical data
 - Vital signs
 - Fluids
 - Medications and dosages
 - Vent settings
 - Most sophisticated/labor-intensive on IT side

Data Categories by Technology Tier

Tier One: Administrative/Claims/Billing/Demographic

Tier Two: Registry/gross clinical (QR/QCDR)

Tier Three: AIMS/granular clinical

Where to start?

MIPS Measures!

- 44: Preoperative Beta-Blocker in Patients with Isolated CABG Surgery
- 76: Prevention of Central Venous Catheter-Related Bloodstream Infections
- 404: Anesthesiology Smoking Abstinence
- 424: Perioperative Temperature Management
- 426: Post-Anesthetic Transfer of Care: Procedure Room to PACU
- 427: Post-Anesthetic Transfer of Care: Procedure Room to ICU
- 430: Prevention of PONV – Combination Therapy (Adult)

Where to start?

Non-MIPS Measures!*

- ASA 8: Prevention of Post-Op Vomiting – Combination Therapy (Pediatrics)
- ASA 10: Composite Anesthesia Safety (*Major Adverse Events*)
- ASA 11: Perioperative Cardiac Arrest
- ASA 12: Perioperative Mortality Rate
- ASA 13: PACU Re-intubation Rate
- ASA 14: Assessment of Acute Postoperative Pain
- ASA 15: Composite Procedural Safety for Central Line Placement
- ASA 16: Composite Patient Experience
- ASA 20: Surgical Safety Checklist Completed Before Induction of Anesthesia
- ASA 38: New Corneal Injury Not Diagnosed in PACU

What are major adverse events?

Major adverse events of anesthesia are defined according to the 2009 Committee on Performance and Outcomes Measurement work product *“Development of the ASA Critical Incidents Reporting System”*.

Major Adverse Events

- 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

Major Adverse Events

<https://www.aqihq.org/qualitymeasurementtools.aspx>

QUALITY MEASUREMENT TOOLS

NACOR Data Element Conceptual Definitions

NACOR Minimum Data Set Conceptual Definitions

NACOR Administrative Data Conceptual Set Definitions

NACOR Outcomes Data Set Conceptual Definitions

AQI NACOR OUTCOME DATA SET CONCEPTUAL DEFINITIONS
October 31, 2016 - FOR USE DURING 2017

	A	B	C	D	E	F
	1st Level	2nd Level	Definition	Notes	AQI XML Schema Element	Source
1	Outcome		An adverse event that reached the patient and may or may not have resulted in harm			
2		Acidemia	The accumulation of excess hydrogen ions or depletion of alkaline reserve (bicarbonate content) in the blood and body tissues resulting in an arterial blood pH < 7.35	Clarifying statement: Acidemia may result from a metabolic and/or respiratory acidosis	<OutcomeID>	
3		Acute Kidney Injury (AKI)	New kidney damage or a sudden decrease in kidney function. Criteria include: 1. Increase in serum creatinine (Cr) > 0.3 mg/dl within 48 hours 2. Increase in Cr to > 1.5 times baseline, which is known or presumed to have occurred within the prior 7 days		<OutcomeID>	Kidney Disease: Improving Global Outcomes (KDIGO); KDIGO Clinical Practice Guideline for Acute Kidney Injury March 2012 (modified)
4		Adverse Drug Reaction	Any unexpected, unintended, undesired, or excessive response to a drug that requires discontinuing the drug (therapeutic or diagnostic), changing the drug therapy, or modifying the dose (except for minor dosage adjustments). The adverse reaction must be severe enough that it requires prolonged observation or stay in a health care facility, necessitates supportive treatment, negatively affects prognosis, or results in temporary or permanent harm, disability, or death	Synonym: ADR Clarifying statement: All noxious and unintended responses to a medicinal product related to any dose should be considered adverse drug reactions per the US FDA Guideline for Industry, Clinical Safety Data Management: Definitions and Standards for Expedited Reporting	<OutcomeID>	American Society of Health-System Pharmacists. ASHP guidelines on adverse drug reaction monitoring and reporting. Am J Health-Syst Pharm 1995;52:417-419; US Federal Drug Administration Guidelines for Industry, Clinical Safety Data Management
5		Airway obstruction	An acute respiratory dysfunction that produces reduced airflow into the alveoli and an arterial oxygen saturation less than 90% and that results in bradycardia or other clinical signs of hypoxia; the obstruction can be anatomically localized (e.g., tumor, stricture, foreign body, laryngospasm) or generalized (e.g., bronchospasm, asthma)		<OutcomeID>	Stedman's Medical Dictionary for the Health Professions and Nursing, 7th ed. (modified)
6		Airway Trauma	An injury to any of the structures or tissues of the mouth, nasopharynx, oropharynx, or larynx resulting from the use of any airway device such as laryngoscope, oral or nasal airway, endotracheal tube, or stylet	Clarifying statement: The most common injury is to the teeth, but airway trauma includes other injuries such as mucosal tears or tongue lacerations. THIS DATA ELEMENT REPLACES ASA QCOR - "DENTAL TRAUMA" FROM CPOM 2009	<OutcomeID>	
7		Amniotic Fluid Embolism	An obstetric emergency resulting from amniotic fluid, fetal cells, hair, or other debris that enters the maternal circulation via placental vessels and triggers an immune reaction	Synonym: AFE	<OutcomeID>	
8		Anaphylaxis	A severe, life-threatening allergic response, which is rapid in onset and characterized by a sudden drop in blood pressure and/or respiratory insufficiency	Note: Elevated serum tryptase level may be used to confirm the diagnosis. Although anaphylaxis is a life-threatening allergic reaction, there may be other manifestations such as urticaria, bronchospasm, and edema. Epinephrine is often required as part of the treatment	<OutcomeID>	American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)
9		Arrhythmia	New onset of an abnormality of the cardiac rhythm; a cardiac rhythm other than normal sinus rhythm	Synonyms: irregular heartbeat Specific rhythms to be included: atrial fibrillation, atrial flutter, ventricular tachycardia, ventricular fibrillation, 2nd or 3rd degree heart block Clarifying statement: A disorder in which there is abnormal electrical activity in the heart.	<OutcomeID>	Stedman's Medical Dictionary. 28th ed.
10		Aspiration	The entry of material (e.g., food, liquid, gastric contents) into the respiratory tract and accompanied by consistent radiologic findings	Synonym: Perioperative aspiration	<OutcomeID>	American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)
11		Awareness	A scenario in which a patient becomes conscious during a procedure performed under general anesthesia and subsequently has recall of these events	Synonym: Intraoperative awareness, awareness under anesthesia, recall of intraoperative events Clarifying statement: Awareness should be limited to explicit memory and should not include the time before general anesthesia is fully induced or the time of emergence from general anesthesia or during an intraoperative "wake-up test", when arousal and return of consciousness are intended	<OutcomeID>	American Society of Anesthesiologists Comm on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)
12		Bradycardia	Significant slowness of the heart rate that poses a threat to the patient and requires treatment	Note: The heart rate that is considered bradycardic depends on the patient's age and coexisting medical conditions	<OutcomeID>	Stedman's Medical Dictionary. 28th ed.
13		Burn injury	Unintentional damage to tissue caused by excessive heat; a lesion caused by fire, heat or any other cauterizing agent, including friction, caustic agents, electricity, radiation, or electromagnetic energy		<OutcomeID>	Stedman's Medical Dictionary. 28th ed.
14						

Anaphylaxis

A severe, life-threatening allergic response, which is rapid in onset and characterized by a sudden drop in blood pressure and/or respiratory insufficiency

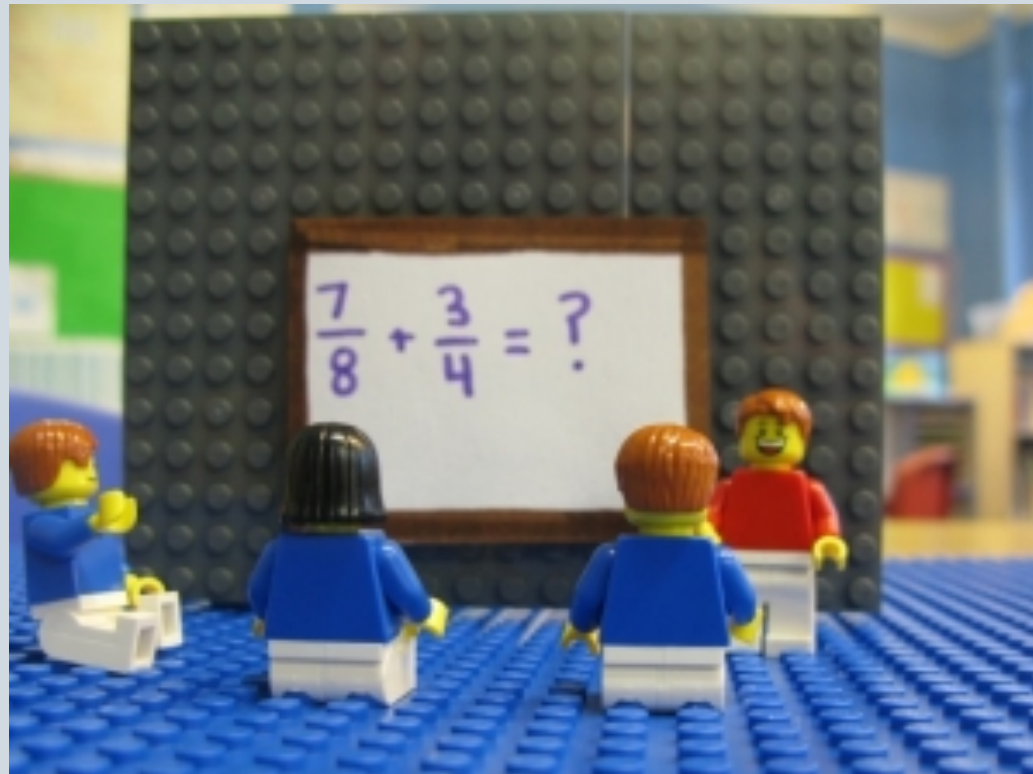
Note: Elevated serum tryptase level may be used to confirm the diagnosis. Although anaphylaxis is a life-threatening allergic reaction, there may be other manifestations such as urticaria, bronchospasm, and edema. Epinephrine is often required as part of the treatment

Source: American Society of Anesthesiologists Committee on Performance and Outcomes Measurement (CPOM) August 2009 Annual Report. Aug 23, 2009 (modified)

What should you measure?

What should you measure?

Numerators and denominators!



What should you measure?

Numerator: patients receiving a clinical action or experiencing a health outcome; the target of the performance measure

Denominator: the eligible population who should receive the clinical action or health outcome; the population evaluated by the performance measure

What should you measure?

Traditional performance measures
higher is better, 100% is target

Inverse performance measures
lower is better, 0% is target

What should you measure?

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What should you measure?

430: Prevention of PONV – Combination Therapy (Adult)

DESCRIPTION: Percentage of patients, aged 18 years and older, who undergo a procedure under an inhalational general anesthetic, AND who have three or more risk factors for post-operative nausea and vomiting (PONV), who receive combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively or intraoperatively

Measure #430: Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy – National Quality Strategy Domain: Patient Safety

2017 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients, aged 18 years and older, who undergo a procedure under an inhalational general anesthetic, AND who have three or more risk factors for post-operative nausea and vomiting (PONV), who receive combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively or intraoperatively

INSTRUCTIONS:
This measure is to be reported each time any procedure including surgical, therapeutic or diagnostic under an inhalational general anesthetic is performed during the performance period. There is no diagnosis associated with this measure. It is anticipated that eligible clinicians who provide the listed anesthesia services as specified in the denominator coding will submit this measure.

Measure Reporting:
The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
All patients, aged 18 years and older, who undergo any procedure including surgical, therapeutic or diagnostic under an inhalational general anesthetic, AND who have three or more risk factors for PONV

Definition:
PONV Risk factors – The following are Risk factors for Post-Operative Nausea and Vomiting:

- Female gender
- History of PONV
- History of motion sickness
- Non-smoker
- Intended administration of opioids for post-operative analgesia. This includes use of opioids given intraoperatively and whose effects extend into the post anesthesia care unit (PACU) or post-operative period, or opioids given in the PACU, or opioids given after discharge from the PACU.

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter

AND
Patient procedure during the **performance 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, 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, 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, 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, 01924, 01925, 01926, 01930, 01931, 01932, 01933, 01935, 01936, 01951, 01952, 01961, 01962, 01963, 01965, 01966

AND
Patient received inhalational anesthetic agent: 4554F
AND
Patient exhibits 3 or more risk factors for post-operative nausea and vomiting: 4556F

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

Definition:
Anti-emetics Therapy - The recommended first- and second-line classes of pharmacologic anti-emetics for PONV prophylaxis in patients at moderate to severe risk of PONV include (but are not limited to):

- NK-1 Receptor Antagonists
- 5-Hydroxytryptamine (5-HT₃) Receptor Antagonists
- Glucocorticoids
- Phenothiazines
- Phenylethylamines
- Butyrophenones
- Antihistamines
- Anticholinergics

NOTE: 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 Options:
Performance Met:
Patient received at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively (G9775)

OR
Denominator Exception:
Documentation of medical reason for not receiving at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively (e.g., intolerance or other medical reason) (G9776)

OR
Performance Not Met:
Patient did not receive at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively (G9777)

RATIONALE:
Postoperative nausea and vomiting (PONV) is an important patient-centered outcome of anesthesia care. PONV is highly dissatisfying to patients, although rarely life-threatening. A large body of scientific literature has defined risk factors for PONV; demonstrated effective prophylactic regimens 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.

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

Society for Ambulatory Anesthesia (SAMBA) PONV Prophylaxis Recommendations:

Administer prophylactic therapy with combination (≥ 2) interventions/multimodal therapy in patients at high risk for PONV

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ASA encourages use of the Measures by other health care professionals, where appropriate.

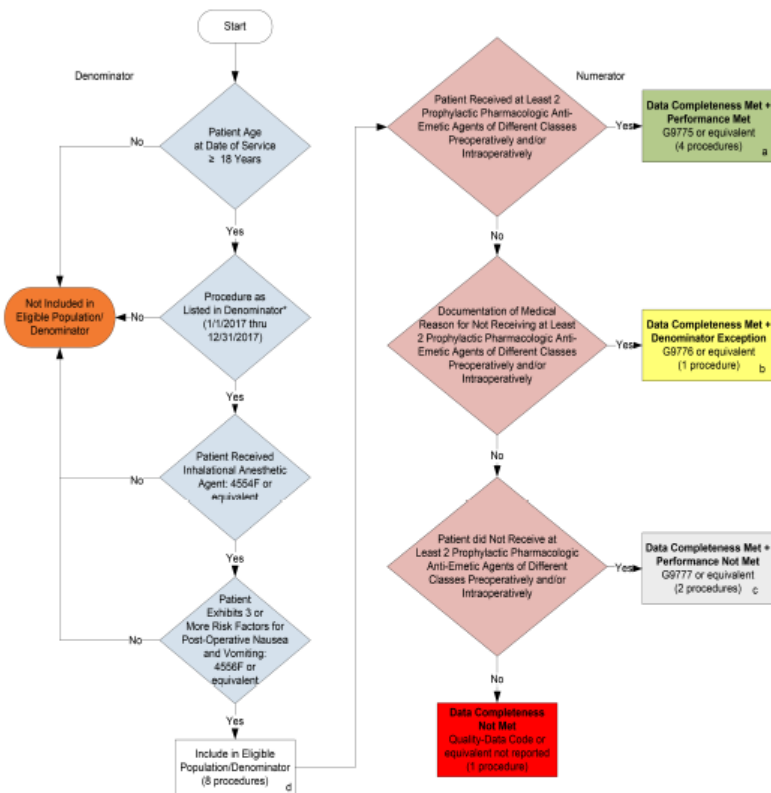
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2017 Registry Individual Measure Flow
#430: Prevention of Post-Operative Nausea and Vomiting (PONV)- Combination Therapy



SAMPLE CALCULATIONS:

Data Completeness=
 Performance Met (a=4 procedures) + Denominator Exception (b=1 procedure) + Performance Not Met (c=2 procedures) = 7 procedures = 87.50%
 Eligible Population / Denominator (d=8 procedures) = 8 procedures

Performance Rate=
 Performance Met (a=4 procedures) = 4 procedures = 66.66%
 Data Completeness Numerator (7 procedures) - Denominator Exception (b=1 procedure) = 6 procedures

*See the posted Measure Specification for specific coding and instructions to report this measure.

NOTE: Reporting Frequency: Procedure

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 The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitute for the measure specification.

v1

2017 Registry Individual Measure Flow
#430: Prevention of Post-Operative Nausea and Vomiting (PONV)-Combination Therapy

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

- Start with Denominator
- Check Patient Age:
 - If the Age is greater than or equal to 18 years of age on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
 - If the Age is greater than or equal to 18 years of age on Date of Service and equals Yes during the measurement period, proceed to check Patient Encounter.
- Procedure Performed:
 - If Procedure as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - If Procedure as Listed in the Denominator equals Yes, proceed to check Patient Received Inhalational Anesthetic Agent.
- Check Patient Received Inhalational Anesthetic Agent:
 - If Patient Received Inhalational Anesthetic Agent equals No, do not include in Eligible Patient Population. Stop Processing.
 - If Patient Received Inhalational Anesthetic Agent equals Yes, proceed to check Patient Exhibits 3 or More Risk Factors for Post-Operative Nausea and Vomiting.
- Check Patient Exhibits 3 or More Risk Factors for Post-Operative Nausea and Vomiting:
 - If Patient Exhibits 3 or More Risk Factors for Post-Operative Nausea and Vomiting equals No, do not include in Eligible Patient Population. Stop Processing.
 - If Patient Exhibits 3 or More Risk Factors for Post-Operative Nausea and Vomiting equals Yes, include in Eligible population.
- Denominator Population:
 - Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 procedures in the sample calculation.
- Start Numerator
- Check Patient Received at Least Two Prophylactic Pharmacologic Anti-Emetic Agents of Different Classes Preoperatively or Intraoperatively:
 - If Patient Received at Least Two Prophylactic Pharmacologic Anti-Emetic Agents of Different Classes Preoperatively or Intraoperatively equals Yes, include in Data Completeness Met and Performance Met.

- Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 4 procedures in Sample Calculation.
- If Patient Received at Least Two Prophylactic Pharmacologic Anti-Emetic Agents of Different Classes Preoperatively or Intraoperatively equals No, proceed to Documentation of Medical Reason(s) for Not Receiving at Least Two Prophylactic Pharmacologic Anti-Emetic Agents of Different Classes Preoperatively and Intraoperatively.
- Check Documentation of Medical Reason(s) for Not Receiving at Least Two Prophylactic Pharmacologic Anti-Emetic Agents of Different Classes Preoperatively and Intraoperatively:
 - If Documentation of Medical Reason(s) for Not Receiving at Least Two Prophylactic Pharmacologic Anti-Emetic Agents of Different Classes Preoperatively and Intraoperatively equals Yes, include in Data Completeness Met and Denominator Exception.
 - Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 1 procedure in the Sample Calculation.
 - If Documentation of Medical Reason(s) for Not Receiving at Least Two Prophylactic Pharmacologic Anti-Emetic Agents of Different Classes Preoperatively and Intraoperatively equals No, proceed Patient did Not Receive at Least Two Prophylactic Pharmacologic Anti-Emetic Agents of Different Classes Preoperatively and Intraoperatively.
- Check Patient did Not Receive at Least Two Prophylactic Pharmacologic Anti-Emetic Agents of Different Classes Preoperatively and Intraoperatively:
 - If Patient did Not Receive at Least Two Prophylactic Pharmacologic Anti-Emetic Agents of Different Classes Preoperatively and Intraoperatively equals Yes, include in Data Completeness Met and Performance Not Met.
 - Data Completeness Met and Performance Not Met letter is represented in the Data Completeness Rate in the Sample Calculation listed at the end of this document. Letter c equals 2 procedures in the Sample Calculation.
 - If Patient did Not Receive at Least Two Prophylactic Pharmacologic Anti-Emetic Agents of Different Classes Preoperatively and Intraoperatively equals No, proceed to Data Completeness Not Met.
- Check Data Completeness Not Met:
 - If Data Completeness Not Met equals No, Quality Data Code or equivalent not reported. 1 procedure has been subtracted from the data completeness numerator in the sample calculation.

SAMPLE CALCULATIONS:

Data Completeness=
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 Eligible Population / Denominator (d=8 procedures) = 8 procedures

Performance Rate=
 Performance Met (a=4 procedures) = 4 procedures = 66.66%
 Data Completeness Numerator (7 procedures) - Denominator Exception (b=1 procedure) = 6 procedures

Pay attention to the denominator!

Denominator Criteria (Eligible Cases): Patients aged ≥ 18 years on date of encounter

AND Patient procedure during the performance 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, 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, 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, 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, 01924, 01925, 01926, 01930, 01931, 01932, 01933, 01935, 01936, 01951, 01952, 01961, 01962, 01963, 01965, 01966

AND

Patient received inhalational anesthetic agent: 4554F

AND

Patient exhibits 3 or more risk factors for post-operative nausea and vomiting: 4556F

Pay attention to the numerator!

NUMERATOR:

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

Definition:

Anti-emetics Therapy - The recommended first- and second-line classes of pharmacologic anti-emetics for PONV prophylaxis in patients at moderate to severe risk of PONV include (but are not limited to):

- NK-1 Receptor Antagonists
- 5-Hydroxytryptamine (5-HT₃) Receptor Antagonists
- Glucocorticoids
- Phenothiazines
- Phenylethylamines
- Butyrophenones
- Antihistamines
- Anticholinergics

NOTE: *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 Options:

Performance Met: Patient received at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and intraoperatively **(4558F)**

OR

Medical Performance Exclusion: Documentation of medical reason for not receiving at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and intraoperatively (e.g., intolerance or other medical reason) **(4558F with 1P)**

OR

Performance Not Met: Patient did not receive at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and intraoperatively **(4558F with 8P)**

What should you measure?

- 44: Preoperative Beta-Blocker in Patients with Isolated CABG Surgery
- 76: Prevention of Central Venous Catheter-Related Bloodstream Infections
- 404: Anesthesiology Smoking Abstinence
- 424: Perioperative Temperature Management
- 426: Post-Anesthetic Transfer of Care: Procedure Room to PACU
- 427: Post-Anesthetic Transfer of Care: Procedure Room to ICU
- 430: Prevention of PONV – Combination Therapy (Adult)
- ASA 8: Prevention of Post-Op Vomiting – Combination Therapy (Pediatrics)
- ASA 10: Composite Anesthesia Safety (*Major Adverse Events*)
- ASA 11: Perioperative Cardiac Arrest
- ASA 12: Perioperative Mortality Rate
- ASA 13: PACU Re-intubation Rate
- ASA 14: Assessment of Acute Postoperative Pain
- ASA 15: Composite Procedural Safety for Central Line Placement
- ASA 16: Composite Patient Experience
- ASA 20: Surgical Safety Checklist Completed Before Induction of Anesthesia
- ASA 38: New Corneal Injury Not Diagnosed in PACU

What can you measure?



Define your data collection process(es)

1. How will you obtain billing data?

Define your data collection process(es)

2. How will you obtain clinical data?

- Can you pull data from your EHR/AIMS?
- Paper forms?
- Electronic data capture?
 - Web access
 - Mobile apps

Define your data collection process(es)

3. Will you need multiple collection processes across multiple facilities?

Define your data collection process(es)

4. Will your vendors work with you?

CAVEAT EMPTOR

Define your data collection process(es)

- Which measures can you report?
- How is data collected?
- How does data collection affect provider workflow?
- What kind of interfaces can be established to improve efficiency?
- Will group data be available for review before it is sent to the AQI?
- Will support be offered for go live?
- How much will this cost?
- Have you successfully transmitted **REAL DATA?**
- Can we speak with some of your customers?

Define your data collection process(es)

5. Do you have support systems in place to pull this off?



Define your data collection process(es)

Recommendations:

Educate your partners

Standardize definitions, processes, and measures*

Prepare for problems

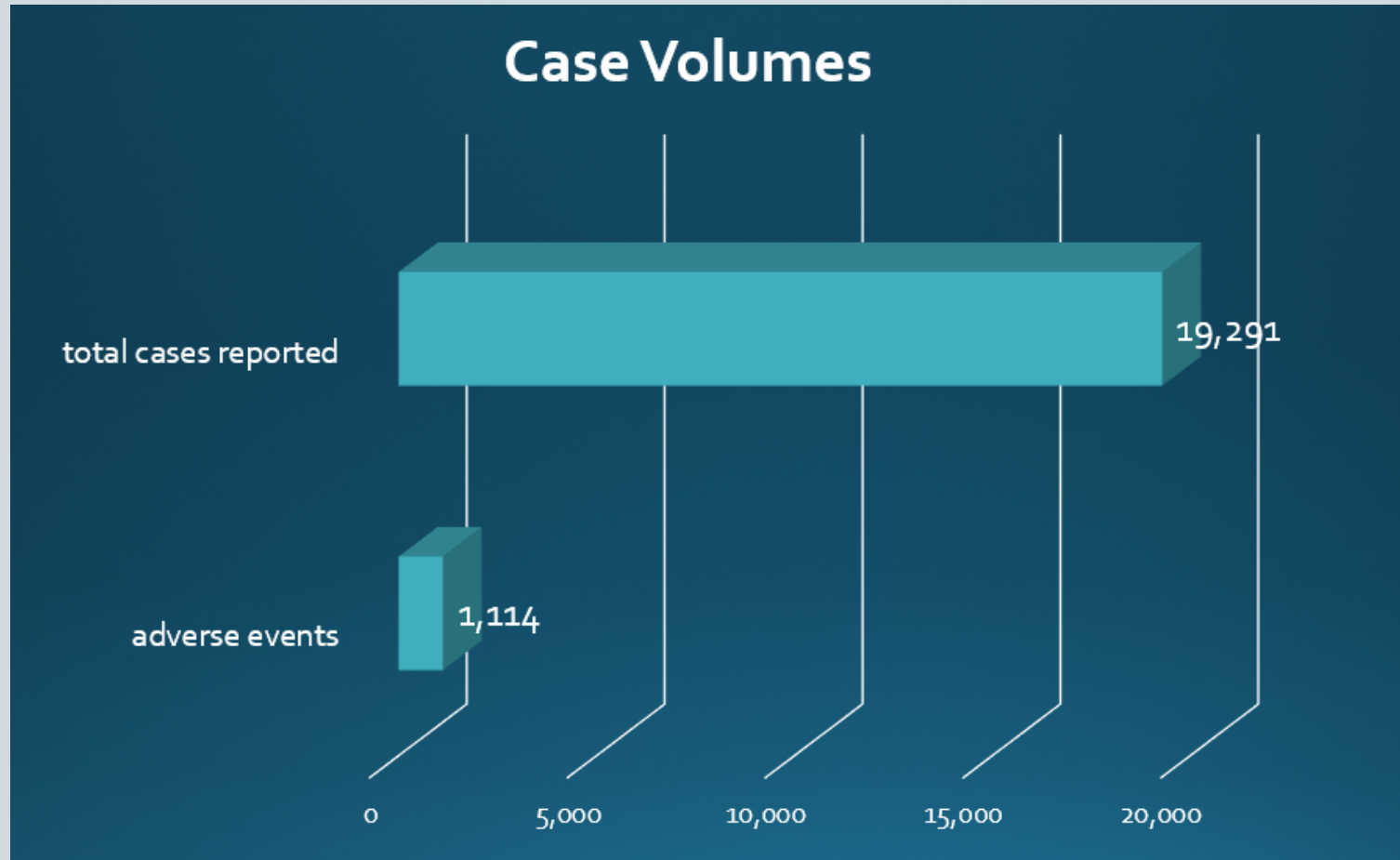
Validate results

What might the data look like?

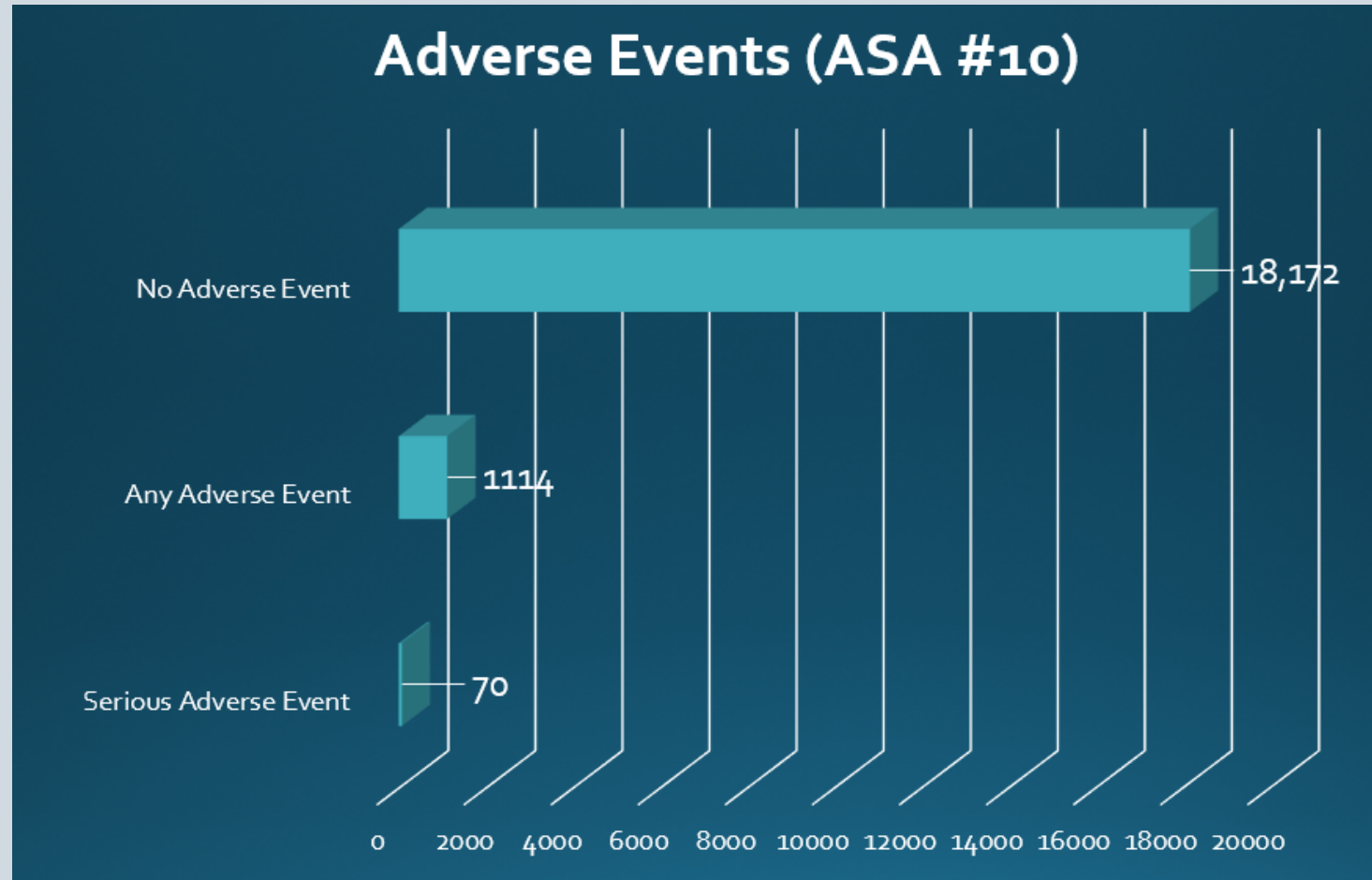
2016 Quality Data

Main Street Anesthesia

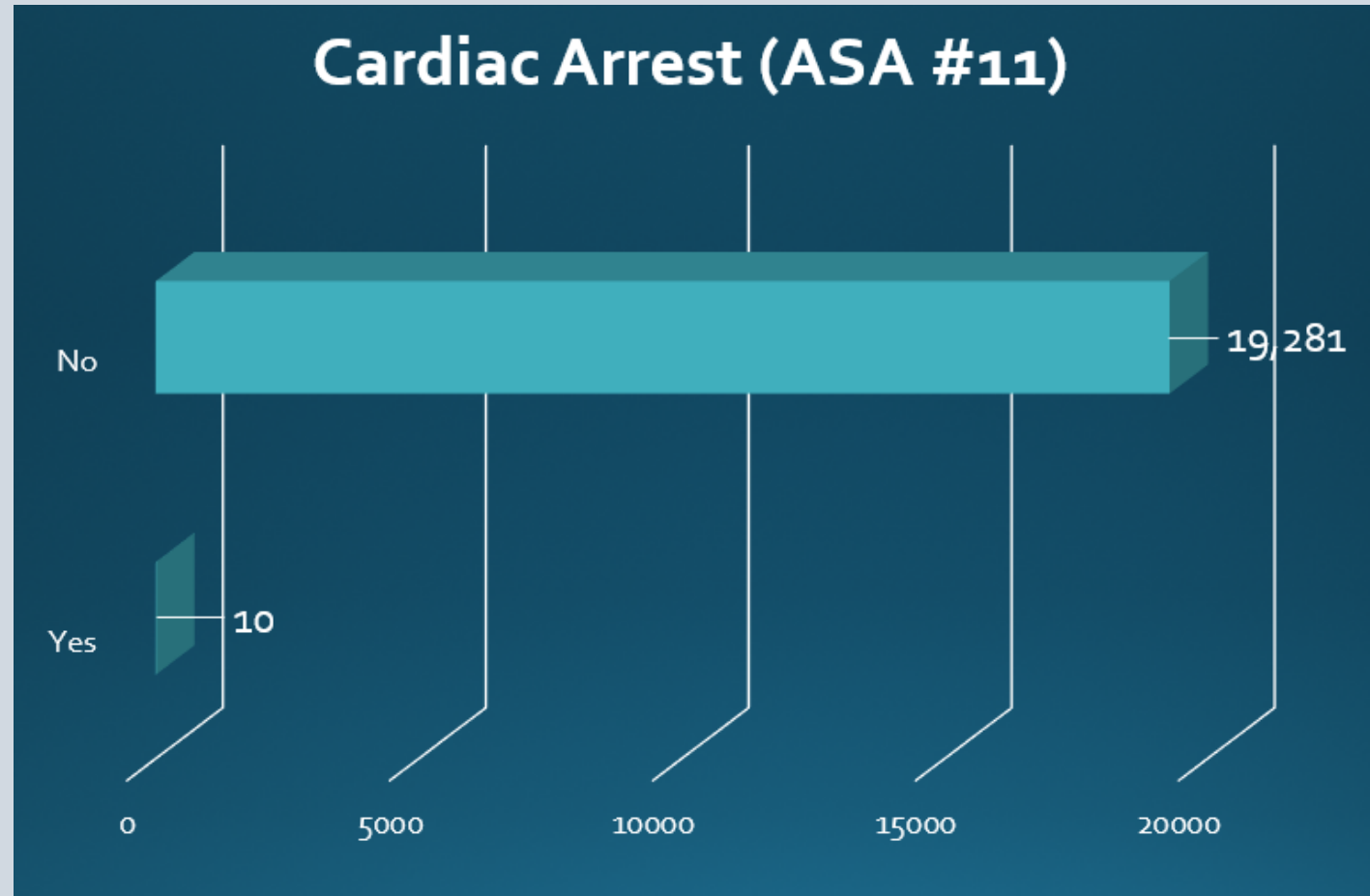
Local Level – *Main Street Anesthesia*



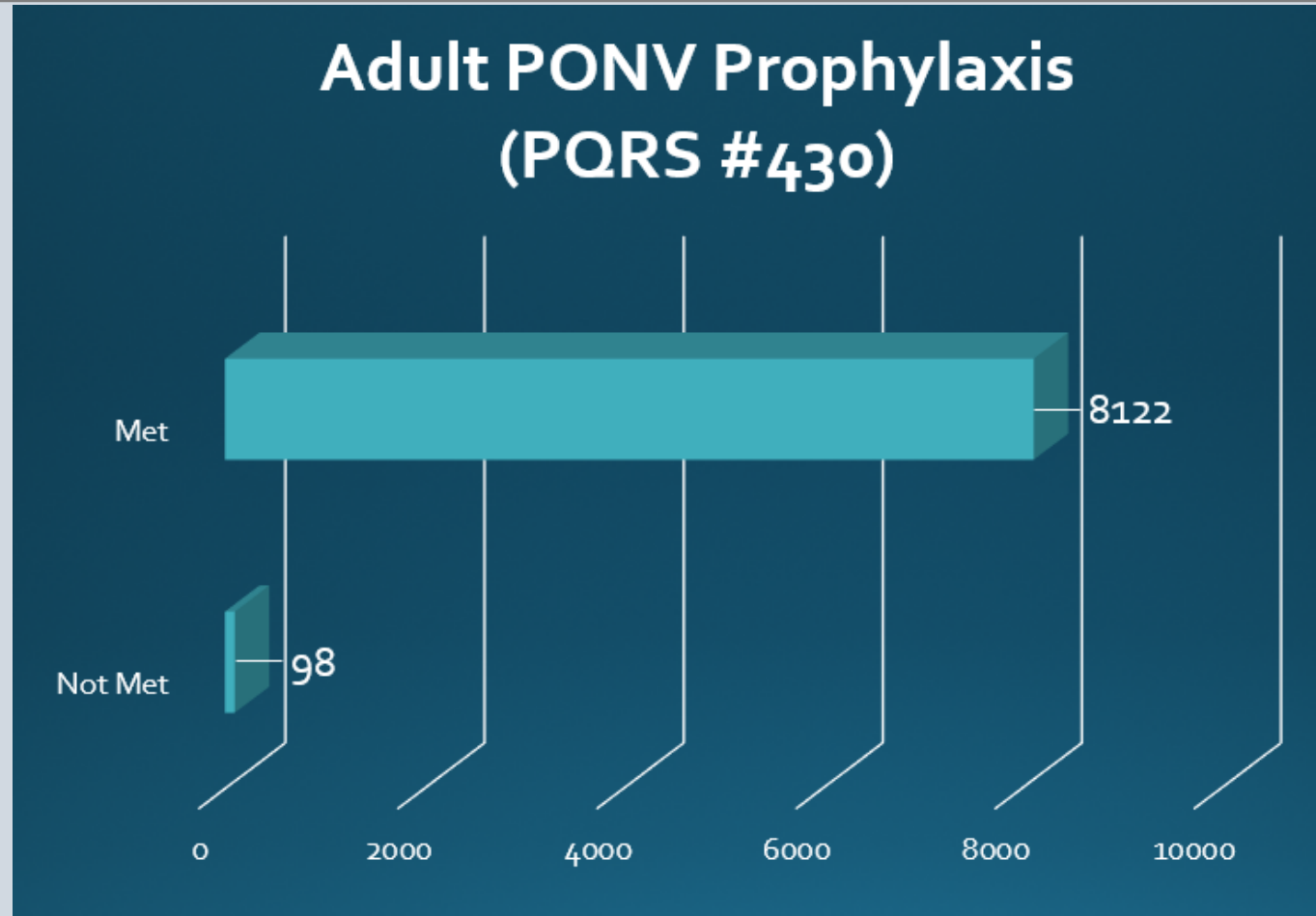
Local Level – *Main Street Anesthesia*



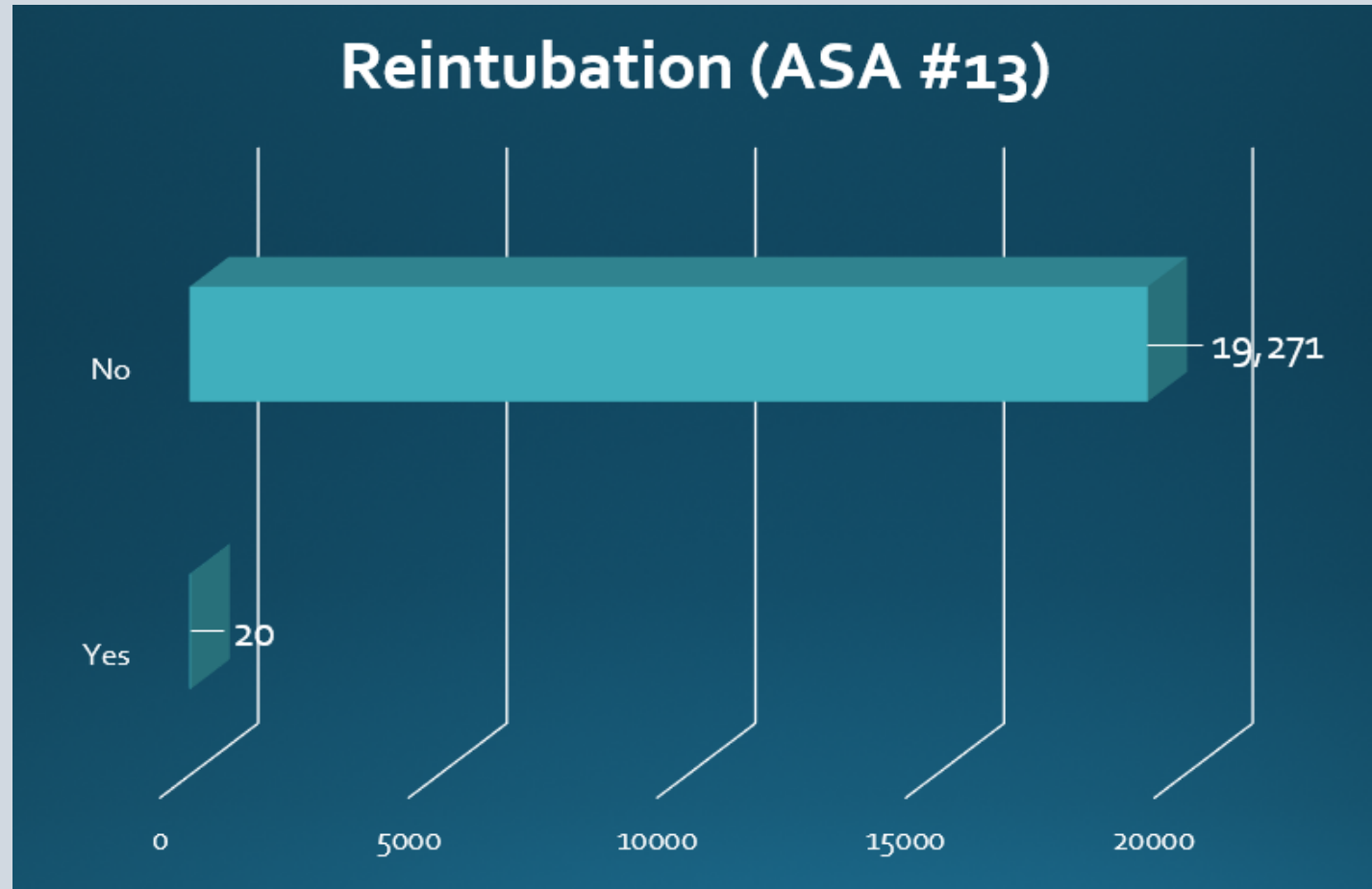
Local Level – *Main Street Anesthesia*



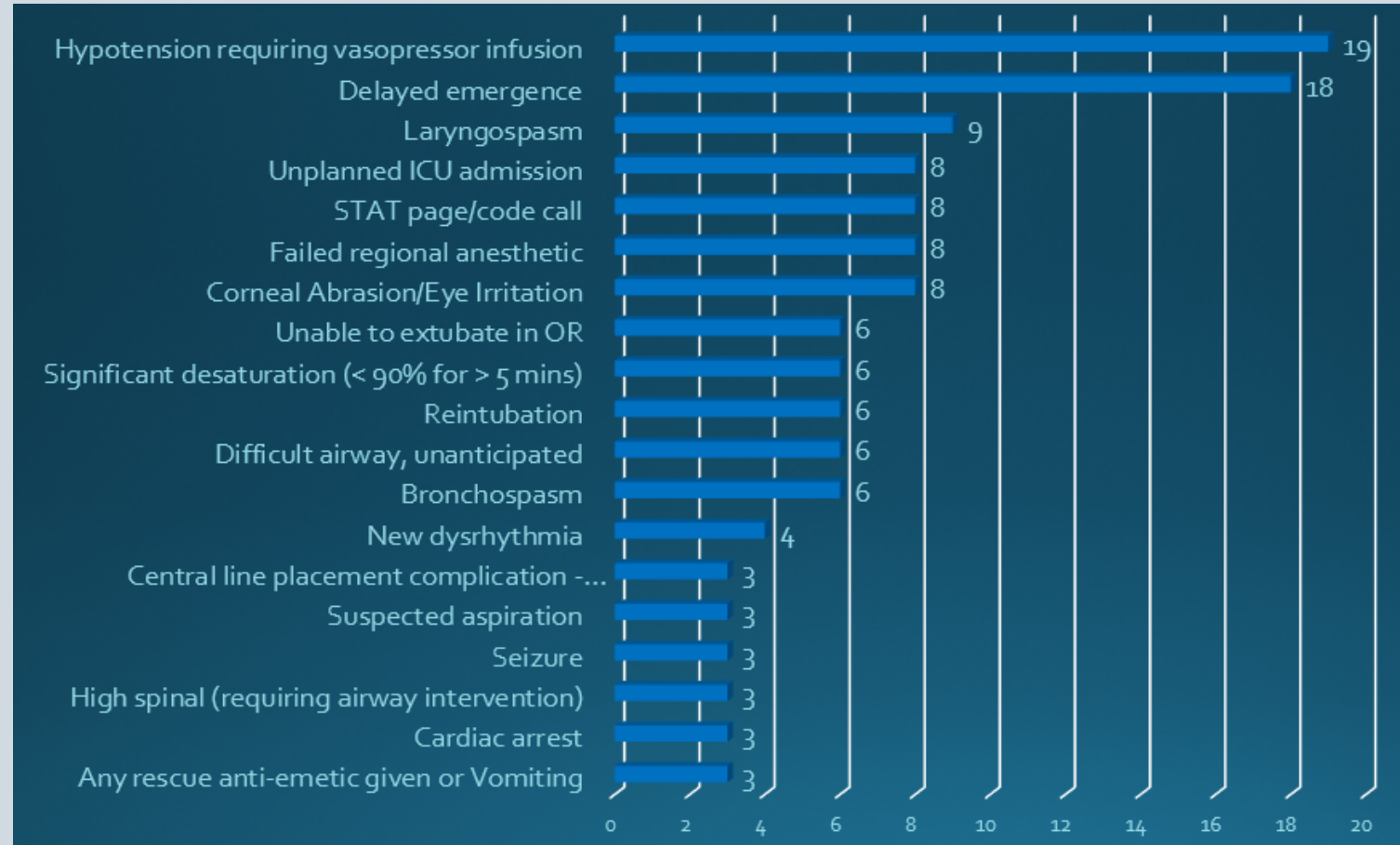
Local Level – *Main Street Anesthesia*



Local Level – *Main Street Anesthesia*



Local Level – *Main Street Anesthesia*



Thank you!

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