



Surgery Measures 2014

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Measure Number	Title	Description	Measure Steward
0115	Risk-Adjusted Surgical Re-exploration	Percent of patients aged 18 years and older undergoing isolated CABG who require a return to the operating room for bleeding with or without tamponade, graft occlusion, valve dysfunction, or other cardiac reason	The Society of Thoracic Surgeons
0116	Anti-Platelet Medication at Discharge	Percent of patients aged 18 years and older undergoing isolated CABG who were discharged on anti-platelet medication	The Society of Thoracic Surgeons
0118	Anti-Lipid Treatment Discharge	Percent of patients aged 18 years and older undergoing isolated CABG who were discharged on a lipid lowering statin	The Society of Thoracic Surgeons
0120	Risk-Adjusted Operative Mortality for Aortic Valve Replacement (AVR)	Percent of patients aged 18 years and older undergoing Aortic Valve Replacement (AVR) who die, including both 1) all deaths occurring during the hospitalization in which the procedure was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure	The Society of Thoracic Surgeons
0121	Risk-Adjusted Operative Mortality for Mitral Valve (MV) Replacement	Percent of patients aged 18 years and older undergoing MV Replacement who die, including both 1) all deaths occurring during the hospitalization in which the procedure was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure	The Society of Thoracic Surgeons
0122	Risk-Adjusted Operative Mortality MV Replacement + CABG Surgery	Percent of patients aged 18 years and older undergoing combined MV Replacement and CABG who die, including both 1) all deaths occurring during the hospitalization in which the procedure was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure	The Society of Thoracic Surgeons

Measure Number	Title	Description	Measure Steward
0123	Risk-Adjusted Operative Mortality for Aortic Valve Replacement (AVR) + CABG Surgery	Percent of patients aged 18 years and older undergoing combined AVR and CABG who die, including both 1) all deaths occurring during the hospitalization in which the procedure was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure	The Society of Thoracic Surgeons
0130	Risk-Adjusted Deep Sternal Wound Infection Rate	Percent of patients aged 18 years and older undergoing isolated CABG who, within 30 days postoperatively, develop deep sternal wound infection involving muscle, bone, and/or mediastinum requiring operative intervention	The Society of Thoracic Surgeons
0236	Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery	Percentage of isolated Coronary Artery Bypass Graft (CABG) surgeries for patients aged 18 years and older who received a beta-blocker within 24 hours prior to surgical incision	Centers for Medicare & Medicaid Services
0354	Hip Fracture Mortality Rate (IQI 19)	In-hospital deaths per 1,000 hospital discharges with hip fracture as a principal diagnosis for patients ages 65 years and older. Excludes periprosthetic fracture discharges, obstetric discharges, and transfers to another hospital. [NOTE: The software provides the rate per hospital discharge. However, common practice reports the measure as per 1,000 discharges. The user must multiply the rate obtained from the software by 1,000 to report in-hospital deaths per 1,000 hospital discharges.]	Agency for Healthcare Research and Quality
0360	Esophageal Resection Mortality Rate (IQI 8)	Number of inpatient deaths per 100 discharges with a procedure for esophageal resection	Agency for Healthcare Research and Quality
0361	Esophageal Resection Volume (IQI 1)	Number of discharges with a procedure for esophageal resection	Agency for Healthcare Research and Quality
0465	Perioperative Anti-platelet Therapy for Patients undergoing Carotid Endarterectomy	Percentage of patients undergoing carotid endarterectomy (CEA) who are taking an anti-platelet agent (aspirin or clopidogrel or equivalent such as aggrenox/tiglacor etc) within 48 hours prior to surgery and are prescribed this medication at hospital discharge following surgery	Society for Vascular Surgery

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0533	Postoperative Respiratory Failure Rate (PSI 11)	Percentage of postoperative respiratory failure discharges among adult, elective surgical discharges in a one year time period.	Agency for Healthcare Research and Quality
0696	The STS CABG Composite Score	<p>This multidimensional performance measure is comprised of four domains consisting of 11 individual NQF-endorsed cardiac surgery metrics: (1) Operative Care--use of the internal mammary artery; (2) Perioperative Medical Care (use of preoperative beta blockade; discharge beta blockade, antiplatelet agents, and lipid-lowering agents--an "all-or-none" measure); (3) Risk-adjusted Operative Mortality; and (4) Risk-Adjusted Postoperative Morbidity (occurrence of postoperative stroke, renal failure, prolonged ventilation, re-exploration, or deep sternal wound infection--an "any-or-none" measure).</p> <p>All measures are based on audited clinical data collected in a prospective registry and are risk-adjusted (with the exception of internal mammary artery use and the four perioperative medications). Based on their percentage scores, a 1 (below average), 2 (average), or 3 (above average) star rating is provided for each STS database participant for each performance domain and overall. Star ratings are currently publicly reported on both STS and Consumers Union Websites.</p> <p>Furthermore, the composite score is also deconstructed into its components to facilitate performance improvement activities by providers. This scoring methodology has now been implemented for over two years and has become for many stakeholders the preferred method of evaluating cardiac surgery performance. (Additional materials are available upon request)</p>	The Society of Thoracic Surgeons
0732	Surgical Volume for Pediatric and Congenital Heart Surgery: Total Programmatic Volume and Programmatic Volume Stratified by the Five STS-EACTS Mortality Categories	Surgical volume for pediatric and congenital heart surgery: total programmatic volume and programmatic volume stratified by the five STS-EACTS Mortality Levels, a multi-institutional validated complexity stratification tool	The Society of Thoracic Surgeons
0733	Operative Mortality Stratified by the Five STS-EACTS Mortality Categories	Operative mortality stratified by the five STS-EACTS Mortality Levels, a multi-institutional validated complexity stratification tool	The Society of Thoracic Surgeons

Measure Number	Title	Description	Measure Steward
1501	Risk-Adjusted Operative Mortality for Mitral Valve (MV) Repair	Percent of patients aged 18 years and older undergoing MV Repair who die, including both 1) all deaths occurring during the hospitalization in which the procedure was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure. (This measure applies to the procedure of MV repair, regardless of approach)	The Society of Thoracic Surgeons
1502	Risk-Adjusted Operative Mortality for MV Repair + CABG Surgery	Percent of patients aged 18 years and older undergoing combined MV Repair and CABG who die, including both 1) all deaths occurring during the hospitalization in which the procedure was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure	The Society of Thoracic Surgeons
2038	Performing vaginal apical suspension at the time of hysterectomy to address pelvic organ prolapse	Percentage of patients undergoing hysterectomy for the indication of pelvic organ prolapse in which a concomitant vaginal apical suspension (i.e. uterosacral, iliococcygeus, sacrospinous or sacral colpopexy, or enterocele repair) is performed.	American Urogynecologic Society
2677	Preoperative evaluation for stress urinary incontinence prior to hysterectomy for pelvic organ prolapse	Percentage of women undergoing hysterectomy for pelvic organ prolapse who have preoperative evaluation for stress urinary incontinence.	American Urogynecologic Society
2681	Perioperative Temperature Management	Percentage of patients, regardless of age, who undergo surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer for whom at least one body temperature greater than or equal to 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) was recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time	American Society of Anesthesiologists
2683	Risk-Adjusted Operative Mortality for Pediatric and Congenital Heart Surgery	Percent of patients undergoing index pediatric and/or congenital heart surgery who die, including both 1) all deaths occurring during the hospitalization in which the procedure was performed, even if after 30 days (including patients transferred to other acute care facilities), and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure	The Society of Thoracic Surgeons
2687	Hospital Visits after Hospital Outpatient Surgery	Facility-level, post-surgical risk-standardized hospital visit ratio (RSHVR) of the predicted to expected number of all-cause, unplanned hospital visits within 7 days of a same-day surgery at a hospital outpatient department (HOPD) among Medicare fee-for-service (FFS) patients aged 65 years and older.	Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE)