

** Labor Epidurals are excluded from the definition of cases in operating rooms/procedure rooms.

ABG QCDR MEASURES LIST 2017

Measure #	Measure Title	Measure Description	Observations Required	Measure Responses Required	Category of Entry	Definitions	Database ID##	Inverse Measure	Reporting Frequency		
ABG 1	Intra-operative anesthesia safety	Percentage of patients with no significant anesthesia adverse events in the operating room/procedure room.	No Serious Observations	None		Selecting this item certifies that no serious observations occurred.	1	N	All Cases		
			Multiple			Observation other than nausea or vomiting.	Multiple (2, 23, 24, 63, 64, 65) included in numerator)				
ABG 4	PACU tracheal intubation Rate	The rate of tracheal intubation in the PACU for all patients who have anesthesia in the operating room/procedure room.	Tracheal intubation in PACU	None		Any patient who requires tracheal intubation in the PACU after receiving anesthesia.	8	Y	All Cases		
ABG 5	Composite Procedural Safety for All Vascular Access Procedures	Percentage of adults under anesthesia care who experience a serious injury from an attempt at securing vascular access of any type (arterial, central venous, peripheral venous) in the operating room procedure room or PACU.	Pneumothorax- After perithoracic vascular procedure	None		A new onset of a pneumothorax in the perioperative period following anesthesiologically performed perithoracic vascular procedures.	73	Y	All Cases		
			Other Vascular Access Event			An event arising from an attempt at securing vascular access (arterial, central venous, or peripheral venous) requiring intervention (not including pneumothorax- For pneumothorax, please use "Pneumothorax after perithoracic vascular procedure").	19				
ABG 7	Immediate Adult Post-Operative Pain Management	The percentage of patients 18 or older admitted to the PACU after an anesthetic with a maximum pain score <7/10 within 15 minutes of arrival.	None	Pain score 0-6 on arrival to PACU	Postop Pain Status	Using 0-10 scale, measured within 15 minutes of arrival.	1001	N	All Cases		
				Pain score 7-10 on arrival to PACU		Using 0-10 scale, measured within 15 minutes of arrival.	1002				
				Patient Unable to Report Pain Score	Denominator Exception	For Patient, System or Medical Reasons	1003				
				Patient Not Transferred to PACU	Transfer other than PACU is		1017				
				Age	Age less than 18 is Denominator Exclusion	Included in Demographics Upload					
ABG 14	Corneal Abrasion	Percentage of patients having an anesthetic in the operating room/procedure room who experience any ocular surface injury requiring evaluation, follow up, or treatment prior to discharge from PACU	Corneal Abrasion	None		Any ocular surface injury requiring evaluation, follow up, or treatment.	80	Y	All Cases		
ABG 15	Dental Injury	Percentage of patients who have general anesthesia and have an unintended change in dental status that is identified prior to PACU discharge	Dental injury			Unintended change in the patient's perioperative dental status.	6	Y	All Cases		
						Anesthetic Type	Anesthetic type other than GA is Denominator Exclusion			Included in Demographics Upload	
ABG 16	Planned use of difficult airway equipment	For all patients on whom difficult airway equipment is used in the operating room/procedure room during an anesthetic, the rate with which it's use is planned ahead of time for either therapeutic or educational purposes. The definition of difficult airway equipment for this measure excludes stylets and/or bougies unless they have been modified to include a light source or some other mechanical addition to manipulate their placement.	Use of difficult airway equipment-Planned		Planned	The word "planned" in this measure means that the equipment was physically present in the operating room/procedure room prior to the	36	N	All Cases		
			Use of difficult airway equipment-unspecified			Use of difficult airway equipment-reason not specified.	3				
			Use of difficult airway equipment-Unplanned			Difficult airway equipment is brought to the room after induction and used when difficult airway is encountered unexpectedly.	37				
			Use of difficult airway equipment-Unable to intubate			Unable to achieve translaryngeal tracheal intubation.	4				
			Use of difficult airway equipment-Surgical airway required			Res ipsa loquitur.	38				
						Difficult Airway Equipment Not Used	Denominator Exclusion			Cases in the operating room/procedure room where difficult airway equipment is not used.	1018
						ASA PS	ASA PS>4 is Denominator Exclusion			Included in Demographics Upload	
ABG 21	Pre-operative OSA assessment	Percentage of patients who undergo a procedure in the operating room/procedure room that have a pre-operative assessment for Obstructive Sleep Apnea (OSA)	None	Preoperative OSA assessment done			1014	N	All Cases		
				Preoperative OSA assessment NOT done			1015				
				Medical reason for no preoperative OSA assessment	Denominator Exception		1016				

ABG 28	Pre-Operative Screening for GERD	Percentage of patients that undergo an anesthetic in the operating room/procedure room who are questioned about symptoms of Gastroesophageal Reflux Disease during their pre-anesthetic evaluation	None	Screened for GERD	Performance Met		1022	N	All Cases
				Not Screened for GERD	Performance Not Met		1023		
				Patient, System or Medical Reason not screened	Denominator Exception		1024		
				ASA PS	ASA PS>4 is Denominator Exclusion, ASA="E" is Denominator Exception	Included in Demographics Upload			
ABG 29	Pre-Operative Screening for Glaucoma	Percentage of patients that undergo an anesthetic in the operating room/procedure room who are questioned about a history of Glaucoma or elevated eye pressures during their pre-anesthetic evaluation	None	Screened for Glaucoma	Performance Met		1025	N	All Cases
				Not Screened for Glaucoma	Performance Not Met		1026		
				Patient, System or Medical Reason not screened	Denominator Exception		1027		
				ASA PS	ASA PS>4 is Denominator Exclusion, ASA="E" is Denominator Exception	Included in Demographics Upload			
ABG 30	Pre-Operative Screening for PONV Risk	Percentage of patients that undergo an anesthetic in the operating room/procedure room who are questioned about Post-operative Nausea and Vomiting risk factors during their pre-anesthetic evaluation	None	Screened for PONV Risk Factors	Performance Met		1028	N	All Cases
				Not Screened for PONV Risk Factors	Performance Not Met		1029		
				Patient, System or Medical Reason not screened	Denominator Exception		1030		
				ASA PS	ASA PS>4 is Denominator Exclusion, ASA="E" is Denominator Exception	Included in Demographics Upload			
ABG 31	Pre-Operative Screening for Excessive Alcohol and Recreational Drug Use	Percentage of patients that undergo an anesthetic in the operating room/procedure room who are questioned about alcohol and recreational drug use during their pre-anesthetic evaluation	None	Screened for Alcohol and Drug Use	Performance Met		1031	N	All Cases
				Not Screened for Alcohol and Drug Use	Performance Not Met		1032		
				Patient, System or Medical Reason not screened	Denominator Exception		1033		
				ASA PS	ASA PS>4 is Denominator Exclusion, ASA="E" is Denominator Exception	Included in Demographics Upload			
AQI 35	Perioperative Mortality Rate	Percentage of patients, regardless of age, who undergo a procedure under anesthesia and who experience mortality under the care of an anesthesia provider prior to anesthesia	Death			Death only in the OR phase of care.	32	Y	All Cases
				ASA PS	ASA PS 6 is Denominator Exception	Included in Demographics Upload			
AQI 48	Anesthesia: Patient Experience Survey	Percentage of patients who are provided with a patient survey to provide feedback about their anesthesia experience		Patient survey provided			1006	N	All Cases
				Patient survey NOT provided			1007		
				Patient/Parent unable to complete survey	Denominator Exception		1008		
				Patient Died Within 30 days of Procedure	Denominator Exclusion		1034		
				ASA PS	ASA PS 6 is Denominator Exclusion	Included in Demographics Upload			
				Age	Age less than 18 is Denominator Exclusion	Included in Demographics Upload			
MIPS 44	Coronary Artery Bypass Grafting: 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	None	CPT Codes	Only Isolated CABG Codes Included		See Measure Description For CPT Codes	N	All Isolated CABG Cases
				Received Beta Blocker Within 24 Hours of Incision	Performance Numerator				
				Did Not Receive Beta Blocker Within 24 Hrs of Incision	Performance Not Met				
				Medical Reason For No Beta Blockers	Denominator Exclusion				
				Age	Age less than 18 is not in IPP	Included in Demographics Upload			
MIPS 76	Prevention of Central Venous Catheter (CVC)-Related Blood Stream Infections	Percentage of patients, regardless of age, who undergo central venous catheter (CVC) insertion for whom CVC was inserted with all elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed	None	CPT Codes	Only CVC Codes Included	CVC Placement Codes	See Measure Description For Codes	N	All Cases in Which CVC Placed
				Maximal Sterile Barrier Technique Used	Performance Met				
				Maximal Sterile Barrier Technique Not Used	Performance Not Met				
				Medical Reason for Max Sterile Barrier Tech Not Used	Denominator Exclusion				
				ASA PS	ASA PS="E" is Denominator Exclusion	Included in Demographics Upload			

MIPS 130	Documentation of Current Medications in the Medical Record	Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	None	Documentation/Review of Medication List Attested	Performance Numerator	See Measure Description For CPT Codes	N	All Cases
				Documentation/Review of Medication List NOT Attested	Performance Not Met			
				Patient, System or Medical Reason Medication list not Documented/Reviewed	Denominator Exclusion			
				ASA PS	ASA PS="E" is Denominator Exclusion	Included in Demographics Upload		
				Age	Age less than 18 is not in IPP			
				CPT Codes	Screened Against Eligible CPT Codes			
MIPS 404	Anesthesiology Smoking Abstinence	The percentage of current smokers who abstain from cigarettes prior to anesthesia on the day of elective surgery or procedure	None	Screened Prior to Day of Surgery by Anesthesia		See Measure Description For CPT Codes	N	All Cases
				Not Screened Prior to Day of Surgery by Anesthesia	Not in IPP			
				Elective Surgery				
				Not Elective Surgery	Not in IPP			
				Current Smoker				
				Not Current Smoker	Not in IPP			
				Abstained on Day of Surgery	Performance Numerator			
				Smoked on Day of Surgery				
				Age	Age less than 18 is not in IPP			
MIPS 424	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	None	Anesthetic Type	M not included in IPP	Included in Demographics Upload	N	All Cases
				Minutes	<60 Min not included in IPP			
				T greater or equal to 35.5 degrees recorded at end of case	Performance Met	See Measure Description For CPT Codes		
				T greater or equal to 35.5 degrees NOT recorded at end of case	Performance Not Met			
				Medical Reason for Performance Not Met	Denominator Exclusion			
				ASA PS	ASA PS="E" is Denominator Exclusion	Included in Demographics Upload		
MIPS 426	Post-Anesthetic Transfer of Care Measure: Procedure Room to a Post Anesthesia Care Unit (PACU)	Percentage of patients, regardless of age, who are under the care of an anesthesia practitioner and are admitted to a PACU in which a post-anesthetic formal transfer of care protocol or checklist which includes the key transfer of	None	Checklist/Protocol used for transfer to non-anesthesia	Checklist/Protocol Use	See Measure Description For CPT Codes	N	All Cases
				Checklist/Protocol NOT used for transfer to non-anesthesia				
				Patient Transferred to PACU	Transfer other than PACU is Denominator Exclusion			
				Patient Transferred to Other				
MIPS 427	Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU)	Percentage of patients, regardless of age, who undergo a procedure under anesthesia and are admitted to an Intensive Care Unit (ICU) directly from the anesthetizing location, who have a documented use of a checklist or protocol for the transfer of care from the responsible anesthesia practitioner to the responsible ICU team or	None	Checklist/Protocol used for transfer to non-anesthesia provider	Checklist/Protocol Use	See Measure Description For CPT Codes	N	All Cases
				Checklist/Protocol NOT used for transfer to non-anesthesia provider				
				Patient Transferred to ICU				
				Patient Transferred to Other				
MIPS 430	Prevention of Post-Operative Nausea and Vomiting (PONV)-Combination Therapy	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	None	Inhalational Anesthetic		See Measure Description For CPT Codes	N	All Cases
				Not Inhalational Anesthetic	Not in IPP			
				3 or More PONV Risk Factors				
				2 or Less PONV Risk Factors	Not in IPP			
				Received 2 or More Classes of Anti-emetic				
				Received Less Than 2 Classes of Anti-emetic				
				Medical Reason for Not Giving 2 or More Antiemetic Classes				
				Age	Age less than 18 is not in IPP			

PAIN SPECIFIC MEASURES

ABG 32	Pain Related Quality of Life Interference	Percentage of patients with a diagnosis of chronic pain whose pain related quality of life (QOL) interference is addressed during at least two office visits throughout the calendar year.	None	Provided QOL Plan of Care	Denominator Exclusion if Less Than Three Office Visits Per Year	1038	N	Record Each Patient Visit Locally- Submit Cumulative Data to ABG at End of Year	
				Did Not Provide QOL Plan of Care		1039			
				Pt, Sys, Medical Reason for Not Providing QOL Plan of Care		1040			
				Chronic Pain For Less Than 3 Months		1041			
				Less Than Three Office Visits For The Year		1061			
ABG 33	Lower Body Functional Impairment (LBI)	Percentage of patients with a diagnosis of chronic pain whose functional status was assessed with a tool(s) during at least two office visits throughout the calendar year of treatment and whose pain related functional status stayed the same or improved.	None	Same or Improved Lower Body Pain After At Least 2 Visits	Denominator Exclusion if Less Than Three Office Visits Per Year	1042	N	Record Each Patient Visit Locally- Submit Cumulative Data to ABG at End of Year	
				Fails to Report Improved Lower Body Pain After At Least 2 Visits		1043			
				Pt, Sys, Medical Reason Preventing Assessment of Lower Body Pain		1044			
				Documented Non-Compliance		1045			
				Chronic Pain For Less Than 3 Months		1041			
				Less Than Three Office Visits For The Year		1061			
ABG 34	Mood Assessment Screening and Treatment	Percentage of patients with a diagnosis of chronic pain who were assessed for depression and anxiety with a standardized tool at least twice in the calendar year and who are treated for mood disorders during the calendar year as a result of their elevated assessment scores.	None	Mood Score Improved or Unchanged After At Least 2 Assessments	Denominator Exclusion if Less Than Three Office Visits Per Year	1047	N	Record Each Patient Visit Locally- Submit Cumulative Data to ABG at End of Year	
				Mood Score Worsened After At Least 2 Assessments		1048			
				Normal Initial Mood Score or Pt, Sys, Medical Reason Preventing Assessment of Mood Score		1049			
				Documented Non-Compliance		1050			
				Chronic Pain For Less Than 3 Months		1041			
				Less Than Three Office Visits For The Year		1061			
MIPS 109	Osteoarthritis (OA): Function and Pain Assessment	Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain	None	OA Symptoms and Functional Status Assessed	OA Assessment	See Measure Description For CPT Codes	N	Must Be Reported On Each Visit	
				OA Symptoms and Functional Status Not Assessed					
				Pt, Sys, Med Reason Not Able to Assess OA Symptoms and Functional Status					
				Age		Age less than 21 is not in IPP			Included in Demographics Upload
				ICD-10 Codes		Requires Diagnosis of OA			
				CPT Codes					

MIPS 128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow up plan is documented during the encounter or during the previous six months of the current encounter Normal Parameters: Age 65 years and older BMI ≥ 23 and < 30 kg/m2 Age 18 – 64 years BMI ≥ 18.5 and < 25 kg/m2	None	BMI Above Normal	Documentation of BMI		See Measure Description For CPT Codes	N	Must Be Reported Once Per Year	
				BMI Below Normal						
				BMI Normal						
				BMI Not Documented						
				Pt, Sys, Med Reason Not Able to Document BMI						
				Follow Up Plan Documented	Documentation of Follow Up Plan					
				Follow Up Plan Not Documented						
				Pt, Sys, Med Reason Not Able to Provide Follow Up Plan						
				Age	Age less than 18 is not in IPP	Included in Demographics Upload				
CPT Codes										
MIPS 131	Pain Assessment and Follow-Up	Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present	None	Pain Assessment Positive	Pain Assessment		See Measure Description For CPT Codes	N	Must Be Reported Once Per Year	
				Pain Assessment Negative						
				Pain Assessment Not Done						
				Pt, Sys, Med Reason Unable to Assess Pain						
				Plan Documented	Follow Up Plan					
				Plan Not Required						
				Plan Not Provided						
				Pt, Sys, Med Reason Unable to Provide Plan						
Age	Age less than 18 is not in IPP	Included in Demographics Upload								
MIPS 145	Radiology: Exposure Time Reported for Procedures Using Fluoroscopy	Final reports for procedures using fluoroscopy that document radiation exposure indices, or exposure time and number of fluorographic images (if radiation exposure indices are not available)	None	Radiation Exposure Measures Documented	Radiation Exposure Indices, or Time and Number of Images Documentation		See Measure Description For CPT Codes	N	Must Be Reported On Each Visit	
				Radiation Exposure Measures Not Documented						
				CPT Codes	Procedures Not Using Fluoroscopy are Excluded From IPP	Included in Demographics Upload				
MIPS 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	None	Tobacco User	Screening		See Measure Description For CPT Codes	N	Must Be Reported Once Per Year	
				Not Tobacco User						
				Screening Not Performed						
				Intervention Performed	Intervention					
				Intervention Not Performed						
				Pt, Sys, Med Reason Screening or Intervention Not Performed						
				CPT Codes	CPT Codes Screened for Denominator Eligibility	Included in Demographics Upload				
				Age	Age less than 18 is not in IPP					

* Observations are reported by entering Database ID#s in Upload spreadsheets. Spreadsheet templates can be obtained on ABG reporting website. Database ID#s below 1000 should be reported in one of the EventID#s columns (based on phase of care item was collected in). Database ID#s above 1000 should be reported in MeasureEvent#s column. Multiple entries should be separated by commas. For users of QCDR app: QCDRapp makes all database entries automatically, so no upload of Database ID#s is necessary.

1. Each group must first select the measures they wish to collect at www.abgreporting.com.

2. Once measure selection has been completed, refer to the table below for the list of observations and/or Measure Responses that must be collected for each of your selected measures.

3. To report Observations and Measure Responses, use the database ID#s shown below and make the appropriate entries in the upload spreadsheet. See footnote below for instructions on observation entry procedure.

4. ABG collects some observations by phase (OR, PACU, Postop). The phase refers to when the observation is made, NOT when the event occurred.

5. Database ID#s below 1000 should be placed in the Event ID#s columns. Database ID#s above 1000 should be placed in the Measure Event#s column.

