Measure #164: Coronary Artery Bypass Graft (CABG): Prolonged Intubation

2012 PHYSICIAN QUALITY REPORTING OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

DESCRIPTION:
Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require intubation > 24 hours

INSTRUCTIONS:
This measure is to be reported each time an isolated CABG procedure is performed during the reporting period. It is anticipated that 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 patients. Isolated CABG refers to CABG using arterial and/or venous grafts only. This measure does not include patients undergoing repeat CABG procedures.

Measure Reporting via Registry:
CPT codes and patient demographics are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of the measure. The quality-data codes have been provided for registry only measures for use by registries that utilize claims data. It is not necessary to submit these codes for registry-based submissions. There are no allowable performance exclusions for this measure. Do not report this measure via claims.

DENOMINATOR:
All patients undergoing isolated CABG surgery

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Patient encounter during the reporting period (CPT): 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33533, 33534, 33535, 33536

NUMERATOR:
Patients undergoing isolated CABG who require intubation > 24 hours

Numerator Instructions: For performance, a lower rate indicates better performance.

Numerator Options:
Prolonged intubation (> 24 hrs) required (G8569)
OR
Prolonged intubation (> 24 hrs) not required (G8570)
RATIONALE:
Based on the STS coronary artery bypass graft (CABG) study population, the morbidity rate associated with prolonged intubation following CABG is 5.96%. Also, prolonged ventilation (defined as > 24 hours) was an independent predictor for readmission to the ICU following CABG surgery (OR=10.53; CI: 6.18 to 17.91). Shorter ventilation times are linked to high quality of care (i.e., reduced in-hospital and operative mortality, as well as better long-term outcomes as compared to prolonged ventilation).

CLINICAL RECOMMENDATION STATEMENTS:
Extubation greater than (> 24 hours is considered a “pulmonary complication.” Patients who were extubated after 24 hours had a longer duration of hospital stay and a greater incidence of postoperative complications.