ABG37 Pre-Operative Screening for Anesthetic Risk Factors

Percentage of patients, regardless of age, undergoing a surgical, therapeutic or diagnostic procedure under anesthesia in an operating/procedure room during the performance period and who have a documented use of a pre-operative assessment of two or more anesthetic risk factors prior to the start of anesthesia and the procedure did not result in an impairment of anesthesia or the patient did not experience a decrease in the effectiveness of anesthesia

2019 OPTIONS FOR INDIVIDUAL MEASURES:
SCG Health, Anesthesia Business Group (ABG) QCDR

NATIONAL QUALITY STRATEGY DOMAIN: Patient Safety

MEASURE TYPE: Outcome
HIGH PRIORITY STATUS: High Priority
SPECIALTY RECOMMENDATION: Anesthesia Care
MEANINGFUL MEASURE AREA: Preventable Healthcare Harm
NQF NUMBER: Not applicable
PERFORMANCE NOTES: Traditional (not inverse), single (1) proportional performance calculation
RISK ADJUSTMENT: No

INSTRUCTIONS:
This measure is to be reported **each denominator eligible visit** during the 12 month performance period for patients undergoing a surgical, therapeutic or diagnostic procedure under anesthesia in an operating/procedure room. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

DENOMINATOR:

Denominator criteria (Eligible Cases):
All patients, regardless of age on date of the procedure
AND
Patient encounter during the reporting period (CPT): 00100, 00102, 00103, 00104, 00120, 00124, 00126, 00140, 00142, 00144, 00145, 00147, 00148, 00160, 00162, 00164, 00170, 00172, 00174, 00176, 00190, 00192, 00210, 00211, 00212, 00214, 00215, 00216, 00218, 00220, 00222 , 00300, 00320, 00322, 00326, 00350, 00352, 00400, 00402, 00404, 00406, 00410, 00450, 00454, 00470, 00472, 00474, 00500, 00520, 00522, 00524, 00528, 00529, 00530, 00532, 00534, 00537, 00539, 00540, 00541, 00542, 00546, 00548, 00550, 00560, 00600, 00604, 00620, 00625, 00626, 00630, 00632, 00635, 00640, 00670, 00700, 00702, 00730, 00740, 00750, 00752, 00754, 00756, 00770, 00790, 00792, 00794, 00796, 00797, 00800, 00802, 00810, 00820, 00830, 00832, 00834, 00836, 00840, 00842, 00844, 00846, 00848, 00851, 00860, 00862, 00864, 00865, 00866, 00868, 00870, 00872, 00873, 00880, 00882, 00902, 00904, 00906, 00908, 00910, 00912, 00914, 00916, 00918, 00920, 00921, 00922, 00924, 00926, 00928, 00930, 00932, 00934, 00936, 00938, 00940, 00942, 00944, 00948, 00950, 00952, 01112, 01120, 01130, 01140, 01150, 01160, 01170, 01173, 01180, 01190, 01200, 01202, 01210, 01212, 01214, 01215, 01220, 01230, 01232, 01234, 01250, 01260, 01270, 01272, 01274, 01320, 01340, 01360, 01380, 01382, 01390, 01392, 01400, 01402, 01404, 01420, 01430, 01432, 01440, 01442, 01444, 01462, 01464, 01470, 01472, 01474, 01480, 01482, 01484, 01486, 01490, 01500, 01502, 01520, 01522, 01610, 01620, 01622, 01630, 01634, 01636, 01638, 01650, 01652, 01654, 01656, 01670, 01680, 01682, 01710, 01712, 01714, 01716, 01730, 01732, 01740, 01742, 01744, 01756, 01758, 01760, 01770, 01772, 01780, 01782, 01810,

01820, 01829, 01830, 01832, 01840, 01842, 01844, 01850, 01852, 01860, 01924, 01925, 01926, 01930, 01931, 01932, 01933, 01935, 01936, 01951, 01952, 01961, 01962, 01963, 01965, 01966, 01992

DENOMINATOR EXCLUSIONS:
Patient unable to participate in the assessment due to severe mental incapacity or language incompatibility and an adequate proxy is not available
OR
ASA Physical status contains "E" for emergent case

NUMERATOR:
Percentage of patients who have a documented use of a pre-operative assessment of two or more anesthetic risk factors where the procedure did not result in an impairment of anesthesia AND the patient did not experience a decrease effectiveness of anesthesia

Definitions:

Checklist or Protocol – The pre-operative checklist assessment should be followed by direct intervention on the identified risk. The key elements that must be included in the individualized, multifactorial assessment protocol or checklist may include, but are not limited to the assessment of:

1. Confirmation of prescribed medications with primary care and other physicians involved in the care of the patient
2. Discussing anesthetic risk factors with the patient
3. Documentation and discussion with the patient of potential complications based upon results of the pre-operative anesthetic risk factor screening
4. All surgical team members should have an active role in determining how the potential impairment of anesthesia effectiveness will be prevented and managed during the procedure

Herbal Supplement – A product containing one or more vitamins, herbs, enzymes, amino acids, or other ingredients, that is taken orally to supplement one's diet, as by providing a missing nutrient.

Preoperative Risk Factors – The following are risk factors that may be assessed preoperatively:

- Symptoms of Gastroesophageal Reflux Disease
- History of Glaucoma or elevated eye pressures
- Post-operative Nausea and Vomiting risk factors
- Alcohol and recreational drug use
- Herbal supplements and antibiotic impairment of anesthesia

Preoperative – Documentation of record within the 30 minutes immediately before the start time of anesthesia.

Surgical Procedure Episode – One date of service for patients undergoing multiple procedures.

Numerator Instructions: All components should be completed once per procedure episode per patient and should be documented in the medical record as having been performed during the measurement period.

Numerator Options when two or more risk factor screenings performed:

Performance Met:	Preoperative screening for Gastroesophageal Reflux Disease anesthetic risk factor completed, documented in the medical record; procedure did not result in an impairment of anesthesia

	AND the patient documented not to have experienced a decrease in the effectiveness of anesthesia
AND/OR	
Performance Met:	Preoperative screening for history of glaucoma or elevated eye pressures as an anesthetic risk factor completed, documented in the medical record; procedure did not result in an impairment of anesthesia AND the patient documented not to have experienced a decrease in the effectiveness of anesthesia
AND/OR	
Performance Met:	Preoperative screening for post-operative nausea and vomiting anesthetic risk factor completed, documented in the medical record; procedure did not result in an impairment of anesthesia AND the patient documented not to have experienced a decrease in the effectiveness of anesthesia
AND/OR	
Performance Met:	Preoperative screening for alcohol and recreational drug use anesthetic risk factor completed, documented in the medical record; procedure did not result in an impairment of anesthesia AND the patient documented not to have experienced a decrease in the effectiveness of anesthesia
AND/OR	
Performance Met:	Preoperative screening for herbal supplements and antibiotic impairment of anesthesia risk factor completed, documented in the medical record; procedure did not result in an impairment of anesthesia AND the patient documented not to have experienced a decrease in the effectiveness of anesthesia
OR	
Performance Not Met:	Preoperative screening for anesthetic risk factors not completed, reason not otherwise specified
OR	
Performance Not Met:	Preoperative screening for anesthetic risk factors completed AND procedure did result in an impairment of anesthesia
OR	
Performance Not Met:	Preoperative screening for anesthetic risk factors completed AND the patient documented to have experienced a decrease in the effectiveness of anesthesia

RATIONALE:

Many herbal products are marketed as “natural” or “homeopathic,” may lead consumers to assume the products are safe, even when taken with prescription medicines. Herbal supplements can have a negative impact on patients both before and following surgery, and may interact with conventional medicines used to manage chronic conditions. Most surgery-related side effects can be avoided by stopping the complementary and alternative medical (CAM) product at least one to two weeks prior to surgery and during the postoperative period while prescription medications such as blood thinners or antibiotics are being used. The problem arises when physicians do not know that a patient is using a CAM product.

CLINICAL RECOMMENDATION STATEMENTS:

American Academy of Orthopaedic Surgeons. “Herbal supplements may cause dangerous drug interactions in orthopaedic surgery patients, study suggests.” ScienceDaily. ScienceDaily, 11 October

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Robinson, Michael; Davidson, Andrew; Aspiration under anaesthesia: risk assessment and decision-making, Continuing Education in Anaesthesia Critical Care & Pain, Volume 14, Issue 4, 1 August 2014, Pages 171–175, https://doi.org/10.1093/bjaceaccp/mkt053.

Shourie S, Conigrave KM, Proude EM, Ward JE, Wutzke SE, Haber PS., Pre-operative screening for excessive alcohol consumption among patients scheduled for elective surgery, Drug Alcohol Rev. 2007 Mar;26(2):119-25.

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