NATIONAL QUALITY FORUM'S
SUBMITTED PEDIATRIC CARDIAC SURGERY MEASURES

Measure ID/Title	Description	IP Owner
#PCS-001-09 **Participation in a National Database for Pediatric and Congenital Heart Surgery**	Participation in at least one multi-center, standardized data collection and feedback program that provides benchmarking of the physician's data relative to national and regional programs and uses process and outcome measures	Society of Thoracic Surgeons
#PCS-002-09 **Multidisciplinary conference to plan pediatric and congenital heart surgery cases**	Occurrence of a pre-operative multidisciplinary conference involving cardiology, cardiac surgery, anesthesia, and critical care to plan surgical cases	Society of Thoracic Surgeons
#PCS-003-09 **Multidisciplinary rounds involving cardiology, cardiac surgery, and critical care**	Implementation of multidisciplinary rounds involving professionals	Society of Thoracic Surgeons
#PCS-004-09 **Regularly Scheduled Peer Review Quality Assurance Conference**	Implementation of regularly scheduled peer review quality assurance conferences	Society of Thoracic Surgeons
#PCS-005-09 **Availability of Intraoperative Transesophageal echocardiography (TEE)**	Availability of Intraoperative Transesophageal echocardiography (TEE) for pediatric and congenital heart operations	Society of Thoracic Surgeons
#PCS-006-09 **Availability of Institutional Pediatric ECLS (Extracorporeal Life Support)**	Program Availability of an institutional pediatric Extracorporeal Life Support	Society of Thoracic Surgeons
#PCS-007-09 **Surgical Volume for Pediatric and Congenital Heart Surgery**	Surgical Volume for Pediatric and Congenital Heart Surgery	Society of Thoracic Surgeons
#PCS-008-09 **Surgical Volume for Pediatric and Congenital Heart Surgery**	Stratified for Complexity stratified by at least one multi-institutional validated complexity stratification tool	Society of Thoracic Surgeons

Measure ID/Title	Description	IP Owner
#PCS-009-09 **Surgical Volume for Six Pediatric and Congenital Heart Operations**	Surgical Volume for Six Benchmark Pediatric and Congenital Heart Operations	Society of Thoracic Surgeons
#PCS-010-09 **Timing of Antibiotic Administration for Pediatric and Congenital Cardiac Surgery Patients**	Percent of patients undergoing pediatric and congenital cardiac surgery who received prophylactic antibiotics within one hour of surgical incision (two hours if receiving Vancomycin)	Society of Thoracic Surgeons
#PCS-011-09 **Selection of Antibiotic Administration for Pediatric and Congenital Cardiac Surgery Patients**	Percent of patients undergoing pediatric and congenital cardiac surgery who received body weight appropriate prophylactic antibiotics recommended for the operation	Society of Thoracic Surgeons
#PCS-012-09 **Use of an expanded pre-procedural and post-procedural "time-out"**	Use of an expanded pre-procedural and post-procedural "time-out" that includes the following elements: 1. The conventional pre-procedural "time-out", which includes identification of patient, operative site, procedure and history of any allergies. 2. A pre-procedural briefing wherein the surgeon shares with all members of the operating room team the essential elements of the operative plan; including diagnosis, planned procedure, outline of essentials of anesthesia and bypass strategies, anticipated or planned implants or device applications, and anticipated challenges. 3. A post-procedural debriefing wherein the surgeon succinctly reviews with all members of the operating room team the essential elements of the operative plan, identifying both the successful components and the opportunities for improvement. This debriefing should take place prior to the patient leaving the operating room or its equivalent, and may be followed by a more in-depth dialogue involving team members at a later time. (The actual debriefing in the operating room is intentionally and importantly brief; in recognition of the fact that period s of transition may be times of instability or vulnerability for the patient). 4. A briefing or hand-off protocol at the time of transfer (arrival) to the Intensive Care Unit at the end of the operation, involving the anesthesiologist, surgeon, physician staff of the Intensive Care Unit (including critical care and cardiology) and nursing	Society of Thoracic Surgeons

Measure ID/Title	Description	IP Owner
#PCS-013-09 **Mediastinitis after Pediatric and Congenital Heart Surgery**	Rate of mediastinitis requiring re-exploration after pediatric and congenital open heart surgery.	Society of Thoracic Surgeons
#PCS-014-09 **Stroke/Cerebrovascular Accident (CVA) after Pediatric and Congenital Heart Surgery**	Rate of new onset stroke/cerebrovascular accident rate after pediatric and congenital heart surgery	Society of Thoracic Surgeons
#PCS-015-09 **Post-operative renal failure requiring dialysis at hospital discharge**	Percentage of pediatric and congenital heart surgery patients that require dialysis at hospital discharge due to new onset post-operative renal failure	Society of Thoracic Surgeons
#PCS-016-09 **Arrhythmia necessitating permanent pacemaker insertion**	Percentage of pediatric and congenital heart surgery patients with new onset arrhythmia that requires post-operative permanent pacemaker insertion	Society of Thoracic Surgeons
#PCS-017-09 **Surgical Re-exploration**	Percentage of patients undergoing pediatric and congenital heart surgery who require post-operative unplanned surgical re-operation, excluding re-exploration rate for bleeding and delayed sternal closure	Society of Thoracic Surgeons
#PCS-018-09 **Operative Mortality with Complexity**	Stratification Operative mortality stratified by at least one multi-institutional validated complexity stratification tool. (Suitable multi-institutional validated complexity stratification tools include the 5 functional RACHS-1 classifications, the 4 Aristotle Basic Complexity Score Levels, and the five 2008 STS-EACTS Mortality Levels)	Society of Thoracic Surgeons

Measure ID/Description	Numerator	IP Owner
#PCS-019-09 **Operative Mortality for Six Benchmark Operations**	Operative Mortality for Six Benchmark Pediatric and Congenital Heart Surgery Operations	Society of Thoracic Surgeons
#PCS-020-09 **Operative survival free of major complication**	Percent of pediatric and congenital heart surgery free all of the following: (1) Mediastinitis requiring reexploration, (2) New onset stroke/cerebrovascular accident, (3) New onset post-operative renal failure requiring dialysis at hospital discharge, (4) New onset arrhythmia necessitating permanent pacemaker insertion, and (5) Unplanned surgical re-operation after pediatric and congenital heart surgery (excluding re-exploration rate for bleeding and delayed sternal closure) – to be reported stratified by at least one multi-institutional validated complexity stratification tool. (Suitable multi-institutional validated complexity stratification tools include the 5 functional RACHS-1 classifications, the 4 Aristotle Basic Complexity Score Levels, and the five 2008 STS-EACTS Mortality Levels)	Society of Thoracic Surgeons
#PCS-021-09 **Standardized Mortality Ratio for Congenital Heart Surgery, Risk Adjustment for Congenital Heart Surgery (RACHS-1)**	Adjusted Ratio of observed to expected rate of in-hospital mortality following surgical repair of congenital heart defect among patients <18 years of age, risk-adjusted using the Risk Adjustment for Congenital Heart Surgery (RACHS-1) method.	Children's Hospital, Boston