

# 1 - V8.0 HST8QA01\_SCRUB PHI SURGERY CENTER

Report ID: OP5025 - ASCA Benchmarking

Run Date: 6/13/2019 11:56  
AM

Printing Selection: From Date of Service=4/1/2019 To Date of Service=6/30/2019 CPT Counts on Primary CPT only=No

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## Section I Volume

1.	ASC Patient Encounters (Cases)	256	1a.	Patient Encounters (Cases) performed by Non-Owner Physicians	214
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### 2. Procedure Type Summary (By Billed CPT)

Integumentary	10004 - 19499	28
MusculoSkeletal	20100 - 29999	19
Respiratory	30000 - 32999	73
Cardiovascular	33010 - 37799	0
Hemic and Lymphatic Systems	38100 - 38999	0
Mediastinum and Diaphragm	39000 - 39599	0
Digestive	40490 - 49999	72
Urinary	50010 - 53899	0
Male	54000 - 55899	2
Reproductive System	55920	0
Intersex Surgery	55970 - 55980	0
Female Genital System	56405 - 58999	0
Maternity	59000 - 59899	0
Endocrine System	60000 - 60699	2
Nervous	61000 - 64999	6
Eye and Ocular Adnexa	65091 - 68899	64
Auditory System	69000 - 69979	1
Operating Microscope	69990	0
Radiology	70010 - 76499	0
Diagnostic U/S	76506 - 76999	0
Radiology Guidance	77001 - 77022	0
Radiation Oncology	77261 - 77799	0
Diagnostic	78012 - 78999	0
Pathology and Lab	80047 - 89398	0
Medicine	90281 - 99607	0
Category III	0042T - 0542T	3
Other		79

### 3. Level of Care

Level 1	Level 2	Level 3	Level 4	Level 5	Do Not Track	No ASA Code
33	0	0	0	0	0	223

### 4. Payer Mix

Medicare	Medicaid	Commercial	Self-Pay	Workers Comp	Other
31	2	153	66	0	4

### 5. Charity Care Encounters

(Run ME9007 for your Charity Payer ID to obtain this information)

**Section II Quality Measures****Part 1: Quality Measures Suspended by Medicare***(Based on GCodes entered in the Clinical Log for all Patients Records)*

- |                                       |                                |   |
|---------------------------------------|--------------------------------|---|
| 1. Number of Falls within the ASC     | (G8910)                        | 0 |
| 1a - 1i Patient Fall Detail           | <i>Not Reportable From HST</i> |   |
| 2. Number of Burns                    | (G8908)                        | 0 |
| 2a - 2i Patient Burn Detail           | <i>Not Reportable From HST</i> |   |
| 3. Transfer to Acute Care or Hospital | (G8914)                        | 0 |
| 4. Wrong Side, Site, etc              | (G8912)                        | 0 |

**Part 2: Quality Measures Reported to Medicare**Unplanned anterior vitrectomy

1. A. Unplanned Anterior Vitrectomy

G9389	1
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- B. # of Cataracts by CPT

66982	10
66983	0
66984	38

Normothermia Outcome

2. A. Patients did not meet normothermia

0
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- B. Number of Patients with General or Neuraxial Anesthesia equal or greater than 60 Min.

General	0
Neuraxial	0
Total	0

**Part 3: Quality Measures NOT Reported to Medicare**Toxic Anterior Segment Syndrome (TASS)      *Not Reportable From HST*

1. Number of ophthalmic anterior segment surgery patients diagnosed with TASS within 2 days of surgery.

*Toxic Anterior Segment Syndrome (TASS): an acute, sterile postoperative anterior segment inflammation that develops following anterior segment surgery.*

*Anterior segment surgery: for purposes of this measure, CPT codes 65400-65756, 65760-66986, and 66999.*

*Data Source: Physician diagnosis and report, clinical administrative data, paper medical records, incident/occurrence reports and variance reports are potential data sources.*

- 1a. Number of TASS patients for the following CPT CODE Ranges:

65400 - 65756	_____
65760 - 66986	_____
66999	_____

2. Number of ASC Admissions with ED visit in 24hrs. \_\_\_\_\_

3. Number of ASC admissions with Hospital admission in 24hrs. \_\_\_\_\_

Perioperative Blood Glucose Monitoring

4. & 4a *Not Reportable From HST*

Intravenous (IV) Prophylactic Antibiotic Administration for Prevention of Surgical Site Infection

5a. Number of intravenous (IV) prophylactic antibiotics administered on-time: (G8916) 0

5b. Number of admissions with a preoperative order for an intravenous (IV) prophylactic antibiotic for the prevention of surgical site infection: (G8916) & (G8917) 0

6. Safe Surgery Checklist - *Not reportable from HST*

**Section III Operational Measures**

*(Based on indicator code mapping)*

1. Cancellations After Admission 1

2a. Razor / Depilatory Cream other Areas: 0

2b. Surgical Hair Removal 0

2c. Performed own hair removal: 0

*(System Calculated)*

3a. Total Hours Available 5201

3b. Total Hours Used: 17

4. Number of Operative Reports Dictated with 1 Business Day 5

5. Medical Records Completed within 30 days 5

6. Total # of claims denied at initial submission 0

**Section IV Outcome of Care Measures**

*(Based on indicator code mapping)*

1. Medication Administration 0

2. Medical Device Errors 0

3. Death within 48 hours 0

4. Returned to Surgery within 48 hours 0

**Section V Complication Measures***(Based on indicator code mapping)*

1. Cardiac / Respiratory	0
2. Colon Perforation	0
3. Post Polypectomy Bleed	1
4. Hemorrhage	1
5. Retained Foreign	0
6. Nausea / Vomiting	1
7. VTE within 30 Days	0

*Obtain CPT information for VTE patients from the Pathways Account - Visit Ledger tab or report OP5016*

7b. Primary CPT for VTE patient(s) (1st patient) \_\_\_\_\_

7c. Primary CPT for VTE patient(s) (2nd patient) \_\_\_\_\_

**Section VI Staffing Measures** *(Not reportable by HST)***Section VII Financial Measures**

**1. Net Accounts Receivable** \$1,711,892.77

*(Note: Only report this amount if your center does contractual write-offs at the time of billing)*

**2. Net Patient Revenue** \$2,633,451.39

*(Note: Only report this amount if your center operates on a cash basis)*

3, 4 & 5. *(Not reportable by HST)*

**6. Inventory Balance** (\$1,997,876,977.37)

*(Note: Only report this amount if your center does quarterly physical counts)*

**7. Supply Cost** *(Note: Centers can obtain this amount by running the IV4008 - Items Used report for the reporting quarter; Group by Item category or Department and Hide Detail)*

8 & 9. *(Not reportable by HST)*