Quality ID #434: Proportion of Patients Sustaining a Ureter Injury at the Time of Pelvic Organ Prolapse Repair – National Quality Strategy Domain: Patient Safety

<u>2018 OPTIONS FOR INDIVIDUAL MEASURES:</u>
REGISTRY ONLY

<u>MEASURE TYPE:</u>
Outcome

<u>DESCRIPTION:</u>
Percentage of patients undergoing pelvic organ prolapse repairs who sustain an injury to the ureter recognized either during or within 1 month after surgery

<u>INSTRUCTIONS:</u>
This measure is to be submitted <u>each time</u> an anterior and apical prolapse repair surgery is performed during the performance period ending **November 30th**. There is no diagnosis associated with this measure. This measure may be submitted by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Submission:
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 submissions; however, these codes may be submitted for those registries that utilize claims data.

<u>DENOMINATOR:</u>
All patients undergoing anterior or apical pelvic organ prolapse (POP) surgery

> <u>Denominator Criteria (Eligible Cases):</u>
> All patients, regardless of age
> <u>AND</u>
> **Patient procedure during the performance period (CPT):** 57106, 57110, 57120, 57240, 57260, 57265, 57268, 57270, 57280, 57282, 57283, 57284, 57285, 57423, 57425, 57556, 58263, 58270, 58280, 58292, 58294, 58400

<u>NUMERATOR:</u>
The number of patients receiving a ureter injury with repair at the time of initial surgery or subsequently up to 1 month postoperatively surgery

> **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. Submitting 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: In order to meet the measure, ureter injury is sustained as a result of the prolapse surgery.*
>
> <u>Numerator Options:</u>
> *Performance Met:*   Patient sustained ureter injury at the time of surgery or discovered subsequently up to 1 month post-surgery **(G9631)**

OR

   Denominator Exception: Documented medical reasons for not reporting ureter
                                             injury (e.g. gynecologic or other pelvic malignancy
                                             documented, concurrent surgery involving bladder
                                             pathology, injury that occurs during a urinary
                                             incontinence procedure, patient death from non-
                                             medical causes not related to surgery, patient died
                                             during procedure without evidence of ureter injury)
                                             (G9632)

OR

   Performance Not Met: Patient did not sustain ureter injury at the time of
                                             surgery nor discovered subsequently up to 1 month
                                             post-surgery **(G9633)**

RATIONALE:
Ureteral injury is an uncommon but potentially serious complication of surgery for pelvic organ prolapse. It is critically important for surgeons who are performing these procedures to recognize and repair any ureteral injuries intraoperatively, in order to minimize postoperative morbidity, including the need for subsequent surgical intervention to address these complications. Surgeons who have a higher than expected rate of ureteric injury during pelvic organ prolapse repair would potentially benefit from interventions to improve the quality of their surgical care.

CLINICAL RECOMMENDATION STATEMENTS:
Ureteral injury is an uncommon but potentially serious complication of surgery for pelvic organ prolapse. It is critically important for surgeons who are performing these procedures to recognize and repair any ureteral injuries intraoperatively, in order to minimize postoperative morbidity, including the need for subsequent surgical intervention to address these complications. Surgeons who have a higher than expected rate of ureteric injury during pelvic organ prolapse repair would potentially benefit from interventions to improve the quality of their surgical care.

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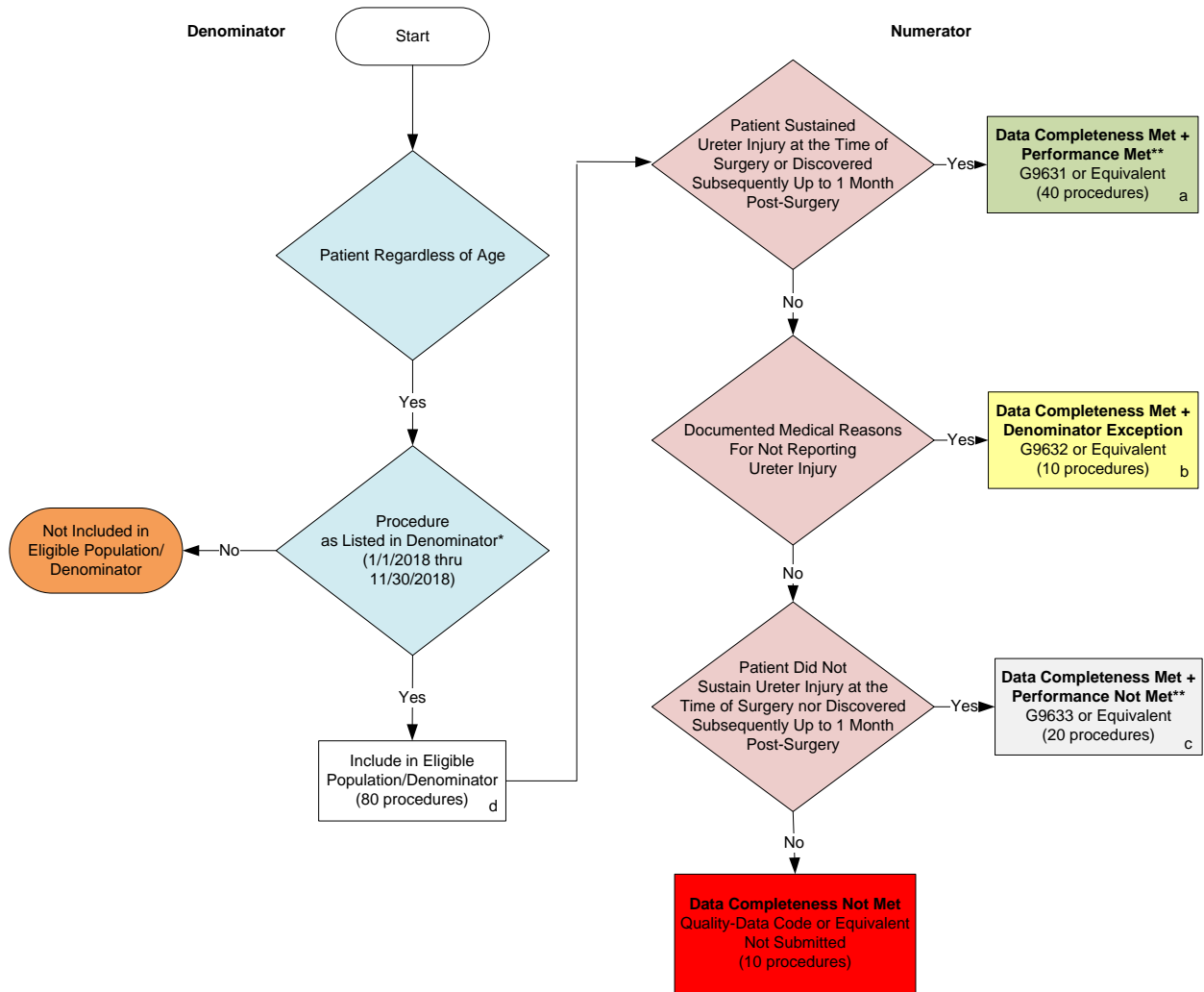
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2018 Registry Flow for Quality ID #434: Proportion of Patients Sustaining a Ureter Injury at the Time of Pelvic Organ Prolapse Repair

Denominator

Numerator

Start

Patient Regardless of Age

Patient Sustained Ureter Injury at the Time of Surgery or Discovered Subsequently Up to 1 Month Post-Surgery

Yes → **Data Completeness Met + Performance Met****
G9631 or Equivalent
(40 procedures)   a

No

Yes

Procedure as Listed in Denominator* (1/1/2018 thru 11/30/2018)

No → Not Included in Eligible Population/ Denominator

Documented Medical Reasons For Not Reporting Ureter Injury

Yes → **Data Completeness Met + Denominator Exception**
G9632 or Equivalent
(10 procedures)   b

No

Yes

Include in Eligible Population/Denominator (80 procedures)   d

Patient Did Not Sustain Ureter Injury at the Time of Surgery nor Discovered Subsequently Up to 1 Month Post-Surgery

Yes → Data Completeness Met + Performance Not Met**
G9633 or Equivalent
(20 procedures)   c

No

Data Completeness Not Met
Quality-Data Code or Equivalent Not Submitted
(10 procedures)

SAMPLE CALCULATIONS:

Data Completeness=

Performance Met (a=40 procedures) + Denominator Exception (b=10 procedures) + Performance Not Met (c=20 procedures) = 70 procedures = **87.50%**
Eligible Population / Denominator (d=80 procedures) = 80 procedures

Performance Rate**=

Performance Met (a=40 procedures) = 40 procedures = **66.67%**
Data Completeness Numerator (70 procedures) – Denominator Exception (b=10 procedures) = 60 procedures

*See the posted Measure Specification for specific coding and instructions to submit this measure.
**A lower calculated performance rate for this measure indicates better clinical care or control.
Note: Submission Frequency: Procedure

Proportion of Patients Sustaining a Ureter Injury at the Time of any Pelvic Organ Prolapse Repair

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification. This flow is for registry data submission.

1. Start with Denominator

2. Check Patient Age:

    a. All Patients Regardless of Age, proceed to check Procedure Performed.

3. Check Procedure Performed:

    a. If Procedure 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 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 80 procedures in the Sample Calculation.

5. Start Numerator

6. Check Patient Sustained Ureter Injury at the Time of Surgery or Discovered Subsequently Up to 1 Month Post-Surgery:

    a. If Patient Sustained Ureter Injury at the Time of Surgery or Discovered Subsequently Up to 1 Month Post- Surgery equals Yes, include in Data Completeness Met and Performance Met.

    b. Data Completeness Met and Performance Met is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 procedures in the Sample Calculation.

    c. If Patient Sustained Ureter Injury at the Time of Surgery or Discovered Subsequently Up to 1 Month Post- Surgery equals No, proceed to Documented Medical Reasons for Not Reporting Ureter Injury.

7. Check Documented Medical Reasons for Not Reporting Ureter Injury:

    a. If Documented Medical Reasons for Not Reporting Ureter Injury equals Yes, include in Data Completeness Met and Denominator Exception.

    b. Data Completeness Met and Denominator Exception is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 procedures in the Sample Calculation.

    c. If Documented Medical Reasons for Not Reporting Ureter Injury equals No, proceed to Patient Did Not Sustain Ureter Injury at the Time of Surgery or Subsequently Up to 1 Month Post-Surgery.

8. Check Patient Did Not Sustain Ureter Injury at the Time of Surgery or Subsequently Up to 1 Month Post-Surgery:

a. If Patient did Not Sustain Ureter Injury at the Time of Surgery or Subsequently Up to 1 Month Post-Surgery 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 20 procedures in the Sample Calculation.

c. If Patient did Not Sustain Ureter Injury at the Time of Surgery or Subsequently Up to 1 Month Post-Surgery equals No, proceed to Data Completeness Not Met.

9. Check Data Completeness Not Met:

a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 procedures) + Denominator Exception (b=10 procedures) + Performance Not Met (c=20 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = \textbf{87.50\%}$$

Performance Rate**=

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures) – Denominator Exception (b=10 procedures)}} = \frac{40 \text{ procedures}}{60 \text{ procedures}} = \textbf{66.67\%}$$