

Quality ID #168 (NQF 0115): Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration – National Quality Strategy Domain: Effective Clinical Care

2018 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Outcome

DESCRIPTION:
Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require a return to the operating room (OR) during the current hospitalization for mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction, or other cardiac reason

INSTRUCTIONS:
This measure is to be submitted **each time** an isolated CABG procedure is performed during the performance period. It is anticipated that eligible clinicians who provide services for isolated CABG will submit this measure. This measure is intended to reflect the quality of the surgical services provided for isolated CABG or isolated reoperation CABG patients. Isolated CABG refers to CABG using arterial and/or venous grafts only

Measure Submission

The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
All patients undergoing isolated CABG surgery

Denominator Criteria (Eligible Cases):

All patients aged 18 years and older on date of encounter

AND

Patient procedure during the performance period (CPT): 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33533, 33534, 33535, 33536

OR

Patient procedure during the performance period (CPT): 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33533, 33534, 33535, 33536

AND

Patient procedure during the performance period (CPT): 33530

NUMERATOR:
Patients undergoing isolated CABG surgery who require a return to the OR during the current hospitalization for mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction, or other cardiac reason

Numerator Instructions:

INVERSE MEASURE - A lower calculated performance rate for this measure indicates better clinical care or control. The "Performance Not Met" numerator option for this measure is the representation of the better clinical quality or control. Submitting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures, a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control.

Numerator Options:

Performance Met:

Re-exploration required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction, or other cardiac reason (**G8577**)

OR

Performance Not Met:

Re-exploration not required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction, or other cardiac reason (**G8578**)

RATIONALE:

In 2000, coronary artery bypass graft (CABG) surgery was performed on more than 350,000 patients at a cost of close to \$20 billion. Re-exploration after surgery is a serious complication that impacts length of stay, efficient use of resources, and increases risk for additional complications and death. As one of several major complications of cardiac surgery, repeat surgery is particularly worrisome for consumers and is an inefficient use of resources.

CLINICAL RECOMMENDATION STATEMENTS:

Re-exploration after surgery is a serious complication that impacts length of stay, efficient use of resources, and increases risk for additional complications and death. This measure is currently in use by approximately 65% of providers in the United States who perform cardiac surgery and report data to the STS National Database.

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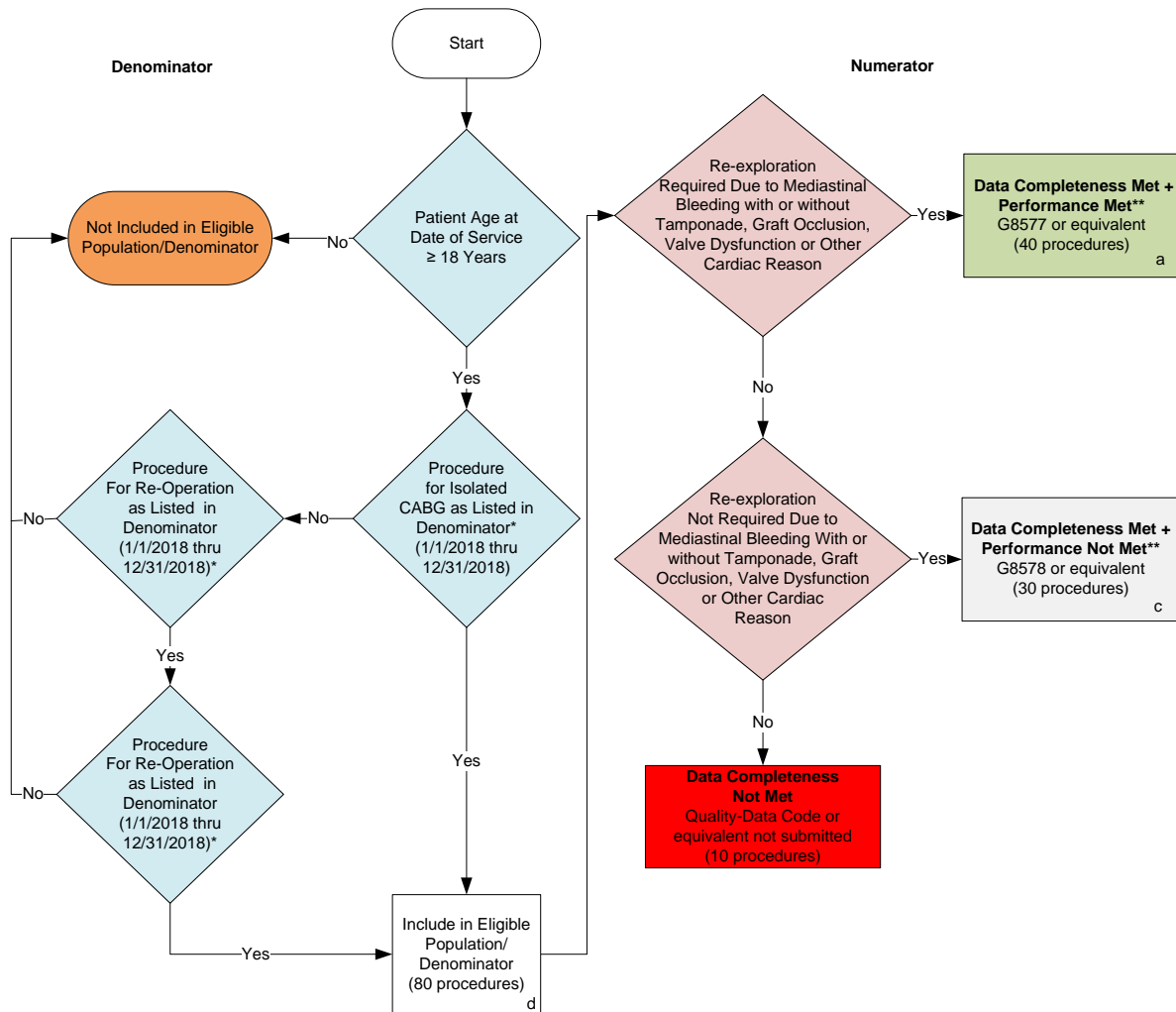
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**2018 Registry Flow for Quality ID #168 NQF #0115:
Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration**



SAMPLE CALCULATIONS:

Data Completeness Rate=

$$\frac{\text{Performance Met (a=40 procedures)} + \text{Performance Not Met (c=30 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

Performance Rate=**

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures)}} = \frac{40 \text{ procedures}}{70 \text{ procedures}} = 57.14\%$$

*See the posted Measure Specification for specific coding and instructions to submit this measure.
 **A lower calculated performance rate for this measure indicates better clinical care or control
 NOTE: Submission Frequency: Procedure

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 The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.
 v2

2018 Registry Flow For Quality ID

#168 NQF #0115: Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification. A lower calculated performance rate for this measure indicates better clinical care or control. This flow is for registry data submission.

1. Start with Denominator
2. Check Patient Age:
 - a. If the Age is greater than or equal to 18 years of age on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
 - b. If the Age is greater than or equal to 18 years of age on Date of Service and equals Yes during the measurement period, proceed to check Encounter performed.
3. Check Procedure Performed:
 - a. If Procedure for Isolated CABG as Listed in Denominator equals No, proceed to Procedure for Re-Operation as Listed in Denominator.
 - b. If Procedure for CABG as Listed in Denominator equals Yes, include in the Eligible Population.
4. Check Procedure for Re-Operation as Listed in Denominator:
 - a. If Procedure for Re-Operation as Listed in Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Procedure for Re-Operation as Listed in Denominator equals Yes, proceed to Procedure for Re-Operation as Listed in Denominator include in the Eligible Population.
5. Check Procedure for Re-Operation as Listed in Denominator:
 - a. If Procedure for Re-Operation as Listed in Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Procedure for Re-Operation as Listed in Denominator equals Yes, include in the Eligible Population.
6. Denominator Population:
 - a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 procedures in the Sample Calculation.
7. Start Numerator
8. Check Re-Exploration Required Due to Mediastinal Bleeding with or without Tamponade, Graft Occlusion, Valve Dysfunction or Other Cardiac Reason:
 - a. If Re-Exploration Required Due to Mediastinal Bleeding with or without Tamponade, Graft Occlusion, Valve Dysfunction or Other Cardiac Reason equals Yes, include in Data Completeness Met and Performance Met.
 - b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 procedures in the Sample Calculation.

- c. If Re-Exploration Required Due to Mediastinal Bleeding with or without Tamponade, Graft Occlusion, Valve Dysfunction or Other Cardiac Reason equals No, proceed to Re-Exploration Not Required due to Mediastinal Bleeding with or without Tamponade, Graft Occlusion, Valve Dysfunction or Other Cardiac Reason.
9. Check Re-Exploration Not Required Due to Mediastinal Bleeding with or without Tamponade, Graft Occlusion, Valve Dysfunction or Other Cardiac Reason:
- a. If Re-Exploration Not Required Due to Mediastinal Bleeding with or without Tamponade, Graft Occlusion, Valve Dysfunction or Other Cardiac Reason equals Yes, include in Data Completeness met and Performance met.
 - b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter c equals 30 procedures in the Sample Calculation.
 - c. If Re-Exploration Not Required Due to Mediastinal Bleeding with or without Tamponade, Graft Occlusion, Valve Dysfunction or Other Cardiac Reason equals No, proceed to Data Completeness Not Met.
10. Check Data Completeness Not Met:
- a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness Rate=

$$\frac{\text{Performance Met (a=40 procedures)} + \text{Performance Not Met (c=30 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

Performance Rate=**

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures)}} = \frac{40 \text{ procedures}}{70 \text{ procedures}} = 57.14\%$$