M·ACS

12/15/2022

Clinical Data Abstractor Meeting

Dictionary Updates

Kim Kramer PA-C

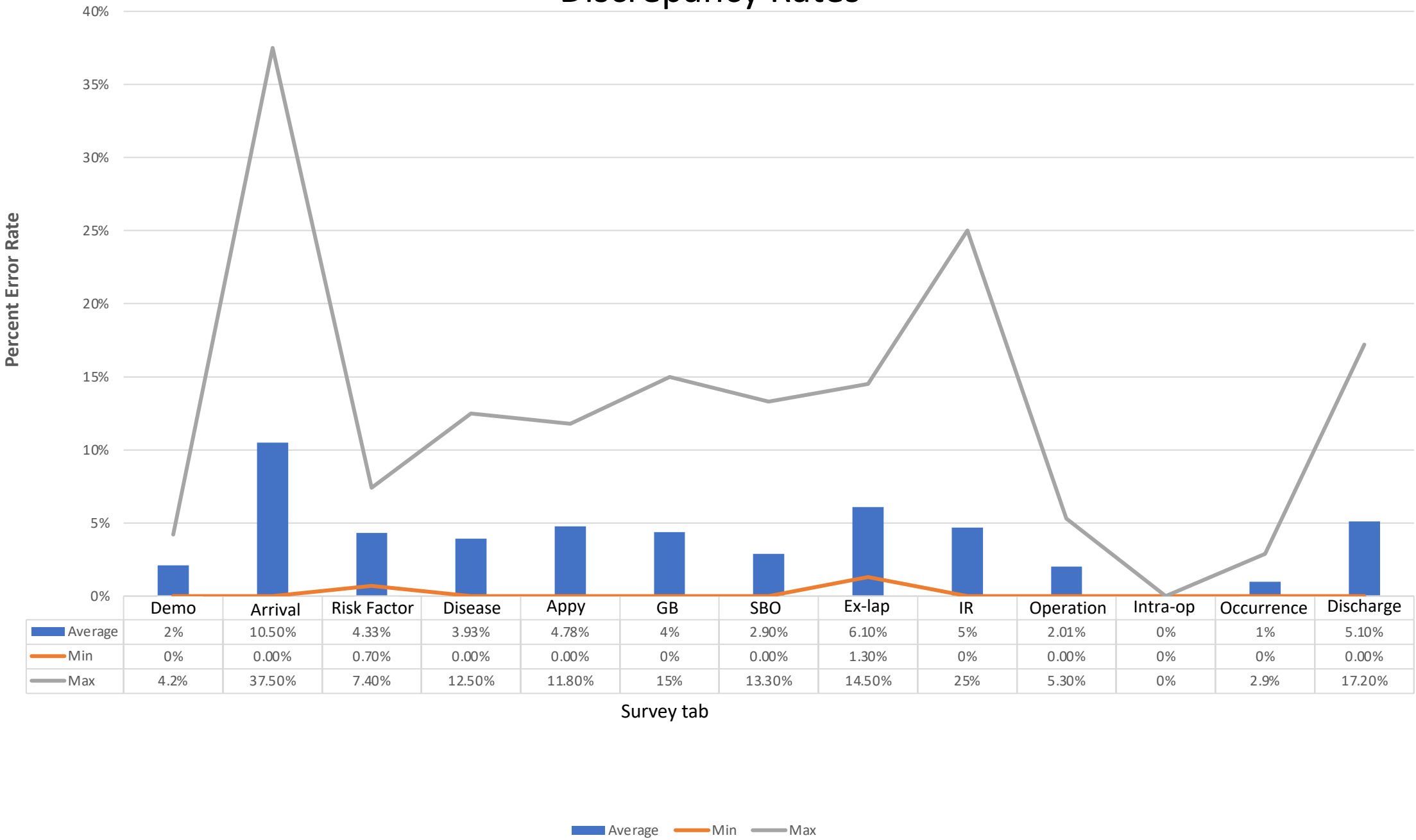
2022 Validations Complete

9 CENTER VALIDATIONS COMPLETED (SH/SB COMBINED AS ONE THIS YEAR)

SCORECARD = 20 POINTS FOR EVERYONE

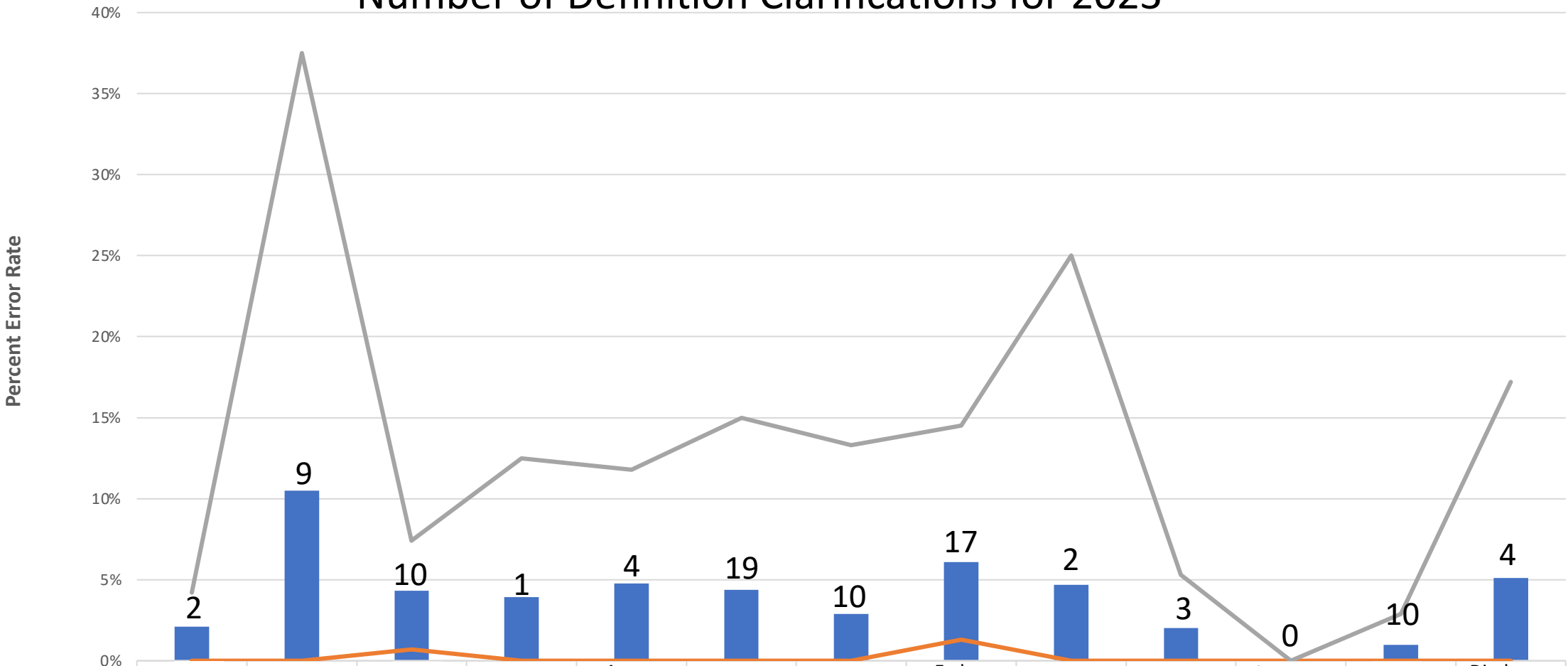
AVERAGE CONSISTENCY RATE = 96% AFTER APPEALS

Discrepancy Rates



	Demo	Arrival	Risk Factor	Disease	Appy	GB	SBO	Ex-lap	IR	Operation	Intra-op	Occurrence	Discharge
Average	2%	10.50%	4.33%	3.93%	4.78%	4%	2.90%	6.10%	5%	2.01%	0%	1%	5.10%
Min	0%	0.00%	0.70%	0.00%	0.00%	0%	0.00%	1.30%	0%	0.00%	0%	0%	0.00%
Max	4.2%	37.50%	7.40%	12.50%	11.80%	15%	13.30%	14.50%	25%	5.30%	0%	2.9%	17.20%

Number of Definition Clarifications for 2023



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Min	0%	0.00%	0.70%	0.00%	0.00%	0%	0.00%	1.30%	0%	0.00%	0%	0%	0.00%
Max	4.2%	37.50%	7.40%	12.50%	11.80%	15%	13.30%	14.50%	25%	5.30%	0%	2.9%	17.20%

Types of Errors

Error Type Key

0 = No discrepancy
1 = Validator identified variable, center did not
2 = Validator and center identified variable, but disagreed with answer
3 = Center identified variable, validator did not

Average

- Type 1 = 12
- Type 2 = 15
- Type 3 = 5
- Total = 32 errors throughout 8 cases

Update Validation Process

M·ACS

Remote Data Validation

Workflow

4 Weeks Prior

- **MTQIP:** Provides center staff with validation confirmation, IT letter, validation process, conference link, and case list.
- **Program Manager/Abstraction Staff:** Provides IT with IT letter, validation process, validation date, and agreements (BAA and RAA). Adds preferred patient identifier to highlighted cases on case list and re-uploads to Box (HIPAA-approved platform).
- **IT Staff:** Provides EMR access credentials and instructions.

1 Week Prior

- **MTQIP:** Tests credentials and EMR view. Provides confirmation of EMR view to Program Manager/Abstraction Staff.
- If MTQIP EMR access is not functional by noon on the Friday prior to validation, then the visit will be cancelled and added to next scheduling poll if possible. Centers that do not reschedule by the end of the calendar year will receive 0 points for the performance index validation measure.

Jan 2023

Friday deadline changing to Wednesday

2023 CDA Meetings

- February
- June
- December

- Please email ideas to me
  - Anatomy/physiology
  - Definition review
  - Challenging questions

2023 Updates

DATA PORTALS

Access Data
Sandbox
2022 Ascension Borgess Hospital
2022 Detroit Receiving Hospital
2022 McLaren Macomb
2022 Michigan Medicine
2022 Sparrow Hospital
2022 Spectrum Health Hospitals
2022 Trinity Health Ann Arbor Hospital
2022 Trinity Health Saint Mary's - Grand Rapids
2022 University of Michigan Health - West
2023 Ascension Borgess Hospital
2023 Detroit Receiving Hospital
2023 McLaren Macomb
2023 Michigan Medicine
2023 Sparrow Hospital
2023 Spectrum Health Hospitals
2023 Trinity Health Ann Arbor Hospital
2023 Trinity Health Saint Mary's - Grand Rapids
2023 University of Michigan Health - West

Begin with 2023 cases

DATA DICTIONARY

2022 MACS Data Dictionary
2021 MACS Data Dictionary
Submit a Suggestion
Change Table

Lots of clarifications, some changes.
Table for quick reference.
Read each dictionary definition.

Change Table

Cover page

Key					
Indicator					Meaning
C					New Change/Clarification
D					Deleted Verbiage
V					Vendor Flag
A					Analyst Flag

Demographics: First Name

Clarify:
Do not enter middle name or initial.

Demographics: Insurance

Clarify:
Verbiage and descriptors were added to match MSQC definition.

Arrival: ED Arrival Date & Time

Clarify:
This is the date and time the patient arrives to *your* ED.

Arrival: Admit Date & Time

Clarify:
This is the date and time that the patient *physically leaves your ED* for transport to the inpatient unit.

Arrival: Point of Entry

Clarify:
If the patient transfers from a “free-standing ED” and is directly admitted to your hospital’s OR or inpatient unit, select "Home/Direct Admit".

Arrival: Surgery Consult Date/Surgeon

Clarify:
The date of the first general surgery consult

Clarify:
If more than one surgeon is listed in the consult note or admit H&P, list the surgeon who signs off on the note.

Risk Factor: Height and Weight

Clarify:
You may use a documented height recorded from another episode of care if there is not a height recorded during this admit.

Change:
Report the patient's first weight as documented in the medical record.

Risk Factor: COPD (Severe)

Clarify:
Functional disability from COPD criterion also includes chronic use of home O2.

Risk Factor: Covid-19

Clarify:
Verbiage added to clarify capturing positive historic cases within the last 12 months if the patient is negative upon admission. Also clarify that "upon admission" is defined as a positive test on hospital day 1 or hospital day 2.

Change:
Confirmed positive historic cases can be self reported or documented by a physician without a positive test in the EMR. Removed "Confirmed" from Positive Historic option.

Risk Factor: Dialysis within 2 weeks

Change:
Deleted "if dialysis must be delayed until after emergent surgery, select "Yes".
*Simply answer whether the patient received dialysis before surgery or not.

Risk Factor: Disseminated Cancer

Clarify:
Additional information added to notes to help categorize the leukemias and lymphomas as disseminated from MTQIP dictionary.

- Select “Yes” for Acute Lymphocytic Leukemia (ALL), Acute Myelogenous Leukemia (AML), and Stage IV Lymphoma.
- Select “No” for Chronic Lymphocytic Leukemia (CLL), Chronic Myelogenous Leukemia (CML), and Stages I through III Lymphoma, or Multiple Myeloma.
- Hyperlink to the American Cancer Society as an additional resource located here.

Risk Factor: Hypertension

Clarify:
HTN diagnosis must be present prior to admission, in the medical record, and the patient must be taking an antihypertensive medication.

Risk Factor: Functional Health Status

Change:
Identify the patient's ability to perform ADLs *prior to the admission* instead of the patient's worst functional status after admission.

Risk Factor: Personal H/o of DVT/PE

Clarify:
Resource link added to definition to help determine qualifying venous thrombosis for this variable.

- Resources
  - Veins of the Lower Extremity
  - Veins of the Upper Extremity

Risk Factor: Preoperative Sepsis

Change:
NAME CHANGED: Preoperative or Admission Sepsis

Clarify:
Verbiage added to include examples of infection sources from the MSQC dictionary. Also, for all patients transferred from an OSH, you can only use vital sign and lab data obtained at your hospital upon or after arrival to capture pre-op sepsis. Also, for non-surgical patients, sepsis criteria must be met on hospital day 1 or hospital day 2.

New suspected or confirmed infection sources may include: acute appendicitis, acute cholecystitis, acute abdominal infection, acute diverticulitis, organ perforation/perforated viscus, abscess, positive cultures, anastomotic leak, gangrene/necrosis, "suspected/possible infection from xx", physician diagnosis of infection or meets MACS definition of infection (SSI, UTI, PNA), empyema, meningitis, skin/soft tissue infection, bone/joint infection, wound infection, bloodstream catheter infection, endocarditis, implantable device infection, acute sinus infection.

Disease: Organ System

Clarify:
If the patient has an emergency exploratory laparotomy to manage a small bowel obstruction caused by adhesive bowel disease or something other than volvulus, hernia, internal hernia, or mass/malignancy, select “Small Bowel”.

Appendix: Diagnosis CT Scan

Clarify:
Physician/Surgeon interpretation of an OSH CT scan in their progress note, OR report, etc. may be included.

Appendix: CT Findings

Clarify:
If CT scan mentions ascites, select "Yes" for free fluid.
If CT mentions any volume of fluid, including trace or small, select "Yes".
Phlegmon vs. abscess verbiage added.

Appendix: Diagnosis Ultrasound

Clarify:
Exclude transvaginal ultrasound

Appendix: Duration of IV Antibiotic #1- #3

Clarify:
Calendar day is assigned to the date the administered dose was started. Do not count a dose that continues onto the next calendar day as two doses.

Gallbladder: Diagnosis Ultrasound, Diagnosis CT Scan, Diagnosis HIDA, Diagnosis EUS, Diagnosis MRI/MRCP

Clarify:
Include OSH imaging.
Exclude transvaginal ultrasound.

Gallbladder: Diagnosis ERCP

Change:
Do *not* include ERCP from an outside hospital before transfer to your hospital.
Diagnosis ERCP *must be done at your hospital during current admission*.
Do not include outpatient ERCP done following hospital discharge.

Gallbladder: Diagnosis and Secondary ERCP Procedure 1 & 2

Change:
Added option g. Stent Removal
It does not matter where the stent came from.

Gallbladder: Diagnosis and Secondary ERCP Date & Time

Change:
Use procedure start date and time.

Gallbladder: Secondary Ultrasound, Secondary CT Scan, Secondary HIDA, Secondary EUS, Secondary ERCP, Secondary MRI/MRCP

Change:
Capture the post-op study that was performed *during the current hospital admission*. Do not include studies performed following hospital discharge.
You will be able to capture all imaging done during a readmission for a gallbladder case in the corresponding Qualtrics readmit case regardless of which organ system bucket is selected. For example, if a gallbladder patient is readmitted and you enter "None" for organ system, the "Gallbladder" tab will still populate for data entry.

Gallbladder: Non-Operative Management

Change:
Variable removed from survey

Small Bowel: CT Scan

Clarify:
Include any CT that leads to information helpful to determining management (e.g., CT from an outside hospital with an internal read or physician/surgeon interpretation).

Small Bowel: CT Scan Date and Time

Clarify:
If multiple CT scans were performed, enter the first CT scan demonstrating the bowel obstruction.

Change:
Enter the date/time that the CT scan was started.
If the CT scan was performed at an outside hospital prior to transfer to your center, enter the date/time that the patient arrived at your hospital.

Small Bowel: CT Findings

Clarify:
If free fluid or ascites is documented in any amount in the CT read, to include trace or small amount, select “Yes” for free fluid.

Small Bowel: Prior Mesh

Clarify:
Determine if the patient has had prior abdominal *or pelvic* surgery with mesh placement.

Small Bowel: Prior Radiation

Clarify:
Determine if the patient has had prior radiation treatment to intra-abdominal *or intra-pelvic* structures.

Small Bowel: Obstruction Related to Adhesions

Clarify:
Verbiage added to notes. If the radiologist uses words such as “tethered” or “tethering”, “abnormal angulation”, or “kinking” to describe the bowel on CT when there is an absence of other modifiers such as a mass or inflammation, then select “Yes” for this variable.

Small Bowel: Gastrografin Challenge Date and Time

Clarify:
If more than one GG challenge is performed during the admission, then select the first GG challenge performed demonstrating contrast in the colon. If GG never makes it to the colon, then select the last abdominal x-ray image showing contrast has not made it to the colon. If GG challenge is given, but an abdominal X-ray is not performed because the patient starts passing stool, enter the date/time that the Gastrografin was given in the MAR for this variable.

Change:
Enter the start date and time of the Gastrografin X-ray to confirm.

Small Bowel: Gastrografin Result

Clarify:
If contrast is not seen in the GI tract because the patient vomited it out, or it was suctioned out by the NGT, select “Other”.
If the contrast is not seen on x-ray in the GI tract because the patient completely passed it through their bowels and rectum while stooling, select “Positive Colon”.
If the radiology report does not indicate where the contrast is located but mentions that there is the probability of continued obstruction and the surgeon's notes concur, then select “Negative Colon”.
You may also use the physician’s notes to determine the Gastrografin challenge result for this question if the radiology report does not state where the contrast is located.
If Gastrografin challenge is given, but abdominal x-ray is not performed because the patient started passing stool, select “Positive Colon”.
If the patient has an ileostomy or otherwise does not have colon present for the Gastrografin to pass through, and the contrast is noted to have passed though the point of small bowel obstruction on imaging or in the progress notes, then select “Positive Colon”.

Ex-lap: Abdominal X-Ray

Clarify:
Include any abdominal x-ray that leads to information helpful to determining management (e.g., AXR from an outside hospital with an internal read or physician/surgeon interpretation).

Ex-lap: Abdominal X-Ray Date and Time

Clarify: If multiple abdominal X-rays were performed, enter the date and time of the abdominal X-ray closest to index ex-lap surgery.

Change:
Enter the X-ray start date and time.
If the abdominal X-ray was performed at an OSH prior to transfer to your hospital, enter the date and time that the patient arrived to your hospital.

Ex-lap: CT Scan

Clarify:
Include any CT that leads to information helpful to determining management (e.g., CT from an outside hospital with an internal read or physician/surgeon interpretation).

Ex-lap: CT Scan Date and Time

Clarify:
If multiple CT scans were performed, list the CT scan date and time closest to the operation time.

Change:
Enter the CT scan start date and time. If the CT was performed at an OSH prior to transfer to your hospital, enter the date and time that the patient arrived to your hospital.

Ex-lap: CT Findings

Clarify:
If there is any volume of free fluid or ascites present on CT read, even small or trace, select “Yes” to free fluid.

Ex-lap: NEWS 2, SIRS, ABG

Clarify:
Enter the worst vital sign values within a 60-minute window up to 12 hours prior to ex-lap incision time.

Change:
All values need to be from your hospital for transfer patients.

Ex-lap: NEWS 2 Score - Hypercapnic Respiratory Failure

Clarify:

The blood gas type to determine this variable must an arterial blood gas result, not a venous blood gas result.

Ex-lap: Blood Gas Type

Change:
If the patient has a “lactate” or “lactic acid” level but does not have any blood gas values (e.g., there is no pH, pCO2, pO2), then leave this section blank.

Ex-lap: Blood Gas Values

Change:
If no blood gas is drawn but you do have a lactate or lactic acid level within 12 hours before surgery, enter the highest “lactate” or “lactic acid” level here. Leave the previous variable, “Arterial or Venous”, blank.

Ex-lap: Sepsis Antibiotic Date and Time Variables

Change:

Name changed to "IV Antibiotic Date and Time". This is to identify when a patient first receives IV antibiotics for an emergent general surgery condition at your hospital.

Additional clarifications added for 2023:

Notes:

- Antibiotics given in the operating room may be included.
- If you have access to records of IV antibiotics given prior to transfer or in transit to your hospital, this may **not** be included as first dose of IV antibiotics.
- For patients arriving through your ED (from home or transfer from OSH) for acute abdomen, report the 1st IV antibiotic given.
- For patients admitted for a different medical issue (e.g., cardiac surgery, MI, PNA, etc.) who develop an acute abdomen later during their stay, report the 1st IV antibiotic given on the date of the initial ACS consult.

Ex-lap: Goal Directed Fluid Therapy

Change:
Variable removed from survey

Ex-lap: ICU Admission Date & Time

Clarify:
Select the ICU admission date/time closest to the exploratory laparotomy if the patient has multiple ICU admits.
If the patient was admitted to the ICU before surgery occurred, include this date/time.
If the patient has more than one ICU stay, enter the ICU admission date/time of the peri-operative ICU stay.

Ex-lap: Total ICU Calendar Days

Change:
New variable added, calculate the total number of ICU calendar days during the admission.
Report a whole number in full day increments with any partial calendar day counted as a full calendar day.

IR Procedure Date and Time

Change:
Include the date and time that the procedure was started.

Operation: AAST Grade

Clarify:
For patients undergoing cholecystectomy for choledocholithiasis or gallstone pancreatitis and have a normal appearing gallbladder, select an AAST grade of 1. Not all AAST criteria need to be met to assign the grade.

Operation: Cholecystectomy Technique

Clarify:
If the patient had a prior subtotal cholecystectomy, and they have the remainder of their gallbladder removed by your ACS team, then select “Total Excision”.

Small Bowel: Operation

Clarify:
“Milking” the bowel is a technique for surgical decompression. The intestinal contents are caressed cephalad into the stomach or caudally into the colon.
Anti-adhesion barriers come in many forms such as films, sprays, or gels. Some of the agents include Preclude, Interceed, Seprafilm, SprayGel, Hyalobarrier gel, SurgiWrap, Oxiplex AP gel, Adept.

Occurrence: RBC's transfused within 72 hours post-op

Clarify:
The start time of the blood transfusion must be after the surgery out of room time.

Occurrence: COVID-19

Change:
The date the patient has a positive test for COVID-19 during the inpatient stay, beginning on hospital day 3 or after.
*New s/sx no longer need to be present.

Occurrence: DVT Requiring Therapy

Change:
If DVT is test confirmed and the patient refused therapy, enter the date of the DVT scan.
ADD: If DVT is test confirmed, but the patient has a contraindication to anticoagulation due to bleeding risk documented, enter the date of the DVT scan.
Additional resource link for UE and LE DVT provided.

Occurrence: Ileus Requiring NGT or NPO

Clarify:
Verbiage was added to this definition to match the MSQC data dictionary definition and provide better instructions for inclusion and exclusion of this variable.

Occurrence: Ileus Requiring NGT or NPO

Include:

- Patients who did not have an NGT during the principal operation and required NGT insertion on any day up to POD 30 for management of post-operative ileus.
- Patients who had a NGT during the principal operation and required reinsertion after removal up to POD 30.
- Patients who had a NGT during the principal operative procedure and it is still in place on POD 4 or longer.
- Patients who had new or continued NPO* status on any day between POD 4 to 30 for management of post-operative ileus. **NPO status means the patient received ice chips only for oral comfort (without sips of water).*

Exclude:

- Patients with NGT or NPO status for reasons other than post-operative ileus (e.g., delivery of medications or nutrition, stroke, aspiration risk, intubation, NPO* status only for another procedure after the principal operative procedure if the NPO status does not last for more than 24 hours).
- Patients with a preoperative history of motility disorders of the intestine or stomach, dysmotility, gastroparesis, or chronic colonic inertia. This history can be found in the preoperative H&P or problem/diagnosis list.

Notes:

- The word “ileus” does not need to be documented to capture this occurrence.

Occurrence: Sepsis and Severe Sepsis

Clarify:
Examples of infection sources from the MSQC dictionary were added to the definition notes section.
*For non-surgical patients this encounter, capture if sepsis criteria is met on hospital day 3 or after.

Occurrence: SSI Organ/Space

Clarify:
Added verbiage to clarify definition taken from CDC website referenced for SSI definitions.

Occurrence: UTI - CAUTI

Change:
CAUTI occurrence can be included for up to 30 days after principal operative procedure for surgical patients or during admission and within 30 days after discharge for medically managed patients if the catheter remains past discharge.

Occurrence: UTI - Non-CAUTI

Change:
Non-CAUTI occurrence can be included for up to 30 days after principal operative procedure for surgical patients or during admission and within 30 days after discharge for medically managed patients.

Occurrence: Wound Disruption Date

Clarify:
This is a significant wound dehiscence that requires a return to the operating room for closure during the hospitalization. Significant wound dehiscence can be captured at any time post-op and it can be captured on a readmission case.

Discharge: Return to ED/UC

Clarify:
The date the patient returned to an emergency department or urgent care within 30 days of discharge from their last hospitalization. If there are more than three ED visits, enter the first three.

Discharge: Readmission Date

Change:
Variable removed from survey

Discharge: Last Date of Follow Up

Change:
This variable name was changed to "Surgery Clinic Follow Up Date”.

Discharge: Surgery Follow Up Date

Change:
The date of surgery clinic follow up within 30 days of hospital discharge.
Additional notes provided for clarification on what qualifies as a clinic visit.

Notes:

- If the patient does not have a surgery clinic follow-up within 30 days of discharge, then enter the discharge date for the follow-up date.
- Surgery clinic visits conducted virtually or by telephone may count as a clinic visit.
- Surgery clinic visits with a resident or advanced practice provider (NP/PA) may count as a clinic visit.
- Telephone calls to the surgery clinic nurse that are not scheduled clinic visits do not count.

The End!