

Quality ID #432: Proportion of Patients Sustaining a Bladder Injury at the Time of any Pelvic Organ Prolapse Repair

- National Quality Strategy Domain: Patient Safety
- Meaningful Measure Area: Preventable Healthcare Harm

2019 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMs)

MEASURE TYPE:
Outcome – High Priority

DESCRIPTION:
Percentage of patients undergoing any surgery to repair pelvic organ prolapse who sustains an injury to the bladder recognized either during or within 30 days after surgery

INSTRUCTIONS:
This measure is to be submitted **each time** an anterior and apical prolapse repair surgery is performed during the performance period ending **November 30th**. There is no diagnosis associated with this measure. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. 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 as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:
All patients undergoing anterior or apical pelvic organ prolapse (POP) surgery

Denominator Criteria (Eligible Cases)

All patients, regardless of age

AND

Patient procedure during the performance period (CPT): 57106, 57110, 57120, 57240, 57260, 57265, 57268, 57270, 57280, 57282, 57283, 57284, 57285, 57423, 57425, 57556, 58263, 58270, 58280, 58292, 58294, 58400

NUMERATOR:
Total number of patient's receiving a bladder injury at the time of surgery to repair a pelvic organ prolapse with repair during the procedure or subsequently up to 30 days post-surgery

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 NOTE: *In order to meet the measure, bladder injury is sustained as a result of the prolapse surgery.*

Numerator Options:

Performance Met:

Patient sustained bladder injury at the time of surgery or discovered subsequently up to 30 days post-surgery
(G9625)

OR

Denominator Exception:

Documented medical reasons for not reporting bladder injury (e.g. gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder pathology, injury that occurs during a urinary incontinence procedure, patient death from non-medical causes not related to surgery, patient died during procedure without evidence of bladder injury) (G9626)

OR

Performance Not Met:

Patient did not sustain bladder injury at the time of surgery nor discovered subsequently up to 30 days post-surgery
(G9627)

RATIONALE:

Bladder injury is a common and potentially debilitating complication of pelvic surgery but more common in surgery for pelvic organ prolapse. Surgeons may benefit from interventions to improve the quality of their surgical care if they have a higher than expected rate of bladder injury during pelvic organ prolapse repair.

CLINICAL RECOMMENDATION STATEMENTS:

Bladder injury is a common and potentially debilitating complication of pelvic surgery but more common in surgery for pelvic organ prolapse. Surgeons may benefit from interventions to improve the quality of their surgical care if they have a higher than expected rate of bladder injury during pelvic organ prolapse repair.

COPYRIGHT:

These performance measures were developed and are owned by the American Urogynecologic Society ("AUGS"). These performance measures are not clinical guidelines and do not establish a standard of medical care. AUGS makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and AUGS has no liability to anyone who relies on such measures. AUGS holds a copyright in this measure and can rescind or alter this measure at any time. Users of the measure shall not have the right to alter, enhance, or otherwise modify the measure and shall not disassemble, recompile, or reverse engineer the source code or object code relating to the measure. Anyone desiring to use or reproduce the measure without modification for a noncommercial purpose may do so without obtaining any approval from AUGS. All commercial uses must be approved by AUGS and are subject to a license at the discretion of AUGS. Use by health care providers in connection with their own practices is not commercial use. A "commercial use" refers to any sale, license, or distribution of a measure for commercial gain, or incorporation of a measure into any product or service that is sold, licensed, or distributed for commercial gain, even if there is no actual charge for inclusion of the measure.

Performance measures developed by AUGS for CMS may look different from the measures solely created and owned by AUGS.

THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

Limited proprietary coding from Current Procedural Terminology (CPT®) is contained in the measure specifications. Users of this code set should obtain all necessary licenses. AUGS disclaims all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

Physician Performance Measures (Measures) and related data specifications developed by AUGS are intended to facilitate quality improvement activities by physicians. These Measures are intended to assist physicians in enhancing quality of care. They are designed for use by any physician who manages the care of a patient for a specific condition or for diagnosis or prevention. AUGS encourages use of this Measure by other health care professionals, where

appropriate.

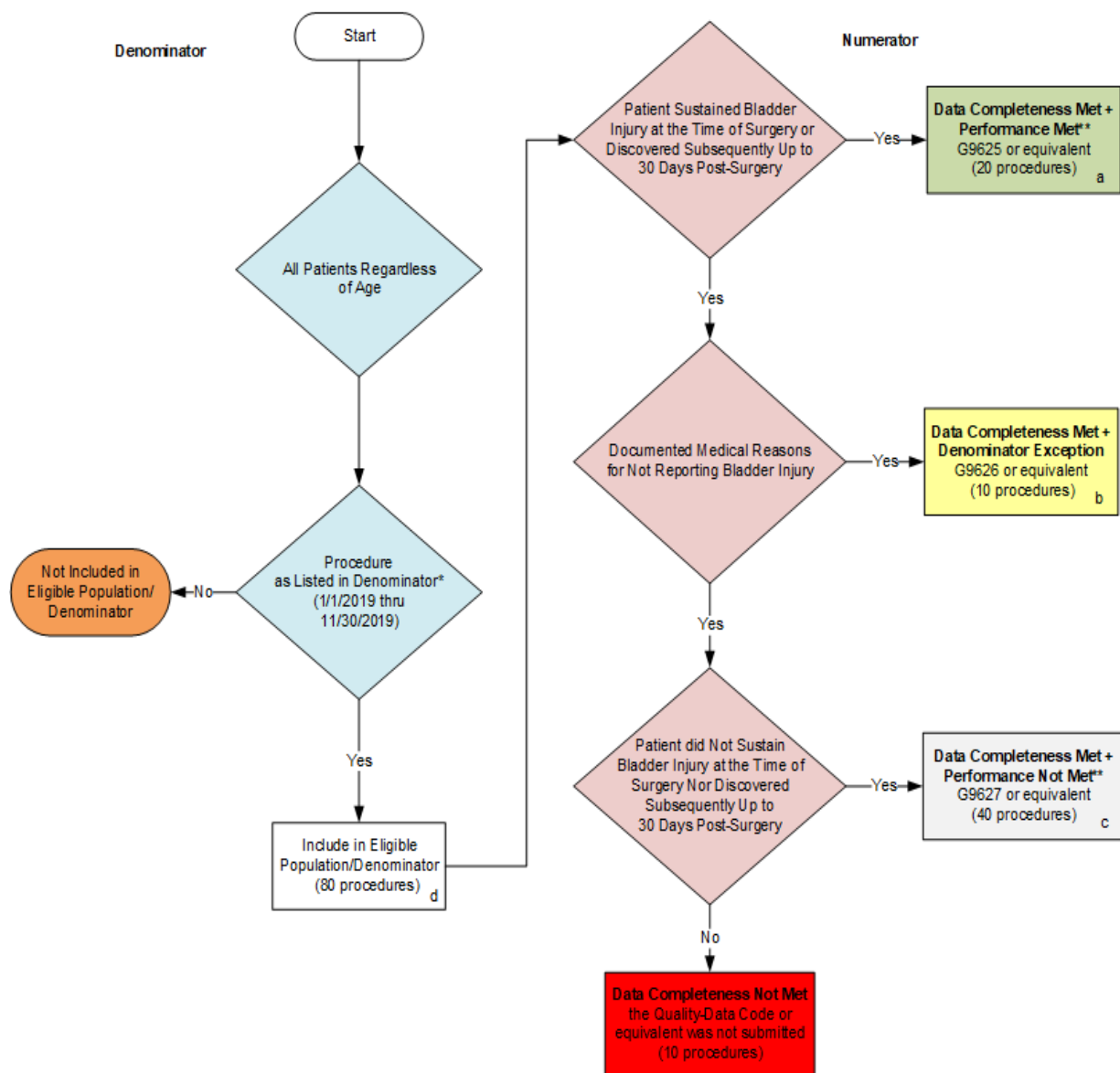
Measures are subject to review and may be revised or rescinded at any time by AUGS. They may not be altered without the prior written approval from AUGS. Measures developed by AUGS, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g., use by health care providers in connection with their practices. Commercial use of the Measures is not permitted absent a license agreement between the user and AUGS. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain.

AUGS is not responsible for any harm to any party resulting from the use of these Measures.

Copyright © by the American Urogynecologic Society; 1100 Wayne Ave Suite 825 Silver Spring MD 20910. All Rights Reserved.

CPT® contained in the Measures specifications is copyright 2004-2018 American Medical Association. CPT® is a registered trademark of the American Medical Association.

**2019 Clinical Quality Measure Flow for Quality ID #432:
Proportion of Patients Sustaining a Bladder Injury at the Time of any Pelvic Organ Prolapse Repair**



SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=20 procedures)} + \text{Denominator Exception (b=10 procedures)} + \text{Performance Not Met (c=40 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

Performance Rate=**

$$\frac{\text{Performance Met (a=20 procedures)}}{\text{Data Completeness Numerator (70 procedures) - Denominator Exception (b=10 procedures)}} = \frac{20 \text{ procedures}}{60 \text{ procedures}} = 33.33\%$$

*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

CPT only copyright 2018 American Medical Association. All rights reserved.
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

**2019 Clinical Quality Measure Flow Narrative for Quality ID #432:
Proportion of Patients Sustaining a Bladder Injury at the Time of any Pelvic Organ Prolapse Repair**

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification.

1. Start with Denominator
2. All Patients Regardless of Age
3. Check Procedure Performed:
 - a. If Procedure as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Procedure as Listed in the Denominator equals Yes, include in Eligible Population.
4. Denominator Population:
 - a. Denominator Population is all Eligible Procedures 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.
5. Start Numerator
6. Check Patient Sustained Bladder Injury at the Time of Surgery or Discovered Subsequently Up to 30 Days Post-Surgery:
 - a. If Patient Sustained Bladder Injury at the Time of Surgery or Discovered Subsequently Up to 30 Days Post-Surgery 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 20 procedures in the Sample Calculation.
 - c. If Patient Sustained Bladder Injury at the Time of Surgery or Discovered Subsequently Up to 30 Days Post-Surgery equals No, proceed to check Documented Medical Reasons for Not Reporting Bladder Injury.
7. Check Documented Medical Reasons for Not Reporting Bladder Injury:
 - a. If Documented Medical Reasons for Not Reporting Bladder Injury equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 procedures in the Sample Calculation.
 - c. If Documented Medical Reasons for Not Reporting Bladder Injury equals No, proceed to check Patient did Not Sustain Bladder Injury at the Time of Surgery Nor Discovered Subsequently Up to 30 Days Post-Surgery.
8. Check Patient did Not Sustain Bladder Injury at the Time of Surgery Nor Discovered Subsequently Up to 30 Days Post-Surgery:

- a. If Patient did Not Sustain Bladder Injury at the Time of Surgery Nor Discovered Subsequently Up to 30 Days Post-Surgery equals Yes, include in Data Completeness Met and Performance Not Met.
 - b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 40 procedures in the Sample Calculation.
 - c. If Patient did Not Sustain Bladder Injury at the Time of Surgery Nor Discovered Subsequently Up to 30 Days Post-Surgery equals No, proceed to check Data Completeness Not Met.
9. Check Data Completeness Not Met:
- a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=20 procedures)} + \text{Denominator Exception (b=10 procedures)} + \text{Performance Not Met (c=40 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

Performance Rate=**

$$\frac{\text{Performance Met (a=20 procedures)}}{\text{Data Completeness Numerator (70 procedures) - Denominator Exception (b=10 procedures)}} = \frac{20 \text{ procedures}}{60 \text{ procedures}} = 33.33\%$$