

2019 ABG QCDR Measure Specifications

Calculations

$$\text{Reporting Rate} = \frac{\text{Performance Met} + \text{Performance Not Met} + \text{Denominator Exceptions}}{\text{Initial Patient Population} - \text{Denominator Exclusions}}$$

$$\text{Performance Rate} = \frac{\text{Performance Met}}{\text{Reporting Numerator} - \text{Denominator Exceptions}}$$

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)

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 **OR**

Labor Epidural (CPT codes 01960, 01967)

Denominator Exceptions: ABG Measure Response 1003 (patient unable to report pain score) reported

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) AND

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: ABG Observation 4, 36, 37 or 38 not reported **OR**

ASAPS>4

Denominator Exceptions: None

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 #37 (ABG37): Pre-Operative Screening for Anesthetic Risk Factors

Description: Percentage of Percentage of patients, regardless of age, undergoing a surgical, therapeutic or diagnostic procedures under anesthesia in an operating/procedure room during the performance period and who have a documented use of a pre-operative assessment of two or more anesthetic risk factors prior to the start of anesthesia and the procedure did not result in a complication related to the risk factors or the patient did not experience a decrease in the effectiveness of anesthesia. Risk factor assessment must include at least two of the following:

- Symptoms of Gastroesophageal Reflux Disease
- History of Glaucoma or elevated eye pressures
- Post-operative Nausea and Vomiting risk factors
- Alcohol and recreational drug use
- Herbal supplements and antibiotic impairment of anesthesia

National Quality Strategy Domain: Patient Safety

Measure Type: Outcome

Instructions: This measure is to be reported for each patient a minimum of **once per surgical procedure episode** requiring the use of anesthesia during the reporting period. A surgical procedure episode is considered one date of service for patients undergoing multiple procedures. Users must report at least one of the following ABG Measure Response codes for the case to be counted in the reporting numerator: 1064, 1065 or 1066. Cases reporting Measure Response code 1064 will be counted in the performance numerator. Cases reporting the other codes will be excluded from the reporting numerator.

Denominator: All patients, regardless of age, undergoing surgical, therapeutic or diagnostic time based procedures under anesthesia

ABG-Specific Denominator Criteria (Eligible Cases):

All patients, regardless of age on date of the procedure

AND

ABG case Measure Response codes: 1064, 1065, 1066

AND NOT

DENOMINATOR EXCEPTIONS:

ABG Measure Response 1066 (patient unable to answer and/or information not available), ASA Physical status contains "E" for emergent case.

AND NOT

DENOMINATOR EXCLUSIONS:

ASA Physical Status >4 OR

ASA code 01967 (Labor Epidural)

CPT Codes included:

00100, 00102, 00103, 00104, 00120,
00124, 00126, 00140, 00142, 00144, 00145, 00147, 00148, 00160, 00162, 00164, 00170, 00172,
00174, 00176, 00190, 00192, 00210, 00211, 00212, 00214, 00215, 00216, 00218, 00220, 00222,
00300, 00320, 00322, 00326, 00350, 00352, 00400, 00402, 00404, 00406, 00410, 00450, 00454,
00470, 00472, 00474, 00500, 00520, 00522, 00524, 00528, 00529, 00530, 00532, 00534, 00537,
00539, 00540, 00541, 00542, 00546, 00548, 00550, 00560, 00600, 00604, 00620, 00625, 00626,
00630, 00632, 00635, 00640, 00670, 00700, 00702, 00730, 00740, 00750, 00752, 00754, 00756,
00770, 00790, 00792, 00794, 00796, 00797, 00800, 00802, 00810, 00820, 00830, 00832, 00834,
00836, 00840, 00842, 00844, 00846, 00848, 00851, 00860, 00862, 00864, 00865, 00866, 00868,
00870, 00872, 00873, 00880, 00882, 00902, 00904, 00906, 00908, 00910, 00912, 00914, 00916, 00918,
00920, 00921, 00922, 00924, 00926, 00928, 00930, 00932, 00934, 00936, 00938, 00940,
00942, 00944, 00948, 00950, 00952, 01112, 01120, 01130, 01140, 01150, 01160, 01170, 01173,
01180, 01190, 01200, 01202, 01210, 01212, 01214, 01215, 01220, 01230, 01232, 01234, 01250,
01260, 01270, 01272, 01274, 01320, 01340, 01360, 01380, 01382, 01390, 01392, 01400, 01402,
01404, 01420, 01430, 01432, 01440, 01442, 01444, 01462, 01464, 01470, 01472, 01474, 01480,
01482, 01484, 01486, 01490, 01500, 01502, 01520, 01522, 01610, 01620, 01622, 01630, 01634,
01636, 01638, 01650, 01652, 01654, 01656, 01670, 01680, 01682, 01710, 01712, 01714, 01716,
01730, 01732, 01740, 01742, 01744, 01756, 01758, 01760, 01770, 01772, 01780, 01782, 01810,
01820, 01829, 01830, 01832, 01840, 01842, 01844, 01850, 01852, 01860, 01924, 01925, 01926,
01930, 01931, 01932, 01933, 01935, 01936, 01951, 01952, 01961, 01962, 01963, 01965, 01966, 01992

Numerator:

Percentage of patients who have a documented use of a pre-operative assessment of two or more anesthetic risk factors where the procedure did not result in a complication related to the risk factors AND the patient did not experience a decrease effectiveness of anesthesia

Numerator Instructions:

Performance Met: ABG Measure Response 1064 (Screened for 2 or more risk factors and no impairment or decreased effectiveness of anesthesia)

Performance Not Met: ABG Measure Response 1065 (Not screened for at least 2 risk factors with anesthesia impairment or decreased effectiveness of anesthesia noted)

Risk Adjusted: No

Definitions:

- **Herbal Supplement** – A product containing one or more vitamins, herbs, enzymes, amino acids, or other ingredients, that is taken orally to supplement one's diet, as by providing a missing nutrient.
- **Surgical Procedure Episode** – One date of service for patients undergoing multiple procedures.
- **Complications Associated With Listed Preop Conditions:** Aspiration (ABG observation #7), Awareness (ABG observation #17), Visual Impairment (ABG observation #28), PONV (ABG observation #s 23, 24 or 46), or Unexpected Postop Mechanical Ventilation(ABG observation 83).

References:

1. Black, David, M.D., Novel Antibiotics and Anesthesia-Related Drug Interactions, The Official Journal of the Anesthesia Patient Safety Foundation, 2012
2. American Academy of Orthopaedic Surgeons. "Herbal supplements may cause dangerous drug interactions in orthopaedic surgery patients, study suggests." ScienceDaily. ScienceDaily, 11 October 2011.
<www.sciencedaily.com/releases/2011/10/111011102103.htm>
3. <http://ceaccp.oxfordjournals.org/content/early/2013/11/21/bjaceaccp.mkt053.full#sec-8>. Contin Educ Anaesth Crit Care Pain(2013)doi: 10.1093/bjaceaccp/mkt053First published online: November 21, 2013
4. <http://www.transdermscop.com/prescribing-information.htm#contraindications>
5. [Anesth Analg. 2006 Jun;102\(6\):1884-98.](#)
6. [Drug Alcohol Rev. 2007 Mar;26\(2\):119-25.](#)
https://www.openanesthesia.org/overall_preoperative_evaluation_anesthesia_text/

Measure #38 (ABG38): Second Provider Present for Induction/Intubation of Known or Suspected Difficult Airway

In adult patients with a known or suspected difficult airway, presence of a dedicated second provider at induction of general endotracheal anesthesia who can serve as an assistant for management of a difficult airway.

National Quality Strategy Domain: Patient Safety

Measure Type: Process

High Priority Status: Yes

Inverse Measure: No

Risk Adjusted: No

Instructions: This measure is to be reported each time an adult patient with a suspected difficult airway undergoes general anesthesia requiring placement of an endotracheal tube. At the time of induction and placement of the endotracheal tube a second dedicated provider will be present to serve as an assistant for management of a difficult airway. It is anticipated that qualified anesthesia providers and eligible clinicians who provide denominator-eligible services will submit this measure.

Measure Reporting via the Qualified Clinical Data Registry

Patient demographics and CPT codes are used to identify patients who are included in the measure denominator. G-codes and Registry Codes are used to capture the numerator.

Denominator: Patients, aged 18 years and older with a known or suspected difficult airway who underwent general anesthesia with an endotracheal tube (identified with ABG measure response code 1067)

ABG-Specific Denominator Criteria (Eligible Cases):

Has general anesthesia requiring tracheal intubation

AND

Patient encounter during the reporting period:

ABG case Measure Response code: 1067

(Absence of MR Code 1067 with GA as anesthesia type will create a denominator exception)

AND NOT

DENOMINATOR EXCLUSIONS:

Age < 18, ASA Physical Status =E

CPT Codes included:

00100, 00102, 00103, 00104, 00120,
00124, 00126, 00140, 00142, 00144, 00145, 00147, 00148, 00160, 00162, 00164, 00170, 00172, 00174,
00176, 00190, 00192, 00210, 00211, 00212, 00214, 00215, 00216, 00218, 00220, 00222, 00300, 00320,
00322, 00326, 00350, 00352, 00400, 00402, 00404, 00406, 00410, 00450, 00454, 00470, 00472, 00474,
00500, 00520, 00522, 00524, 00528, 00529, 00530, 00532, 00534, 00537, 00539, 00540, 00541, 00542,
00546, 00548, 00550, 00560, 00600, 00604, 00620, 00625, 00626, 00630, 00632, 00635, 00640, 00670,
00700, 00702, 00730, 00740, 00750, 00752, 00754, 00756, 00770, 00790, 00792, 00794, 00796,
00797, 00800, 00802, 00810, 00820, 00830, 00832, 00834, 00836, 00840, 00842, 00844, 00846, 00848,
00851, 00860, 00862, 00864, 00865, 00866, 00868, 00870, 00872, 00873, 00880, 00882, 00902, 00904,
00906, 00908, 00910, 00912, 00914, 00916, 00918, 00920, 00921, 00922, 00924, 00926, 00928,
00930, 00932, 00934, 00936, 00938, 00940,
00942, 00944, 00948, 00950, 00952, 01112, 01120, 01130, 01140, 01150, 01160, 01170, 01173,

01180, 01190, 01200, 01202, 01210, 01212, 01214, 01215, 01220, 01230, 01232, 01234, 01250,
01260, 01270, 01272, 01274, 01320, 01340, 01360, 01380, 01382, 01390, 01392, 01400, 01402,
01404, 01420, 01430, 01432, 01440, 01442, 01444, 01462, 01464, 01470, 01472, 01474, 01480,
01482, 01484, 01486, 01490, 01500, 01502, 01520, 01522, 01610, 01620, 01622, 01630, 01634,
01636, 01638, 01650, 01652, 01654, 01656, 01670, 01680, 01682, 01710, 01712, 01714, 01716,
01730, 01732, 01740, 01742, 01744, 01756, 01758, 01760, 01770, 01772, 01780, 01782, 01810,
01820, 01829, 01830, 01832, 01840, 01842, 01844, 01850, 01852, 01860, 01924, 01925, 01926,

01930, 01931, 01932, 01933, 01935, 01936, 01951, 01952, 01961, 01962, 01963, 01965, 01966, 01992

Numerator:

Patient who by history or physical examination is suspected of having a difficult airway and for whom general anesthesia with an endotracheal tube is planned. The presence of a dedicated second provider for the induction and placement of the endotracheal tube shall be documented.

Numerator Instructions:

Criteria will be met if a dedicated second provider is present at induction and placement of the endotracheal tube (ABG Measure Response code 1068).

OR

Performance Not Met:

Criteria will not be met if a dedicated second provider is not present at induction and placement of the endotracheal tube (ABG Measure Response code 1069).

Definitions:

Numerator Note: suspected difficult airway- A difficult airway is defined as the clinical situation in which a conventionally trained anesthesiologist experiences difficulty with facemask ventilation of the upper airway, difficulty with tracheal intubation, or both. The difficult airway represents a complex interaction between patient factors, the clinical setting, and the skills of the practitioner.

Numerator Note: dedicated second provider- capable healthcare provider whose only responsibility at the time of induction is to provide assistance for management of difficult airway

References:

1. [Practice Guidelines for Management of the Difficult Airway An Updated Report by the American Society of Anesthesiologists Task Force on Management of the Difficult Airway. Anesthesiology 2013; 118:251-70. https://www.openanesthesia.org/overall_preoperative_evaluation_anesthesia_text/](https://www.openanesthesia.org/overall_preoperative_evaluation_anesthesia_text/)

Measure #39 (ABG39): Preoperative Active Warming

Percentage of patients, aged 18 years and older who present for colorectal surgery with regional or general anesthesia who have core temperatures checked preoperatively within one hour prior to induction of anesthesia and, when less than 36C, have active warming measures applied.

National Quality Strategy Domain: Effective Clinical Care

Measure Type: Process

High Priority Status: Yes

Inverse Measure: No

Risk Adjusted: No

Instructions:

This measure is to be reported each time a patient undergoes anesthesia with either regional and/or general anesthesia during the reporting period. Core temperature is to be taken within one hour prior to induction of anesthesia. It is anticipated that qualified anesthesia providers and eligible clinicians who provide denominator-eligible services will submit this measure.

Measure Reporting via the Qualified Clinical Data Registry

Patient demographics and CPT codes are used to identify patients who are included in the measure denominator. G-codes and Registry Codes are used to capture the numerator.

Denominator:

Patients, aged 18 years and older, who have colorectal surgery and undergo regional and/or general anesthesia.

ABG-Specific Denominator Criteria (Eligible Cases):

Patient aged 18 years or older on date of encounter

AND

Has either regional and/or general anesthesia

AND

Patient encounter during the reporting period (Measure Response, ASA or CPT):

Measure Response code: 1071 (Did have colorectal surgery)*

*Use Measure Response code 1070 to identify patients who did not have colorectal surgery.

AND NOT

DENOMINATOR EXCLUSIONS:

Age < 18, ASA Physical Status =E

DENOMINATOR EXCEPTIONS:

Patient refuses active warming or medical reason for no active warming (Measure Response code 1074)

ASA Codes: 00790, 00840 or

CPT Codes: 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44150, 44151, 44155, 44156, 44157, 44158, 44160, 44204, 44205, 44206, 44207, 44208, 44210, 44211, 44212

Numerator:

Patients who preoperatively are documented as having a core temperature checked within one hour of induction of anesthesia and if temperature is < 36C, active warming measures are applied preoperatively.

Numerator Instructions:

Performance Met: Patient's core temperature is checked in the preoperative period and if < 36C was actively warmed (Measure response code 1072)

OR

Performance Not Met: Patient core temperature not checked or patient with core temperature < 36C in the preoperative period was not actively warmed (Measure response code 1073).

Definitions:

Numerator Note: Preoperative period is defined as within one hour prior to induction of anesthesia.

Numerator Note: Core temperature as determined by measurement at oral, bladder, rectal, axillary, temporal or tympanic sites.

Numerator Note: Active warming measure includes; forced air warming blankets, forced air warming gowns, heating pads, radiant heating, electric blankets, warmed blankets

References:

V de Brito Poveda et al. "A systematic review on the effectiveness of prewarming to prevent perioperative hypothermia." Journal of Clinical Nursing, 22, 906–918.