Table of Contents

Hyperbaric Oxygen Therapy: Timeliness of Starting HBOT ................................................................. 3
Chronic Wound Care: Misdiagnosis and Differential Diagnosis .......................................................... 4
Chronic Wound Care: Arterial Testing in Lower Extremity Ulcer(s) Prior to Compression Therapy ...... 5
Hyperbaric Oxygen Therapy: Following UHMS Protocols ................................................................. 6
Chronic Wound Care: Documentation of Assessment of Wound Healing Progress ............................... 7
Chronic Wound Care: Hospital Readmission in Patients After Wide Surgical Debridement For Pressure Ulcer Discharged Home With Air vs. Circulating Sand Bed ................................................................. 8
Chronic Wound Care: Timeliness of Referral of Pressure Ulcer Patients to Plastic/Reconstructive Surgeon ...................................................................................................................................................... 10
Measure #126 (NQF 0417): Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation .................................................................................................................. 12
Measure #127 (NQF 0416): Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear ............................................................................................................................................... 14
Measure #154 (NQF: 0101): Falls: Risk Assessment .................................................................................. 16
Measure #155 (NQF: 0101): Falls: Plan of Care ....................................................................................... 19
Measure #163 (NQF 0056): Diabetes: Foot Exam ..................................................................................... 21
Measure #238 (NQF 0022): Use of High-Risk Medications in the Elderly ............................................... 23
Measure #318 (NQF 0101): Falls: Screening for Fall Risk (eCQM 139v3)* ............................................... 25
Measure #355: Unplanned Reoperation within the 30 Day Postoperative Period .................................. 26
Measure #356: Unplanned Hospital Readmission within 30 Days of Principal Procedure .................. 28
Measure #357: Surgical Site Infection (SSI) ............................................................................................ 30
eCQM Measures ..................................................................................................................................... 32
Hyperbaric Oxygen Therapy: Timeliness of Starting HBOT

DESCRIPTION

Time in days from day of HBO Consult to start of HBO treatment.

NQS DOMAIN

Communication and Care Coordination

DENOMINATOR

Any patient for which HBO was ordered.

Denominator Exclusions/Exceptions
HBO was ordered and did not start.

NUMERATOR

Number of days from consult to start of HBO Treatment.

RATIONALE

Variation was found in a database of multiple hyperbaric clinics on the time the treatment was ordered to the time it began. This measure seeks to become the basis to identify reasons for lags in starting treatment.

MEASURE TYPE

Process
Chronic Wound Care: Misdiagnosis and Differential Diagnosis

DESCRIPTION

For the corresponding ICD-9 codes and specific criteria, differential diagnosis was considered.

NQS DOMAIN

Effective Clinical Care

DENOMINATOR

Ulcers diagnosis as Venous Stasis (454.XX).

**Denominator Exclusions/Exceptions**

Patients with a venous ulcer proven by prior diagnostics.

NUMERATOR

All venous stasis ulcers with a differential diagnosis on admission.

RATIONALE

Although the majority of ulcers diagnosed as venous stasis ulcers are correctly diagnosed, the remaining may have serious consequences if misdiagnosed, including malignancies, pyoderma gangrenosum, cellulitis, and arterial insufficiency. Weingarten states that: Chronic leg ulcers, often mistakenly classified and treated as venous ulcers, may have undergone malignant degeneration. The presence of squamous cell or basal cell carcinoma in a classic “venous ulcer” has been described many times [17]. For ulcers of long-standing duration (>6 months) or ulcers that do not respond promptly to therapy, a biopsy specimen should be examined to confirm the diagnosis. Vasculitic ulcers associated with underlying connective tissue or immune system disorders may be misdiagnosed as venous ulcers. Biopsy specimens from the edge of the ulcer may reveal the presence of vasculitis [15]." In an advanced wound healing center, differential diagnosis should be considered. (Weingarten MS. State-of-the-art treatment of chronic venous disease. Clin Infect Dis, 2001 Mar 15;32(6):949-54)

MEASURE TYPE

Process
Chronic Wound Care: Arterial Testing in Lower Extremity Ulcer(s) Prior to Compression Therapy

DESCRIPTION

Prior to instituting compression treatment, the practitioner evaluates arterial perfusion of affected extremity.

NQS DOMAIN

Patient Safety

DENOMINATOR

All lower extremity ulcers that had compression applied.

Denominator Exclusions/Exceptions

Patient is not ordered compression therapy.

NUMERATOR

All lower extremity ulcers that had compression AND arterial testing before application.

RATIONALE

In a study of 689 limbs, 100 (14.5%) had developed ulceration from mixed arteriovenous etiology.


MEASURE TYPE

Process
Hyperbaric Oxygen Therapy: Following UHMS Protocols

DESCRIPTION

Ensure each patient was treated according to the UHMS recommended treatment protocols.

NQS DOMAIN

Effective Clinical Care

DENOMINATOR

All patients receiving hyperbaric treatment in the reporting period.

Denominator Exclusions/Exceptions

Patients receiving HBO Therapy for non-UHMS indications.

NUMERATOR

For the HBO indication identified the correct UHMS treatment protocol was followed.

RATIONALE

The UHMS Committee Report outlines suggested protocols for approved indications for hyperbaric oxygen therapy. There is a discrepancy amongst hyperbaric units on protocols for the indications. This measure seeks to identify whether or not the UHMS protocols are being followed and will serve as a basis to determine if the variations impact the outcome.

Hyperbaric Oxygen Therapy Indications, Thirteenth Edition

MEASURE TYPE

Process
Chronic Wound Care: Documentation of Assessment of Wound Healing Progress

DESCRIPTION

Wound healing progress documented by treating wound care practitioner at 30 day (+/- 5 days) intervals with documentation of modification in plan of care if needed.

NQS DOMAIN

Effective Clinical Care

DENOMINATOR

All patients receiving wound care for 30 days +/- 5 days in the reporting period and All patients receiving wound care for 60 days +/- 5 days in the reporting period.

Denominator Exclusions/Exceptions

Patients who are discharged prior to 30 days.

NUMERATOR

Number of patients with documentation of progress or lack of wound healing progress.

RATIONALE

In most wounds, healing should be visible within a 4-week period. This measure will identify compliance with reporting wound progress and in modifying the treatment plan if there is lack of progress.


MEASURE TYPE

Process
**Chronic Wound Care: Hospital Readmission in Patients After Wide Surgical Debridement For Pressure Ulcer Discharged Home With Air vs. Circulating Sand Bed**

**DESCRIPTION**

A. Track readmission rate of patients discharged home after wide surgical debridement of a pressure ulcer within the reporting period that were ordered an air specialty bed.
B. Track readmission rate of patients discharged home after wide surgical debridement of a pressure ulcer within the reporting period that were ordered a circulating sand specialty bed.
C. Track percentage of patients that were ordered an air specialty bed upon being discharged home after wide surgical debridement of a pressure ulcer within the reporting period.
D. Track percentage of patients that were ordered a circulating sand specialty bed upon being discharged home after wide surgical debridement of a pressure ulcer within the reporting period.

**NQS DOMAIN**

Patient Safety

**DENOMINATOR**

A. Patients discharged home after wide surgical debridement of a pressure ulcer within the reporting period that were ordered an air specialty bed.
B. Patients discharged home after wide surgical debridement of a pressure ulcer within the reporting period that were ordered a circulating sand specialty bed.
C. Patients discharged home after wide surgical debridement of a pressure ulcer within the reporting period.
D. Patients discharged home after wide surgical debridement of a pressure ulcer within the reporting period.

**Denominator Exclusions/Exceptions**

Patients re-admitted for unrelated condition.

**NUMERATOR**

A. Number of patients readmitted to the hospital
B. Number of patients readmitted to the hospital
C. Number of patients that were ordered an air specialty bed
D. Number of patients that were ordered a circulating sand specialty bed
RATIONALE

Many plastic/reconstructive surgeons anecdotally report that circulating sand beds are more effective in preventing complications and subsequent readmissions after wide surgical debridement for pressure ulcers than air beds. This measure will seek to gain more evidence on the efficacy of the circulating sand (air-fluidized) bed vs. the air (Group 2 support surface) bed.


MEASURE TYPE

Outcome
Chronic Wound Care: Timeliness of Referral of Pressure Ulcer Patients to Plastic/Reconstructive Surgeon

DESCRIPTION

Patients presenting to a wound care clinic or physician office with a full thickness, Stage 4, or unstageable pressure ulcer above the knee and seen by a non-plastic surgeon should be referred to a reconstructive plastic surgeon within one week after the initial wound care consult to be evaluated for wide surgical debridement and staging.

NQS DOMAIN

Communication and Care Coordination

DENOMINATOR

All patients presenting to a wound care clinic or physician office with a full thickness, Stage 4, or unstageable pressure ulcer above the knee and seen by a non-plastic surgeon.

Denominator Exclusions/Exceptions

No reconstructive plastic surgeon on hospital staff or available to patient within a reasonable distance.

NUMERATOR

Number of patients referred to a reconstructive plastic surgeon within 7 days (+/- 2 days) from initial consult presenting with a full thickness, Stage 4, or unstageable pressure ulcer and seen by a non-plastic surgeon.

RATIONALE

Patients presenting to wound care clinics with pressure ulcers are often treated by non-plastic surgeons. Literature is abound with evidence that full thickness, Stage 4 or unstageable pressure ulcers are most often healed with reconstructive plastic surgery, such as myocutaneous or other types of flaps. Therefore, in order to ensure the best outcome, patients with severe pressure sores (full thickness, Stage 4, or unstageable) should be referred to a reconstructive plastic surgeon within 7 days from initial consult by a non-plastic/reconstructive surgeon. This measure seeks to identify cases where referrals are delayed or not made, and to change practice patterns to improve outcomes.

MEASURE TYPE

Outcome
Measure #126 (NQF 0417): Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation

DESCRIPTION

Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who had a neurological examination of their lower extremities within 12 months.

NQS DOMAIN

Effective Clinical Care

DENOMINATOR

All patients aged 18 years and older with a diagnosis of diabetes mellitus.

**Denominator Criteria (Eligible Cases):**

Patients aged ≥ 18 years on date of encounter

**AND**

**Diagnosis for diabetes (ICD-9-CM) [for use 1/1/2015-9/30/2015]:**

250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.90, 250.91, 250.92, 250.93

**Diagnosis for diabetes (ICD-10-CM) [for use 10/01/2015-12/31/2015]:**


**AND**
Patient encounter during the reporting period (CPT): 11042, 11043, 11044, 11055, 11056, 11057, 11719, 11720, 11721, 11730, 11740, 97001, 97002, 97597, 97598, 97802, 97803, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

AND NOT
Clinician documented that patient was not an eligible candidate for lower extremity neurological exam measure, for example patient bilateral amputee, patient has condition that would not allow them to accurately respond to a neurological exam (dementia, Alzheimer’s, etc.), patient has previously documented diabetic peripheral neuropathy with loss of protective sensation.

NUMERATOR

Patients who had a lower extremity neurological exam performed at least once within 12 months.

Numerator Options:

Performance Met: Lower extremity neurological exam performed and documented (G8404)

OR

Performance Not Met: Lower extremity neurological exam not performed (G8405)

RATIONALE

Foot ulceration is the most common single precursor to lower extremity amputations among persons with diabetes. Treatment of infected foot wounds accounts for up to one-quarter of all inpatient hospital admissions for people with diabetes in the United States. Peripheral sensory neuropathy in the absence of perceived trauma is the primary factor leading to diabetic foot ulcerations. Approximately 45-60% of all diabetic ulcerations are purely neuropathic. Other forms of neuropathy may also play a role in foot ulcerations. Motor neuropathy resulting in anterior crural muscle atrophy or intrinsic muscle wasting can lead to foot deformities such as foot drop, equinus, and hammertoes. In people with diabetes, 22.8% have foot problems – such as amputations and numbness – compared with 10% of nondiabetics. Over the age of 40 years old, 30% of people with diabetes have loss of sensation in their feet.

MEASURE TYPE

Process
Measure #127 (NQF 0416): Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear

DESCRIPTION

Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who were evaluated for proper footwear and sizing.

NQS DOMAIN

Effective Clinical Care

DENOMINATOR

All patients aged 18 years and older with a diagnosis of diabetes mellitus.

Denominator Criteria (Eligible Cases):

Patients aged ≥ 18 years on date of encounter

AND

Diagnosis for diabetes (ICD-9-CM) [for use 1/1/2015-9/30/2015]: 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.90, 250.91, 250.92, 250.93


AND
Patient encounter during the reporting period (CPT): 11042, 11043, 11044, 11055, 11056, 11057, 11719, 11720, 11721, 11730, 11740, 97001, 97002, 97597, 97598, 97802, 97803, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

NUMERATOR

Patients who were evaluated for proper footwear and sizing at least once within 12 months.

Numerator Options:

Performance Met: Footwear evaluation performed and documented (G8410)

OR

Other Performance Exclusion: Clinician documented that patient was not an eligible candidate for footwear evaluation measure (G8416)

OR

Performance Not Met: Footwear evaluation was not performed (G8415)

RATIONALE

Foot ulceration is the most common single precursor to lower extremity amputations among persons with diabetes. Shoe trauma, in concert with loss of protective sensation and concomitant foot deformity, is the leading event precipitating foot ulceration in persons with diabetes. Treatment of infected foot wounds accounts for up to one-quarter of all inpatient hospital admissions for people with diabetes in the United States. Peripheral sensory neuropathy in the absence of perceived trauma is the primary factor leading to diabetic foot ulcerations. Approximately 45-60% of all diabetic ulcerations are purely neuropathic. In people with diabetes, 22.8% have foot problems – such as amputations and numbness – compared with 10% of non-diabetics. Over the age of 40 years old, 30% of people with diabetes have loss of sensation in their feet.

MEASURE TYPE

Process
Measure #154 (NQF: 0101): Falls: Risk Assessment

DESCRIPTION

Percentage of patients aged 65 years and older with a history of falls that had a risk assessment for falls completed within 12 months.

NOTE:
This is a two-part measure which is paired with Measure #155: Falls: Plan of Care. If the falls risk assessment indicates the patient has documentation of two or more falls in the past year or any fall with injury in the past year (CPT II code 1100F is submitted), #155 should also be reported.

NQS DOMAIN

Patient Safety

DENOMINATOR

All patients aged 65 years and older who have a history of falls (history of falls is defined as 2 or more falls in the past year or any fall with injury in the past year). Documentation of patient reported history of falls is sufficient.

Denominator Criteria (Eligible Cases):
Patients aged ≥ 65 years on date of encounter
AND
Patient encounter during the reporting period (CPT or HCPCS): 97001, 97002, 97003, 97004, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0402, G0438, G0439

NUMERATOR

Patients who had a risk assessment for falls completed within 12 months.

NUMERATOR NOTE: The correct combination of numerator code(s) must be reported on the claim form in order to properly report this measure. The “correct combination” of codes may require the submission of multiple numerator codes.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
Risk Assessment for Falls Completed
(Two CPT II codes [3288F & 1100F] are required on the claim form to submit this numerator option)

Performance Met:
CPT II 3288F: Falls risk assessment documented
AND
CPT II 1100F: Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in the past year

OR

Risk Assessment for Falls not Completed for Medical Reasons
(Two CPT II codes [3288F-1P & 1100F] are required on the claim form to submit this numerator option)
Append a modifier (1P) to CPT Category II code 3288F to report documented circumstances that appropriately exclude patients from the denominator.

Medical Performance Exclusion:
3288F with 1P: Documentation of medical reason(s) for not completing a risk assessment for falls (ie, patient is not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair)
AND
CPT II 1100F: Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in the past year

OR

If patient is not eligible for this measure because patient has documentation of no falls or only one fall without injury the past year, report:

Patient not at Risk for Falls
(One CPT II code [1101F] is required on the claim form to submit this numerator option)

Other Performance Exclusion: CPT II 1101F: Patient screened for future fall risk; documentation of no falls in the past year or only one fall without injury in the past year

OR

If patient is not eligible for this measure because falls status is not documented, report:

Falls Status not Documented
(One CPT II code [1101F-8P] is required on the claim form to submit this numerator option)
Append a reporting modifier (8P) to CPT Category II code 1101F to report circumstances when the patient is not eligible for the measure.

Other Performance Exclusion: 1101F with 8P: No documentation of falls status

OR

Risk Assessment for Falls not Completed, Reason not Otherwise Specified
(Two CPT II codes [3288F-8P & 1100F] are required on the claim form to submit this numerator option)
Append a reporting modifier (8P) to CPT Category II code 3288F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

**Performance Not Met:**

3288F with 8P: Falls risk assessment **not** completed, reason not otherwise specified

AND

CPT II 1100F: Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in the past year

**Rationale**

Screening for specific medical conditions may direct the therapy. Although the clinical guidelines and supporting evidence calls for an evaluation of many factors, it was felt that for the purposes of measuring performance and facilitating implementation this initial measure must be limited in scope. For this reason, the work group defined an evaluation of balance and gait as a core component that must be completed on all patients with a history of falls as well as four additional evaluations – at least one of which must be completed within the 12 month period. Data elements required for the measure can be captured and the measure is actionable by the physician.

**Measure Type**

Process
Measure #155 (NQF: 0101): Falls: Plan of Care

DESCRIPTION

Percentage of patients aged 65 years and older with a history of falls that had a plan of care for falls documented within 12 months.

NOTE:
This is a two-part measure which is paired with Measure #154: Falls: Risk Assessment. This measure should be reported if CPT II code 1100F “Patient screened for future falls risk; documentation of two or more falls in the past year or any fall with injury in the past year” is submitted for Measure #154.

NQS DOMAIN

Communication and Care Coordination

DENOMINATOR

All patients aged 65 years and older with a history of falls (history of falls is defined as 2 or more falls in the past year or any fall with injury in the past year). Documentation of patient reported history of falls is sufficient.

Denominator Criteria (Eligible Cases):
Patients aged ≥ 65 years on date of encounter
AND
All eligible instances when CPT II code 1100F (Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in the past year) is reported in the numerator for Measure #154.
AND
Patient encounter during the reporting period (CPT or HCPCS): 97001, 97002, 97003, 97004, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0402, G0438, G0439

NUMERATOR

Patients with a plan of care for falls documented within 12 months.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
Plan of Care Documented
Performance Met:
CPT II 0518F: Falls plan of care documented

OR

Plan of Care not Documented for Medical Reasons
Append a modifier (1P) to CPT Category II code 0518F to report documented circumstances that appropriately exclude patients from the denominator.

Medical Performance Exclusion: 0518F with 1P: Documentation of medical reason(s) for no plan of care for falls (ie, patient is not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair)

OR

Plan of Care not Documented, Reason not Otherwise Specified
Append a reporting modifier (8P) to CPT Category II code 0518F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

Performance Not Met: 0518F with 8P: Plan of care not documented, reason not otherwise specified

RATIONALE

Interventions to prevent future falls should be documented for the patient with 2 or more falls or injurious falls.

MEASURE TYPE

Process
Measure #163 (NQF 0056): Diabetes: Foot Exam

DESCRIPTION

Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period.

NQS DOMAIN

Effective Clinical Care

DENOMINATOR

Patients 18 through 75 years of age who had a diagnosis of diabetes with a visit during the measurement period.

Denominator Criteria (Eligible Cases):
Patients aged 18 through 75 years on date of encounter
AND
Diagnosis for diabetes (ICD-9-CM) [for use 01/1/2015-09/30/2015]: 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.90, 250.91, 250.92, 250.93, 357.2, 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07, 366.41, 648.00, 648.01, 648.02, 648.03, 648.04
AND
Patient encounter during the reporting period (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99281, 99282, 99283, 99284, 99285, 99291, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328,
NUMERATOR

Patients who received a foot exam (ie, visual inspection, sensory exam with monofilament AND pulse exam) during the measurement period.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
Foot Exam Performed

Performance Met: G9226: Foot examination performed (includes examination through visual inspection, sensory exam with monofilament, and pulse exam – report when all of the 3 components are completed)

OR

Foot Exam not Performed, Reason not Given

Performance Not Met: G9225: Foot exam was not performed, reason not given

RATIONALE

Diabetes mellitus (diabetes) is a group of diseases characterized by high blood glucose levels caused by the body’s inability to correctly produce or utilize the hormone insulin. It is recognized as a leading cause of death and disability in the U.S. and is highly underreported as a cause of death. Diabetes may cause life-threatening, life-ending or life-altering complications, including poor circulation, nerve damage or neuropathy in the feet and eventual amputation. Nearly 60-70 percent of diabetics suffer from mild or severe nervous system damage. The consensus among established clinical guidelines is that patients with diabetes should have a foot exam soon after diagnosis and annually thereafter. Comprehensive foot care programs can lower amputation rates by 45-85 percent (American Diabetes Association 2009).

MEASURE TYPE

Process
Measure #238 (NQF 0022): Use of High-Risk Medications in the Elderly

DESCRIPTION

Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported.

1) Percentage of patients who were ordered at least one high-risk medication.
2) Percentage of patients who were ordered at least two different high-risk medications.

NQS DOMAIN

Patient Safety

DENOMINATOR (REPORTING CRITERIA 1)

Patients 66 years and older who had a visit during the measurement period.

Denominator Criteria (Eligible Cases) 1:
Patients aged ≥ 66 years on date of encounter
AND
Patient encounter during reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99346, 99347, 99348, 99349, 99350, G0438, G0439

DENOMINATOR (REPORTING CRITERIA 2)

Patients 66 years and older who had a visit during the measurement period.

Denominator Criteria (Eligible Cases) 2:
Patients aged ≥ 66 years on date of encounter
AND
Patient encounter during reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99346, 99347, 99348, 99349, 99350, G0438, G0439

NUMERATOR (REPORTING CRITERIA 1)

Percentage of patients who were ordered at least one high-risk medication during the measurement period.
Numerator Options:

Performance Met: One high-risk medication ordered (G9365)

OR

Performance Not Met: One high-risk medication not ordered (G9366)

NUMERATOR (REPORTING CRITERIA 2)

Percentage of patients who were ordered at least two different high-risk medications during the measurement period.

Numerator Options:

Performance Met: At least two different high-risk medications ordered (G9367)

OR

Performance Not Met: At least two different high-risk medications not ordered (G9368)

RATIONALE

Seniors receiving inappropriate medications are more likely to report poorer health status at follow-up, compared to seniors who receive appropriate medications (Fu, Liu, and Christensen 2004). In 2005, rates of potentially inappropriate medication use in the elderly were as large or larger than in a 1996 national sample, highlighting the need for progress in this area (Simon et al. 2005). While some adverse drug events are not preventable, studies estimate that between 30 and 80 percent of adverse drug events in the elderly are preventable (MacKinnon and Hepler 2003).

Reducing the number of inappropriate prescriptions can lead to improved patient safety and significant cost savings. Conservative estimates of extra costs due to potentially inappropriate medications in the elderly average $7.2 billion a year (Fu, Liu, and Christensen 2004). Medication use by older adults will likely increase further as the U.S. population ages, new drugs are developed, and new therapeutic and preventive uses for medications are discovered (Rothberg et al. 2008). By the year 2030, nearly one in five U.S. residents is expected to be aged 65 years or older; this age group is projected to more than double in number from 38.7 million in 2008 to more than 88.5 million in 2050. Likewise, the population aged 85 years or older is expected to increase almost four-fold, from 5.4 million to 19 million between 2008 and 2050. As the elderly population continues to grow, the number of older adults who present with multiple medical conditions for which several medications are prescribed continues to increase, resulting in polypharmacy (Gray and Gardner 2009).

MEASURE TYPE

Process
Measure #318 (NQF 0101): Falls: Screening for Fall Risk (eCQM 139v3)*

**DESCRIPTION**

Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.

**NQS DOMAIN**

Patient Safety

**DENOMINATOR**

Patients aged 65 years and older with a visit during the measurement period.

- **Denominator Exceptions**
  
  Documentation of medical reason(s) for not screening for fall risk (e.g., patient is not ambulatory).

**NUMERATOR**

Patients who were screened for future fall risk at least once within the measurement period.

**RATIONALE**

As the leading cause of both fatal and nonfatal injuries for older adults, falls are one of the most common and significant health issues facing people aged 65 years or older (Schneider, Shubert and Harmon 2010). Moreover, the rate of falls increases with age (Dykes et al. 2010). Older adults are five times more likely to be hospitalized for fall-related injuries than any other cause-related injury. It is estimated that one in every three adults over 65 will fall each year (Centers for Disease Control and Prevention 2012). In those over age 80, the rate of falls increases to fifty percent (Doherty et al. 2009). Falls are also associated with substantial cost and resource use, approaching $30,000 per fall hospitalization (Woolcott et al. 2011). Identifying at-risk patients is the most important part of management, as applying preventive measures in this vulnerable population can have a profound effect on public health (al-Aama 2011). Family physicians have a pivotal role in screening older patients for risk of falls, and applying preventive strategies for patients at risk (al-Aama 2011).

**MEASURE TYPE**

Process
Measure #355: Unplanned Reoperation within the 30 Day Postoperative Period

DESCRIPTION

Percentage of patients aged 18 years and older who had any unplanned reoperation within the 30 day postoperative period.

NQS DOMAIN

Patient Safety

DENOMINATOR

 Patients aged 18 years and older that have a specific general surgery procedure performed.

**Denominator Criteria (Eligible Cases):**

- Patients aged 18 years and older on date of encounter

**AND**

- **Patient encounter during reporting period (CPT procedure):** 19101, 19301, 19302, 19303, 19304, 19305, 19306, 19307, 36818, 36819, 36820, 36821, 36825, 36830, 43644, 43645, 43775, 43846, 43847, 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44150, 44151, 44160, 44204, 44205, 44206, 44207, 44208, 44210, 44950, 44960, 44970, 47562, 47563, 47564, 47600, 47605, 47610, 49560, 49561, 49565, 49566, 49572, 49585, 49587, 49590, 49652, 49653, 49654, 49655, 49656, 49657, 60200, 60210, 60212, 60220, 60225, 60240, 60252, 60254, 60260, 60270, 60271

NUMERATOR

Unplanned return to the operating room for a surgical procedure, for any reason, within 30 days of the principal operative procedure.

**NUMERATOR NOTE:** A lower calculated performance rate for this measure indicates better clinical care or control.

- *This measure is not intended to capture patients who go back to the operating room within 30 days for a follow-up procedure based on the pathology results from the principal operative procedure or concurrent procedure. Examples: Exclude breast biopsies with return for re-excisions; insertion of port-a-cath for chemotherapy.*

- *The return to the OR may occur at any hospital or surgical facility.*
**Numerator Options:**

*Performance Met:* Unplanned return to the operating room for a surgical procedure, for any reason, within 30 days of the principal operative procedure *(G9308)*

OR

*Performance Not Met:* No return to the operating room for a surgical procedure, for any reason, within 30 days of the principal operative procedure *(G9307)*

**RATIONALE**

This is an adverse surgical outcome, which is often a preventable cause of harm, thus it is important to measure and report. It is feasible to collect the data and produces reliable and valid results about the quality of care. It is useful and understandable to stakeholders. As highlighted earlier, this measure was developed in a collaborative effort by the American College of Surgeons and the American Board of Surgery. This measure addresses the National Quality Strategy Priorities, and was identified by an expert panel of physician providers to be a critical outcome for this procedure. This measure addresses a high-impact condition as it is one of the most common procedures performed in the U.S. The measure aligns well with the intended use. The care settings include Acute Care Facilities/Hospitals. Data are being collected in a clinical registry that has been in existence for over 5 years, with over 4000 current users. Thus, we are requesting consideration of this measure in the “Registry Reporting” option. The level of analysis is the clinician/individual. All populations are included, except children. The measure allows measurement across the person-centered episode of care out to 30 days after the procedure whether an inpatient, outpatient, or readmitted. The measure addresses disparities in care. The risk adjustment is performed with a parsimonious dataset and aims to allow efficient data collection resources and data reporting. Measures have been harmonized when possible.

**MEASURE TYPE**

Outcome
Measure #356: Unplanned Hospital Readmission within 30 Days of Principal Procedure

DESCRIPTION

Percentage of patients aged 18 years and older who had an unplanned hospital readmission within 30 days of principal procedure.

NQS DOMAIN

Effective Clinical Care

DENOMINATOR

Patients aged 18 years and older that have a specific general surgery procedure performed.

**Denominator Criteria (Eligible Cases):**

Patients aged 18 years and older on date of encounter

AND

Patient encounter during reporting period (CPT procedure): 19101, 19301, 19302, 19303, 19304, 19305, 19306, 19307, 36818, 36819, 36820, 36821, 36825, 36830, 43644, 43645, 43775, 43846, 43847, 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44150, 44151, 44160, 44204, 44205, 44206, 44207, 44208, 44210, 44950, 44960, 44970, 47562, 47563, 47564, 47600, 47605, 47610, 49560, 49561, 49565, 49566, 49572, 49585, 49587, 49590, 49652, 49653, 49654, 49655, 49656, 49657, 60200, 60210, 60212, 60220, 60225, 60240, 60252, 60254, 60260, 60270, 60271

NUMERATOR

Inpatient readmission to the same hospital for any reason or an outside hospital (if known to the surgeon), within 30 days of the principal surgical procedure.

**NUMERATOR NOTE:** A lower calculated performance rate for this measure indicates better clinical care or control.

**Numerator Options:**

**Performance Met:** Unplanned hospital readmission within 30 days of principal procedure (G9310)

OR
**Performance Not Met:** No unplanned hospital readmission within 30 days of principal procedure (G9309)

**RATIONALE**

This is an adverse surgical outcome, which is often a preventable cause of harm, thus it is important to measure and report. It is feasible to collect the data and produces reliable and valid results about the quality of care. It is useful and understandable to stakeholders. As highlighted earlier, this measure was developed in a collaborative effort by the American College of Surgeons and the American Board of Surgery. This measure addresses the National Quality Strategy Priorities, and was identified by an expert panel of physician providers to be a critical outcome for this procedure. This measure addresses a high-impact condition as it is one of the most common procedures performed in the U.S. The measure aligns well with the intended use. The care settings include Acute Care Facilities/Hospitals. Data are being collected in a clinical registry that has been in existence for over 5 years, with over 4000 current users. Thus, we are requesting consideration of this measure in the “Registry Reporting” option. The level of analysis is the clinician/individual. All populations are included, except children. The measure allows measurement across the person-centered episode of care out to 30 days after the procedure whether an inpatient, outpatient, or readmitted. The measure addresses disparities in care. The risk adjustment is performed with a parsimonious dataset and aims to allow efficient data collection resources and data reporting. Measures have been harmonized when possible.

**MEASURE TYPE**

Outcome
Measure #357: Surgical Site Infection (SSI)

DESCRIPTION

Percentage of patients aged 18 years and older who had a surgical site infection (SSI).

NQS DOMAIN

Effective Clinical Care

DENOMINATOR

Patients aged 18 years and older that have a specific general surgery procedure performed.

Denominator Criteria (Eligible Cases):
Patients aged 18 years and older on date of encounter
AND
Patient encounter during reporting period (CPT procedure): 19101, 19301, 19302, 19303, 19304, 19305, 19306, 19307, 36818, 36819, 36820, 36821, 36825, 36830, 43644, 43645, 43775, 43846, 43847, 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44150, 44151, 44155, 44204, 44205, 44206, 44207, 44208, 44210, 44950, 44960, 44970, 47562, 47563, 47564, 47600, 47605, 47610, 49560, 49561, 49565, 49566, 49572, 49585, 49587, 49590, 49652, 49653, 49654, 49655, 49656, 49657, 60200, 60210, 60212, 60220, 60225, 60240, 60252, 60254, 60260, 60270, 60271

NUMERATOR

Number of patients with a surgical site infection.

NUMERATOR NOTE: A lower calculated performance rate for this measure indicates better clinical care or control.

Numerator Options:
Performance Met: Surgical site infection (G9312)
OR
Performance Not Met: No surgical site infection (G9311)

RATIONALE

This is an adverse surgical outcome, which is often a preventable cause of harm, thus it is important to measure and report. It is feasible to collect the data and produces reliable and valid results about the
quality of care. It is useful and understandable to stakeholders. As highlighted earlier, this measure was developed in a collaborative effort by the American College of Surgeons and the American Board of Surgery. This measure addresses the National Quality Strategy Priorities, and was identified by an expert panel of physician providers to be a critical outcome for this procedure. This measure addresses a high-impact condition as it is one of the most common procedures performed in the U.S. The measure aligns well with the intended use. The care settings include Acute Care Facilities/Hospitals. Data are being collected in a clinical registry that has been in existence for over 5 years, with over 4000 current users. Thus, we are requesting consideration of this measure in the “Registry Reporting” option. The level of analysis is the clinician/individual. All populations are included, except children. The measure allows measurement across the person-centered episode of care out to 30 days after the procedure whether an inpatient, outpatient, or readmitted. The measure addresses disparities in care. The risk adjustment is performed with a parsimonious dataset and aims to allow efficient data collection resources and data reporting. Measures have been harmonized when possible.

**MEASURE TYPE**

Outcome
eCQM Measures

For more detailed numerator and denominator criteria on eCQM measures, please download the 2015 eCQM specifications from the CMS:


Use the measure’s eCQM identifier to locate a specific measure (eg, 139v3).