

**Measure #355: Unplanned Reoperation within the 30 Day Postoperative Period – National Quality Strategy Domain: Patient Safety**

**2017 OPTIONS FOR INDIVIDUAL MEASURES:**  
**REGISTRY ONLY**

**MEASURE TYPE:**  
Outcome

**DESCRIPTION:**  
Percentage of patients aged 18 years and older who had any unplanned reoperation within the 30 day postoperative period

**INSTRUCTIONS:**  
This measure is to be reported **each time** a procedure for an unplanned reoperation within the 30 day postoperative period is performed during the **performance period** ending November 30<sup>th</sup>. There is no diagnosis associated with this measure. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

**Measure Reporting:**  
The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

**DENOMINATOR:**  
Patients aged 18 years and older undergoing an operative procedure

**Denominator Criteria (Eligible Cases):**

All patients aged 18 years and older

**AND**

**Patient procedure during the performance period (CPT):** 11004, 11005, 11006, 11450 11451, 11462 11463, 11470, 11471, 11770, 11771, 11772, 15920, 15931, 15933, 15940, 15950 19101, 19110, 19112, 19120, 19125, 19300, 19301, 19302, 19303, 19304, 19305, 19306, 19307, 20100, 20101, 20102, 20200, 20205, 21552, 21554, 21555, 21556, 21931, 21932, 21933, 22900, 22901, 22902, 22903, 22904, 22905, 23071, 23073, 23075, 24071, 24073, 24075, 25071, 27043, 27047, 27327, 27337, 36561, 36563, 36566, 36590, 36818, 36819, 36820, 36821, 36825, 36830, 38100, 38115, 38120, 38308, 38500, 38525, 38530, 38550, 38555, 38740, 38745, 38760, 38765, 39540, 39541, 43122, 43279, 43280, 43281, 43282, 43325, 43327, 43330, 43332, 43333, 43336, 43337, 43340, 43361, 43500, 43501, 43502, 43510, 43520, 43605, 43610, 43611, 43620, 43621, 43622, 43631, 43632, 43633, 43634, 43640, 43641, 43644, 43645, 43651, 43652, 43653, 43770, 43771, 43772, 43773, 43774, 43775, 43800, 43810, 43820, 43825, 43830, 43831, 43832, 43840, 43843, 43845, 43846, 43847, 43848, 43850, 43855, 43860, 43865, 43870, 43880, 43886, 43887, 43888, 44005, 44010, 44020, 44021, 44025, 44050, 44055, 44110, 44111, 44120, 44125, 44126, 44127, 44130, 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44150, 44151, 44155, 44156, 44157, 44158, 44160, 44180, 44186, 44187, 44188, 44202, 44204, 44205, 44206, 44207, 44208, 44210, 44211, 44212, 44227, 44300, 44310, 44312, 44314, 44316, 44320, 44322, 44340, 44345, 44346, 44602, 44603, 44604, 44605, 44615, 44620, 44625, 44626, 44640, 44650, 44660, 44661, 44680, 44700, 44800, 44820, 44850, 44900, 44950, 44960, 44970, 45000, 45005, 45020, 45100, 45108, 45110, 45111, 45112, 45113, 45114, 45116, 45119, 45120, 45121, 45123, 45126, 45130, 45135, 45136, 45150, 45160, 45171, 45172, 45505, 45540, 45541, 45550, 45562, 45563, 45800, 45805, 45900, 45905, 46040, 46045, 46060, 46080, 46250, 46255, 46257, 46258, 46260, 46261, 46262, 46270, 46275, 46280, 46285, 46288, 47010, 47015, 47100, 47120, 47122, 47125, 47130, 47300, 47350, 47360, 47361, 47362, 47370, 47371, 47380, 47400, 47420,

47425, 47460, 47480, 47562, 47563, 47564, 47570, 47600, 47605, 47610, 47612, 47620, 47711, 47712, 47715, 47720, 47721, 47740, 47741, 47760, 47765, 47780, 47785, 47800, 47900, 48000, 48001, 48020, 48100, 48105, 48120, 48140, 48145, 48146, 48148, 48150, 48152, 48153, 48154, 48155, 48500, 48510, 48520, 48540, 48545, 48547, 48548, 49000, 49002, 49010, 49020, 49040, 49060, 49062, 49203, 49204, 49205, 49255, 49320, 49321, 49322, 49323, 49324, 49325, 49402, 49421, 49422, 49425, 49426, 49429, 49436, 49505, 49507, 49520, 49521, 49525, 49540, 49550, 49553, 49555, 49557, 49560, 49561, 49565, 49566, 49570, 49572, 49585, 49587, 49590, 49650, 49651, 49652, 49653, 49654, 49655, 49656, 49657, 49900, 50205, 50500, 50740, 55520, 55540, 57305, 57307, 60200, 60210, 60212, 60220, 60225, 60240, 60252, 60254, 60260, 60270, 60271, 60500, 60502, 60520, 60540, 60545, 60650

### **NUMERATOR:**

Unplanned return to the operating room for a surgical procedure, for any reason, within 30 days of the principal operative procedure

#### **Numerator Instructions:**

**INVERSE MEASURE** - A lower calculated performance rate for this measure indicates better clinical care or control. The "Performance Not Met" numerator option for this measure is the representation of the better clinical quality or control. Reporting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control.

**NUMERATOR NOTE:** *This measure intent is to capture patients who go back to the operating room within 30 days for a follow-up procedure based on complications of the principal (denominator eligible) operative procedure. Examples: Breast biopsies (19101) with return for re-excisions or insertion of port-a-cath for chemotherapy would not be considered an unplanned return to the operating room for a surgical procedure. If this patient had an open, incisional biopsy of breast tissue (19101) and subsequently had an appendectomy performed this would not be considered an unplanned return to the operating room for a surgical procedure.*

*The return to the OR may occur at any hospital or surgical facility.*

#### **Numerator Options:**

##### ***Performance Met:***

Unplanned return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure (**G9308**)

### **OR**

##### ***Performance Not Met:***

No return to the operating room for a surgical procedure for complications of the principal operative procedure within 30 days of the principal operative procedure (**G9307**)

### **RATIONALE:**

This is an adverse surgical outcome, which is often a preventable cause of harm, thus it is important to measure and report. It is feasible to collect the data and produces reliable and valid results about the quality of care. It is useful and understandable to stakeholders. As highlighted earlier, this measure was developed in a collaborative effort by the American College of Surgeons and the American Board of Surgery. This measure addresses the National Quality Strategy Priorities, and was identified by an expert panel of physician providers to be a critical outcome for this procedure. This measure addresses a high-impact condition as it is one of the most common procedures performed

in the U.S. The measure aligns well with the intended use. The care settings include Acute Care Facilities/Hospitals. Data are being collected in a clinical registry that has been in existence for over 5 years, with over 4000 current users. Thus, we are requesting consideration of this measure in the "Registry Reporting" option. The level of analysis is the clinician/individual. All populations are included, except children. The measure allows measurement across the person-centered episode of care out to 30 days after the procedure whether an inpatient, outpatient, or readmitted. The measure addresses disparities in care. The risk adjustment is performed with a parsimonious dataset and aims to allow efficient data collection resources and data reporting. Measures have been harmonized when possible.

**CLINICAL RECOMMENDATION STATEMENTS:**

A modified-Delphi methodology using an expert panel of surgeons who are Directors of the American Board of Surgery identified this to be a critical outcome for this surgical procedure (Surgeon Specific Registry Report on Project for ABS MOC Part IV. Unpublished study by the American College of Surgeons in conjunction with the American Board of Surgery, 2011).

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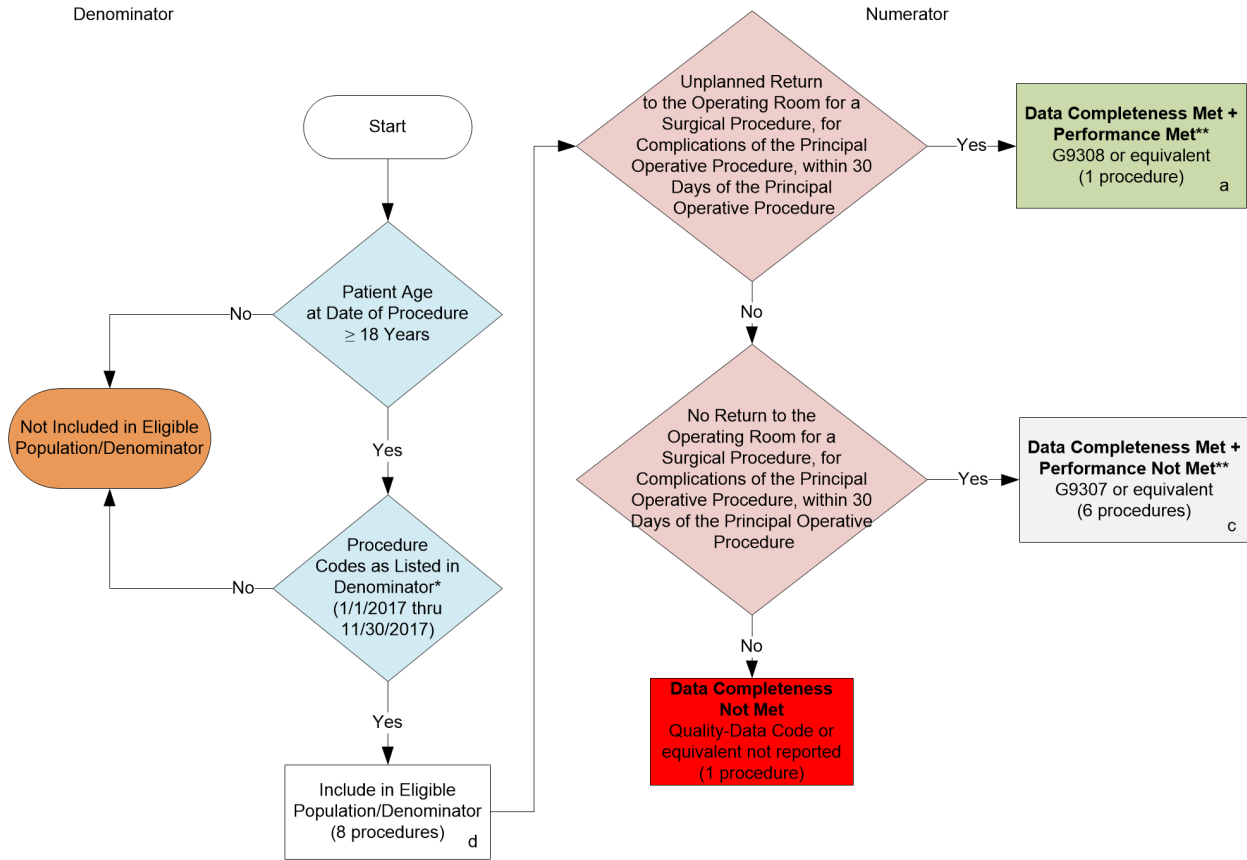
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**2017 Registry Individual Measure Flow  
#355: Unplanned Reoperation within the 30 Day Postoperative Period**



**SAMPLE CALCULATIONS:**

**Data Completeness=**

$$\frac{\text{Performance Met (a=1 procedure) + Performance Not Met (c=6 procedures)}}{\text{Eligible Population / Denominator (d=8 procedures)}} = \frac{7 \text{ procedures}}{8 \text{ procedures}} = 87.50\%$$

**Performance Rate\*\*=**

$$\frac{\text{Performance Met (a=1 procedure)}}{\text{Data Completeness Numerator (7 procedures)}} = \frac{1 \text{ procedure}}{7 \text{ procedures}} = 14.28\%$$

\* See the posted Measure Specification for specific coding and instructions to report this measure.

\*\*A lower calculated performance rate for this measure indicates better clinical care or control.

NOTE: Reporting Frequency: Procedure

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The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

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**2017 Registry Individual Measure Flow**  
**#355: Unplanned Reoperation within the 30 Day Postoperative Period**

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator
2. Check Patient Age:
  - a. If the Age is greater than or equal to 18 years of age on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
  - b. If the Age is greater than or equal to 18 years of age on Date of Service and equals Yes during the measurement period, proceed to check Procedure Performed.
3. Check Procedure Performed:
  - a. If Procedure Performed as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Procedure as Listed in the Denominator equals Yes, include in the Eligible Population.
4. Denominator Population:
  - a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 patients in the sample calculation.
5. Start Numerator
6. Check Unplanned Return to the Operating Room for a Surgical Procedure, for Complications of the Principal Operative Procedure, within 30 Days of the Principal Operative Procedure:
  - a. If Unplanned Return to the Operating Room for a Surgical Procedure, for Complications of the Principal Operative Procedure, within 30 Days of the Principal Operative Procedure equals Yes, include in Data Completeness Met and Performance Met.
  - b. Data Completeness Met and Performance Met is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter a equals 1 procedure in Sample Calculation.
  - c. If Unplanned Return to the Operating Room for a Surgical Procedure, for Complications of the Principal Operative Procedure, within 30 Days of the Principal Operative Procedure equals No, proceed to check No Return to the Operating Room for a Surgical Procedure, for Complications of the Principal Operative Procedure, within 30 Days of the Principal Operative Procedure.
7. Check No Return to the Operating Room for a Surgical Procedure, for Complications of the Principal Operative Procedure, within 30 Days of the Principal Operative Procedure:
  - a. If No Return to the Operating Room for a Surgical Procedure, for Complications of the Principal Operative Procedure, within 30 Days of the Principal Operative Procedure equals Yes, include in Data Completeness Met and Performance Not Met.

- b. Data Completeness Met and Performance Not Met is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 6 procedures in the Sample Calculation.
  - c. If No Return to the Operating Room for a Surgical Procedure, for Complications of the Principal Operative Procedure, within 30 Days of the Principal Operative Procedure equals No, proceed to Data Completeness Not Met.
8. Check Data Completeness Not Met:
- a. If Data Completeness Not Met equals No, the Quality Data Code or equivalent was not reported. 1 procedure has been subtracted from the data completeness numerator in the sample calculation.

**SAMPLE CALCULATIONS:**

**Data Completeness=**

$$\frac{\text{Performance Met (a=1 procedure) + Performance Not Met (c=6 procedures)}}{\text{Eligible Population / Denominator (d=8 procedures)}} = \frac{7 \text{ procedures}}{8 \text{ procedures}} = 87.50\%$$

**Performance Rate\*\*=**

$$\frac{\text{Performance Met (a=1 procedure)}}{\text{Data Completeness Numerator (7 procedures)}} = \frac{1 \text{ procedure}}{7 \text{ procedures}} = 14.28\%$$