GRAPHIUM HEALTH™

2022 PLUS

Name
DoB Gndr
MRN (PATIENT STICKER)
EN

CASE INFORMATION ○ Stnd ○ OB

Fac (PRINT LEGIBLY)		Date	
Loc	1st Case ☐	Schd Start	
Anes Start		Anes Rdy	
Surg Start		Surg End	
PACU/ICU		Anes End	

○ Labor Only ○ OR Only ○ Labor to OR *Clear*

Labor Epidural Start	Labor Epidural End

○ Amb ○ Inpt ○ ED

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ☐ E

○ Gen ○ Regional ○ Spinal
○ MAC ○ Epidural ○ LABOR Epidural

PROVIDER INFORMATION

Surg	(PRINT LEGIBLY)
Anes #1	(PRINT LEGIBLY)
Anes #2	(PRINT LEGIBLY)
Anes #3	(PRINT LEGIBLY)
Anes #4	(PRINT LEGIBLY)

FIRST CASE DELAY: ○ No ○ Yes

☐ Patient Late ☐ Anes Not Available
☐ NPO Violation ☐ Surgeon Not Available
☐ Equipmnt Not Available ☐ Abnormal Lab Values
☐ Interprtr Not Available ☐ Delay for Emergency
☐ RN Not Available ☐ Other

CASE CANCELLED ○ No ○ Yes

○ Before Ind ○ After Ind

☐ No OR Time ☐ Patient Decision
☐ Equipment Failure ☐ Patient No Show
☐ ICU Bed Not Available ☐ NPO Violation
☐ Inpt Bed Not Available ☐ Change in Surgical Plan
☐ Abnormal Labs ☐ Other

FORM COMPLETION

Set Anes #1 ID (PRINT LEGIBLY)

SIGNATURE DATE / TIME

(QID 424 will be calculated based on other fields - Anes Start/End time, Primary Anesthetic Type, and Temperature < 35.5˚C outcome.)

MACRA MEASURES

QID 404
- Patient is a smoker ○ Yes ○ No
  - *if yes* – Rec'd cessation guidance ○ Yes ○ No
  - *if yes* ——— Smoked on DoS ○ Yes ○ No

AQI 62/68
- Pre-existing OSA diagnosed ○ Yes ○ No
  - *if no* ——— Patient incapacitated ○ Yes ○ No
  - *if no* ——— OSA screen positive ○ Yes ○ No
  - *if yes* ——— OSA education doc ○ Yes ○ No
- ≥ 2 Mitigations used ○ Yes ○ No

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

Mitigation strategies that may apply:

Pre-op CPAP or NIPPV	Multimodal analgesia
Pre-op mandibular advncmt device	SAB, Epid, or PNB used
Intra-op CPAP or nasal/oral airway	Extubation while awake
Post-op CPAP or nasal/oral airway	Verification of full reversal
	Recovery is nonsupine

ABG 42
- Difficult airway and GETA planned ○ Yes ○ No
  - *if yes* — Planned equip used AND 2nd Provider present ○ Yes ○ No

QID 430
- ≥ 3 Risk factors for PONV ○ Yes ○ No
  - *if yes* ——— Inhal agent used ○ Yes ○ No
  - *if yes* ——— Combo therapy used ○ Yes ○ N-RS ○ N-RU

QID 477
- Multimodal pain management ○ Yes ○ N-RS ○ N-RU

AQI 48
- Send Graphium satisfaction survey** ○ Yes ○ Pt Declines ○ No
- Mobile** ( ) –
- Email

ADDITIONAL MACRA MEASURES

ABG 43
- Non-OR Setting (eg Rad, ECT, IR, Endo) ○ Yes ○ No
  - *if yes* —— EtCO2 montoring used ○ Yes ○ No

MD 54
- Labor Epid converted to C/S ○ Yes ○ No
  - *if yes* ——— Labor epidural failed ○ Yes ○ No

Failed = New epidural for C/S, General anes used, or supplemental sedation (ie any dose of propofol, etomidate, or nitrous oxide)

ABG 40
- C-Section performed ○ Yes ○ No
  - *if yes* ——— Phenylephrine given ○ Yes ○ N-RS ○ N-RU

AQI 56
- PRIMARY total knee arthroplasty ○ Yes ○ No
  - *if yes* - Neuraxial or regional block ○ Yes ○ N-RS ○ N-RU

ABG 41
- Shoulder arthroscopy/plasty ○ Yes ○ No
  - *if yes* —— Upper extremity block ○ Yes ○ N-RS ○ N-RU

Yes = Interscalene, Sub/Interclavicular, Suprascapular, or Axillary blk
N-RS = Performed by surgeon, pt/surgeon refused, contraindicated
N-RU = Not performed

QUALITY MEASURES

Post-op disposition
○ PACU/Stepdown ○ ICU

Post-op pain
0 1 2 3 4 5
6 7 8 9 10 Unk

Current meds doc ○ Yes ○ N-RS ○ N-RU
Safety checklist ○ Yes ○ No
Handoff used ○ Yes ○ N-RS ○ N-RU

OUTCOMES ○ No ○ Yes

☐ Cardiac arrest (unplanned)
☐ Myocardial ischemia
☐ Myocardial infarction
☐ Dysrythmia requiring intervention
☐ Unexpected death
☐ Uncontrolled HTN
☐ Stroke, CVA, or coma
☐ Vasc injury (arterial/ptx)

☐ Pneumo (related to anesthesia)
☐ Aspiration

☐ Failed regional anesthetic
☐ Peripheral nerve injury post regional
☐ Wet tap
☐ Systemic local anes toxicity

☐ Temperature <95.9˚F or <35.5˚C
☐ Reintubation (planned trial extub)
☐ Reintubation (no trial extub)
☐ Inadequate reversal
☐ Intractable N/V
☐ Unexpctd post-op vent
☐ Prolonged PACU stay

☐ Medication administration error
☐ Adverse transfusion reaction
☐ Anaphylaxis
☐ Opioid reversal required
☐ Wrong site surgery
☐ Wrong patient
☐ Wrong surgical procedure
☐ Unplanned hospital admission
☐ Unplanned ICU admission

☐ Dental trauma
☐ Visual loss
☐ MH
☐ Awareness under GA
☐ Unable to intubate
☐ Airway fire in OR
☐ Corneal abrasion
☐ Equipment malfunction
☐ Fall in OR
☐ Other

ASA CPT CODE

(If available or to be submitted later.)

** Message and data rates may apply. Frequency varies. Text HELP for help or STOP to opt-out. Terms at: https://graphiumhealth.com/sms and Privacy policy at: https://graphiumhealth.com/privacy

MACRA MEASURE DEFINITIONS

QID 404 Anesthesiology Smoking Abstinence

The percentage of current smokers who abstain from cigarettes prior to anesthesia on the day of elective surgery or procedure.

Patient is a smoker: Patient identifies as a smoker (e.g. cigarette, cigar, pipe, e-cigarette or marijuana)

Received cessation guidance: Received instruction from the anesthesiologist or proxy prior to the day of surgery to abstain from smoking on the day of surgery.

Smoked on day of surgery: Patients who did NOT abstain from smoking prior to anesthesia on the day of surgery or procedure.

AQI 62 Obstructive Sleep Apnea: Patient Education

Percentage of patients aged 18 years or older, who undergo an elective procedure requiring anesthesia services who are screened for obstructive sleep apnea AND, if positive, have documentation that they received education regarding their risk for obstructive sleep apnea (OSA) prior to PACU discharge.

AQI 68 Obstructive Sleep Apnea: Mitigation Strategies

Percentage of patients aged 18 years or older, who undergo an elective procedure requiring anesthesia services who are screened for OSA AND, if positive, for whom two or more selected mitigation strategies were used prior to PACU discharge.

Pre-existing OSA diagnosed: Patient has an existing diagnosis of OSA

Patient incapacitated: Documentation of patient reason for not providing education regarding risk for OSA (e.g., severe dementia, patient is intubated, patient is not alert or responsive enough to participate in education)

OSA screen positive: Positive patient OSA screen (e.g. STOPBANG)

OSA education documented: Patient education regarding OSA must include documentation that a conversation addressing potential implications of OSA on the perioperative course and any recommendations for follow-up care and disease management occurred.

≥ 2 mitigation strategies used: Patients with OSA have documentation that two or more mitigation strategies were used prior to PACU discharge.

ABG 42 Known or Suspected Difficult Airway Mitigation Strategies

Percentage of patients with a known or suspected difficult airway who undergo a planned GETA that have both a 2nd *provider* present AND have difficult airway equipment in the room prior to the induction.

Provider: Any OR staff (eg. physician, CRNA, RN, resident, or anesthesia tech) who is soley available to assist with the airway.

QID 424 Perioperative Temperature Management

Percentage of patients, regardless of age, who undergo surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer for whom at least one body temperature greater than or equal to 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) was achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time.

QID 477 Multimodal Pain Management

Percentage of patients, regardless of age, undergoing selected elective surgical procedures that were managed with multimodal pain medicine - defined as the use of ≥2 drugs and/or interventions, NOT including systemic opioids, that act by different mechanisms for providing analgesia. Opioids may be administered for pain relief when indicated but will not count towards this measure.

AQI 48 Patient-Reported Experience with Anesthesia

Percentage of patients aged 18 and older, who were surveyed on their patient experience and satisfaction with anesthesia care and who reported a positive experience. Survey needs to be sent within 30 days of anesthetic. Performance rate will be a function of percentage of surveys sent plus positive response rate.

Send Graphium assessment/satisfaction survey:

Graphium will email and/or text a single survey covering patient satisfaction (AQI 48).

Yes - Graphium is approved to send and patient agrees to receive electronic satisfaction and post-discharge follow-up survey.

Pt Declines - Patients who are non-verbal, unable to be surveyed due to a language/medical reason, or *who decline to be surveyed.*

No - Graphium is not authorized to send a satisfaction and post-discharge follow-up survey. To be used when either surveys are not desired OR another survey service used.

QID 430 Prevention of Post-Operative Nausea and Vomiting (PONV)

Percentage of patients, aged 18 years and older, who undergo a procedure under an inhalational general anesthetic, AND who have three or more risk factors for post-operative nausea and vomiting (PONV), who receive combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively and/or intraoperatively.

≥ 3 risk factors for PONV:
- Female gender
- History of motion sickness
- History of PONV
- Non-smoker
- Intended administration of opioids for post-op analgesia

Inhal agent used: Patient received inhalational anesthetic agent

Combo therapy used: Patients who receive combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively. The recommended first- and second-line classes of pharmacologic anti-emetics for PONV prophylaxis in patients at moderate to severe risk of PONV include (but are not limited to):

- NK-1 Receptor Antagonists
- Phenothiazines
- Butyrophenones
- Glucocorticoids
- Phenylethylamines
- Antihistamines
- 5-Hydroxytryptamine (5-HT3) Receptor Antagonists
- Anticholinergics

Yes - Patient received at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively

N-RS - (N-Reason Specified) Documentation of medical reason for not receiving at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively (e.g. intolerance or other medical reason)

N-RU - (N-Reason Unspecified) Patient did not receive at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively

ADDITONAL MACRA MEASURE DEFINITIONS

ABG 43 Use of Capnography for Non-Operating Room Anesthesia

Percentage of patients receiving anesthesia in a non-operating room setting who have end-tidal carbon dioxide (ETCO2) monitored using capnography.

MD 54 Labor Epidural Failure when Converting from Labor Analgesia to Cesarean Section Anesthesia

The percentage of patients who have pre-existing labor epidural or combined epidural/spinal technique who require either repeat procedural epidural or spinal, general anesthesia, or supplemental sedation as defined below for cesarean section. For the purposes of this measure, supplemental sedation is defined as any dose of propofol, etomidate, or nitrous oxide.

ABG 40 Hypotension Prevention After Spinal Placement for Elective Cesarean Section

Percentage of patients, who present for elective Caesarean section under spinal anesthesia who have phenylephrine infusions started prophylactically to prevent hypotension.

AQI 56 Use of Neuraxial Techniques and/or Peripheral Nerve Blocks for Total Knee Arthroplasty (TKA)

Percentage of patients, regardless of age, that undergo **primary** total knee arthroplasty for whom neuraxial anesthesia and/or a peripheral nerve block is performed. Revision of total knee arthroplasty or prosthesis removal do not qualify.

ABG 41 Upper Extremity Nerve Blockade in Shoulder Surgery

Percentage of patients who undergo shoulder arthroscopy or shoulder arthroplasty who have an upper extremity nerve blockade performed before or immediately after the procedure.

Upper extremity block: Interscalene, Sub/Interclavicular, Suprascapular, or Axillary