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.

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appropriate.

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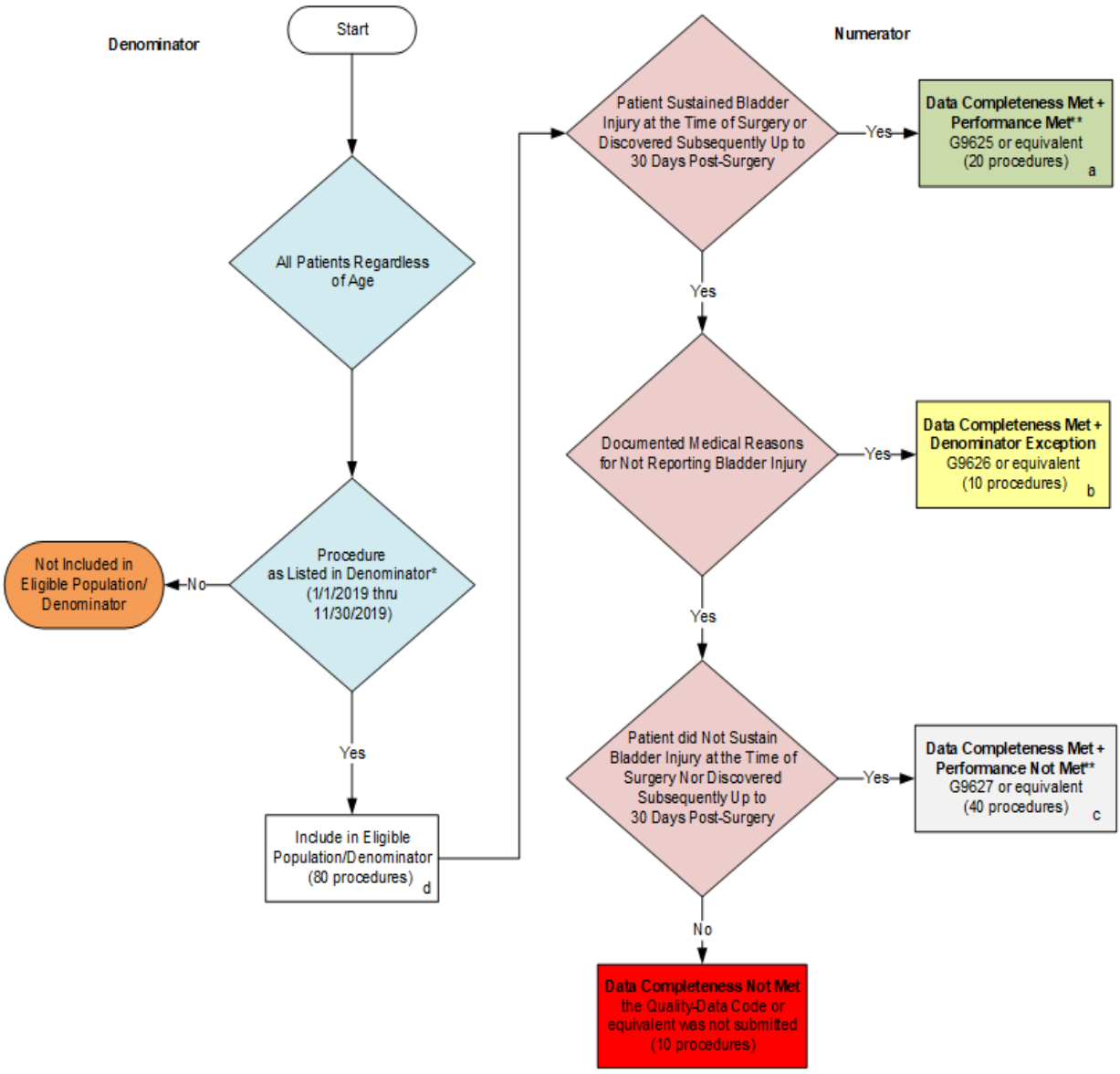
2019 Clinical Quality Measure Flow for Quality ID #432:
Proportion of Patients Sustaining a Bladder Injury at the Time of any Pelvic Organ Prolapse Repair



SAMPLE CALCULATIONS:

Data Completeness=

Performance Met (a=20 procedures) + Denominator Exception (b=10 procedures) + Performance Not Met (c=40 procedures) = 70 procedures = **87.50%**
Eligible Population / Denominator (d=80 procedures) = 80 procedures

Performance Rate=**

Performance Met (a=20 procedures) = 20 procedures = **33.33%**
Data Completeness Numerator (70 procedures) – Denominator Exception (b=10 procedures) = 60 procedures

*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

v3

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=

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

Performance Rate=**

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