2018 ABG QCDR
Measure Specifications
(changes to old measures from 2017 in red font)
Calculations

Reporting Rate = \( \frac{\text{Performance Met + Performance Not Met} + \text{Denominator Exceptions} + \text{Denominator Exclusions}}{\text{Eligible Population (Denominator)}} \)

Performance Rate = \( \frac{\text{Performance Met}}{\text{Reporting Numerator} - \text{Denominator Exceptions} - \text{Denominator Exclusions}} \)
Measure #1 (ABG1): Intra-operative anesthesia safety

**Domain:** Effective Clinical Care  
**Measure Type:** Outcome  
**Description:** Percentage of patients with no serious anesthesia adverse events in the operating room/procedure room.

**Instructions:** Users must report at least one ABG Observation code in the intraoperative phase of care for the case to be counted in the reporting numerator. Observation codes in the intraoperative phase of care for no complications, nausea and vomiting, other observation or planned use of difficult airway equipment will count as performing. The appearance of any other Observation code in the intraoperative phase of care will count the case as non-performing.

**Denominator:** Patient with an encounter  
**Criteria (Eligible Cases):**
- Excluding the following ABG observations: 002, 063, 064, 065 (case cancellations)
- Excluding Labor Epidural (CPT codes 01960, 01967)

**Numerator:**

**Numerator Instructions:**

**Performance Met:** Any one of the following ABG Observations: 001 (no significant observations), 023 and 024 (nausea and vomiting), 033 (other observation), 036 (use of difficult airway equipment, planned)

**Performance Not Met:** Any ABG Observation NOT in the following set (Insignificant ABG observations: 001, 023, 024, 033, 036)

**Denominator Exclusions:** None  
**Denominator Exceptions:** None
Measure #7 (ABG7): Immediate Adult Post-Operative Pain Management

**Domain:** Person and Caregiver-Centered Experience and Outcomes

**Measure Type:** Outcome

**Description:** The percentage of patients 18 or older admitted to the PACU after an anesthetic with a maximum pain score <7/10 prior to anesthesia end time.

**Instructions:** Users must report at least one of the following ABG Measure Response codes for the case to be counted in the reporting numerator: 1001, 1002, 1003, 1020. Measure Response code 1001 will be counted in the performing numerator. The other Measure Response codes listed above will be excluded from the performing numerator.

**Denominator:** Patient with an encounter

Criteria (Eligible Cases)
- Excluding the following ABG observations: 002, 063, 064, 065 (case cancellations)
- Excluding Labor Epidural (CPT codes 01960, 01967)

**Numerator:**

**Numerator Instructions:** Inverse Measure

**Performance Met:** ABG Measure Response 1001 (Pain score 0-6 on arrival to PACU) Reported

**Performance Not Met:** ABG Measure Response 1002 (Pain score 7-10 on arrival to PACU) Reported

**Denominator Exclusions:** Patient Age < 18 OR ABG Measure Response 1020 (patient transferred to location other than PACU) Reported

**Denominator Exceptions:** ABG Measure Response 1003 (patient unable to report pain score) reported
Measure # 36 (ABG36): Corneal Abrasion (formerly ABG14)

**Domain:** Patient Safety  
**Measure Type:** Outcome  
**Description:** Percentage of patients having an anesthetic in the operating room/procedure room who experience any ocular surface injury requiring evaluation, follow up, or treatment **within 24 hours of anesthesia end time.**

**Instructions:** Users must report at least one ABG Observation code in the intraoperative phase of care for the case to be counted in the reporting numerator. Cases with Observation code 80 in the intraoperative or PACU phase of care will be included in the reporting numerator. All other Observation codes will be excluded from the reporting numerator.

**Denominator:** Patient with an encounter  
- Criteria (Eligible Cases)  
  - Excluding the following ABG observations: 002, 063, 064, 065 (case cancellations) AND  
  - Excluding Labor Epidural (CPT codes 01960, 01967)  

**Numerator:**  
- Numerator Instructions: Inverse Measure  
- **Performance Met:** ABG Observation 080 (Corneal Abrasion) reported in any phase of care.  
- **Performance Not Met:** ABG Observation 080 NOT reported in any phase of care.

**Denominator Exclusions:** None  
**Denominator Exceptions:** None
Measure #16 (ABG16): Planned use of difficult airway equipment

Domain: Effective Clinical Care
Measure Type: Process
Description: For all patients on whom difficult airway equipment is used in the operating room/procedure room, the rate with which it's use is planned ahead of time for either therapeutic or educational purposes.

Instructions: Users must report at least one ABG Observation code in the intraoperative phase of care for the case to be counted in the reporting numerator. Cases with Observation code 36 will be counted in the performance numerator. Cases with Observation codes 4, 36, 37 and 38 will be counted in the performance denominator.

Denominator: Patient with an encounter
Criteria (Eligible Cases)
- Excluding the following ABG observations: 002, 063, 064, 065 (case cancellations)
- Excluding Labor Epidural (CPT codes 01960, 01967)

Numerator:

Numerator Instructions: Inverse Measure

Performance Met: ABG Observation 036 (use of difficult airway equipment, planned) Reported intraoperatively

Performance Not Met: ABG Observation 037, 38 or 4 (unplanned use of difficult airway equipment, unable to intubate or failed airway) Reported intraoperatively

Denominator Exclusions: Difficult airway equipment not used and ASA PS >4

Denominator Exceptions: None
Measure #21 (ABG21) Pre-operative OSA assessment

**Domain:** Effective Clinical Care

**Measure Type:** Process

**Description:** Percentage of patients scheduled for a surgical procedure in the operating room/procedure room that undergo a preoperative assessment for Obstructive Sleep Apnea (OSA)

**Instructions:** Users must report at least one of the following ABG Measure Response codes for the case to be counted in the reporting numerator: 1014, 1015, 1016. Cases reporting Measure Response code 1014 will be counted in the performance numerator. Cases reporting the other codes will be excluded from the reporting numerator.

**Denominator:** Patient with an encounter

- Criteria (Eligible Cases)
  - Excluding the following ABG observations: 002, 063, 064, 065 (case cancellations)
  - Excluding Labor Epidural (CPT codes 01960, 01967)

**Numerator:**

- *Numerator Instructions:* Inverse Measure
- **Performance Met:** ABG Observation 1014 (preoperative OSA assessment done) Reported
- **Performance Not Met:** ABG Observation 1015 (preoperative OSA assessment not done) Reported

**Denominator Exclusions:** None

**Denominator Exceptions:** ABG observation 1016 (patient, system or medical reason for not performing OSA assessment) reported. Specifically, ASA 5 or higher, history of OSA, currently using CPAP, currently ventilated/intubated or otherwise unable to answer assessment questions.
Measure #28 (ABG28): Pre-Operative Screening for GERD

**Domain:** Effective Clinical Care

**Outcome Measure:** No

**Description:** 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.

**Instructions:** Users must report at least one of the following ABG Measure Response codes for the case to be counted in the reporting numerator: 1022, 1023, 1024. Cases reporting Measure Response code 1022 will be counted in the performance numerator. Cases reporting the other codes will be excluded from the reporting numerator.

**Denominator:** All patients who have procedures in the operating room/procedure room under anesthesia care.

Criteria (Eligible Cases)

All time based procedures that do not use ASA code 01967 (Labor Epidural)

**Numerator:** All patients who have procedures in the operating room/procedure room under anesthesia care that are also questioned about symptoms of Gastroesophageal Reflux Disease during their pre-operative assessment

**Numerator Instructions:**

- **Performance Met:** ABG Observation 1022 (Screened for GERD)
- **Performance Not Met:** ABG Observation 1023 (Not screened for GERD)

**Denominator Exclusions:** ASA Physical Status >4

**Denominator Exceptions:** ABG Observation 1024 (patient, system or medical reason not screened for GERD), ASA Physical status contains “E” for emergent case.
Measure #29 (ABG29): Pre-Operative Screening for Glaucoma

Domain: Effective Clinical Care

Outcome Measure: No

Description: 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.

Instructions: Users must report at least one of the following ABG Measure Response codes for the case to be counted in the reporting numerator: 1025, 1026, 1027. Cases reporting Measure Response code 1025 will be counted in the performance numerator. Cases reporting the other codes will be excluded from the reporting numerator.

Denominator: All patients who have procedures in the operating room/procedure room under anesthesia care.

Criteria (Eligible Cases)
All time based procedures that do not use ASA code 01967 (Labor Epidural)

Numerator: All patients who have procedures in the operating room/procedure room under anesthesia care that are also questioned about symptoms of Glaucoma or elevated eye pressures during their pre-operative assessment

Numerator Instructions:

Performance Met: ABG Observation 1025 (Screened for Glaucoma)

Performance Not Met: ABG Observation 1026 (Not screened for Glaucoma)

Denominator Exclusions: ASA Physical Status >4

Denominator Exceptions: ABG Observation 1027 (patient, system or medical reason not screened for Glaucoma), ASA Physical status contains “E” for emergent case.
Measure #30 (ABG30): Pre-Operative Screening for PONV Risk

**Domain:** Effective Clinical Care

**Outcome Measure:** No

**Description:** 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

**Instructions:** Users must report at least one of the following ABG Measure Response codes for the case to be counted in the reporting numerator: 1028, 1029, 1030. Cases reporting Measure Response code 1028 will be counted in the performance numerator. Cases reporting the other codes will be excluded from the reporting numerator.

**Denominator:** All patients who have procedures in the operating room/procedure room under anesthesia care.

- **Criteria (Eligible Cases):**
  - All time based procedures that do not use ASA code 01967 (Labor Epidural)

**Numerator:** All patients who have procedures in the operating room/procedure room under anesthesia care that are also questioned about PONV risk factors during their pre-operative assessment

**Numerator Instructions:**

- **Performance Met:** ABG Observation 1028 (Screened for PONV risk factors)
- **Performance Not Met:** ABG Observation 1029 (Not screened for PONV risk factors)

**Denominator Exclusions:** ASA Physical Status >4

**Denominator Exceptions:** ABG Observation 1030 (patient, system or medical reason not screened for PONV Risk Factors), ASA Physical status contains “E” for emergent case.
Measure #31 (ABG31): Pre-Operative Screening for Excessive Alcohol and Recreational Drug Use

**Domain:** Effective Clinical Care

**Outcome Measure:** No

**Description:** 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

**Instructions:** Users must report at least one of the following ABG Measure Response codes for the case to be counted in the reporting numerator: 1031, 1032, 1033. Cases reporting Measure Response code 1031 will be counted in the performance numerator. Cases reporting the other codes will be excluded from the reporting numerator.

**Denominator:** All patients who have procedures in the operating room/procedure room under anesthesia care.

**Criteria (Eligible Cases)**

All time based procedures that do not use ASA code 01967 (Labor Epidural)

**Numerator:** All patients who have procedures in the operating room/procedure room under anesthesia care that are also questioned about alcohol and recreational drug use during their pre-operative assessment

**Numerator Instructions:**

- **Performance Met:** ABG Observation 1031 (Screened for alcohol and drug use)
- **Performance Not Met:** ABG Observation 1032 (Not screened for alcohol and drug use)

**Denominator Exclusions:** ASA Physical Status >4

**Denominator Exceptions:** ABG Observation 1033 (patient, system or medical reason not screened for alcohol and drug use), ASA Physical status contains “E” for emergent case.
Measure #32 (ABG32): Pain Related Quality of Life Interference

**Domain:** Effective Clinical Care  
**Outcome Measure:** No  
**Description:** 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.

**Instructions:** Reporting for full time pain doctors should be done in an account on the ABG reporting site that is separate from OR anesthesiologists. Groups reporting pain measures must keep records on each patient throughout the year and should only upload data to the ABG Reporting web site ONCE at the end of the year. This final report should be uploaded no later than March 1st of the following year.

**Denominator:** All patients seen by a pain provider in the calendar year (reported from billing records)

**Numerator:** Patients with two or more office visits in the calendar year who receive a plan of care from their provider to improve their QOL

**Numerator Instructions:**  
- **Performance Met:** ABG Measure Response code 1038 (Provided QOL Plan of Care)  
- **Performance Not Met:** ABG Measure Response code 1039 (Did not provide QOL Plan of Care)

**Denominator Instructions:**  
- **Denominator Exclusions:** ABG Measure Response code 1061 (less than 3 office visits during the year), ABG Measure Response code 1041 (chronic pain for less than three months)  
- **Denominator Exceptions:** ABG Measure Response code 1040 (patient, system or medical reason for not assessing pain scale)

**Coding:**  
- Each patient should be assigned a unique identifier and the results of a standardized pain assessment should be registered under their unique ID.  
- At the end of the year a report will be generated for each patient:  
  - Those who received a plan of care from their provider to improve QOL should be reported with Measure Response code 1038.  
  - Those who did not receive a plan of care from their provider to improve QOL and for whom a denominator exception or exclusion has not been documented should be reported with Measure Response code 1039.  
  - Those who have a patient, system or medical reason for not assessing pain scale at least twice should be reported with Measure Response code 1040.  
  - Those who have a denominator exclusion documented for less than 3 office visits in the calendar year should be reported with Measure Response code 1061.  
  - Those who have a chronic pain history of less than three months at the end of the year should be reported with Measure Response code 1041.
Measure #33 (ABG33): Lower Body Functional Impairment (LBI)

**Domain:** Effective Clinical Care  
**Outcome Measure:** Yes  
**Description:** 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 and whose pain related functional status stayed the same or improved.

**Instructions:** Reporting for full time pain doctors should be done in an account on the ABG reporting site that is separate from OR anesthesiologists. Groups reporting pain measures must keep records on each patient throughout the year and should only upload data to the ABG Reporting web site ONCE at the end of the year. This final report should be uploaded no later than March 1st of the following year.

**Denominator:** All patients seen by a pain provider in the calendar year (reported from billing records)

**Numerator:** Patients with two or more office visits in the calendar year who report (delete "the same or") improved lower body functional status

**Numerator Instructions:**  
- **Performance Met:** ABG Observation 1042 (improved lower body pain after at least two visits)  
- **Performance Not Met:** ABG Observation 1043 (fails to report improved lower body pain after at least two visits)

**Denominator Instructions:**  
- **Denominator Exclusions:** 1061 (less than 3 office visits so far this year), 1041 (chronic pain for less than 3 months)  
- **Denominator Exceptions:** ABG Observation 1044 (Denies lower body pain or patient, system or medical reason preventing assessment of lower body pain), ABG Observation 1045 (documented non-compliance)

**Coding:**  
- Each patient should be assigned a unique identifier and the results of a standardized pain assessment should be registered under their unique ID.  
- At the end of the year a report will be generated for each patient:  
  - Those who have completed two or more standardized pain rating tools and have same or improved lower body pain should be reported with Measure Response code 1042.  
  - Those who have completed two or more standardized pain rating tools and have worse lower body pain should be reported with Measure Response code 1043.  
  - Those who have denied lower body pain or have a patient, system or medical reason for not assessing pain scale should be reported with Measure Response code 1044.  
  - Those who have a denominator exclusion documented for less than 2 office visits in the calendar year should be reported with Measure Response code 1061 code.  
  - Those who have documented non-compliance should be reported with Measure Response code 1045.  
  - Those with chronic pain for less than 3 months should be reported with Measure Response Code 1041.
Measure #34 (ABG34): Mood Assessment Screening and Treatment

**Domain:** Person and Caregiver-Centered Experience and Outcomes

**Outcome Measure:** Yes

**Description:** 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.

**Instructions:** Reporting for full time pain doctors should be done in an account on the ABG reporting site that is separate from OR anesthesiologists. Groups reporting pain measures must keep records on each patient throughout the year and should only upload data to the ABG Reporting web site ONCE at the end of the year. This final report should be uploaded no later than March 1st of the following year.

**Denominator:** All patients seen by a pain provider in the calendar year (reported from billing records)

**Numerator:** Patients with two or more office visits in the calendar year whose mood assessment scores are the same or improved

**Numerator Instructions:**
- **Performance Met:** ABG Observation 1047 (mood score improved or unchanged after at least 2 assessments)
- **Performance Not Met:** ABG Observation 1048 (mood score worsened after at least 2 assessments)

**Denominator Instructions:**
- **Denominator Exclusions:** 1061 (less than 3 office visits this year), ABG Observation 1041 (chronic pain for less than 3 months)
- **Denominator Exceptions:** ABG Observation 1049 (normal initial mood score, or patient, system or medical reason preventing assessment of mood score), ABG 1050 (documented non-compliance)

**Coding:**
- Each patient should be assigned a unique identifier and the results of a standardized pain assessment should be registered under their unique ID.
- At the end of the year a report will be generated for each patient:
  - Those with the same or improved mood assessment scores on two or more standardized pain rating tools should be reported with Measure Response code 1047.
  - Those with worse mood assessment scores on two or more standardized pain rating tools should be reported with Measure Response code 1048.
  - Those with a normal initial mood score or a patient, system or medical reason for not assessing mood should be reported with Measure Response code 1049.
  - Those with documented non-compliance should be reported with Measure Response code 1050.
  - Those with less than 2 office visits in the calendar year should be reported using Measure Response code 1061.
  - Those with less than 3 months of chronic pain should be reported using Measure Response code 1041.
  - Those with documented non-compliance should be reported using Measure Response code 1050.
Measure # 35 (ABG35): Pre-operative Assessment of Frailty

Domain: Effective Clinical Care

Outcome Measure: No

Description: Percentage of patients that undergo an anesthetic in the operating room/procedure room who are assessed for Frailty during their pre-anesthetic evaluation using a seven point scoring system.

Instructions: Each component is scored as "1" if threshold exceeded, otherwise scored as "0". Components are:

<table>
<thead>
<tr>
<th>Metric</th>
<th>Threshold</th>
<th>Score</th>
<th>Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charlson Comorbidity Index*</td>
<td>&gt;3</td>
<td>1</td>
<td>Burden of Comorbidity</td>
</tr>
<tr>
<td>Hematocrit</td>
<td>&lt;35%</td>
<td>1</td>
<td>Burden of Comorbidity</td>
</tr>
<tr>
<td>Katz Score of ADL*</td>
<td>&lt;6</td>
<td>1</td>
<td>Function</td>
</tr>
<tr>
<td>Up-to-Go test*</td>
<td>≥15 sec</td>
<td>1</td>
<td>Function</td>
</tr>
<tr>
<td>Mini Cog*</td>
<td>≤3</td>
<td>1</td>
<td>Cognition</td>
</tr>
<tr>
<td>Unintentional weight loss in the last year</td>
<td>≥10lb</td>
<td>1</td>
<td>Nutrition</td>
</tr>
<tr>
<td>Falls in the 6 months prior to surgery</td>
<td>≥1</td>
<td>1</td>
<td>Geriatric Syndromes</td>
</tr>
</tbody>
</table>

* See Appendix Attachments for more information on tests

Frailty Scores are best collected in the Preoperative Clinic as it would be impractical for the patients and the anesthesia team to test in the holding area.

The scoring system is:

<table>
<thead>
<tr>
<th>Score</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1</td>
<td>Normal</td>
</tr>
<tr>
<td>2-3</td>
<td>Pre frail</td>
</tr>
<tr>
<td>≥4</td>
<td>Frail</td>
</tr>
</tbody>
</table>

Denominator: All patients who have procedures in the operating room/procedure room under anesthesia care.

Criteria (Eligible Cases)

All time based procedures that do not use ASA code 01967 (Labor Epidural)

Numerator: All patients who have procedures in the operating room/procedure room under anesthesia care who are assessed for Frailty in the pre-operative clinic using the 7 component evaluation outlined in the instructions for this measure.

Numerator Instructions:

Performance Met: A frailty score is recorded using ABG Measure Response code 1066 (Frailty score 0-1), 1067 (Frailty score 2-3) or 1068 (Frailty score ≥4).

Performance Not Met: ABG Measure Response code 1065 recorded (Frailty not measured)

Denominator Exclusions:
1. Age < 65 years old
2. Emergency surgery (ASA PS = "E")
3. No preoperative clinic visit (ABG Observation 1062)

Denominator Exceptions:
1. Inability to participate in evaluation or (ABG Observation 1063)
2. CNS degenerative disorder, eg. Parkinson's or Dementia (ABG Observation 1064)
Appendix

Charlson Comorbidity Index

One Point:
- Myocardial infarction (history, not ECG changes only)
- Congestive heart failure
- Peripheral disease (includes anatomic narrowing > 6 cm)
- Cardiac valvular disease: CVA with mild or no residua or TIA
- Dementia
- Chronic pulmonary disease
- Connective tissue disease
- Peptic ulcer disease
- Mild liver disease (without portal hypertension, includes chronic hepatitis)
- Diabetes without end-organ damage (excludes diet-controlled alone)

Two Points:
- Hemangioma
- Moderate or severe renal disease
- Diabetes with end-organ damage (neuropathy, nephropathy, endocardopathy, or brittle diabetes
- Tumor without metastasis (exclude if > 3 y from diagnosis)
- Leukemia (acute or chronic)
- Lymphoma

Three Points:
- Moderate or severe liver disease

Six Points:
- Metastatic solid tumor
- AIDS (not just HIV positive)

Katz Index of Independence in Activities of Daily Living

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>INDEPENDENCE: 4 (POOR)</th>
<th>DEPENDENCE: 2 (POOR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BATHING</td>
<td>No supervision, direction or personal assistance</td>
<td>With supervision, direction, personal assistance or full care</td>
</tr>
<tr>
<td>POINTS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| DRESSING   | 1 POINTS:沐浴无困难或需要帮助洗澡，但只帮助身体的一部分。
| POINTS     | 2 POINTS:帮助穿脱衣服。 |
| TOILETING  | 1 POINTS:需要帮助，但无需提供全部护理。
| POINTS     | 2 POINTS:帮助使用卫生纸。
| TRANSFerring| 1 POINTS:需要帮助从床上转到椅子。
| POINTS     | 2 POINTS:需要帮助转移。
| CONTINENCE | 1 POINTS:需要帮助控制大小便。
| POINTS     | 2 POINTS:需要帮助控制。
| FEEDING    | 1 POINTS:需要帮助喂食。
| POINTS     | 2 POINTS:需要帮助喂食。

TOTAL POINTS = 6 = High (patient independent) 0 = Low (patient very dependent)

The Gerontologist, 23(2), 171-177.
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ASSESSMENT

Timed Up & Go (TUG)

Purpose: To assess mobility

Equipment: A stopwatch

Directions: Patients wear their regular footwear and can use a walking aid, if needed. Begin by having the patient sit back in a standard arm chair and identify a line 3 meters, or 10 feet away, on the floor.

1 Instruct the patient:

When I say “Go,” I want you to:
1. Stand up from the chair.
2. Walk to the line on the floor at your normal pace.
3. Turn.
4. Walk back to the chair at your normal pace.
5. Sit down again.

2 On the word “Go,” begin timing.
3 Stop timing after patient sits back down.
4 Record time.

Time in Seconds: ____________________________

An older adult who takes ≥12 seconds to complete the TUG is at risk for falling.

OBSERVATIONS

Observe the patient’s postural stability, gait, stride length, and sway.

Check all that apply:

- Slow tentative pace
- Loss of balance
- Short strides
- Little or no arm swing
- Steadying self on walls
- Shuffling
- En bloc turning
- Not using assistive device properly

These changes may signify neurological problems that require further evaluation.

CDC’s STEADI tools and resources can help you screen, assess, and intervene to reduce your patient’s fall risk. For more information, visit www.cdc.gov/steadi

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

STEADI Stopping Elderly Accidents, Deaths & Injuries

2017
References

4. Hubbard RE and Story DA. Patient Frailty: the elephant in the operating room. Anaesthesia 2014; 69(Suppl. 1): 26-34