

Name		MACRA MEASURES		QUALITY MEASURES	
DoB	Gndr	Send Graphium satisfaction survey** <input type="radio"/> Yes <input type="radio"/> Pt Declines <input type="radio"/> No		Post-op disposition <input type="radio"/> PACU/Stepdown <input type="radio"/> ICU	
MRN	(PATIENT STICKER)	AQI 48	Mobile** ()	Post-op pain	
EN			Email	0 1 2 3 4 5 6 7 8 9 10 Unk	
CASE INFORMATION					
Facility	(PRINT LEGIBLY)				
Date	MM DD YY	QID 404	Patient is a smoker <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> (if Yes) - Rec'd cessation guidance <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> (if Yes) - Smoked on DoS <input type="radio"/> Yes <input type="radio"/> No	Current meds doc <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU	
Anes Start	H M A M			Safety checklist <input type="radio"/> Yes <input type="radio"/> No	
Anes End	H M A M	AQI 68	Pre-existing OSA diagnosed <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> (if No) - OSA screen performed <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU <input type="checkbox"/> (if Yes) - OSA screen result <input type="radio"/> Pos <input type="radio"/> Neg <input type="checkbox"/> (if OSA+) - ≥ 2 Mitigations used <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU	Handoff used <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU	
Case type <input type="radio"/> Stnd <input type="radio"/> OB				Cent Line <input type="checkbox"/> Internal Jugular <input type="checkbox"/> Subclavian <input type="checkbox"/> Femoral	
Patient type <input type="radio"/> Amb <input type="radio"/> Inpt <input type="radio"/> ED				Sterile tech used <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU	
Physical status <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="checkbox"/> E <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6			STOPBANG screen for OSA: Plus 1 for each. OSA screen pos if score ≥ 5. (S)nores (B)MI > 35 (T)ired (A)ge > 50yo (O)bserved apnea (N)eck size > 17"M or 16"F (P)ressure: HTN (G)ender = Male	Ultrasound used <input type="radio"/> Yes <input type="radio"/> No	
<input type="radio"/> Gen <input type="radio"/> Regional <input type="radio"/> Spinal					
<input type="radio"/> MAC <input type="radio"/> Epidural <input type="radio"/> LABOR Epidural		ABG 43	Non-OR Setting (eg Rad, ECT, IR, Endo) <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> (if Yes) - EtCO2 monitoring used <input type="radio"/> Yes <input type="radio"/> No	OUTCOMES	
PROVIDER INFORMATION		ABG 42	Difficult airway and GETA planned <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> (if Yes) - Planned equip & 2nd Provider present <input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> Cardiac arrest (unplanned) <input type="checkbox"/> Myocardial ischemia <input type="checkbox"/> Myocardial infarction <input type="checkbox"/> Dysrhythmia requiring intervention <input type="checkbox"/> Unexpected death <input type="checkbox"/> Uncontrolled HTN <input type="checkbox"/> Stroke, CVA, or coma <input type="checkbox"/> Vasc injury (arterial/ptx)	
Surg	(PRINT LEGIBLY)	Q 477	Multimodal pain management <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU	<input type="checkbox"/> Pneumo (related to anesthesia) <input type="checkbox"/> Aspiration	
Anes #1	(PRINT LEGIBLY)	Q 430 / ABG 44	Inhal agent <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> (if Yes) - Low flow maintenance <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU <input type="checkbox"/> (if Yes) - ≥ 3 RFs for PONV <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> (if Yes) - Combo therapy used <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU	<input type="checkbox"/> Failed regional anesthetic <input type="checkbox"/> Peripheral nerve injury post regional <input type="checkbox"/> Wet tap <input type="checkbox"/> Systemic local anes toxicity	
Anes #2	(PRINT LEGIBLY)	AQI 73	Arterial Line <input type="checkbox"/> Radial <input type="checkbox"/> Brachial <input type="checkbox"/> Dorsalis Pedis <input type="checkbox"/> Femoral <input type="checkbox"/> Ulnar <input type="checkbox"/> Posterior Tibial <input type="checkbox"/> Axillary Defined sterile technique used <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU	<input type="checkbox"/> Temperature <95.9°F or <35.5°C <input type="checkbox"/> Reintubation (planned trial extub) <input type="checkbox"/> Reintubation (no trial extub) <input type="checkbox"/> Inadequate reversal <input type="checkbox"/> Intractable N/V <input type="checkbox"/> Unexpctd post-op vent <input type="checkbox"/> Prolonged PACU stay	
Anes #3	(PRINT LEGIBLY)	SPECIALTY SURGERY			
Anes #4	(PRINT LEGIBLY)	ABG 41 / AQI 56 / AQI 72	<input type="checkbox"/> 1* total knee arthroplasty * [†] <input type="checkbox"/> Shoulder arthroplasty * [†] <input type="checkbox"/> Hip arthroplasty [†] <input type="checkbox"/> Shoulder arthroscopy * * Neuraxial / regional blk or LIA <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU [†] Anemia screen performed <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU <input type="checkbox"/> (if Yes) - Anemia screen result <input type="radio"/> Hgb <13 <input type="radio"/> Hgb ≥13 ≥1 Defined anemia mngmnt strategy <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU	<input type="checkbox"/> Medication administration error <input type="checkbox"/> Adverse transfusion reaction <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Opioid reversal required <input type="checkbox"/> Wrong site surgery <input type="checkbox"/> Wrong patient <input type="checkbox"/> Wrong surgical procedure <input type="checkbox"/> Unplanned hospital admission <input type="checkbox"/> Unplanned ICU admission	
Anes #5	(PRINT LEGIBLY)	MD 54	Labor Epid converted to C/S <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> (if Yes) - Labor epidural failed <input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> Dental trauma <input type="checkbox"/> Visual loss <input type="checkbox"/> MH <input type="checkbox"/> Awareness under GA <input type="checkbox"/> Unable to intubate <input type="checkbox"/> Airway fire in OR <input type="checkbox"/> Corneal abrasion <input type="checkbox"/> Equipment malfunction <input type="checkbox"/> Fall in OR <input type="checkbox"/> Other	
Anes #6	(PRINT LEGIBLY)	ABG 40	C-Section performed <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> (if Yes) - Phenylephrine given <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU		
ASA CPT CODE		AQI 65	Cardiopulmonary Bypass Used <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> (if Yes) - Temp <37.0°C w/ CPB <input type="radio"/> Yes <input type="radio"/> N-RS <input type="radio"/> N-RU		
COMMENTS					
			Anemia Management strategies that may apply: Antifibinolytic Cell salvage Iron supplements Tourniquet Evidence-based algorithm Epoetin alpha LIA = Local infiltration analgesia (by anesthesia provider)		
FORM COMPLETION					
SIGNATURE	DATE / TIME				

CUI-424 will be calculated based on outlier metrics - Anes start/end time, Primary anesthetic type, and temperature - 3.3. C. Outcomes

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