Data Abstraction Staff Meeting

Ann Arbor, MI
June 4, 2024

Disclosures

Salary support for MTQIP from BCBSM/BCN

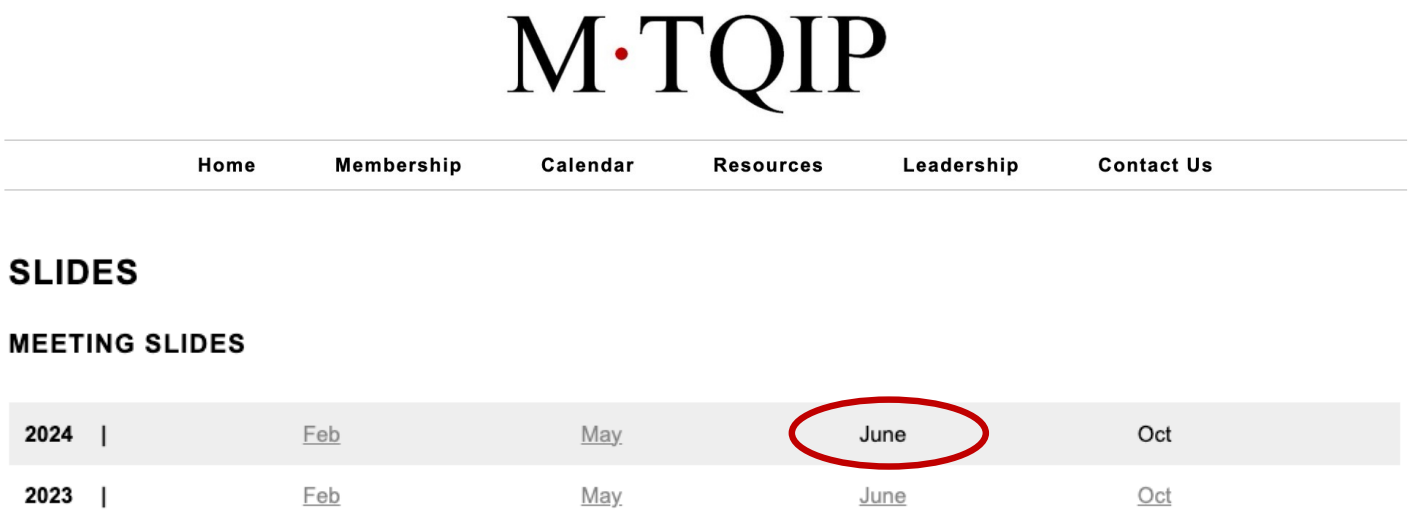
- **Shauna Di Pasquo**
- **Jill Jakubus**
- **Judy Mikhail**

Salary support from DOD sub-award, Henry Jackson Foundation and the Michigan Department of Health and Human Services

- **Jill Jakubus**

No Photos Please

Slides Online



7 business days

Stop the line


OBJECTIVE
Provide value for all participants
New staff
MTQIP dictionary
Level I/II reporting
Clinical staff
Experienced staff
NTDS dictionary
Level III reporting
Coding staff

Agenda

- Announcements
- 2024 Performance Index Progress
- ESO Wave Unpacked: Panel Discussion
- NHSN Pneumonia Nuances (Time Permitting)
- Lunch
- Clarifying Questions and Information

Announcements

Jill Jakubus
Judy Mikhail

Events

- Jul State of Michigan report release
- Aug 2 Optional data submission due
- Dec Abstraction staff virtual education event
- Jun 3 Abstraction staff virtual meeting

2024 Content Distribution

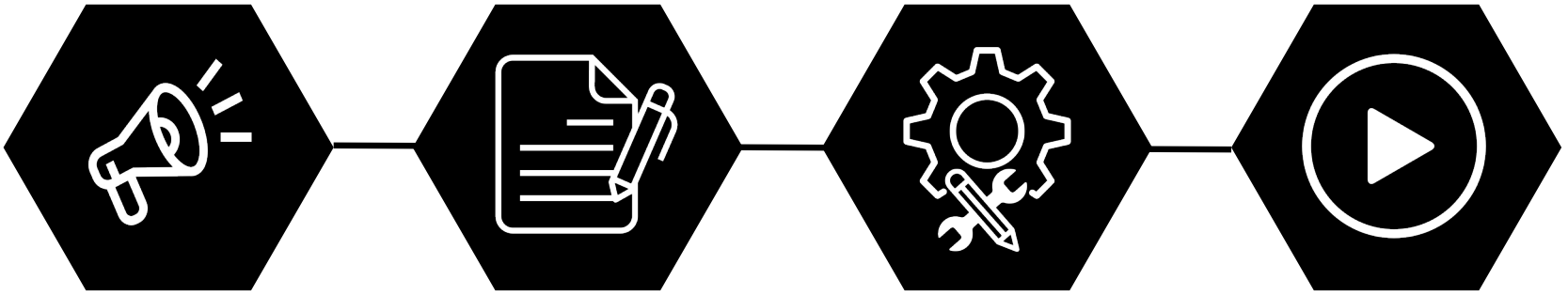
- **2.25 hours – In person education (June)**
- **0.75 hours – In person networking (June)**
- **2.25 hours – Virtual education (Dec)**

5 hrs.

New Website


Home
Calendar
Resources
Membership
About Us
Tools
MACS
MTQIP
SOM Participants
M·TQIP
Dedicated to improving the quality of care delivered to surgical patients in Michigan
Coming Soon!

AIS 2015 Transition



May 2023

AIS 2015 transition announced to the collaborative.

Jan 2024

ESO working on finalized licensing contract with AAAM.

May 2024

MTQIP pending ESO quote for licensing and reporting access for data export. Center staff training and vendor planning. Code/model updates work scheduled.

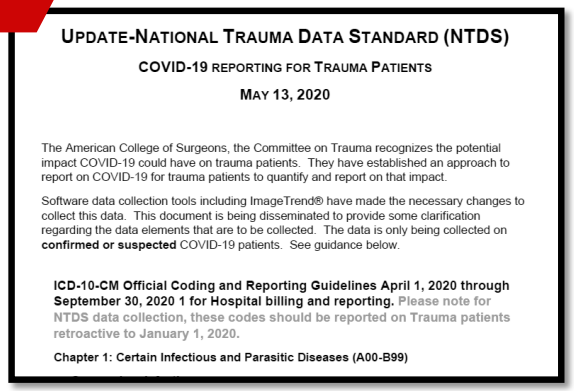
Jan 2025

All MTQIP centers transition to AIS 2015 together for admissions starting on Jan 1, 2025.

COVID Reporting

MTQIP updates every Jan

SOM update Feb post STAC



UPDATE-NATIONAL TRAUMA DATA STANDARD (NTDS)

COVID-19 REPORTING FOR TRAUMA PATIENTS

MAY 13, 2020

The American College of Surgeons, the Committee on Trauma recognizes the potential impact COVID-19 could have on trauma patients. They have established an approach to report on COVID-19 for trauma patients to quantify and report on that impact.

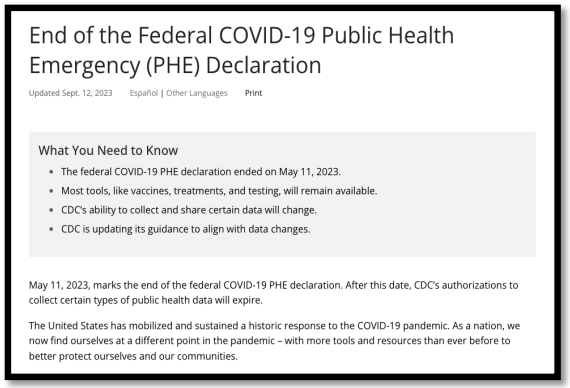
Software data collection tools including ImageTrend® have made the necessary changes to collect this data. This document is being disseminated to provide some clarification regarding the data elements that are to be collected. The data is only being collected on **confirmed or suspected** COVID-19 patients. See guidance below.

ICD-10-CM Official Coding and Reporting Guidelines April 1, 2020 through September 30, 2020 1 for Hospital billing and reporting. Please note for NTDS data collection, these codes should be reported on Trauma patients retroactive to January 1, 2020.

Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99)

April 2020

ICD-10-CM reporting started for COVID-19.



End of the Federal COVID-19 Public Health Emergency (PHE) Declaration

Updated Sept. 12, 2023 Español | Other Languages Print

What You Need to Know

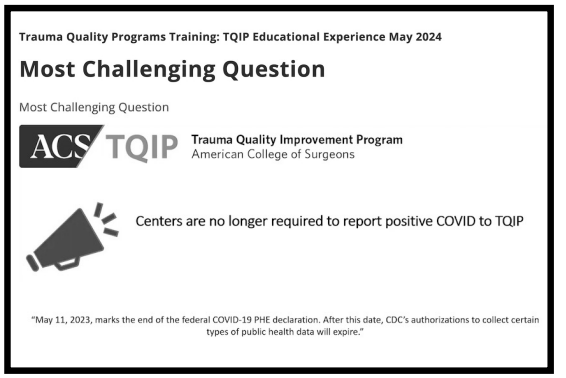
- The federal COVID-19 PHE declaration ended on May 11, 2023.
- Most tools, like vaccines, treatments, and testing, will remain available.
- CDC's ability to collect and share certain data will change.
- CDC is updating its guidance to align with data changes.

May 11, 2023, marks the end of the federal COVID-19 PHE declaration. After this date, CDC's authorizations to collect certain types of public health data will expire.

The United States has mobilized and sustained a historic response to the COVID-19 pandemic. As a nation, we now find ourselves at a different point in the pandemic – with more tools and resources than ever before to better protect ourselves and our communities.

May 2023

Federal COVID-19 PHE end declaration.



Trauma Quality Programs Training: TQIP Educational Experience May 2024

Most Challenging Question

Most Challenging Question

ACS TQIP **Trauma Quality Improvement Program**
American College of Surgeons

Centers are no longer required to report positive COVID to TQIP

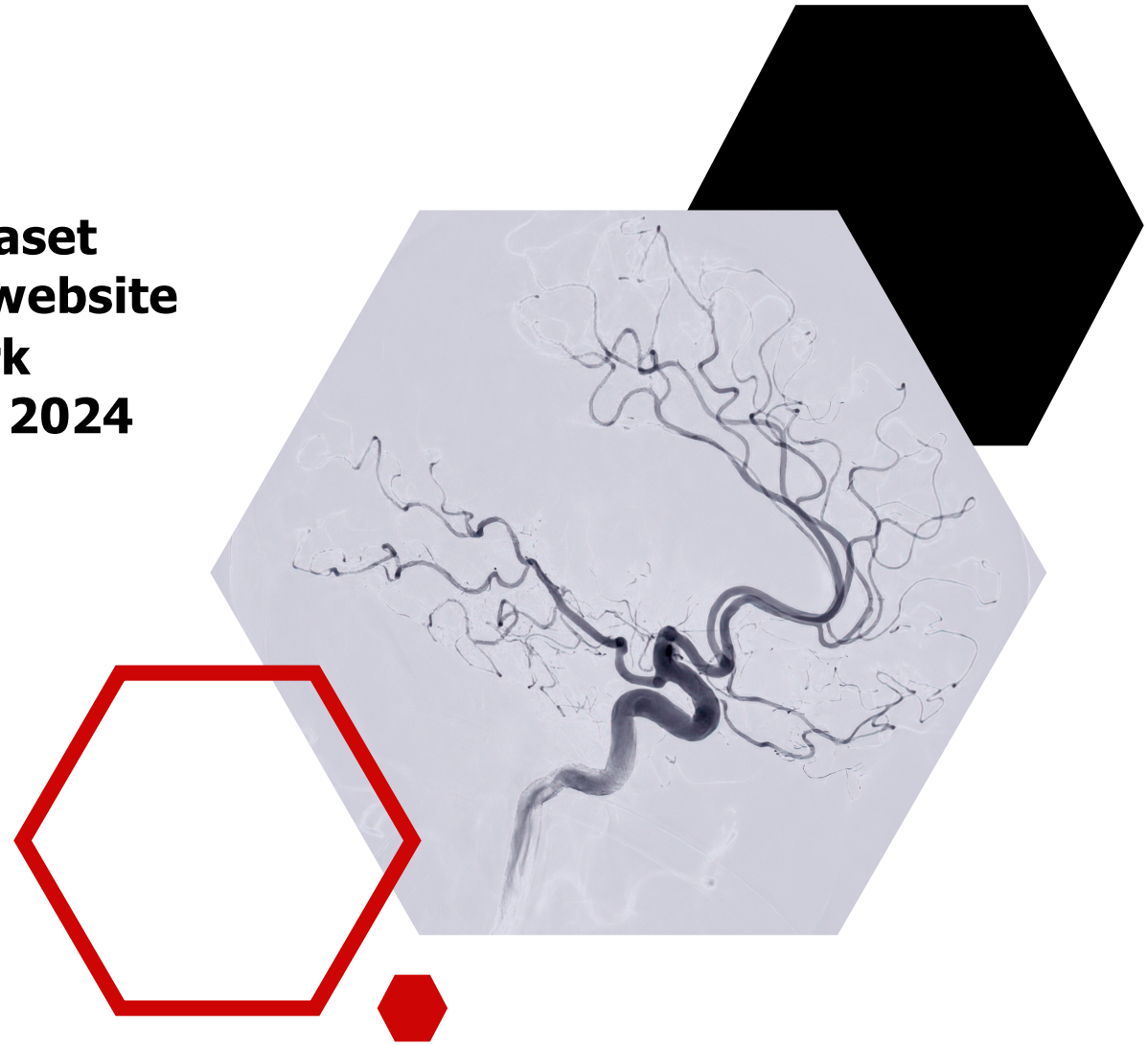
"May 11, 2023, marks the end of the federal COVID-19 PHE declaration. After this date, CDC's authorizations to collect certain types of public health data will expire."

May 2024

TQIP announces end of required COVID-19 reporting.

Research in Progress

- **MTQIP collaborative dataset**
- **Data request packet on website**
- **Highlights members work**
- **Updates deferred to Dec 2024**



Michigan OPEN Collaboration

- MOU executed 4/3/24
- Data transferred 4/22/24
- Linking/PHI stripping on-going
- Future inform prescribing for trauma patients
- Future abstraction with FHIR

OPEN
Evidence. Resources. Engagement.

Alcohol Misuse -Type II

5.30 Alcohol Misuse Screening (min 80%)

- **All centers must screen <u>all admitted</u> trauma patients (age >12 yr) by:**
  - Validated tool *OR*
  - Routine blood alcohol testing

New

5.31 Alcohol Misuse Intervention (min 80%)

- **All centers, at least 80% of patients who have screened positive for alcohol misuse:**
  - Must receive a brief intervention before discharge
  - By staff **trained & credentialed by center**
  - May include RN, MSW

Compliance Measures

- Alcohol Misuse Report
- Screening Brief Intervention Protocol
- Alcohol Misuse Intervention Report

Numerator	# pts (participatory/survived to DC) that received an intervention
Denominator	# pts (participatory/survived to DC) who screen + misuse

MTQIP VBR Language

Value-Based Reimbursement (VBR)
Alcohol Misuse Screening & Brief Intervention ≥ 80%
Points awarded based on the submission of the following: • 12-month report showing: • ≥ 80% Screening • ≥ 80% Brief Intervention

VBR Reporting Year 2026
7/1/24-6/30/25

Trauma Center:	
Screening Tool Used:	□ AUDIT (Alcohol Use Disorder Identification Test) □ AUDIT-C (Alcohol Use Disorder Identification Test- Consumption) □ CAGE (Cut, Annoyed, Guilty, Eye) □ CRAFFT □ RAPS (Rapid Alcohol Problems Screen) □ SASQ (Single Alcohol Screening Question) □ TWEAK □ Other (Describe and provide reference)

Month Year	# Admitted Participatory	# (%) Screened By BAC or Tool	# (%) Screened Positive BAC or Tool	# (%) Brief Intervention Completed
JUL 2024				
AUG 2024				
SEP 2024				
OCT 2024				
NOV 2024				
DEC 2024				
JAN 2025				
FEB 2025				
MAR 2025				
APR 2025				
MAY 2025				
JUN 2025				
Total				

Key: BAC=Blood Alcohol Concentration (optional per Trauma Center policy)

Alcohol Screening and Brief Intervention (SBI) for Trauma Patients

COT Quick Guide

AMERICAN COLLEGE OF SURGEONS
Committee on Trauma

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention, National Center for Injury Prevention and Control
National Institute on Alcohol Abuse and Alcoholism
Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment

DEPARTMENT OF TRANSPORTATION
National Highway Traffic Safety Administration

2024 Performance Index Progress

Jill Jakubus

Objectives

- **MTQIP Members receive support for performance**
- **Show metric**
- **Center metric performance**
- **Data quality performance/helpful feedback**
- **Concept to optimize data quality**
- **We all have opportunities for improvement**

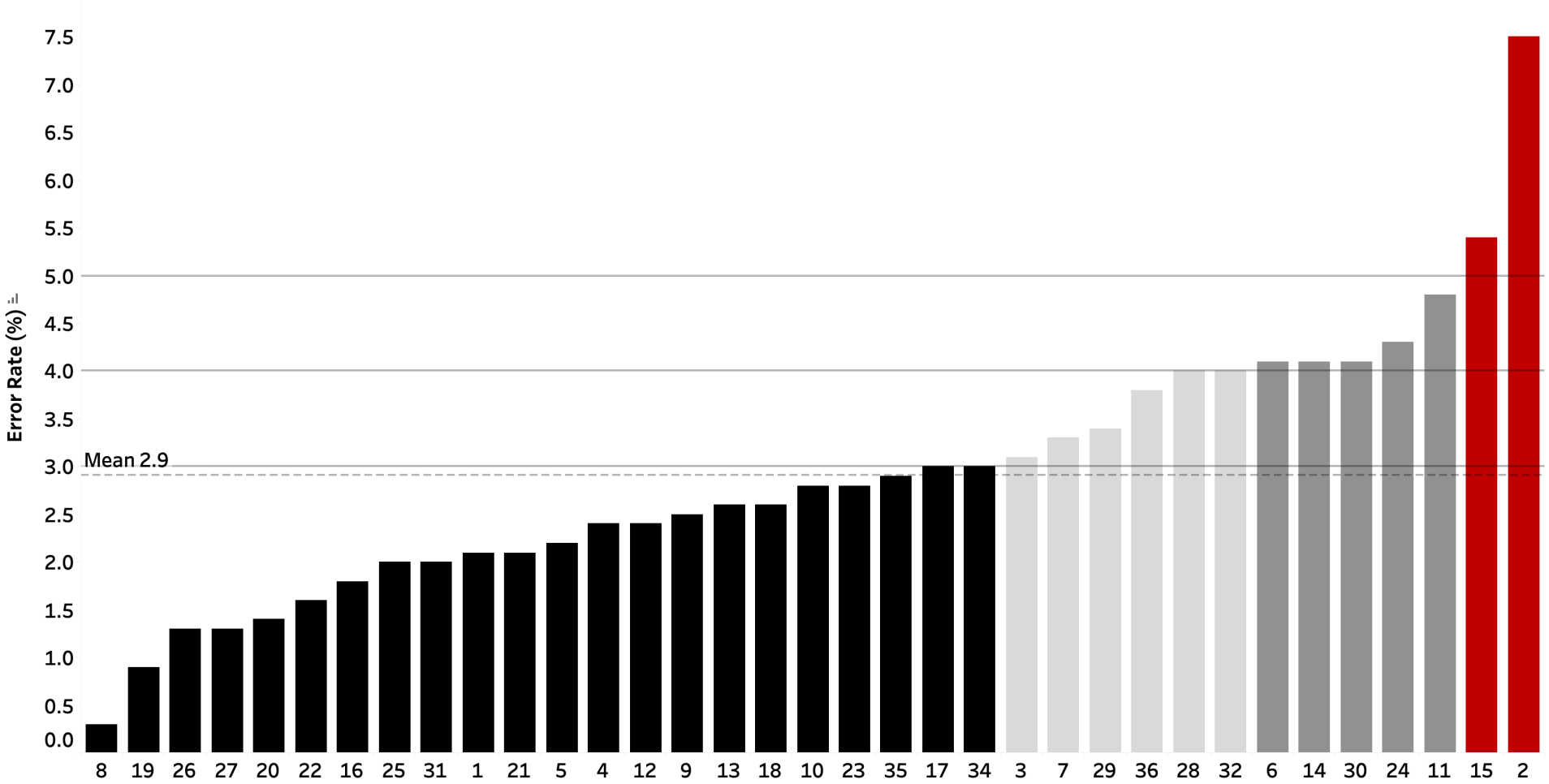
Aim phone camera to see index on your phone

Metric 3 | Data Validation Error Rate

0.0 – 3.0%	**10 points**
3.1 – 4.0%	**8 points**
4.1 – 5.0%	**5 points**
> 5.0%	**0 points**

Metric 3 | Data Validation

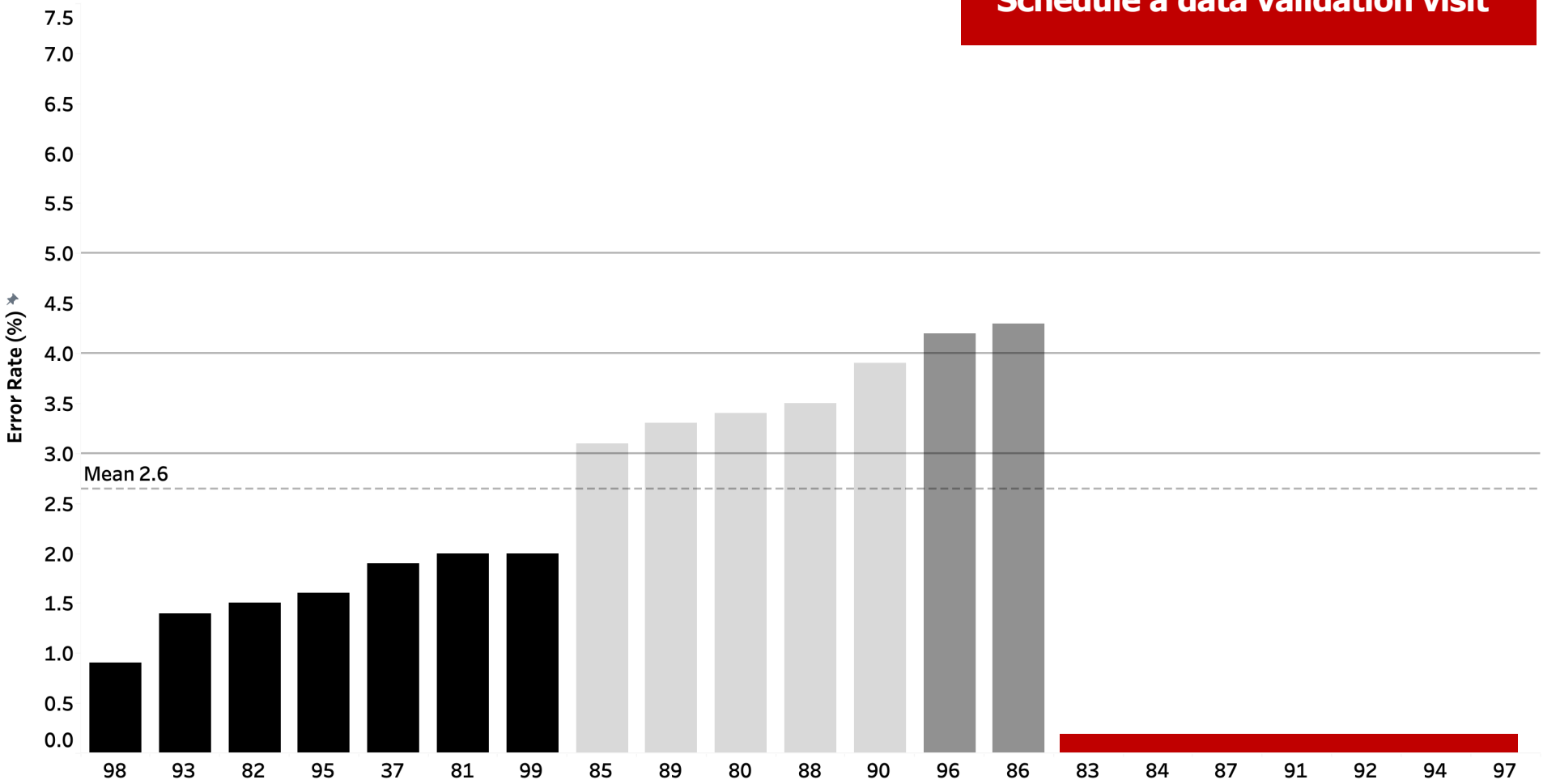
Graph ID 39



Metric 3 | Data Validation

Graph ID 39

Action
Schedule a data validation visit



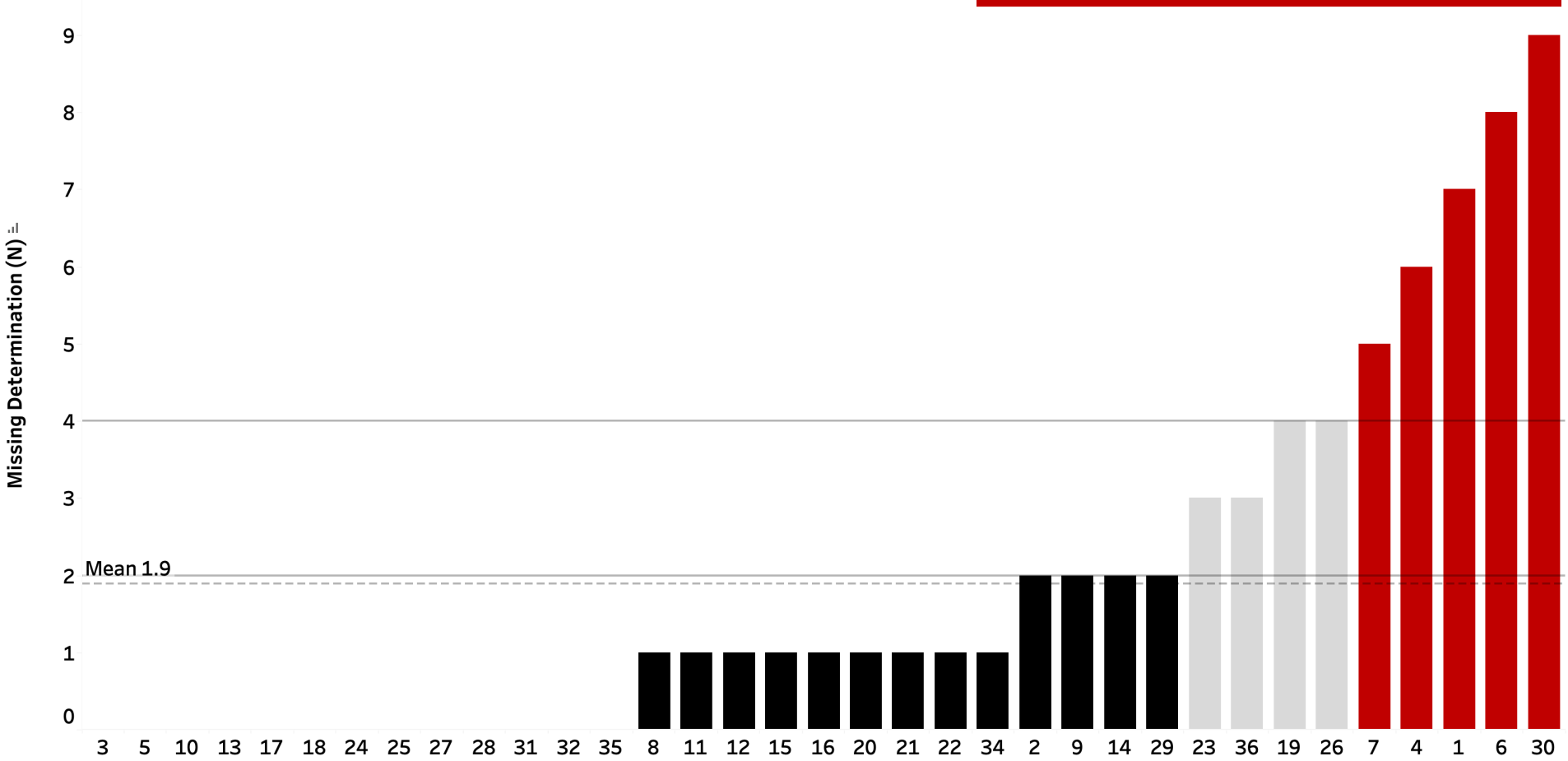
Metric 4 | PI Death Determination Documentation

0 – 2 Deceased pts missing documentation	5 points
3 – 4 Deceased pts missing documentation	3 points
> 4 Deceased pts missing documentation	0 points

Filters
Date range: 7/1/23 -6/30/24
Cohort 2 (Admit to trauma)
Exclude DOA

Metric 4 | PI Death Determination Documentation
Cohort 2 (Admit to Trauma) | 7/1/23 - 1/31/24
Graph ID 106

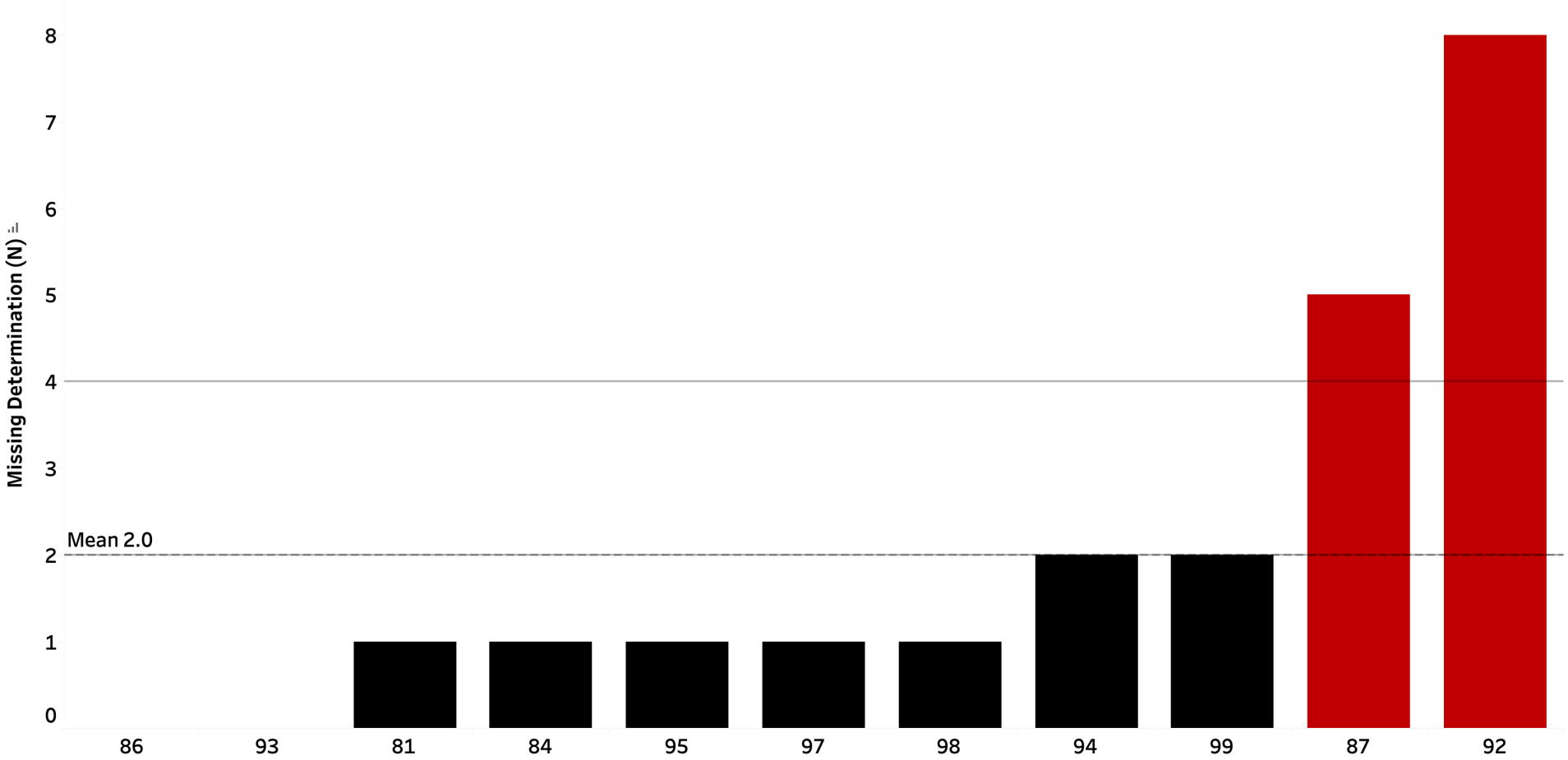
Action
Add the death determination



Metric 4 | PI Death Determination Documentation

Cohort 2 (Admit to Trauma) | 7/1/23 - 1/31/24

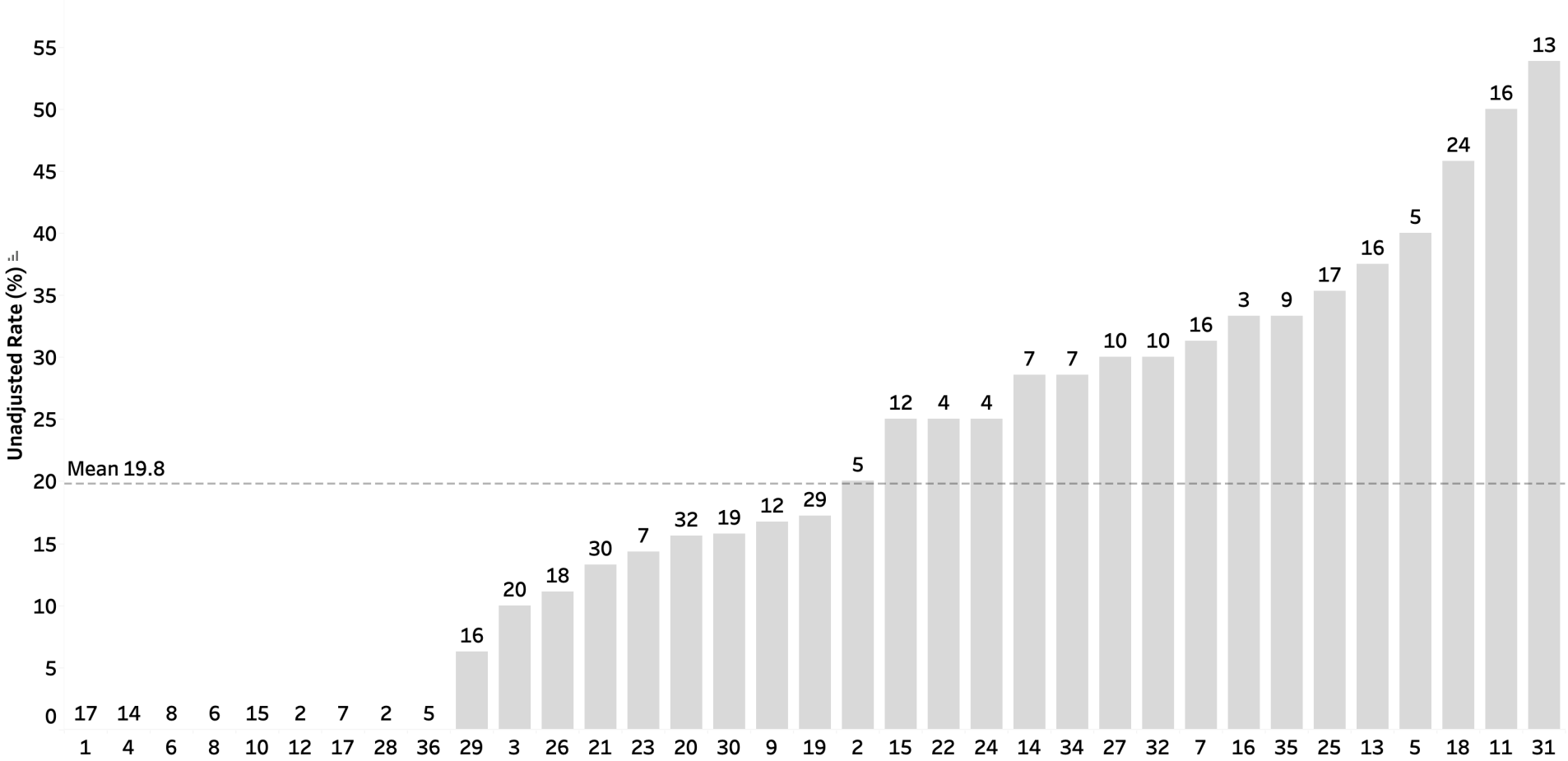
Graph ID 106



Mortality with Opportunity for Improvement

Cohort 2 (Admit to Trauma) | 7/1/23 - 1/31/24

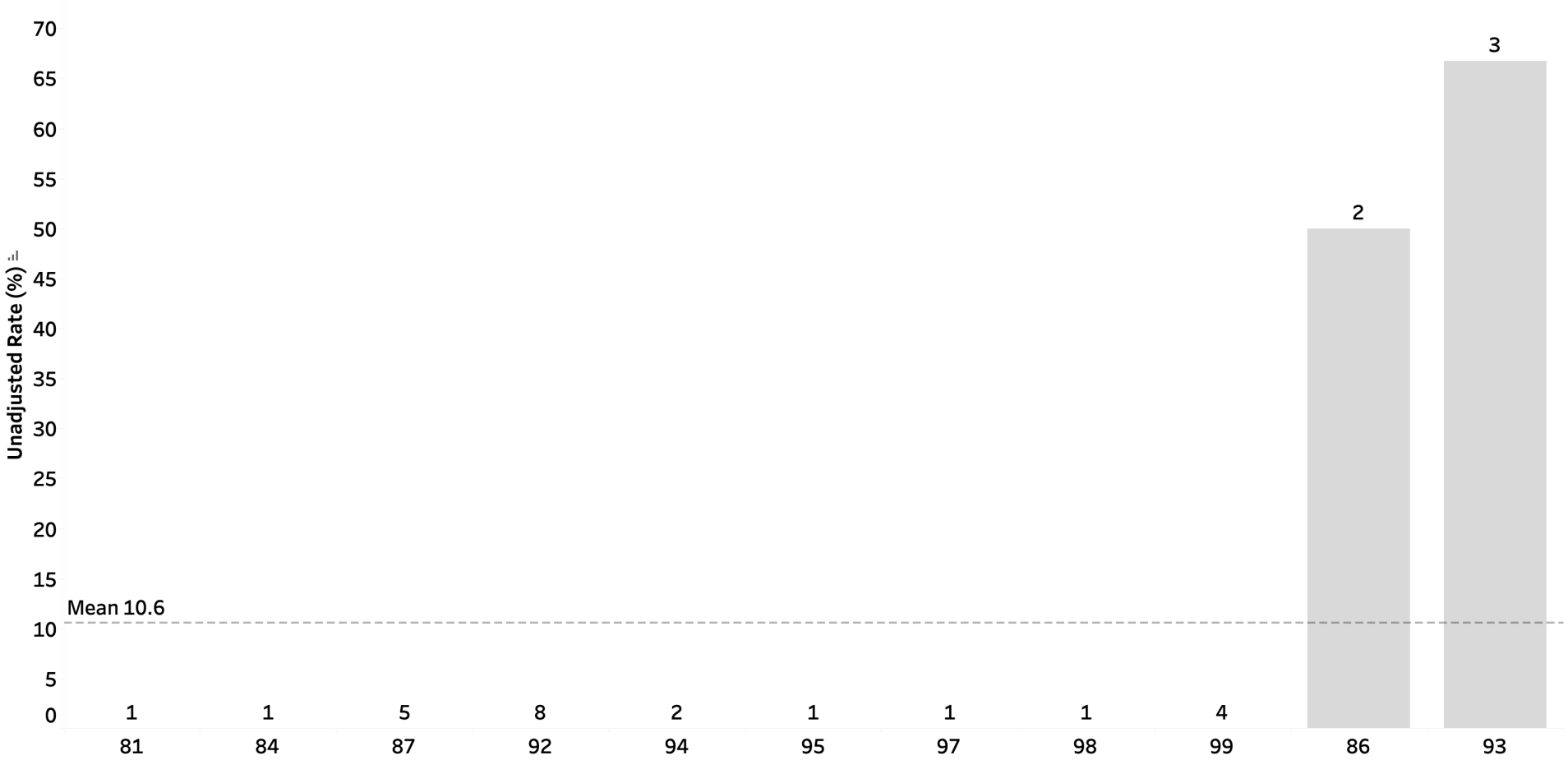
Graph ID 106.1



Mortality with Opportunity for Improvement

Cohort 2 (Admit to Trauma) | 7/1/23 - 1/31/24

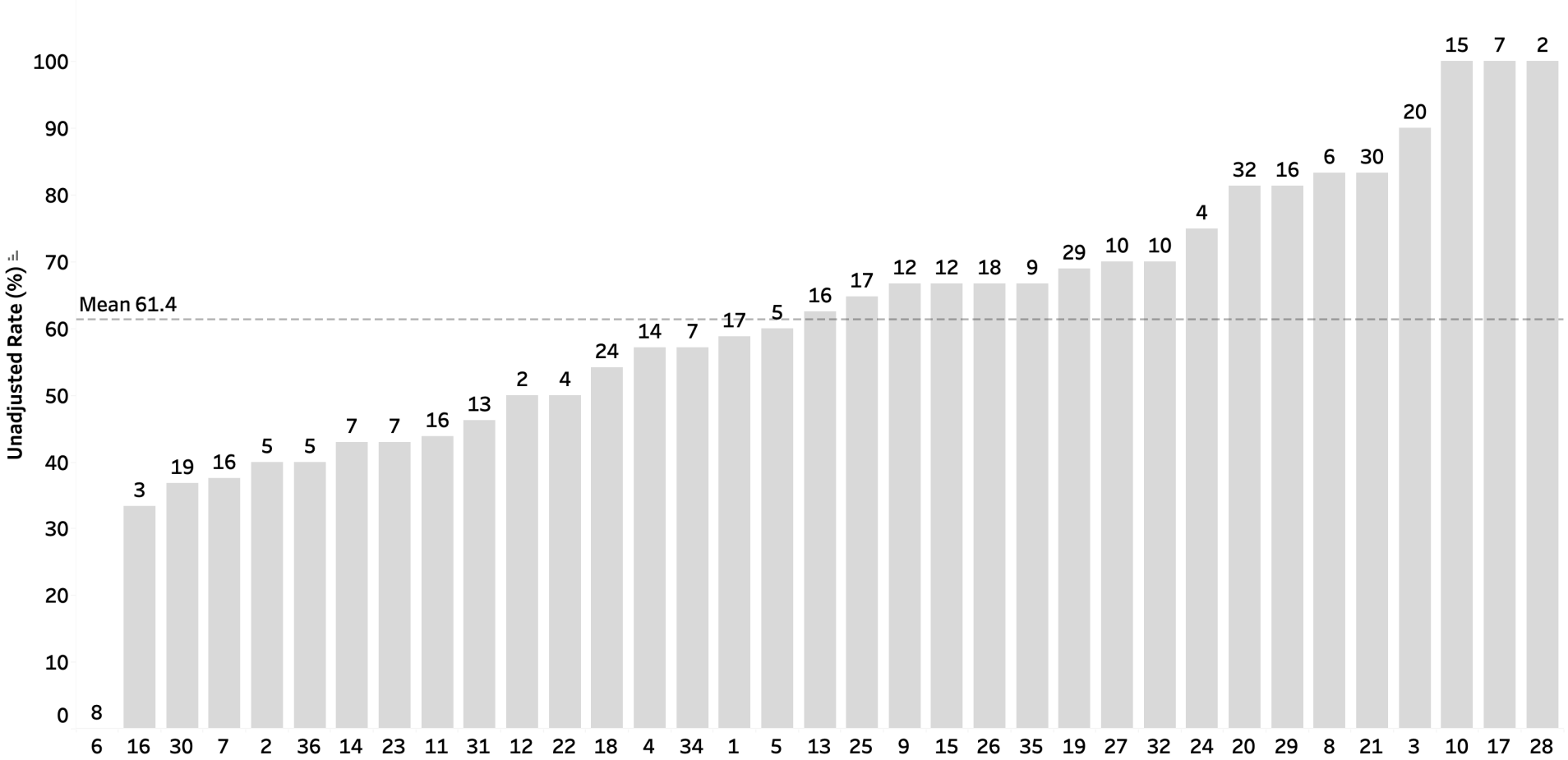
Graph ID 106.1



Mortality without Opportunity for Improvement

Cohort 2 (Admit to Trauma) | 7/1/23 - 1/31/24

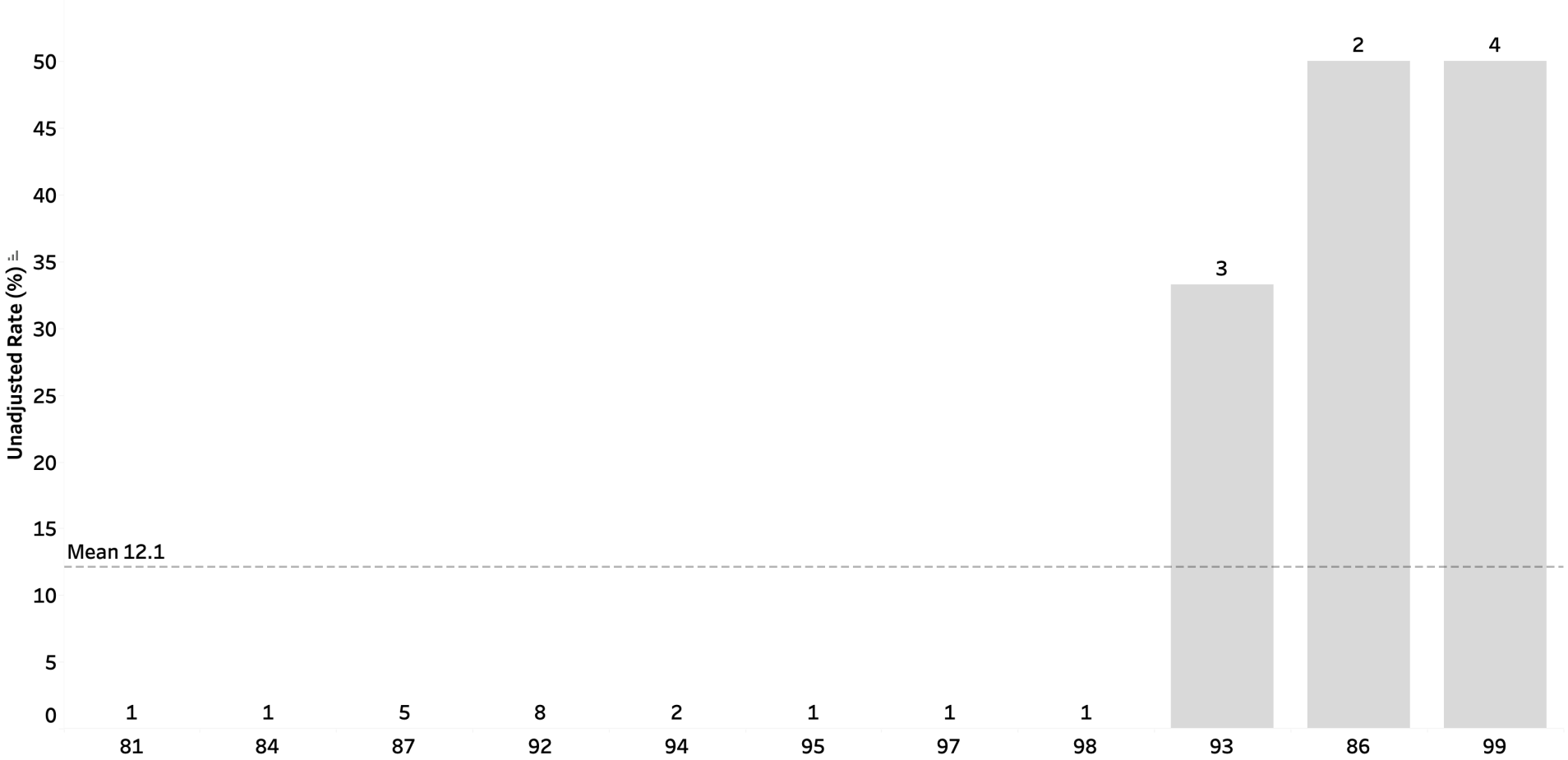
Graph ID 106.2



Mortality without Opportunity for Improvement

Cohort 2 (Admit to Trauma) | 7/1/23 - 1/31/24

Graph ID 106.2



Metric 5A | Timely LMWH VTE Prophylaxis <= 48 hrs.

>= 52.5% of patients	8 points
>= 50.0% of patients	6 points
>= 45.0% of patients	3 points
< 45.0% of patients	0 points

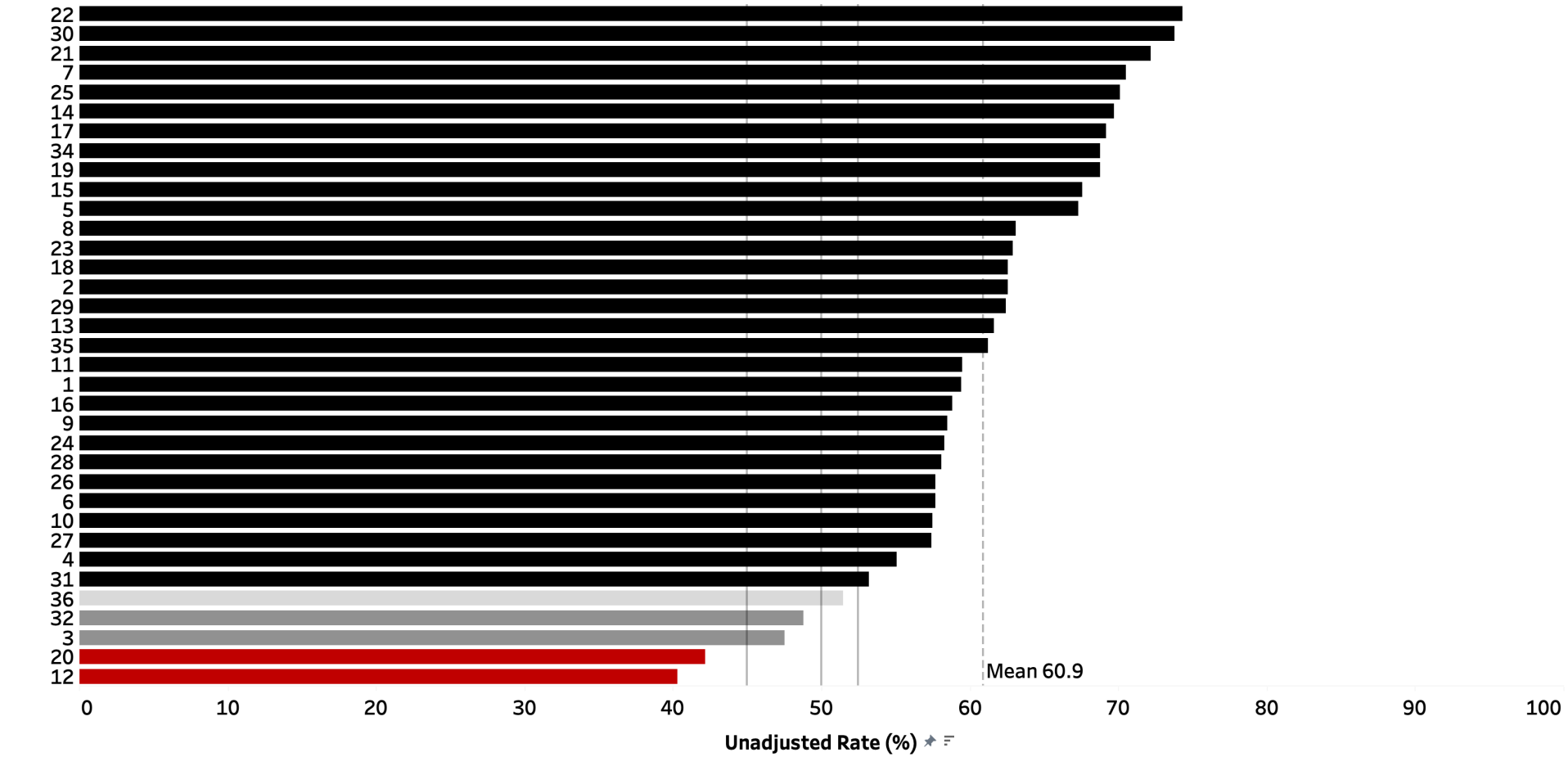
Filters

Date range: 1/1/23 – 6/30/24
Cohort 2 (Admit to trauma) > 2-day LOS
LMWH <= 48 hrs.
Exclude DOA
Exclude transfers out

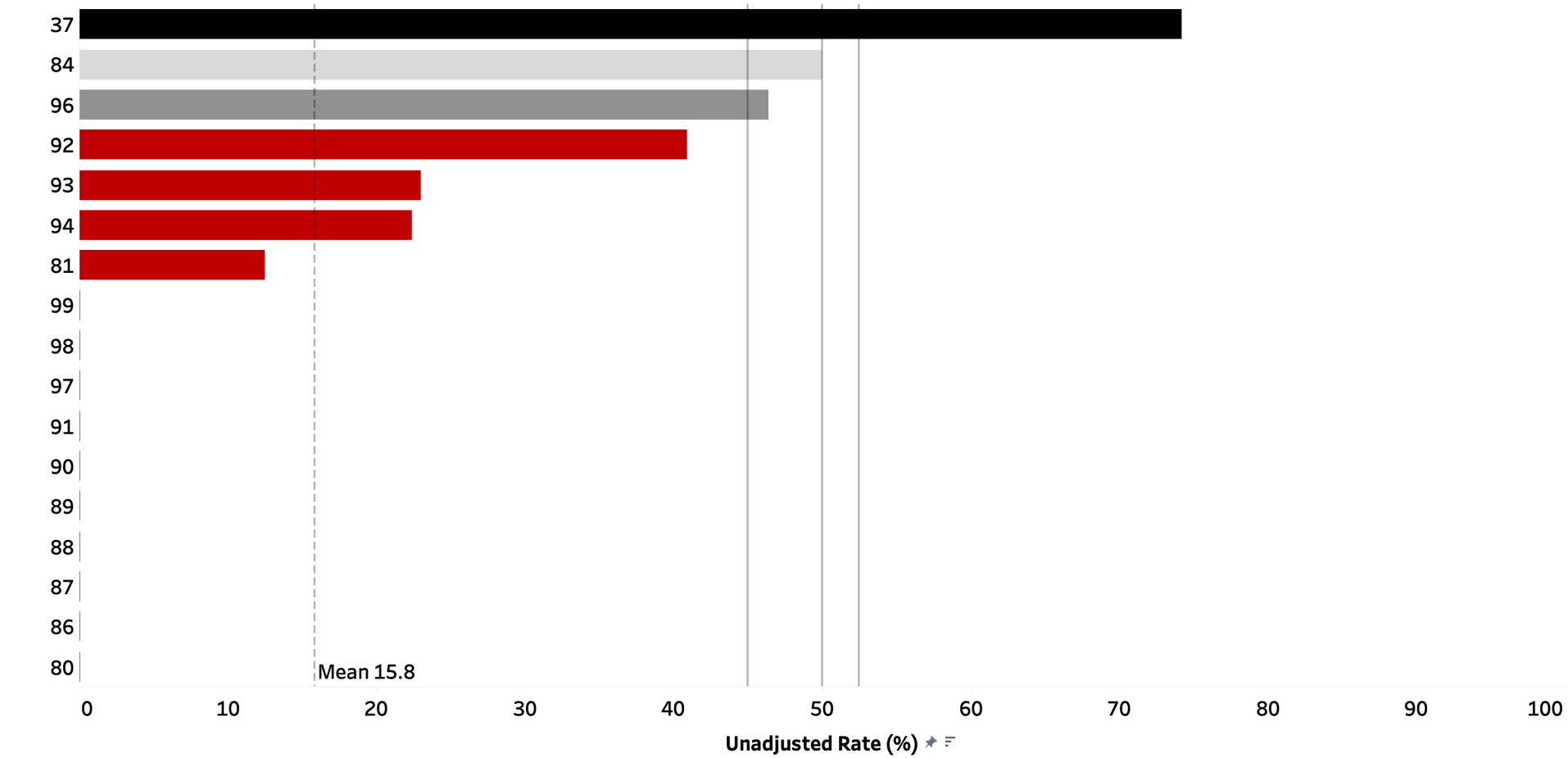
Metric 5 | LMWH VTE Prophylaxis <= 48 Hours

Cohort 2 (Admit to Trauma) | 1/1/23 - 1/31/24

Graph ID 97

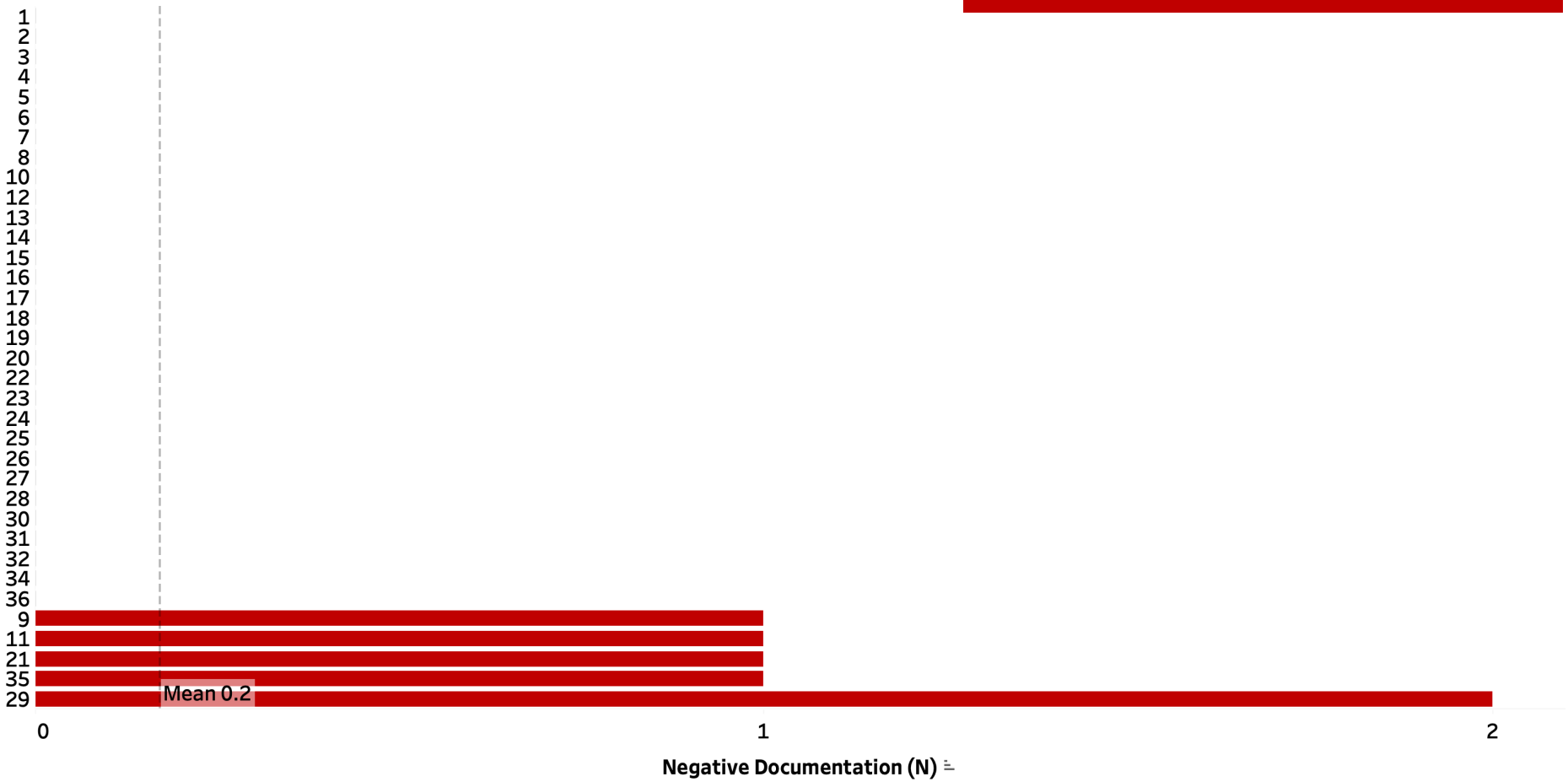


Metric 5 | LMWH VTE Prophylaxis <= 48 Hours
Cohort 2 (Admit to Trauma) | 1/1/23 - 1/31/24
Graph ID 97



Issue
Drug date/time before arrival

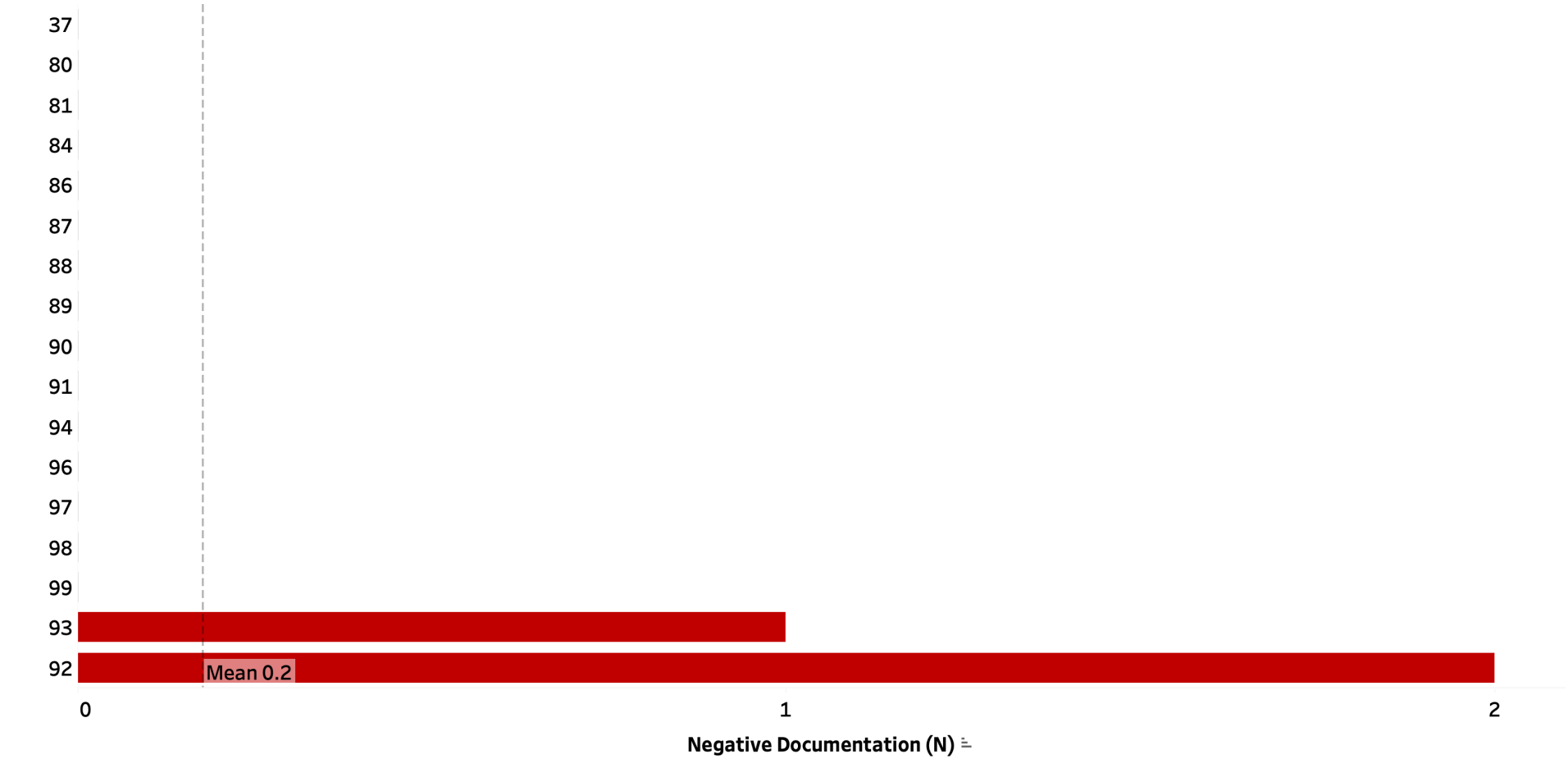
Negative Time to VTE Prophylaxis
Cohort 2 (Admit to Trauma) | 1/1/23 - 1/31/24
Graph ID 97.1



Negative Time to VTE Prophylaxis

Cohort 2 (Admit to Trauma) | 1/1/23 - 1/31/24

Graph ID 97.1

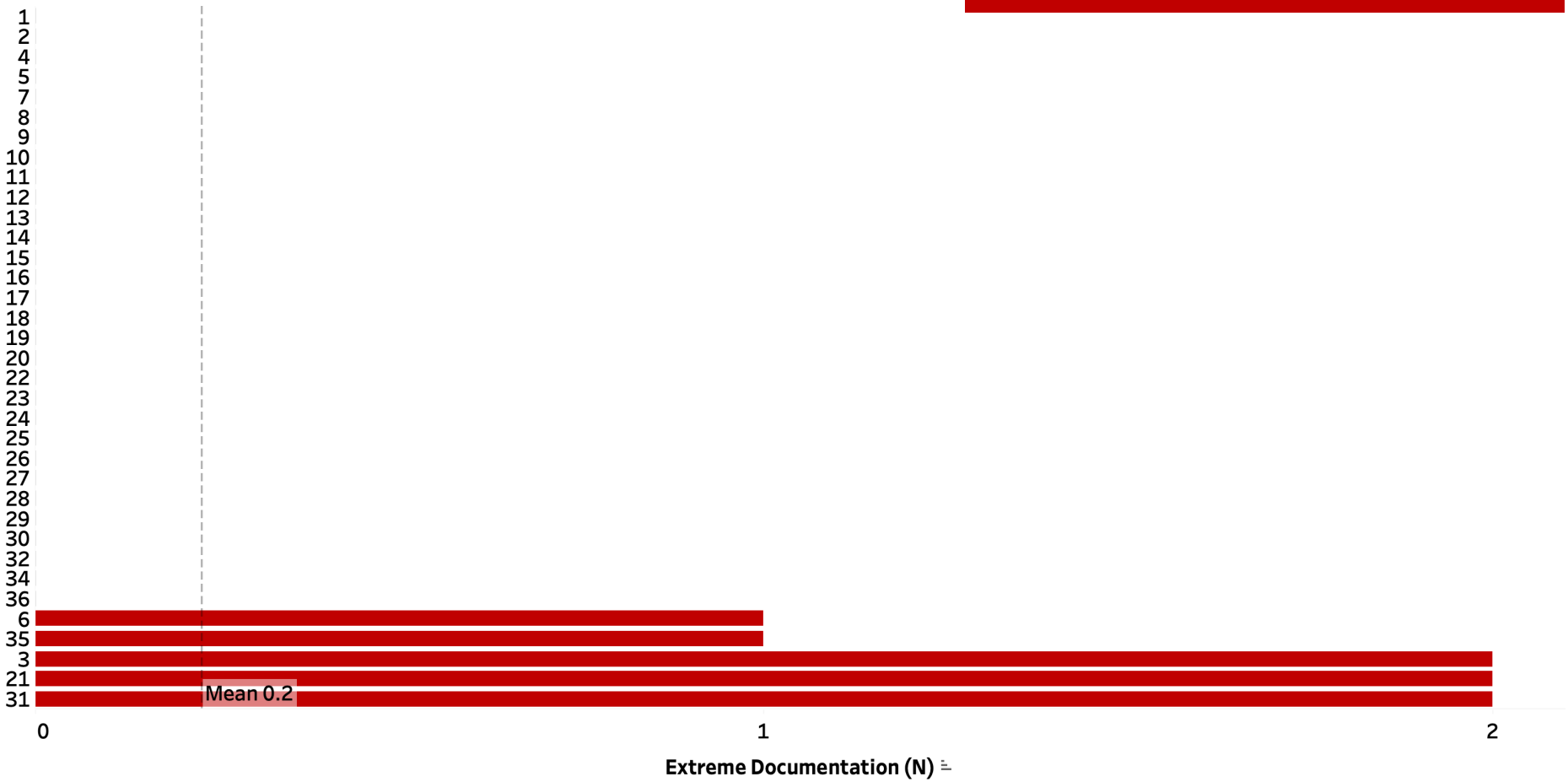


Extreme Time to VTE Prophylaxis

Cohort 2 (Admit to Trauma) | 1/1/23 - 1/31/24

Graph ID 97.2

Issue
Drug date/time after discharge

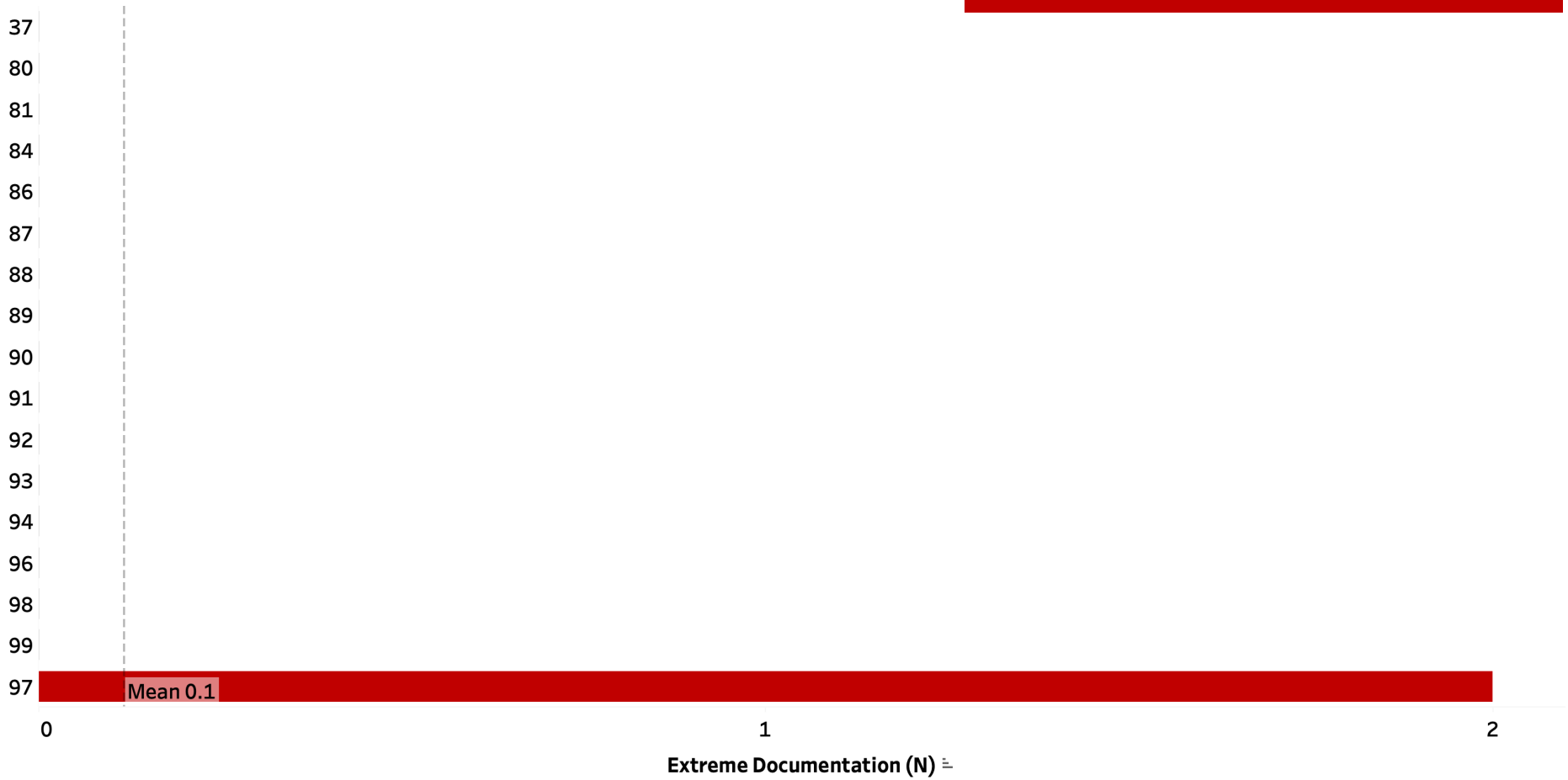


Extreme Time to VTE Prophylaxis

Cohort 2 (Admit to Trauma) | 1/1/23 - 1/31/24

Graph ID 97.2

Issue
Drug date/time after discharge



Metric 5B | Weight-based LMWH Protocol in Use

Yes **2 points**
No **0 points**

Info
Points awarded based on submission of protocol and 5 cases
See performance index page 3 for instructions and video
Due 12/6/24
Run 5/24/24

Metric 5B | Weight-based LMWH Protocol in Use

- ✓ Center 9
- ✓ Center 18
- ✓ Center 22
- ✓ Center 24
- ✓ Center 25
- ✓ Center 27

Metric 6 | Timely Geriatric IHF Repair <= 42 hrs.

>= 92.0% of patients	10 points
>= 87.0% of patients	8 points
>= 85.0% of patients	5 points
< 85.0% of patients	0 points

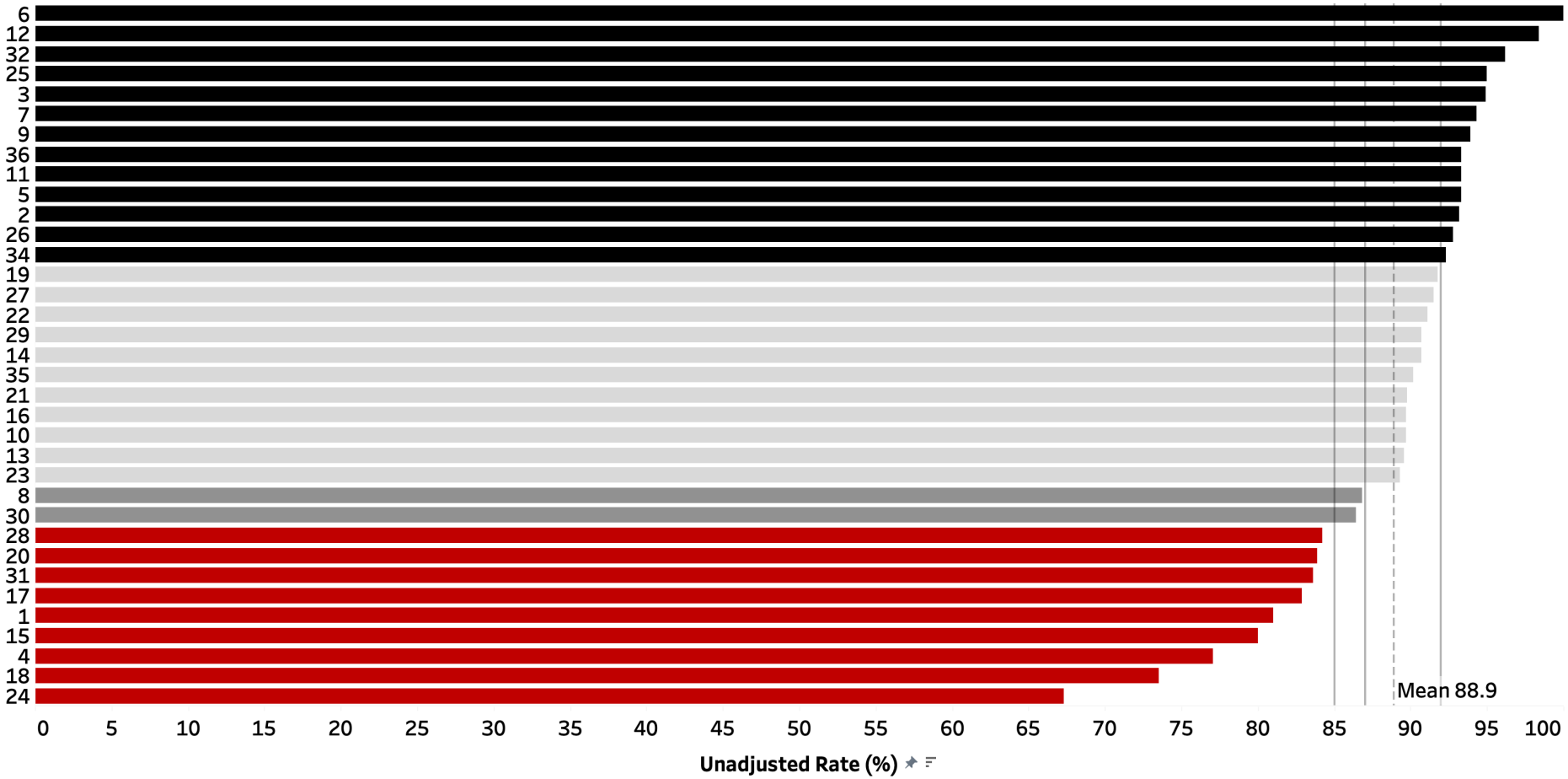
Filters

Date range: 7/1/23 – 6/30/24
Cohort 8 (Isolated hip fracture)
Age >= 65
Exclude DOA
Exclude transfers out
Exclude non-op IHF

Metric 6 | Timely Surgical IHF Repair

Cohort 8 (Isolated Hip Fracture) | 7/1/23 - 1/31/24

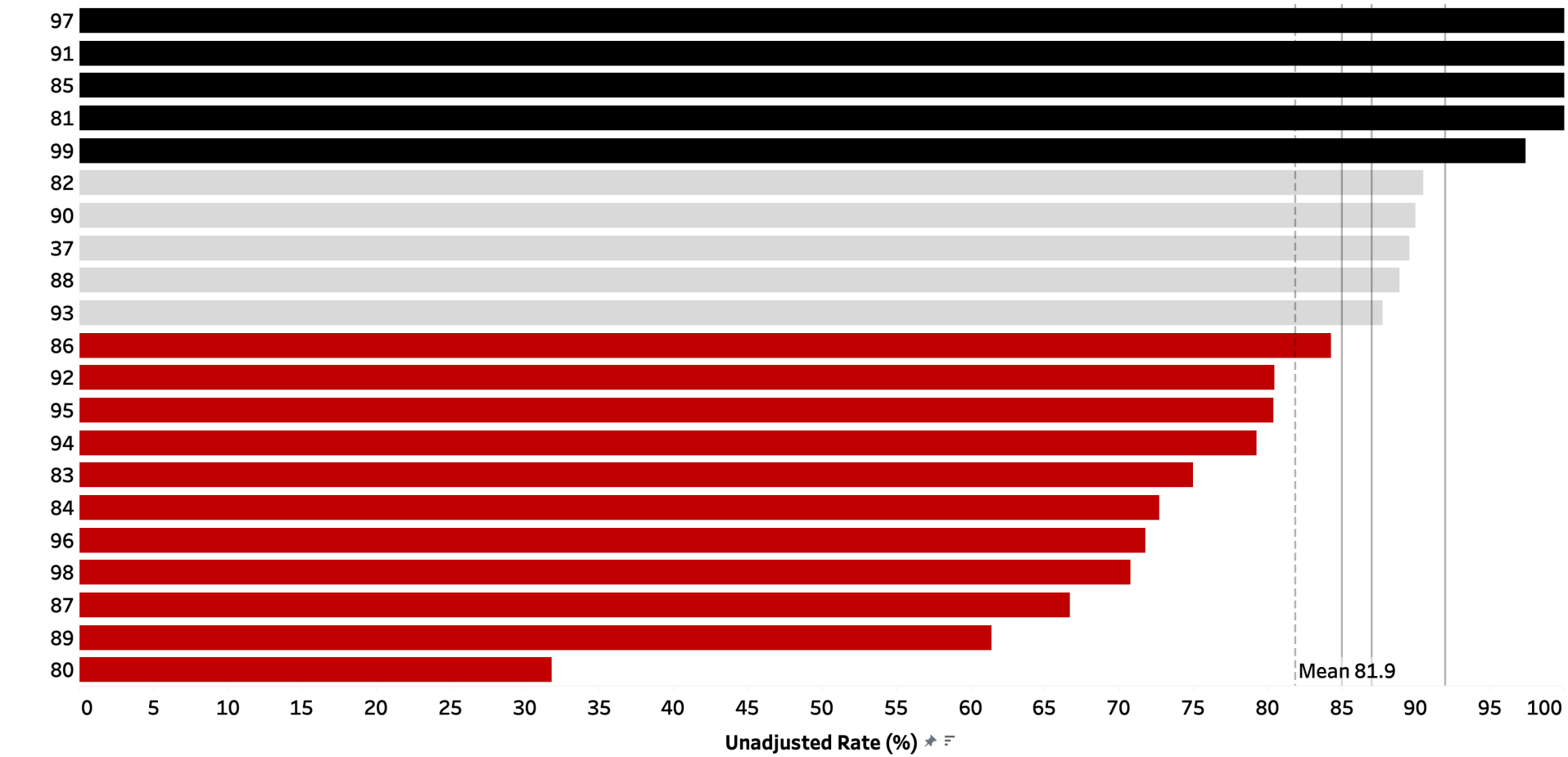
Graph ID 99



Metric 6 | Timely Surgical IHF Repair

Cohort 8 (Isolated Hip Fracture) | 7/1/23 - 1/31/24

Graph ID 99

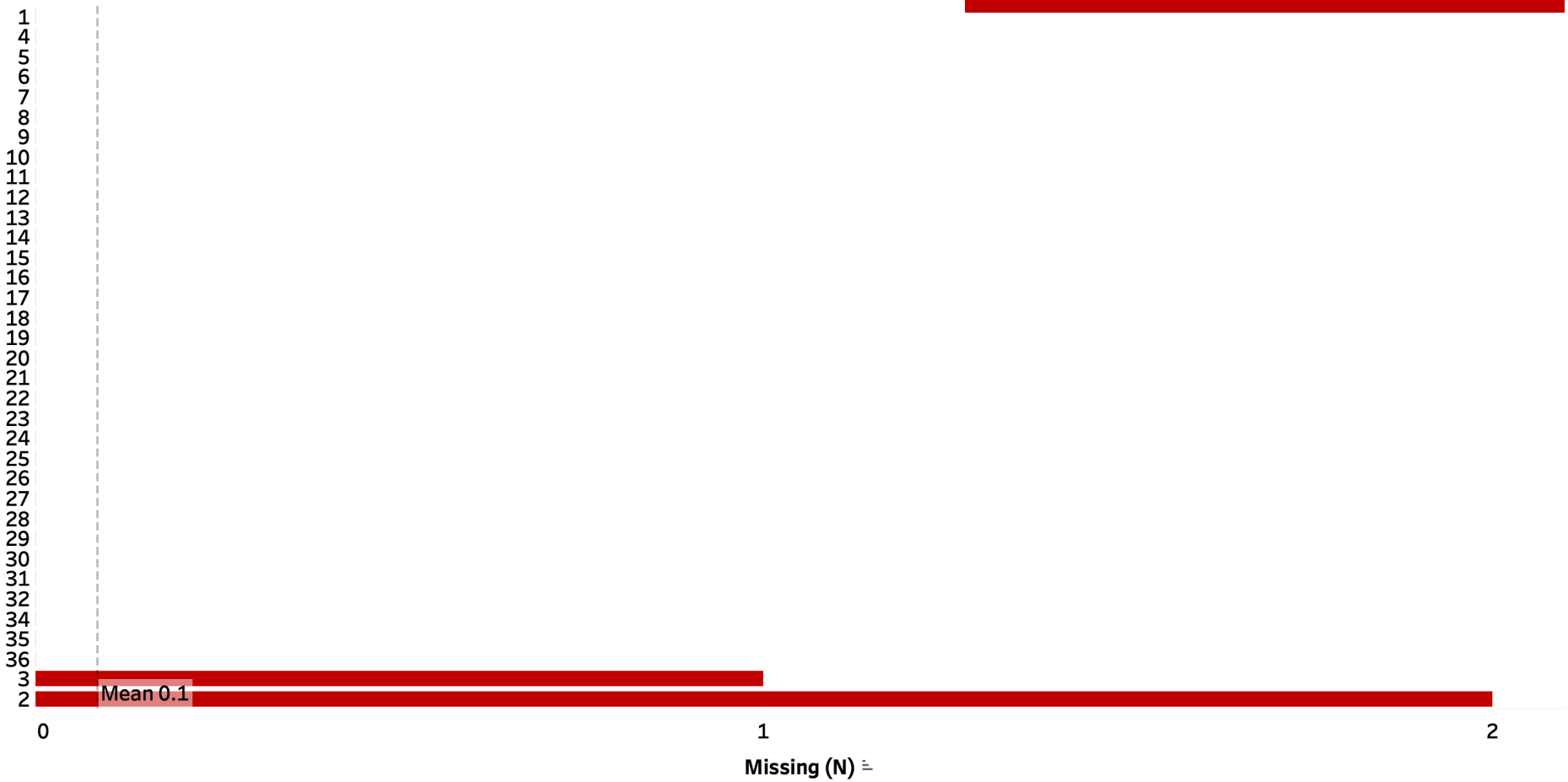


Missing Date/Time Values for Surgical IHF Repair Calculation

Cohort 8 (Isolated Hip Fracture) | 7/1/23 - 1/31/24

Graph ID 99.1

Issue
Missing arrival or OR date/time



Missing Date/Time Values for Surgical IHF Repair Calculation

Cohort 8 (Isolated Hip Fracture) | 7/1/23 - 1/31/24

Graph ID 99.1

Metric 10 | Patient Reported Outcomes Participation

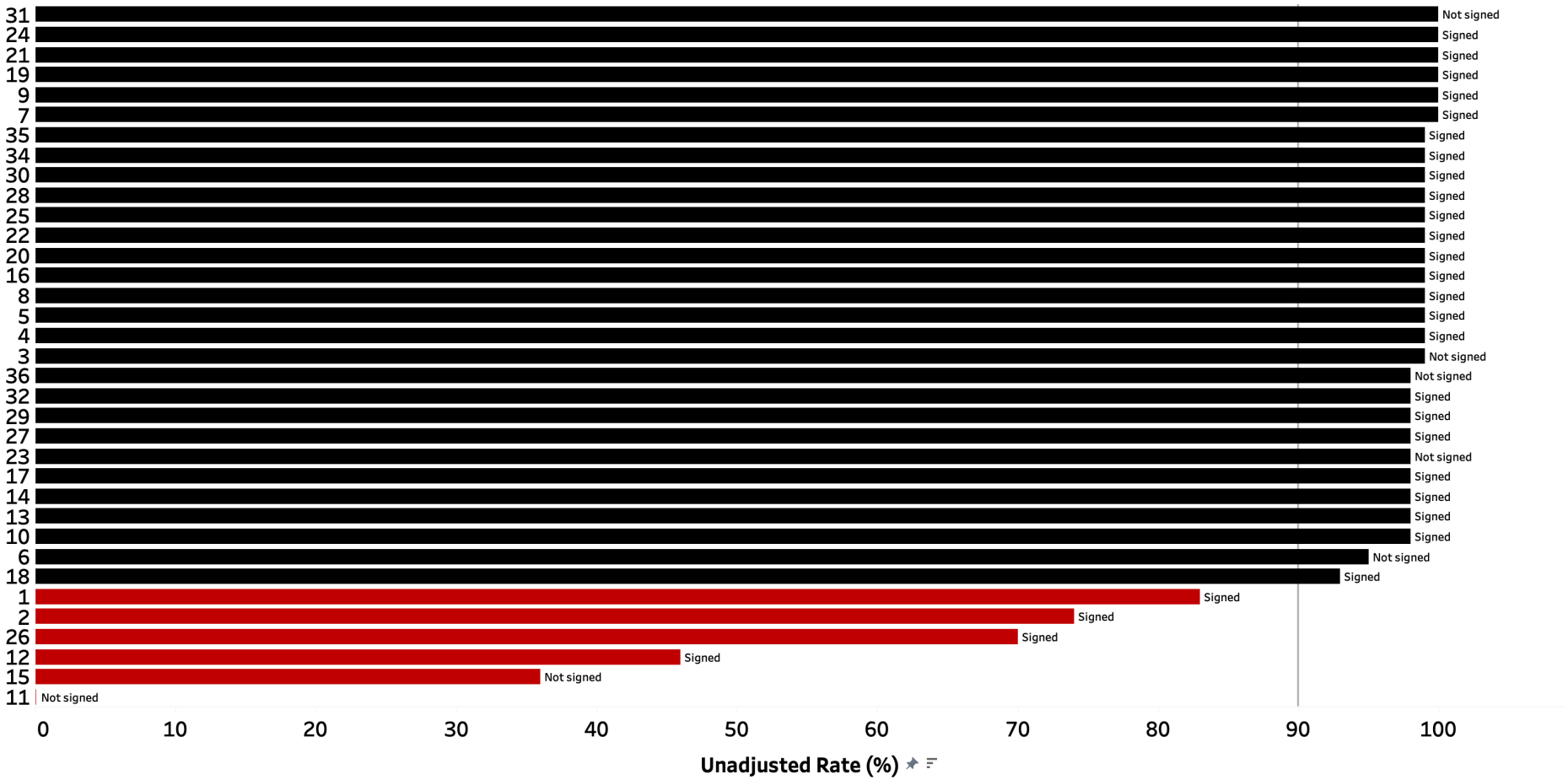
Signed agreement and >= 90% contact info 10 points
No agreement and < 90% contact info 0 points

Filters
>= 90% patient with validly formatted email and phone
Date range: 7/1/23 – 6/30/24
Cohort 1 (All)
Exclude DOA, death, discharge to hospice
Include transfers out
Run 5/24/24

Metric 10 | PRO Participation Valid Contact Data and Agreement Status

Cohort 1 (MTQIP All) | 7/1/23 - 1/31/24

Graph ID 108



Metric 11 | Timely Antibiotic Femur/Tibia Fx <= 90 min

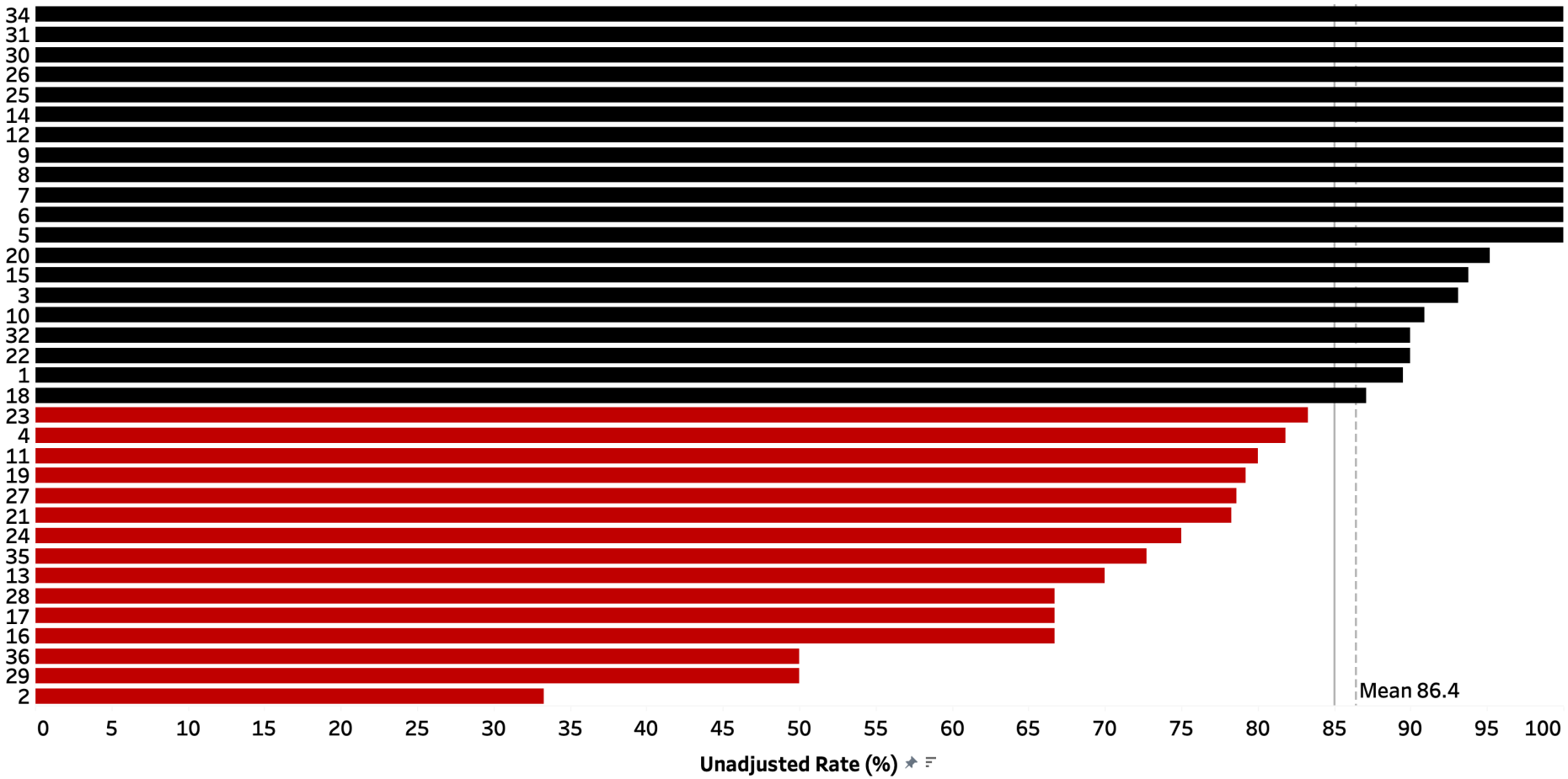
>= 85% of patients	10 points
< 85% of patients	0 points

Filters
Date range: 7/1/23 – 6/30/24
Cohort 1 (All)
Exclude DOA
Exclude transfers in, direct admits, death in ED

Metric 11 | Open Fracture Antibiotic Administration <= 90 Min

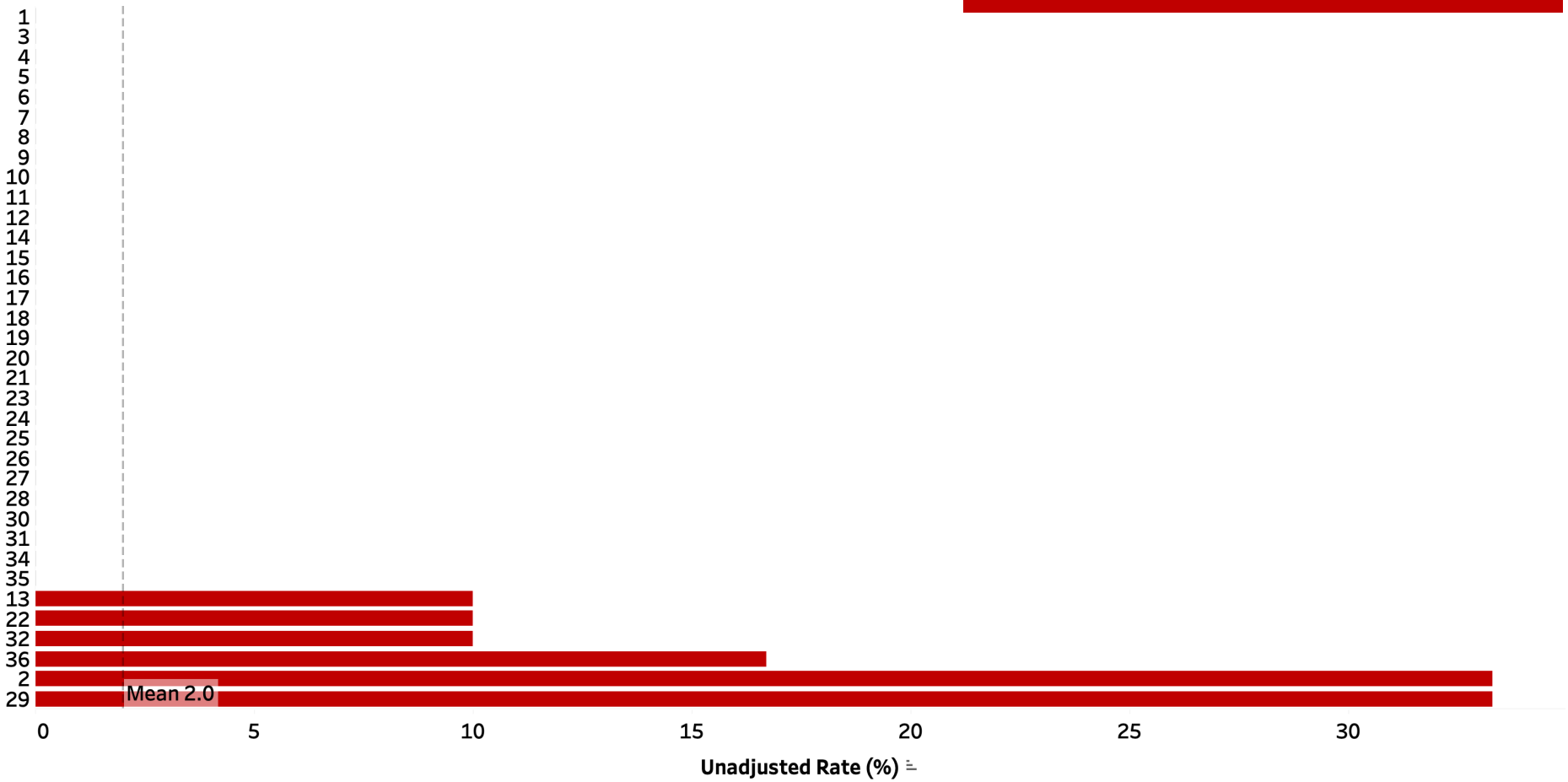
Cohort 1 (MTQIP All) | 7/1/23 - 1/31/24

Graph ID 96



Issue
Check arrival & drug/date/time

Open Fracture Missing/Negative Metric Data
Cohort 1 (MTQIP All) | 7/1/23 - 1/31/24
Graph ID 86

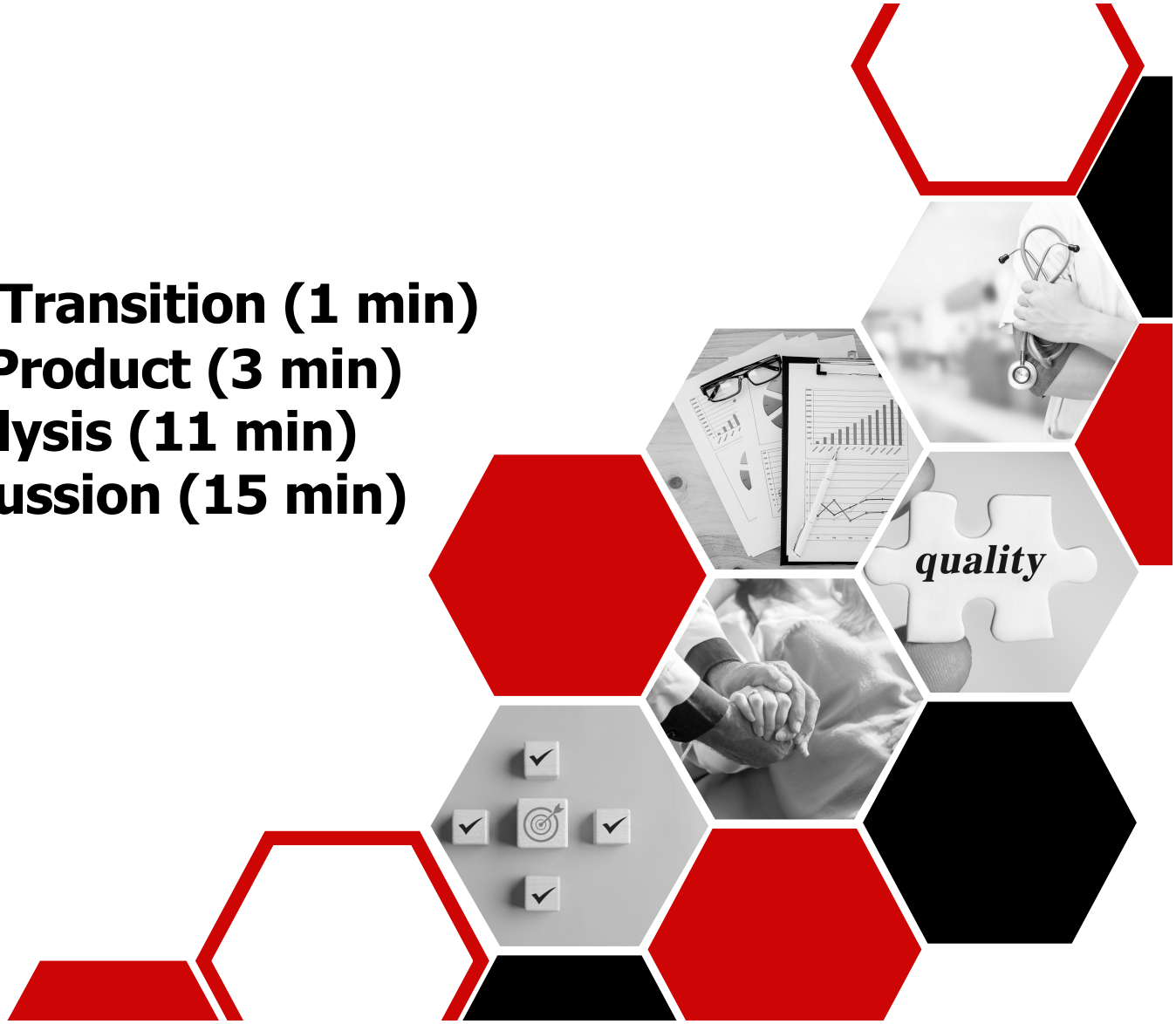


ESO Wave Unpacked: Panel Discussion

Kelly Burns
Jill Jakubus
Deanne Krajkowski
Cece Roiter

Objectives

- **SBAR ESO Transition (1 min)**
- **Overview Product (3 min)**
- **SWOT Analysis (11 min)**
- **Panel Discussion (15 min)**



ESO Migration

Situation

ESO will be sending 12-month notifications to centers for new registry product migration

Background

1 MTQIP center is in the ESO Early Adopter Program. MTQIP limited budget and staff to allow multi-vendor configuration.

Assessment

ESO Wave Conference feedback
Early Adopter feedback (Oct mtg)

Strengths

- ✓ Security
- ✓ Epic Showroom
- ✓ FHIR
- ✓ USCDI
- ✓ Import demographics, labs
- ✓ Compliance matrix
- ✓ Configurability (not customization)
- ✓ Retention of legacy data
- ✓ Longitudinal record
- ✓ Record validation/control
- ✓ Provisioning
- ✓ EMS adoption
- ✓ EMS Apple native application
- ✓ EMS real-time feed

Weaknesses

- ✓ Not imported: injury codes
- ✓ Not imported: procedures
- ✓ No field content validation
- ✓ Cost compared to current product
- ✓ Insights reporting learning curve

Opportunities

- ✓ MTQIP data aggregation and quality
- ✓ Center data aggregation and quality
- ✓ Move toward real-time reporting

Threats

- ✓ New product build
- ✓ Support as more centers ramp up
- ✓ Lack of vendor diversification


Fireside Panel Discussion
Panelists Introductions
Audience Questions
Panelists Insights
Prepared Questions

Lunch

Return at 12:30

Clarifying Questions and Information

Shauna Di Pasquo

Agenda

- REVIEW QUESTIONS SUBMITTED TO MTQIP OR LEARNING OPPORTUNITIES THAT HAVE COME UP IN VALIDATION
- PROVIDE DEFINITIONS WHERE APPLICABLE
- PROVIDE RESPONSES RECEIVED FROM OUTSIDE AGENCIES WHERE APPLICABLE
- PROVIDE ANSWERS AND REASONING
- DISCUSSION / QUESTIONS

Unconfirmed Positive Drug Screens

Should unconfirmed positive drug labs be used to report Drug Screens (ED Department Info) and Substance Abuse Disorder (Pre-existing Conditions)?

Unconfirmed Positive Drug Screens

Drugs of Abuse without Confirmation, Urine

Component Ref Range & Units	11 mo ago
Amphetamine Screen, Urine Cutoff = 500 ng/mL	Negative
Barbiturate Screen, Urine Cutoff = 200 ng/mL	Negative
Benzodiazepine Screen, Urine Cutoff = 200 ng/mL	Negative
Cannabinoid Screen, Urine Cutoff = 50 ng/mL	Unconfirmed Positive !
Cocaine Screen, Urine Cutoff = 300 ng/mL	Negative
Fentanyl Screen, Urine Cutoff = 1.0 ng/mL	Unconfirmed Positive !
Methadone Screen, Urine Cutoff = 300 ng/mL	Negative
Oxycodone Screen, Urine Cutoff = 100 ng/mL	Negative
Phencyclidine Screen, Urine Cutoff = 25 ng/mL	Negative
Opiate Screen, Urine Cutoff = 300 ng/mL	Negative

Narrative

The urine drug screening results are to be used only for medical purposes. Unconfirmed screening results must not be used for non-medical purposes.

Positive urine drug screens no longer reflex to confirmation. Samples are retained in the lab for 7 days, during which time confirmation testing for individual drug classes can be added if clinically indicated.

Urine drug screening results are to be used only for medical purposes

Positive urine drug screens no longer reflex to confirmation

Unconfirmed Positive Drug Screens

2018 Answer: The data dictionary does not speak to this circumstance, but being conservative we should NOT capture the unconfirmed result as substance abuse.

2024 Answer: Please include unconfirmed positive drug screens for drug screen reporting and Substance Abuse Disorder capture.

Additional Information: For 2024 cases, MTQIP will accept both capture and non-capture for validation, but the preference is for capture.

***The 2025 data dictionary will reflect this change.**

Discharge orders for transport opioids

Should we include opioids ordered on discharge for transport only as an Opioid Use prescription?

- This is being seen on a regular basis for transports from rural or isolated areas when transfers may take several hours.

- These meds are not going to be filled by pharmacy but are being given by EMS per order after hospital discharge.

Discharge orders for transport opioids

Short Answer: Please report opioid orders to be followed by EMS during transport as discharge opioids.

Long Answer: Consider EMS as the entity filling the order or prescription post discharge.

Similar to patients going to a SNF, etc., there will probably not be a "Quantity" documented. The "Maximum Frequency per Day" will probably be higher than most orders as well (ex: q 30 mins prn).

Additional Information: Capturing these will not affect the centers OME (oral morphine equivalents) reports as they do not include a quantity and therefore will be excluded.

Coding periprosthetic fractures

AAAM: If there is a mechanism of injury that causes a fracture to the bone it should be assigned an AIS code.

ICD-10: With periprosthetic fractures, two ICD-10 codes would be utilized. One code for the periprosthetic fracture and another for the type of fracture, such as traumatic vs pathological.

- **Primary diagnosis code =** specific type of bone fracture that occurred due to trauma (S code > meets inclusion criteria)
- **Secondary diagnosis code =** periprosthetic fracture (M code > does not meet inclusion criteria on its own)

Periprosthetic Fracture Reporting and Sequencing (hiacode.com)

Coding periprosthetic fractures

Example: XX yr old male s/p MVC with right periprosthetic fracture to proximal femur.

MOI causing injury = MCV

Injury = proximal femur bone fracture (below prosthetic)

AAAM coding = 853111.3

ICD 10 coding = S79.001A (submittable)
M97.01XA (not submittable)

(*The above codes are examples and not accurate codes for all traumatic periprosthetic femur fractures)

https://www.icd10data.com/ICD10CM/Codes/M00-M99/M97-M97/M97-

1.1 PATIENT INCLUSION CRITERIA

Description

To ensure consistent data reporting across States into the National Trauma Data Standard, a trauma patient is defined as a patient sustaining a traumatic injury within 14 days of initial hospital encounter and meeting the following criteria*:

At least one of the following injury diagnostic codes defined as follows:

International Classification of Diseases, Tenth Revision (ICD-10-CM):

- S00-S99 with 7th character modifiers of A, B, or C ONLY. (Injuries to specific body parts – initial encounter)
- T07 (unspecified multiple injuries)
- T14 (injury of unspecified body region)
- T79.A1-T79.A9 with 7th character modifier of A ONLY (Traumatic Compartment Syndrome – initial encounter)

Excluding the following isolated injuries:

ICD-10-CM:

- S00 (Superficial injuries of the head)
- S10 (Superficial injuries of the neck)
- S20 (Superficial injuries of the thorax)
- S30 (Superficial injuries of the abdomen, pelvis, lower back, and external genitals)
- S40 (Superficial injuries of shoulder and upper arm)
- S50 (Superficial injuries of elbow and forearm)
- S60 (Superficial injuries of wrist, hand, and fingers)
- S70 (Superficial injuries of hip and thigh)
- S80 (Superficial injuries of knee and lower leg)
- S90 (Superficial injuries of ankle, foot, and toes)

Late effect codes, which are represented using the same range of injury diagnosis codes but with the 7th digit modifier code of D through S, are also excluded.

Inhouse injuries: procedures and complications

Question 1: Are all OR procedures required reporting regardless of the association to an in-house traumatic injury?

Question 2: If a complication is a result of an in-house traumatic injury, should it be reported?

Inhouse injuries: procedures and complications

Procedures

- OR procedures for inhouse injuries are not required reporting under the ICD 10 procedures tab.
  - Example: hip fixation for an inhouse hip fracture

Hospital Events

- Hospital Events ***related to*** the in-house injury are not reported.
  - Example: a Deep Incisional Surgical Site Infection related to a hip fixation for an inhouse sustained hip fracture.

Additional Information

- Regardless of indication, please report "Yes" for Operation, and "OR" for initial Intubation Status (if this is the first location patient was intubated) under the MTQIP tab.

Pre-existing Condition > Bleeding Disorder > Thrombocytopenia on arrival

Discussion Question:

There has been a lot of discussion regarding whether all patients who present with thrombocytopenia as an admission diagnosis should be coded as having a bleeding disorder.

- ED labs indicate an event on arrival (therefore present prior to arrival), however, the diagnosis is being made after arrival.
- Current state vs chronic state

When should this be captured?

7.10 BLEEDING DISORDER

Description

A group of conditions that result when the blood cannot clot properly.

Element Values

- Bleeding Disorder (NTDS 4)

Additional Information

- Present prior to injury.
- Examples include Factor V Leiden, Hemophilia, thrombocytopenia, and von Willebrand Disease.
- Exclude unspecified bleeding disorders and sickle cell disease.

Resources

- Orientation

Codebook

Source: American Society of Hematology 2015, MTQIP, NTDS

Bleeding Disorder > Thrombocytopenia on arrival

Common Presentations:

- Pt arrives thrombocytopenic. History and prior treatment by heme/oncology
- Pt arrives, thrombocytopenic. Review of chart shows long history of thrombocytopenia in labs, no reported diagnosis in past
- Pt arrives, thrombocytopenic. Review of chart shows no history of abnormal labs, no diagnosis in past
- Pt arrives thrombocytopenic. Historically has low platelets at some points, normal at others

Bleeding Disorder > Thrombocytopenia on arrival

Short Answer: There is a difference between acute and chronic (PMH) thrombocytopenia in relation to Pre-existing Conditions.

Long Answer: For the reporting of Pre-existing Conditions, **labs alone are not enough to diagnose a bleeding disorder as "past medical history"** without a documented diagnosis by a physician noting it as historical . If a patient truly has this type of chronic or past disorder, it should be noted in prior charting.

Additional Information: If this is an issue you are seeing on a frequent basis, it may be something worth feeding back to your providers to help you with clarification and more accurate capture.

Bleeding Disorder > Thrombocytopenia on arrival

Common Presentations:

- Pt arrives thrombocytopenic. History and prior treatment by heme/oncology = **YES**
- Pt arrives, thrombocytopenic. Review of chart shows long history of thrombocytopenia in labs, no reported diagnosis in past = **NO**
- Pt arrives, thrombocytopenic. Review of chart shows no history of abnormal labs, no diagnosis in past = **NO**
- Pt arrives thrombocytopenic. Historically has low platelets at some points, normal at others = **NO**

Unplanned Visit to the Operating Room

Scenario: Pt admitted with ICB and is initially managed nonoperatively and moved to the ICU from the ED for close monitoring. The patient has neuro changes the following day and goes to the OR for emergent crani.

Question 1: The "plan" would be to take the patient to the OR if they deteriorate, so in essence, would this be a planned OR?

Question 2: If NS specifically documents in their consult note that they plan to take the patient to the OR if they deteriorate neurologically, would that mean we wouldn't have to report?

9.31 UNPLANNED VISIT TO THE OPERATING ROOM

Description

Patients with an unplanned operative procedure OR patients returned to the operating room after initial operation management of a related previous procedure.

EXCLUDE:

- Non-urgent tracheostomy and gastrostomy tube.
- Pre-planned, staged and/or procedures for incidental findings.
- Operative management related to a procedure that was initially performed prior to arrival at your center.

Element Values

- Unplanned Visit to OR (NTDS 40)

Additional Information

- Unplanned is defined as an acute clinical deterioration requiring operative intervention.
- Non-urgent is defined as a non-life-threatening procedure that could be deferred.
- Staged is defined as an operation undertaken in two or more separate parts, with a lull between the two stages.
- Incidental finding is defined as the discovery of a medical condition detected by CT, MRI, or other imaging modality performed for an unrelated reason.
- Inclusion Example
  - Patient has an acute loss of airway requiring emergent tracheostomy in the OR for airway establishment.
- Exclusion Example
  - Patient is having difficulty weaning for the ventilator. Patient is scheduled and undergoes a tracheostomy.
  - Patient is initially managed non-operatively for a fracture. Pain control is unable to be achieved with non-operative management. Patient is scheduled and undergoes an ORIF.
  - Patient is initially managed non-operatively for a fracture. Post-ambulation imaging to confirm stability demonstrates increased malalignment. Patient is scheduled and undergoes an ORIF.

Resources

- Orientation

Codebook

Source: MTQIP, NTDS

Unplanned Visit to the Operating Room

Question 1: The "plan" would be to take the patient to the OR if they deteriorate, so in essence, would this be planned?

Short Answer: Please report "unplanned visit to OR" for this patient.

Long Answer: The patient was managed nonoperatively and then due to a *clinical deterioration* (neuro changes) required the craniotomy. This meets the first capture criteria under the Description area of the data dictionary for this element and is further addressed under Additional Information.

Unplanned Visit to the Operating Room

Question 2: If NS specifically documents in their consult note that they plan to take the patient to the OR if they deteriorate neurologically, would that mean we wouldn't have to report?

Short Answer: Please report "unplanned visit to OR" for this patient.

Long Answer: The plan or decision to take any patient to the OR if the requirement arises due to deterioration is always present regardless of the reason (ie: injury progression, medical issues, etc.). The purpose of this data element is to determine which patients (who initially did not require surgical intervention) demonstrate new or increasing symptoms, worsening radiology changes, etc. that are significant enough to change the initial management.

Additional Information: This data point would never be captured if this type of documentation ("plan to take patient to OR if they deteriorate") met criteria for "planned" OR and would skew the true picture of the patient.

Abstracting Information >Pre-existing Conditions

How far back should I go when reviewing documentation in a patient's EMR to abstract and report Pre-existing Conditions?

7.1 INTRODUCTION

Description

Pre-existing co-morbid factors present before patient arrival at the MTQIP ED/hospital.

Element Values

- Relevant value for data element.

Additional Information

- Report all that apply.
- The null value "Not Known/Not Reported" is reported only if no past medical history is available.
- Comorbidities should be submitted using numeric or alpha-numeric code for each element.
- Recommended data resources for reporting include but are not limited to electronic medical record (EMR), emergency medical services (EMS) run sheet, and Care Everywhere.

Resources

- Orientation

Codebook

Source: MTQIP, NTDS
Data Base Column Name: A_COMORCODE
Type of Element: String
Length:
Report: #4

Abstracting Information >Pre-existing Conditions

Hello TQIP staff –

Would you capture Major Depressive Disorder in the below case?

A patient does not have a diagnosis of depression noted in her current visit (2024 chart). When depression is searched in the EMR, "Major depressive disorder, single episode, unspecified" pops up from 2018 (no where else in charting). The patient also isn't on any antidepressants or mood stabilizers.

TQIP Answer: In the *Description*, it is noted that a "history of a diagnosis and/or treatment" qualifies for inclusion. Since the patient in your scenario has a documented *history* of major depressive disorder in the medical record, you must report *Element Value* "1. Yes."

Abstracting Information >Pre-existing Conditions

Recommendations:

- **Closely review**:
  - EMS Run Sheets
  - SNF paperwork (good for PMH / current meds)
  - ED Provider notes
  - H&P
  - Consults (ICU and Cardio consults are often detailed)
  - Anesthesia pre-op assessments
  - PT/OT notes (functionally dependent health status)
  - CM/SW notes (ETOH / substance abuse issues)
  - Historical med lists / historical problem lists

Abstracting Information >Pre-existing Conditions

Recommendations:

- Pay attention to the current or prior home medications a patient is or has been taking as these may be a clue to an underlying comorbidity (ex: patient on Effexor PTA or noted in a historical med list > most likely have a history of depression, anxiety, etc.)

- Look at past diagnoses, treatments, or radiology reports

- Utilize EMR search functions as needed (ex: search for "hypertension" if note patient is on Lisinopril but cannot find a diagnosis in current chart)

*** Not all EMR's are equipped with search capabilities**

Ultimate Answer: There is no actual limit or timeframe

Questions

Wrap Up

Jill Jakubus

M·TQIP

Thank you

Blue Cross Blue Shield Blue Care Network of Michigan

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