

2024 Quality Payment Program

for Anesthesia Practices

powered by





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Graphium Health Services



MACRA Compliance

The easiest pathway to QPP/MACRA compliance for anesthesia practices. From paper data entry, to mobile iOS data entry, to full EMR integration, we have your data capture needs covered.



Charge Capture

Enjoy a claim submission process free of couriers, face sheets, and paper slips. With a fully electronic workflow, we help eliminate lost charges, reduce your billing fees, and provide real time analytics.



AnesthesiaEMR™

The easiest to learn, easiest to use, and most intelligent Anesthesia EMR available. Our unique approach utilizes a one-of-a-kind, paper-like experience with integrated, self-service intelligence reporting.



Anesthesia Analytics

Best-in-class, interactive, web-based analytic reporting puts you in control of your data. Easily visualize quality, efficiency, utilization, and productivity by provider. Gain oversight to double check reports from your billing team.

SUCCESS



**GRAPHIUM
HEALTH**

10+ Years in Business

30+ Installed States

400+ Installed Facilities

300+ Production Integrations

300+ of Daily Message Volume

10,000+ Providers and Surgeons

1MM+ QPP Case Submissions

United States



Graphium Health Acquires The ABG Anesthesia Data Group Strengthening Anesthesia Quality and Safety Initiatives



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Graphium Health →

11 Jan, 2024, 10:47 ET

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DRAPER, Utah, Jan. 11, 2024 /PRNewswire/ -- Graphium Health, a leader in anesthesia healthcare technology solutions, proudly announces the acquisition of The ABG Anesthesia Data Group, LLC (ABG), a pivotal move aimed at bolstering advancements in anesthesia quality and safety.

2024 Quality Payment Program Sources

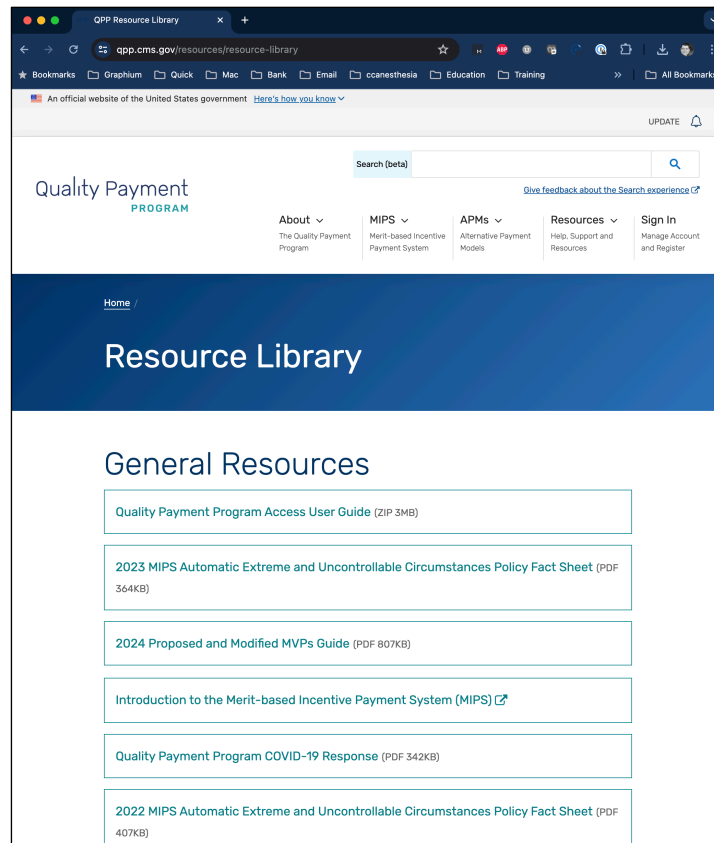
CMS Resource Library:

2024 QPP Final Rule

Technical Corrections to the 2024 QPP Final Rule

2024 QPP Policies Final Rule Fact Sheet

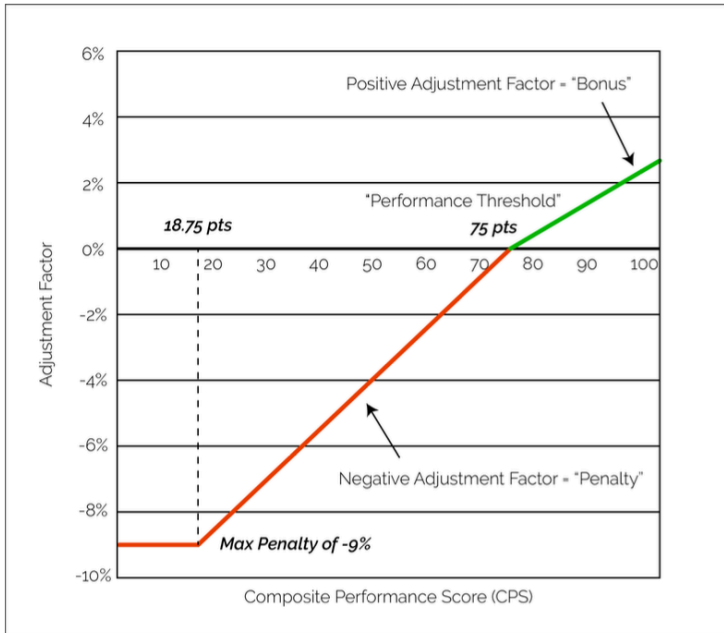
2024 QPP Policies Final Rule FAQs



The screenshot shows the CMS Quality Payment Program Resource Library website. The browser address bar displays "qpp.cms.gov/resources/resource-library". The page features a search bar with the text "Search (beta)" and a magnifying glass icon. Below the search bar, there are navigation menus for "About", "MIPS", "APMs", "Resources", and "Sign In". The main content area is titled "Resource Library" and lists several documents under the heading "General Resources".

Document Title	File Size
Quality Payment Program Access User Guide	(ZIP 3MB)
2023 MIPS Automatic Extreme and Uncontrollable Circumstances Policy Fact Sheet	(PDF 364KB)
2024 Proposed and Modified MVPs Guide	(PDF 807KB)
Introduction to the Merit-based Incentive Payment System (MIPS)	(External Link)
Quality Payment Program COVID-19 Response	(PDF 342KB)
2022 MIPS Automatic Extreme and Uncontrollable Circumstances Policy Fact Sheet	(PDF 407KB)

Payment Adjustment (i.e. "Penalty" vs "Bonus")



Payment Adjustment	Composite Performance Score	Common Name
-9%	0 - 18.75	Max Penalty
Linear sliding scale	18.76 - 74.99	
0%	75 (same in 2022)	Performance Threshold
Linear sliding scale	75.01 - 99.99	
+9% (theoretical max)*	100	Maximum Bonus

Composite Performance Score (CPS)

Performance Category	Weight	Comments
Promoting Interoperability	0%	Re-weighted to 0% for non-patient facing Eligible Providers
Cost	30%	<ul style="list-style-type: none">• Unclear how it will be determined• No additional data submitted
Improvement Activities	15%	Annual attestation of activities performed over the reporting period
Quality	55%	<ul style="list-style-type: none">• Graphium supporting 13 quality measures• CMS will ONLY count top 6 measures

Composite Performance Score

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Quality	55%	<ul style="list-style-type: none">• Graphium supporting 13 quality measures• CMS will ONLY count top 6 measures



Improvement Activities (15%)

Each reporting EPs must attest for any performed IA performed over any continuous 90-day period, unless otherwise stated in the IA.

22 activities available

Full credit (40pts)

- 2 high-weighted activities
- 1 high-weighted activity and 2 medium-weighted activities
- At least 4 medium-weighted activities

End of year attestation



Improvement Activities (15%)

High Weight

- Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record
- Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes
- **Collection and follow-up on patient experience and satisfaction data on beneficiary engagement**
- Provide Education Opportunities for New Clinicians
- Promoting Clinician Well-Being
- Create and Implement an Anti-Racism Plan
- Participation in a 60-day or greater effort to support domestic or international humanitarian needs



Improvement Activities (15%)

Medium Weight

- Regular Review Practices in Place on Targeted Patient Population Needs
- Implementation of documentation improvements for practice/process improvements
- PSH Care Coordination
- **Collection and follow-up on patient experience and satisfaction data on beneficiary engagement**
- Improved Practices that Engage Patients Pre-Visit
- Participation in an AHRQ-listed patient safety organization
- **Participation in MOC Part IV**
- **Use of QCDR data for ongoing practice assessment and improvements**
- **Use of Patient Safety Tools**
- Participation in private payer CPIA
- Participation in Joint Commission Evaluation Initiative
- Use of decision support and standardized treatment protocols
- **Implementation of formal quality improvement methods, practice changes, or other practice improvement processes**
- Completion of an Accredited Safety or Quality Improvement Program
- Implementation of a Personal Protective Equipment (PPE) Plan

Quality Category (55%)

Best 6 measures will be counted

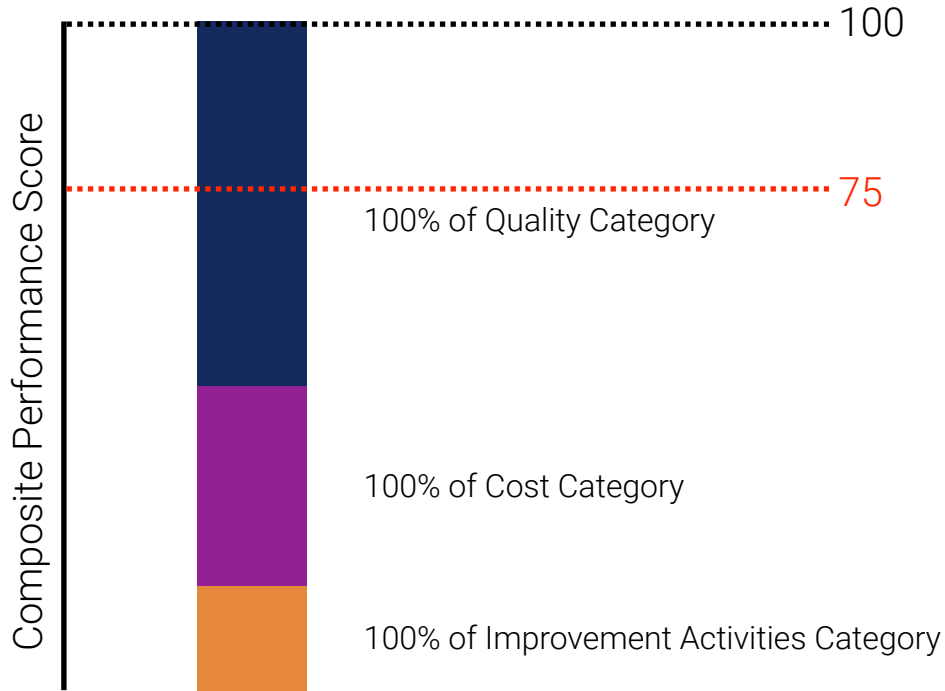
Each measure will count from 0 - 10 points (for a max of 60pts)

Performance Met for each measure compared to national average.

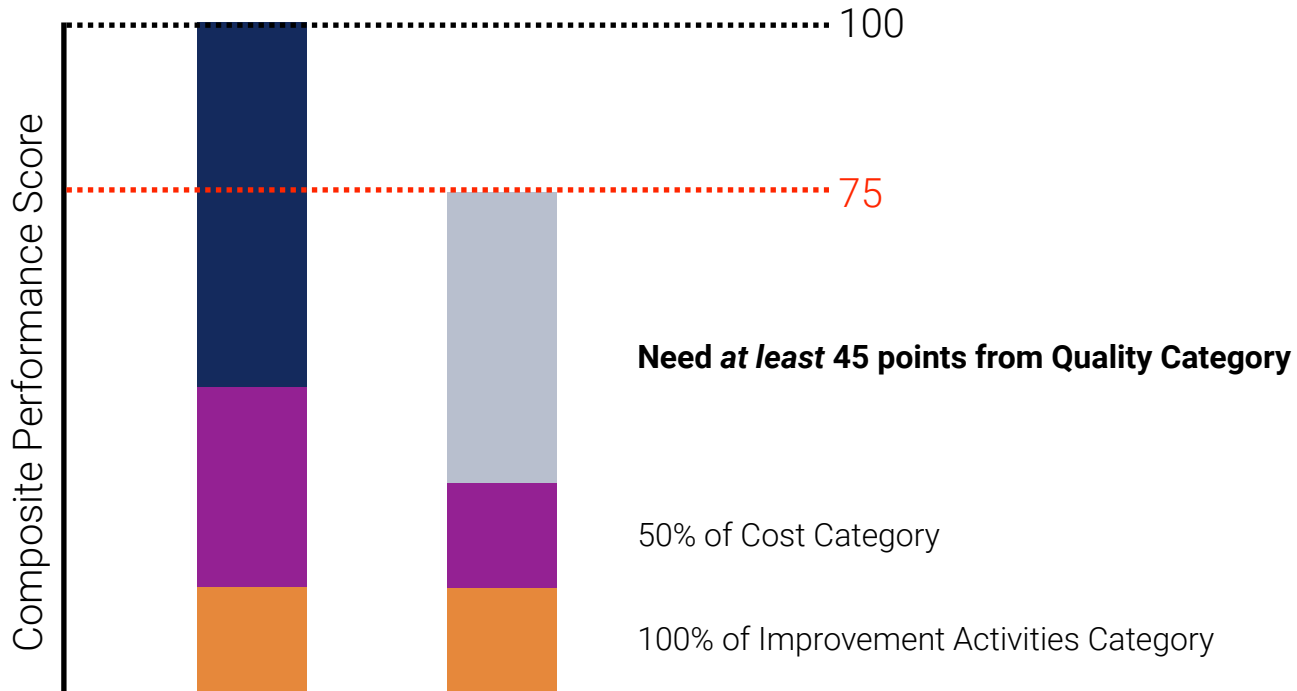
Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
31.65 - 87.82	87.83 - 96.42	96.43 - 99.25	99.26 - 99.97	99.98 - 99.99	--	--	100

Points per measure allocated based on your decile Performance Met

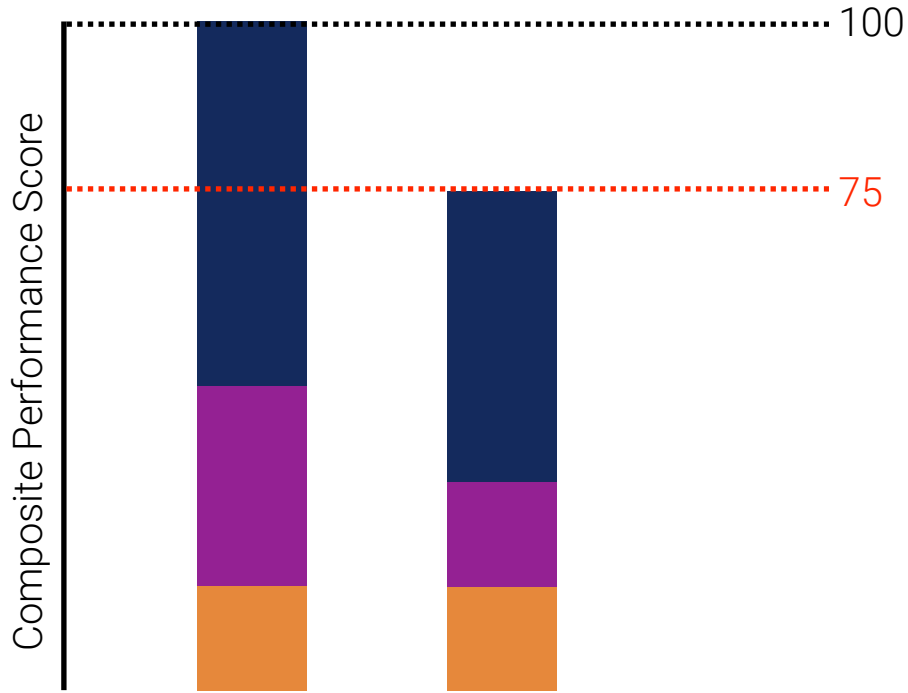
Predicting a Final CPS



Predicting a Final CPS

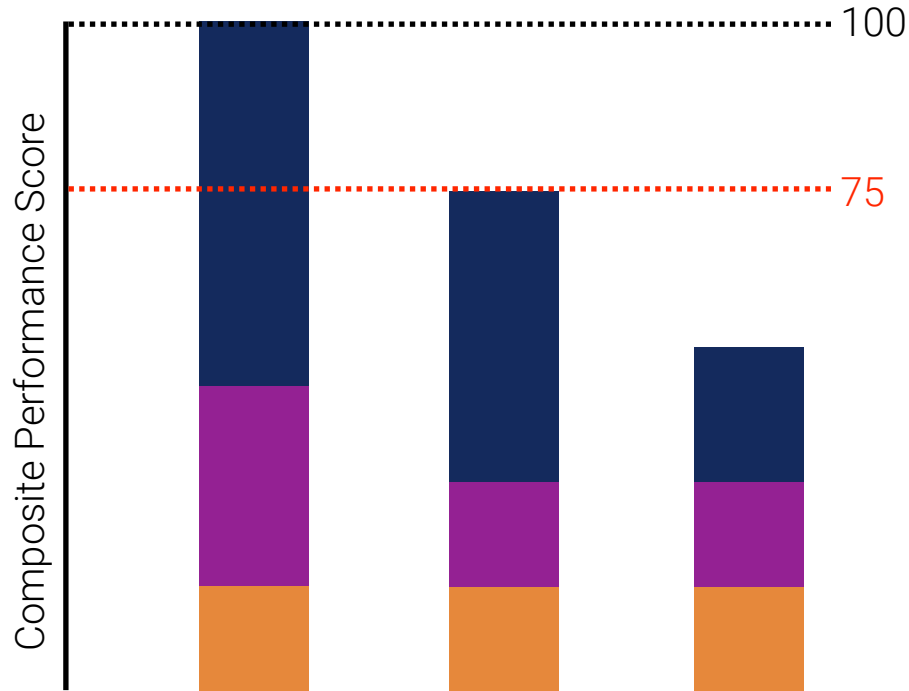


Predicting a Final CPS



	Pts
M1	9
M2	9
M3	8
M4	8
M5	6
M6	6
Sub-Total	46
% of Quality	0.77
CPS Pts	42.17

Predicting a Final CPS



	Pts	Perf Met	Pts
M1	9	99.8	4
M2	9	100	3
M3	8	99.3	4
M4	8	97.4	4
M5	6	99.9	5
M6	6	100	3
Sub-Total	46		23
% of Quality	0.77		0.38
CPS Pts	42.17		21.08



Game for QPP Compliance Has Changed

Threshold is higher at 75 (started at 30)

Fewer QPP Measures available

Eligible Providers submitting very high Performance Met Percentages

Portion of Quality Category decreasing (as Cost Category rising)



Game for QPP Compliance Has Changed

Threshold is higher at 75 (started at 30)

Fewer QPP Measures available

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Portion of Quality Category decreasing (as Cost Category rising)

“Group submission” for chance at bonus is no longer realistic

Identify Providers required to *Individually Participate* in QPP

Only submit QPP data to CMS for these Individuals (**reduce penalty from -9% to -1% to -2%**)

Participation Status and Reporting Options

Reporting Thresholds

- Bill more than \$90,000 for Part B Medicare covered professional services, and
- See more than 200 Part B Medicare patients, and
- Provide more than 200 covered professional services to Part B Medicare patients

MIPS Eligible as an Individual

MIPS Eligibility: **INDIVIDUAL**

In order to be MIPS eligible as an individual clinician, you must:

- Be identified as a [MIPS eligible clinician type](#) on Medicare Part B claims,
- Have enrolled in Medicare before 2024
- Not be a [Qualifying Alternative Payment Model Participant](#) (QP), and
- Exceed the [low-volume threshold](#) as an individual.

If you're MIPS eligible as an individual, you're required to report for MIPS.

MIPS Eligible as Part of a Group

MIPS Eligibility: **GROUP**

In order to be MIPS eligible as part of a group, you must:

- Be identified as a [MIPS eligible clinician type](#) on Medicare Part B claims,
- Have enrolled in Medicare before 2024
- Not be a QP, and
- Be associated with a practice which exceeds the [low-volume threshold](#).

If you're MIPS eligible in your group, you'll receive a score and [payment adjustment](#) based on [group reporting](#) when the group reports.

<https://qpp.cms.gov/mips/mips-eligibility-determination-periods>

<https://qpp.cms.gov/participation-lookup>



Graphium Health Quality Data Collection

Adopt a nationally benchmarked anesthesia QI program

Track and report over 40 outcomes

Compliance with Joint Commission's requirement for Provider Quarterly Quality Reports

Support for Facility's OPPE process

Support Facility specific quality bonus programs

Protect and gain marketshare with strong, measurable quality results

Free Anesthesia Patient Satisfaction Surveys included with all Graphium service lines



Tips for QPP Success

Educate all Anesthesiologists and CRNAs on 2024 measure definitions

Migrate off of paper and onto iOS data capture

Ensure all forms are 100% complete and educate when needed

Upload your ASA CPT Codes as frequently as possible:

<https://help.graphiumhealth.com/importing-macra-case-data-cpt-codes>

Review projected results in Graphium Dashboards:

<app.graphiumemr.com>



2024 QPP Measures

ABG 42: Known or Suspected Difficult Airway Mitigation Strategies

ABG 44: Low Flow Inhalational General Anesthesia

QID 404: Anesthesiology Smoking Abstinence

QID 424: Perioperative Temperature Management

QID 430: Prevention of Post-Operative Nausea and Vomiting

**QID 463: Prevention of Post-Operative Vomiting (POV) -
Combination Therapy (Pediatrics)**

QID 477: Multimodal Pain Management

**AQI 18: Coronary Artery Bypass Graft (CABG): Prolonged Intubation –
Inverse Measure**

AQI 48: Patient-reported experience with Anesthesia

AQI 65: Avoidance of Cerebral Hyperthermia for Procedures
Involving Cardiopulmonary Bypass

AQI67: Consultation for Frail Patients

AQI71: Ambulatory Glucose Management

AQI 72: Perioperative Anemia Management

Rate 1-5:

I was satisfied with my overall anesthesia experience.

Before anesthesia, I was able to ask the anesthesia practitioner the questions I wanted.

The information given to me by the anesthesia practitioner was understandable.

After anesthesia, I would was satisfied with my pain management.

After anesthesia, I would rate my nausea and vomiting as well controlled.

The anesthesia discharge instructions provided to me were easy to understand and

Were you transferred to a different Facility after discharge?

40 Outcomes/Complications

Cardiac arrest (unplanned)

Myocardial ischemia

Myocardial infarction

Dysrhythmia requiring intervention

Unexpected death

Uncontrolled HTN

Stroke, CVA, or coma

Vascular injury (arterial/pneumothorax)

Failed regional anesthetic

Systemic local anesthesia toxicity

Peripheral nerve injury following regional

Wet tap

Pneumothorax (related to anes)

Aspiration

Temperature <95.9 or 35.5

Reintubation (planned trial extubation)

Reintubation (no trial extubation)

Inadequate reversal

Intractable N/V

Unexpected postop ventilation

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

4 PROCESS/QUALITY MEASURES

Surgical safety checklist used

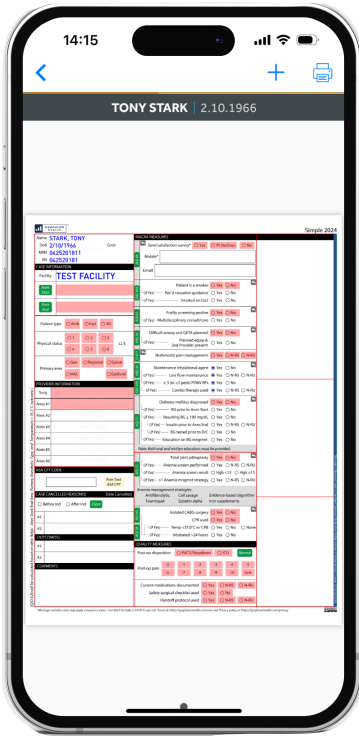
Handoff protocol used

Current medications documented in medical record

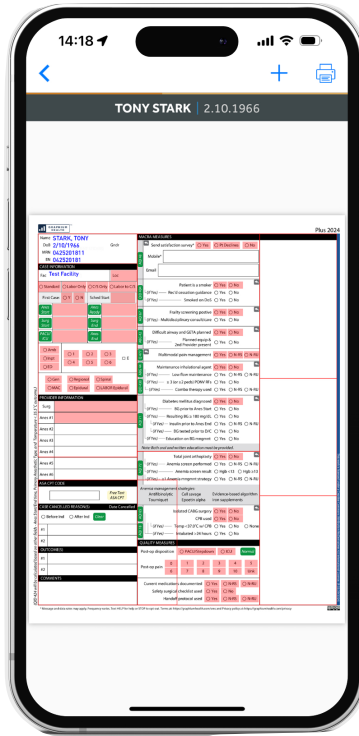
PACU pain control

MACRA Ready Forms

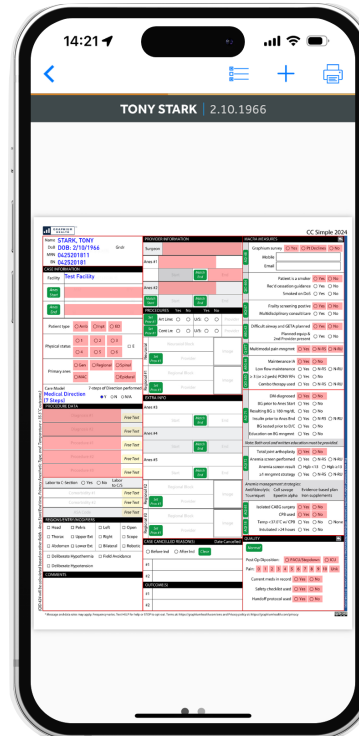
Charge Capture Forms



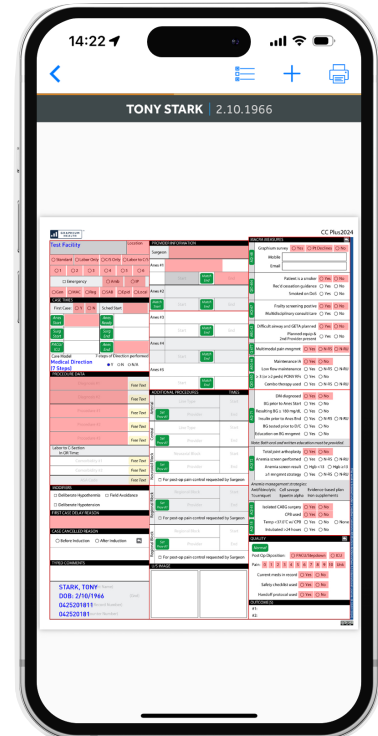
Simple



Plus



Simple



Plus

Demo

TONY STARK | 2.10.1966

CC Simple 2024

Name: STARK, TONY
DOB: 2/10/1966
MRN: 0425201811
SN: 042520181

Facility: Test Facility

PROVIDER INFORMATION
Surgeon
Areas #1, #2, #3, #4, #5

MACRA MEASURES
Graphical survey
Patient is a smoker
Rec'd cessation guidance
Smoked on Day
Frailty screening positive
Multidisciplinary consult case
Difficult airway and GETA planned
Planned require 2nd Provider present
Multimodal pain mgmt
Maintenance IA
Low flow maintenance
2 3 for 2 per 2 PCW IRI
Combo therapy used
DM diagnosed
BG prior to Anes Start
Resulting BG \geq 180 mg/dL
Insulin prior to Anes End
BG tested prior to D/C
Education on BG mgmt
Note: Both oral and written education must be provided.

MAJOR MEASURES
Mobile
Email

PROCEEDURES
Yes No
All Low
Cant Lix
U/S
U/S
Pretest

PHYSICAL STATUS
Primary anes
Cave Model
Medical Direction
7 steps of Direction performed (7 Steps)

PROCEEDURE CHECKLIST
Procedure #1
Procedure #2
Procedure #3
Labor to C-Section
Connectivity #1
Connectivity #2

REQUIREMENTS FOR C-SECTION
Head
Thorax
Abdomen
Deliberate Hypothermia
Deliberate Hypertension

ELITE INFO
Areas #3, #4, #5

ANEMIA MANAGEMENT STRATEGIES
Anemia screen performed
Anemia screen result
1 reagent strategy
Isolated CABG surgery
CPB used
Temp $<$ 37.0 C w/ CPB
Insulated 2-8 hours

QUALITY
Post Op Disposition
Pain
Current meds in record
Safety checklist used
Handoff protocol used

COMMENTS

OUTCOMES

Message and data rates may apply. Frequency varies. Text 88 for 20¢ per opt-out. Terms at: <https://optinhealth.com/terms> and Privacy policy at: <https://optinhealth.com/privacy>

Advanced Anesthesia Analytics



Fast and Flexible



Customizable and Comprehensive



As Simple as Drag & Drop



Easily Accessible



Quickly Shared



BI & SQL Query-Free

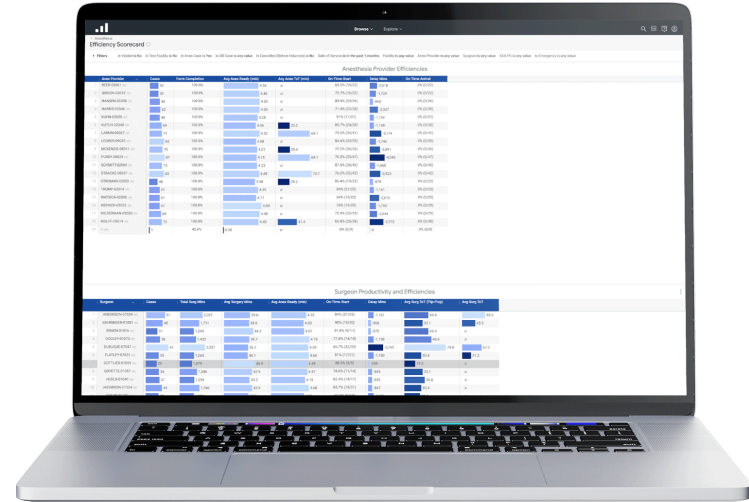
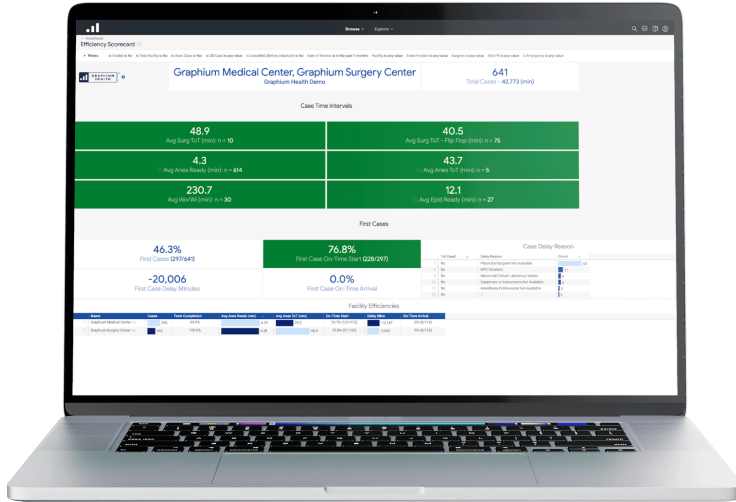


Delivered to Your Email



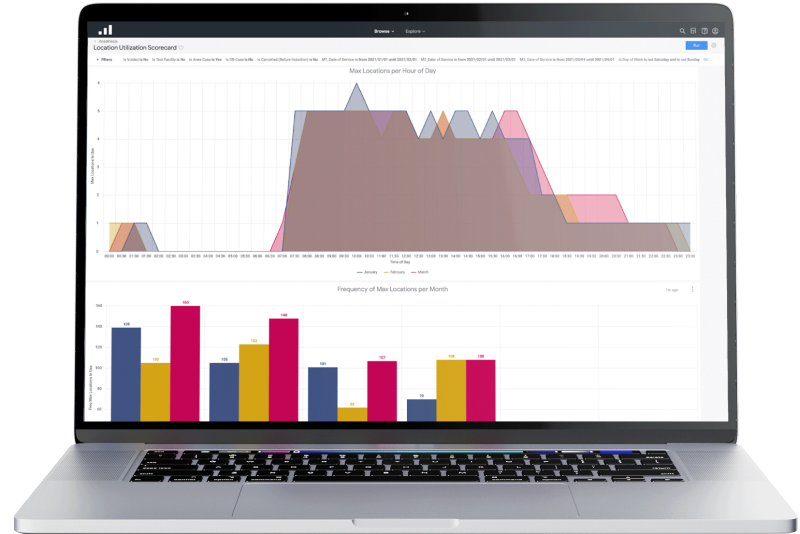
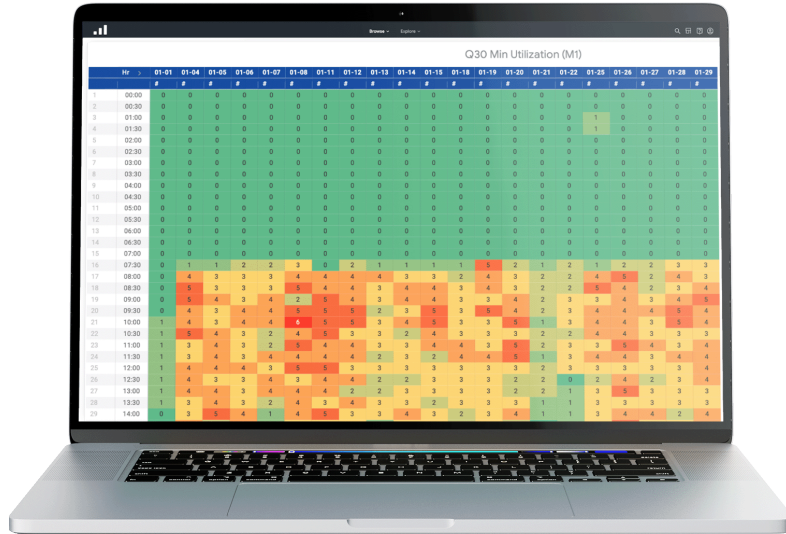
Automatically HIPAA Compliant

Advanced Anesthesia Analytics



<https://help.graphiumhealth.com/advanced-anesthesia-analytics>

Advanced Anesthesia Analytics



<https://help.graphiumhealth.com/advanced-anesthesia-analytics>

Additional Resources

2024
for A

Please note: This guide was intended to grant rights or in the regulations. We encourage other interpretive materials

This manual covers "Tradit (https://app.cms.gov)

MACRA MEASURE DEFINITIONS	
<p>AQ1 48 Patient-Reported Experience with Anesthesia</p> <p>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.</p> <p>Send Graphem assessment/satisfaction survey.</p> <p>Graphem will email and/or text a single survey covering anesthesia satisfaction.</p> <p>Yes - Graphem is approved to send and patient agrees to receive electronic satisfaction and post-discharge follow-up survey.</p> <p>PI Declines - Patients who are non-verbal, unable to be surveyed due to a language/medical reason, or who decline to be surveyed.</p> <p>No - Graphem is not authorized to send a satisfaction and post-discharge follow-up survey. To be used when either survey is not desired OR another survey service used.</p>	<p>QID 463 Prevention of Post-Operative Vomiting (POV) - Combination Therapy (Pediatric)</p> <p>Percentage of patients aged 1 through 17 years, who undergo a procedure under general anesthesia in which an inhalational anesthetic is used for maintenance AND who have two or more risk factors for post-operative vomiting (POV), who receive combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively.</p> <p>≥ 2 risk factors for POV:</p> <ul style="list-style-type: none"> - Surgery ≥ 30 minutes - Age ≥ 3 years - First pubertal female - Adenotonsillectomy - Strabismus surgery - Otoplasty - Family history of POV/POV - Atrialchondriectomies - Long-acting opioids - History of POV or Post-Operative Nausea and Vomiting (PONV)/motion sickness in patient
<p>QID 404 Anesthesiology Smoking Abstinence</p> <p>The percentage of current smokers who abstain from cigarettes prior to anesthesia on the day of elective surgery or procedure.</p> <p>Patient is a smoker: Patient identifies as a smoker (e.g. cigarette, cigar, pipe, e-cigarette or marijuana).</p> <p>Received instruction: Received instruction from the anesthesiologist or proxy prior to the day of surgery to abstain from smoking on the day of surgery.</p> <p>Smoked on day of surgery: Patients who did NOT abstain from smoking prior to anesthesia on the day of surgery or procedure.</p>	<p>QID 71 Ambulatory Glucose Management</p> <p>Percentage of diabetic patients, aged 18 years and older, who receive an office-based or ambulatory surgery whose blood glucose level is appropriately managed throughout the perioperative period.</p> <p>AQ171a Percentage of patients, aged 18 years and older, with a current diagnosis of diabetes mellitus receiving anesthesia services for office-based or ambulatory surgery who experienced a blood glucose level > 180 mg/dL (10.0 mmol/L) who received insulin prior to anesthesia and time.</p> <p>AQ171b Percentage of patients, aged 18 years and older, with a current diagnosis of diabetes mellitus receiving anesthesia services for office-based or ambulatory surgery who experienced a blood glucose level > 180 mg/dL (10.0 mmol/L) who received insulin prior to anesthesia and time.</p> <p>AQ171c Percentage of patients, aged 18 years and older, with a current diagnosis of diabetes mellitus receiving anesthesia services for office-based or ambulatory surgery who received insulin preoperatively and who received a follow-up blood glucose level check following the administration of insulin and prior to discharge.</p> <p>AQ171d Percentage of patients, aged 18 years and older, with a current diagnosis of diabetes mellitus receiving anesthesia services for office-based or ambulatory surgery who experienced a blood glucose level > 180 mg/dL (10.0 mmol/L) who received education on managing their glucose in the postoperative period prior to discharge.</p>
<p>AQ1 67 Consultation for Frail Patients</p> <p>Percentage of patients aged 70 years or older, who undergo an inpatient procedure requiring anesthesia services and have a positive frailty screening result who receive a multidisciplinary consult or care during the hospital encounter.</p> <p>Frailty can be screened using an established tool including but not limited to following tools:</p> <ul style="list-style-type: none"> - Fried Frailty Phenotype Criteria - Modified Frailty Index - The Vulnerable Elders Survey - Initial Clinical Impression ("First Minute Impression") 	<p>AQ172: Perioperative Anemia Management</p> <p>Percentage of patients, aged 18 years and older, undergoing elective total joint arthroplasty who were screened for anemia preoperatively AND, if positive, have documentation that one or more of the following management strategies were used prior to ICU discharge.</p> <p>AQ175: Avoidance of Cerebral Hyperthermia for Procedures Involving CPB</p> <p>Percentage of patients, aged 18 years and older, undergoing a procedure using cardiopulmonary bypass who did not have a documented intraoperative (pulmonary artery, esophageal, or nasopharyngeal) temperature > 37.0 degrees Celsius during the period of cardiopulmonary bypass.</p> <p>AQ1 18 Coronary Artery Bypass Graft (CABG): Prolonged Intubation Inverse Measure</p> <p>Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require postoperative intubation > 24 hours.</p> <p>QID 424 Perioperative Temperature Management</p> <p>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.</p>
<p>ABC 42 Known or Suspected Difficult Airway Mitigation Strategies</p> <p>Percentage of patients with a known or suspected difficult airway who undergo a planned GA that have both a 2nd provider present AND have difficult airway equipment in the room prior to the induction.</p> <p>Provider: Any OR staff (eg. physician, CRNA, RN, resident, or anesthesia tech) who is solely available to assist with the airway.</p>	
<p>QID 477 Multimodal Pain Management</p> <p>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.</p>	
<p>ABC 44 Low Flow Inhalational General Anesthesia</p> <p>Percentage of patients aged 18 years or older, who undergo an elective procedure lasting 30 minutes or longer requiring inhalational general anesthesia who during the maintenance phase of the anesthetic have a total fresh gas flow less than or equal to 1 L/min (less than or equal to 2 L/min for Sevoflurane).</p>	
<p>QID 430 Prevention of Post-Operative Nausea and Vomiting (PONV)</p> <p>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.</p> <p>3 risk factors for PONV:</p> <ul style="list-style-type: none"> - Female gender - History of motion sickness - History of PONV - Non-smoker - Intended administration of opioids for post-op analgesia <p>Combo therapy used:</p> <ul style="list-style-type: none"> - NK-1 Receptor Antagonists - Phenothiazines - Butyrophenones - Glucocorticoids - Phenyethylamines - Antibiotamines - 5-Hydroxytryptamine (5-HT₃) Receptor Antagonists - Anticholinergics 	

8/22/2024

2024 MACRA Ready™ Manual (PDF file)

2024 MACRA Definition Summary page

Forms:

MACRA Simple

MACRA Plus

Charge Capture Simple

Charge Capture Plus

AnesthesiaEMR

Questions

The tablet displays a comprehensive medical form for patient TONY STARK, born 2.10.1966. The form is organized into several sections:

- Patient Information:** Name (STARK, TONY), DOB (27/10/1966), MRN (0425201811), and Facility (Test Facility).
- PROCESSED RE-CRIMINATION:** A grid for Areas #1, #2, and #3 with checkboxes for 'Start', 'End', and 'Status'.
- PHYSICAL STATUS:** Includes checkboxes for 'Anest', 'Chapt', 'ID', 'O1', 'O2', 'O3', 'O4', 'O5', 'O6', 'O7', 'O8', 'O9', 'O10', 'O11', 'O12', 'O13', 'O14', 'O15', 'O16', 'O17', 'O18', 'O19', 'O20', 'O21', 'O22', 'O23', 'O24', 'O25', 'O26', 'O27', 'O28', 'O29', 'O30', 'O31', 'O32', 'O33', 'O34', 'O35', 'O36', 'O37', 'O38', 'O39', 'O40', 'O41', 'O42', 'O43', 'O44', 'O45', 'O46', 'O47', 'O48', 'O49', 'O50', 'O51', 'O52', 'O53', 'O54', 'O55', 'O56', 'O57', 'O58', 'O59', 'O60', 'O61', 'O62', 'O63', 'O64', 'O65', 'O66', 'O67', 'O68', 'O69', 'O70', 'O71', 'O72', 'O73', 'O74', 'O75', 'O76', 'O77', 'O78', 'O79', 'O80', 'O81', 'O82', 'O83', 'O84', 'O85', 'O86', 'O87', 'O88', 'O89', 'O90', 'O91', 'O92', 'O93', 'O94', 'O95', 'O96', 'O97', 'O98', 'O99', 'O100'.
- PROCESSED DATA:** A grid for Procedures #1 through #5 with checkboxes for 'Free Test', 'Start', 'End', and 'Status'.
- LABORATORY DATA:** Includes checkboxes for 'Labor to C-Section', 'Connectivity #1', 'Connectivity #2', 'Connectivity #3', 'Connectivity #4', 'Connectivity #5', 'Connectivity #6', 'Connectivity #7', 'Connectivity #8', 'Connectivity #9', 'Connectivity #10', 'Connectivity #11', 'Connectivity #12', 'Connectivity #13', 'Connectivity #14', 'Connectivity #15', 'Connectivity #16', 'Connectivity #17', 'Connectivity #18', 'Connectivity #19', 'Connectivity #20', 'Connectivity #21', 'Connectivity #22', 'Connectivity #23', 'Connectivity #24', 'Connectivity #25', 'Connectivity #26', 'Connectivity #27', 'Connectivity #28', 'Connectivity #29', 'Connectivity #30', 'Connectivity #31', 'Connectivity #32', 'Connectivity #33', 'Connectivity #34', 'Connectivity #35', 'Connectivity #36', 'Connectivity #37', 'Connectivity #38', 'Connectivity #39', 'Connectivity #40', 'Connectivity #41', 'Connectivity #42', 'Connectivity #43', 'Connectivity #44', 'Connectivity #45', 'Connectivity #46', 'Connectivity #47', 'Connectivity #48', 'Connectivity #49', 'Connectivity #50', 'Connectivity #51', 'Connectivity #52', 'Connectivity #53', 'Connectivity #54', 'Connectivity #55', 'Connectivity #56', 'Connectivity #57', 'Connectivity #58', 'Connectivity #59', 'Connectivity #60', 'Connectivity #61', 'Connectivity #62', 'Connectivity #63', 'Connectivity #64', 'Connectivity #65', 'Connectivity #66', 'Connectivity #67', 'Connectivity #68', 'Connectivity #69', 'Connectivity #70', 'Connectivity #71', 'Connectivity #72', 'Connectivity #73', 'Connectivity #74', 'Connectivity #75', 'Connectivity #76', 'Connectivity #77', 'Connectivity #78', 'Connectivity #79', 'Connectivity #80', 'Connectivity #81', 'Connectivity #82', 'Connectivity #83', 'Connectivity #84', 'Connectivity #85', 'Connectivity #86', 'Connectivity #87', 'Connectivity #88', 'Connectivity #89', 'Connectivity #90', 'Connectivity #91', 'Connectivity #92', 'Connectivity #93', 'Connectivity #94', 'Connectivity #95', 'Connectivity #96', 'Connectivity #97', 'Connectivity #98', 'Connectivity #99', 'Connectivity #100'.
- PHYSICAL STATUS (continued):** Includes checkboxes for 'Head', 'Throat', 'Abdomen', 'Deliberate Hypothermia', 'Deliberate Hypertension', 'Comments', 'CASE CANCELLED REASONS', 'OUTCOMES', 'Free Op-Dispositions', 'Pain', 'Current meds in record', 'Safety checklist used', and 'Handoff protocol used'.

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The smartphone displays a simplified, mobile-optimized view of the medical form for patient TONY STARK. The interface is clean and uses a grid layout to present the key information from the tablet version, including patient details, procedure status, and physical status checkboxes. The top of the screen shows the time (14:15) and signal strength indicators.