

## Surgery Project 2015-2017: NQF-Endorsed® Maintenance and New Measures Under Review

*Click the measure numbers to read more about the measure on QPS!*

Measure Number	Title	Description	Measure Steward
<a href="#">0117</a>	Beta Blockade at Discharge	Percent of patients aged 18 years and older undergoing isolated CABG who were discharged on beta blockers.	The Society of Thoracic Surgeons
<a href="#">0127</a>	Preoperative Beta Blockade	Percent of patients aged 18 years and older undergoing isolated CABG who received beta blockers within 24 hours preceding surgery.	The Society of Thoracic Surgeons
<a href="#">0134</a>	Use of Internal Mammary Artery (IMA) in Coronary Artery Bypass Graft (CABG)	Percentage of patients aged 18 years and older undergoing isolated coronary artery bypass graft (CABG) who received an internal mammary artery (IMA) graft.	The Society of Thoracic Surgeons
<a href="#">0351</a>	Death among surgical inpatients with serious, treatable complications (PSI 4)	In-hospital deaths per 1,000 surgical discharges, among patients ages 18 through 89 years or obstetric patients, with serious treatable complications (deep vein thrombosis/ pulmonary embolism, pneumonia, sepsis, shock/cardiac arrest or gastrointestinal hemorrhage/acute ulcer). Includes metrics for the number of discharges for each type of complication. Excludes cases transferred to an acute care facility.  [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
<a href="#">0697</a>	Risk Adjusted Case Mix Adjusted Elderly Surgery Outcomes Measure	This is a hospital based, risk adjusted, case mix adjusted elderly surgery aggregate clinical outcomes measure of adults 65 years of age and older.	American College of Surgeons
<a href="#">0706</a>	Risk Adjusted Colon Surgery Outcome Measure	This is a hospital based, risk adjusted, case mix adjusted morbidity and mortality aggregate outcome measure of adults 18+ years undergoing colon surgery.	American College of Surgeons

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<a href="#">0713</a>	Ventriculoperitoneal (VP) shunt malfunction rate in children	This measure is a 30-day malfunction rate for hospitals that perform cerebrospinal ventriculoperitoneal shunt operations in children between the ages of 0 and 18 years.	Boston Children's Hospital
<a href="#">1519</a>	Statin Therapy at Discharge after Lower Extremity Bypass (LEB)	Percentage of patients aged 18 years and older undergoing infrainguinal lower extremity bypass who are prescribed a statin medication at discharge. This measure is proposed for both hospitals and individual providers.	Society for Vascular Surgery
<a href="#">1523</a>	Rate of Open Repair of Abdominal Aortic Aneurysms (AAA) Where Patients Are Discharged Alive	Percentage of asymptomatic patients undergoing open repair of abdominal aortic aneurysms (AAA) who are discharged alive. This measure is proposed for both hospitals and individual providers.	Society for Vascular Surgery
<a href="#">1534</a>	In-hospital mortality following elective EVAR of AAAs	Percentage of patients undergoing elective endovascular repair of asymptomatic abdominal aortic aneurysms (AAA) who die while in hospital. This measure is proposed for both hospitals and individual providers.	Society for Vascular Surgery
<a href="#">1540</a>	Postoperative Stroke or Death in Asymptomatic Patients undergoing Carotid Endarterectomy	Percentage of patients age 18 or older without carotid territory neurologic or retinal symptoms within the one year immediately preceding carotid endarterectomy (CEA) who experience stroke or death following surgery while in the hospital. This measure is proposed for both hospitals and individual surgeons.	Society for Vascular Surgery
<a href="#">1543</a>	Postoperative Stroke or Death in Asymptomatic Patients undergoing Carotid Artery Stenting (CAS)	Percentage of patients 18 years of age or older without carotid territory neurologic or retinal symptoms within 120 days immediately preceding carotid angioplasty and stent (CAS) placement who experience stroke or death during their hospitalization for this procedure. This measure is proposed for both hospitals and individual interventionalists.	Society for Vascular Surgery
<a href="#">1550</a>	Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)	This measure estimates a hospital-level risk-standardized complication rate (RSCR) associated with elective primary THA and TKA in patients 65 years and older. The measure uses Medicare claims data to identify complications occurring from the date of index admission to 90 days post date of the index admission.	Centers for Medicare & Medicaid Services
<a href="#">1551</a>	Hospital-level 30-day, all-cause risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)	This measure estimates hospital-level 30-day RSRRs following elective primary THA and/or TKA in patients 65 years and older.	Centers for Medicare & Medicaid Services

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<a href="#">2998</a>	Infection rate of bicondylar tibia plateau fractures	Percent of patients aged 18 years and older undergoing ORIF of a bicondylar tibia plateau fracture who develop a postoperative deep incisional wound infection based on CDC guidelines for deep infection associated with implants	Orthopedic Trauma Association
<a href="#">3016</a>	PBM-01 Preoperative Anemia Screening	This measure assesses the proportion of selected elective surgical patients age 18 and over with documentation of pre-operative anemia screening in the window between 45 and 14 days before the surgery start date	The Joint Commission
<a href="#">3017</a>	PBM-02 Preoperative Blood Type Testing and Antibody Screening	This measure is designed to allow transfusion/blood use review committees to identify patients undergoing elective surgery with suboptimal, uncorrected hemoglobin levels that may have led to perioperative transfusion. This measure assesses, via stratification, pre-operative hemoglobin levels of selected elective surgical patients age 18 and over who received a perioperative red blood cell transfusion.	The Joint Commission
<a href="#">3019</a>	PBM-03 Preoperative Blood Type Testing and Antibody Screening	This measure assesses the proportion of selected elective surgical patients age 18 and over who had timely preoperative assessment of blood type and crossmatch or type and screening.	The Joint Commission
<a href="#">3020</a>	PBM-04 Initial Transfusion Threshold	This measure assesses the proportion of various pre-transfusion hemoglobin levels in patients age 18 and over receiving the first unit of a whole blood or packed cell transfusion. Over time, in a patient blood management program, there should be a higher proportion of patients receiving blood at the lower hemoglobin threshold and a lower proportion receiving blood at the higher hemoglobin thresholds. It also identifies patients who receive transfusions that should be reviewed by hospital transfusion/blood usage committees so that appropriate educational programs can be developed as part of a patient blood management program.	The Joint Commission
<a href="#">3021</a>	PBM-05 Blood Usage, Selected Elective Surgical Patients	This measure assesses the proportion of selected elective surgical patients age 18 and over who had a timely preoperative anemia screening and subsequent perioperative transfusion. Since preoperative anemia is a predictor of perioperative transfusion, this measure can identify records of patients needing further review for uncorrected preoperative anemia or other blood management measures, such as a restrictive transfusion strategy or cell salvage, that should have been taken to avoid transfusion.	The Joint Commission

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<a href="#">3024</a>	Carotid Endarterectomy: Evaluation of Vital Status and NIH Stroke Scale at Follow Up	Proportion of patients with carotid endarterectomy procedures who had follow up performed for evaluation of vital status and neurological assessment with an NIH Stroke Scale (by an examiner who is certified by the American Stroke Association)	American College of Cardiology
<a href="#">3030</a>	STS Individual Surgeon Composite Measure for Adult Cardiac Surgery	<p>The STS Individual Surgeon Composite Measure for Adult Cardiac Surgery includes five major procedures (isolated CABG, isolated AVR, AVR+CABG, MVRR, MVRR+CABG) and comprises the following two domains:</p> <p>Domain 1 – Risk-Adjusted Operative Mortality</p> <p>Operative mortality is defined as death before hospital discharge or within 30 days of the operation.</p> <p>Domain 2 – Risk-Adjusted Major Morbidity</p> <p>Major morbidity is defined as the occurrence of any one or more of the following major complications:</p> <ol style="list-style-type: none"> <li>1. Prolonged ventilation,</li> <li>2. Deep sternal wound infection,</li> <li>3. Permanent stroke,</li> <li>4. Renal failure, and</li> <li>5. Reoperations for bleeding, coronary graft occlusion, prosthetic or native valve dysfunction, and other cardiac reasons, but not for other non-cardiac reasons.</li> </ol>	The Society of Thoracic Surgeons

Measure Number	Title	Description	Measure Steward
<a href="#">3031</a>	STS Mitral Valve Repair/Replacement (MVRR) Composite Score	<p>The STS Mitral Valve Repair/Replacement (MVRR) Composite Score measures surgical performance for isolated MVRR with or without concomitant tricuspid valve repair (TVr), surgical ablation for atrial fibrillation (AF), or repair of atrial septal defect (ASD). To assess overall quality, the STS MVRR Composite Score comprises two domains consisting of six measures:</p> <p>Domain 1 – Absence of Operative Mortality Proportion of patients (risk-adjusted) who do not experience operative mortality. Operative mortality is defined as death before hospital discharge or within 30 days of the operation.</p> <p>Domain 2 – Absence of Major Morbidity Proportion of patients (risk-adjusted) who do not experience any major morbidity. Major morbidity is defined as the occurrence of any one or more of the following major complications:</p> <ol style="list-style-type: none"> <li>1. Prolonged ventilation,</li> <li>2. Deep sternal wound infection,</li> <li>3. Permanent stroke,</li> <li>4. Renal failure, and</li> <li>5. Reoperations for bleeding, prosthetic or native valve dysfunction, and other cardiac reasons, but not for other non-cardiac reasons.</li> </ol>	The Society of Thoracic Surgeons

Measure Number	Title	Description	Measure Steward
<a href="#">3032</a>	STS Mitral Valve Repair/Replacement (MVRR) + Coronary Artery Bypass Graft (CABG) Composite Score	<p>The STS Mitral Valve Repair/Replacement (MVRR) + Coronary Artery Bypass Graft (CABG) Composite Score measures surgical performance for MVRR + CABG with or without concomitant Atrial Septal Defect (ASD) and Patent Foramen Ovale (PFO) closures, tricuspid valve repair (TVr), or surgical ablation for atrial fibrillation (AF). To assess overall quality, the STS MVRR +CABG Composite Score comprises two domains consisting of six measures:</p> <p>Domain 1 – Absence of Operative Mortality Proportion of patients (risk-adjusted) who do not experience operative mortality. Operative mortality is defined as death before hospital discharge or within 30 days of the operation.</p> <p>Domain 2 – Absence of Major Morbidity Proportion of patients (risk-adjusted) who do not experience any major morbidity. Major morbidity is defined as the occurrence of any one or more of the following major complications:</p> <ol style="list-style-type: none"> <li>1. Prolonged ventilation,</li> <li>2. Deep sternal wound infection,</li> <li>3. Permanent stroke,</li> <li>4. Renal failure, and</li> <li>5. Reoperations for bleeding, coronary graft occlusion, prosthetic or native valve dysfunction, and other cardiac reasons, but not for other non-cardiac reasons.</li> </ol>	The Society of Thoracic Surgeons