

Memo

April 1, 2021

To: NQF members

From: NQF staff

Re: Surgery, Fall 2020 Cycle Draft Report for Review

Background

This report reflects the review of measures in the Surgery project. The 20-person Surgery Standing Committee reviewed eight maintenance measures. Six measures were recommended for endorsement, one measure was recommended for inactive endorsement with reserve status, and the Standing Committee did not reach consensus for the remaining measure.

Recommended Measures:

- NQF #0127 Preoperative Beta Blockade (The Society of Thoracic Surgeons (STS))
- NQF #1550 Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) (Yale Center for Outcomes Research & Evaluation (CORE)/Centers for Medicare & Medicaid Services (CMS))
- **NQF #1551** Hospital-Level 30-Day Risk-Standardized Readmission Rate (RSRR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) (Yale CORE/CMS)
- NQF #3030 STS Individual Surgeon Composite Measure for Adult Cardiac Surgery (STS)
- NQF #3031 STS Mitral Valve Repair/Replacement (MVRR) Composite Score (STS)
- NQF #3032 STS Mitral Valve Repair/Replacement (MVRR) + Coronary Artery Bypass Graft (CABG)
 Composite Score (STS)

Measures Recommended for Inactive Endorsement With Reserve Status:

NQF #0117 Beta Blockade at Discharge Recommended Measures (STS)

Consensus Not Reached:

• NQF #0134 Use of Internal Mammary Artery (IMA) in Coronary Artery Bypass Graft (STS)

The Standing Committee requests comments on all measures, but specifically for the measures where consensus was not reached.

NQF Member and Public Commenting

NQF members and the public are encouraged to provide comments via the online commenting tool on the draft report as a whole, or on the specific measures evaluated by the Surgery Standing Committee.

Please note that commenting concludes on April 30, 2021 at 6:00 pm ET-no exceptions.