

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

2017 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Outcome

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

INSTRUCTIONS:
This measure is to be reported **each time** a prolapse organ repair surgery is performed during the **performance period** ending November 30th. 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:
All patients undergoing anterior or apical pelvic organ prolapse (POP) surgery

Denominator Criteria (Eligible Cases):

All patients, regardless of age

AND

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

NUMERATOR:
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. 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: *In order to meet the measure, ureter injury is sustained as a result of the prolapse surgery.*

Numerator Options:

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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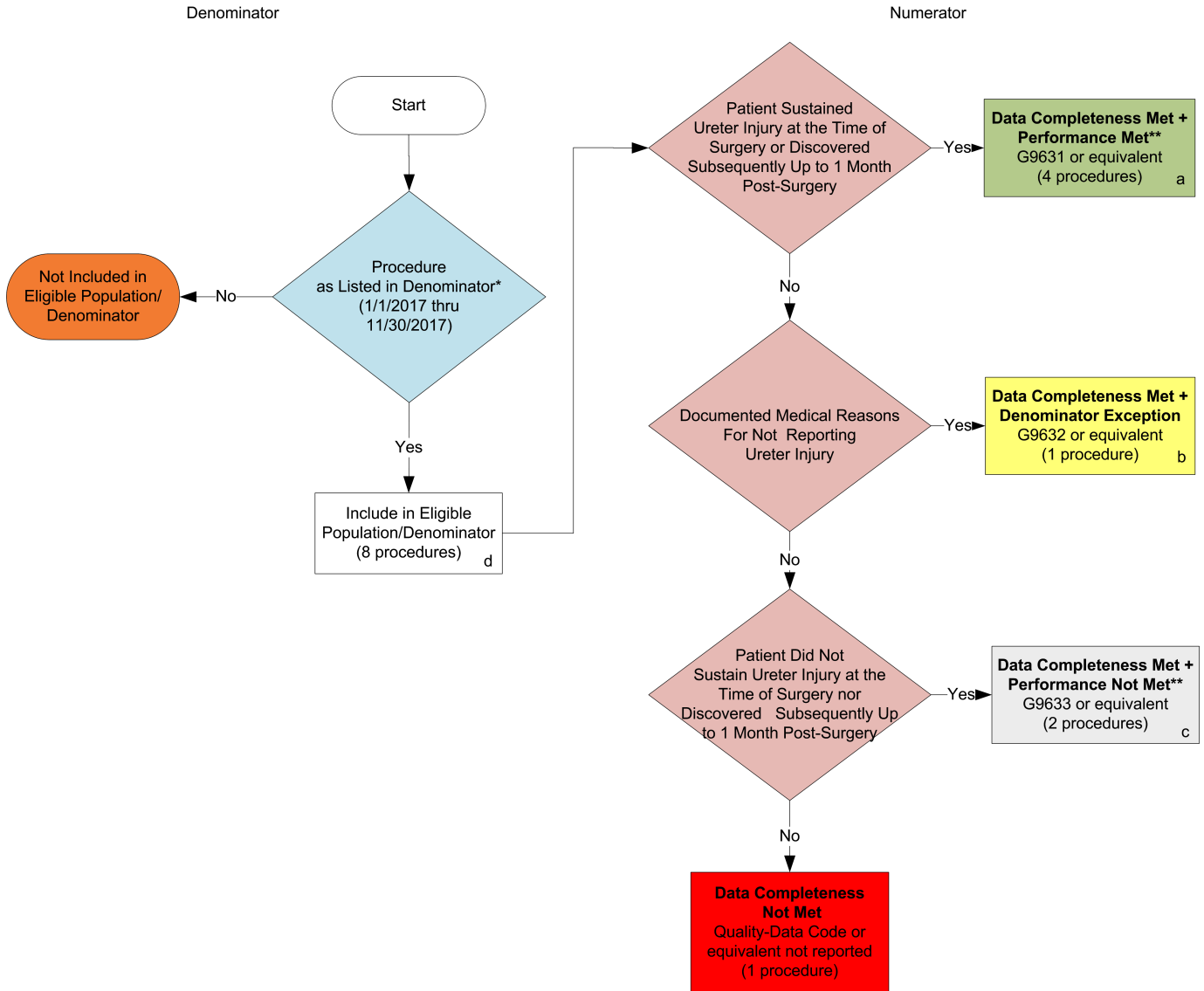
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2017 Registry Individual Measure Flow
#434: Proportion of Patients Sustaining a Ureter Injury at the Time of any Pelvic Organ Prolapse Repair



SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=4 procedures)} + \text{Denominator Exception (b=1 procedure)} + \text{Performance Not Met (c=2 procedures)}}{\text{Eligible Population / Denominator (d=8 procedures)}} = \frac{7 \text{ procedures}}{8 \text{ procedures}} = \mathbf{87.50\%}$$

Performance Rate=**

Performance Met (a=4 procedures)	= 4 procedures	= 66.67%
Data Completeness Numerator (7 procedures) – Denominator Exception (b=1 procedure)	= 6 procedures	

*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: Report 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

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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 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.
3. 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 procedures in the sample calculation.
4. Start Numerator
5. 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 4 procedures in 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.
6. 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 1 procedure 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.
7. 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 2 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.
8. Check Data Completeness Not Met:
- a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not reported. 1 procedure has been subtracted from the data completeness numerator in the sample calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=4 procedures)} + \text{Denominator Exception (b=1 procedure)} + \text{Performance Not Met (c=2 procedures)}}{\text{Eligible Population / Denominator (d=8 procedures)}} = \frac{7 \text{ procedures}}{8 \text{ procedures}} = 87.50\%$$

Performance Rate=**

$$\frac{\text{Performance Met (a=4 procedures)}}{\text{Data Completeness Numerator (7 procedures) – Denominator Exception (b=1 procedure)}} = \frac{4 \text{ procedures}}{6 \text{ procedures}} = 66.67\%$$