

AAO34: Dysphonia: Postoperative Laryngeal Examination

High Priority: No; N/A

Percentage of patients age 18 years and older who were diagnosed with new onset dysphonia within 2 months after a thyroidectomy who received or were referred for a laryngeal examination to examine vocal fold/cord mobility, and, if abnormal vocal fold mobility is identified, receive a plan of care for voice rehabilitation.

Denominator:

1. All patients 18 years and older diagnosed with new onset dysphonia within 2 months after a thyroidectomy.
2. All patients who received a laryngeal examination and identified with abnormal vocal fold mobility.
Dysphonia definition: Dysphonia is disorder characterized by harsh and raspy voice arising from or spreading to the larynx. For the purposes of this measure dysphonia is referring to a change or hoarseness in the patient's voice.

Denominator Exclusions:

Exclude patients diagnosed with dysphonia or vocal fold paralysis prior to thyroidectomy and patients undergoing concurrent laryngectomy at the time of thyroidectomy.

Denominator Exceptions:

Patient refusal of laryngeal examination or plan of care for treatment.

Numerator:

1. Patients who received or were referred for a laryngeal examination to examine vocal fold/cord mobility. Laryngeal examination definition: examination by a qualified examiner utilizing flexible laryngoscopy, or stroboscopy to examine vocal fold/cord mobility.
2. Patients who received a plan of care for voice rehabilitation.

Plan of care for voice rehabilitation includes one of the following

- Voice and/or swallowing therapy or referral for voice and/or swallowing therapy to a speech-language pathologist
OR
- Surgical therapy, including but not limited to:
 - Injection laryngoplasty
 - Framework procedures – operations to improve vocal fold mobility
 - Reinnervation – operation to improve vocal fold positionOR
- Medical therapy

Measure Classifications:

Measure Type: Process

National Quality Strategy (NQS) domain: Effective Clinical Care

Meaningful Measure Area: Appropriate Use of Healthcare

Calculation:

Inverse measure: No

Continuous measure: No

Proportional measure: Yes

Ratio measure: No

Risk Adjusted measure: No

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