Five Phases of Surgical Care

1. Pre-operative
2. Peri-operative
3. Intra-operative
4. Post-operative
5. Post-discharge
Surgical Measures Group
PQRS Pathways

- Individual patient surgical treatment plans and patient goals
- Identification of major co-morbid conditions
- Preventative Care and Screening
- Preoperative Key Medications
- Patient-centered risk score
- Patient Frailty Index
- Peri operative composite
- Post operative care coordination and F/U
- Unplanned Hospital Readmission (PQRS Measure #356)
- Participation in national risk-adjusted outcomes surgical registry
Patient surgical plan and goals:

NUMERATOR: All patients who are
1) brought from their home or normal living environment on the day of surgery,
   AND
2) undergo a non-emergent/non-urgent, scheduled surgical procedures,
   AND
3) have the purpose of the procedure documents in the medical record
   AND
4) have goals of care discussion documented in the medical record.
Surgical Purpose - surgeon's view of purpose

- Establish a diagnosis
- Relieve symptoms
- Treat or cure condition
- Improve function and/or QOL
- Other

Surgical Goals - dominant patient goal

- Living as long as possible
- Living independently / taking care of yourself
- Keeping comfortable, symptom relief
- Establishing a diagnosis or treating / curing a condition
- Other (single sentence)
Co-morbid Conditions

- Neurologic
- Endocrine
- Cardiac
- Pulmonary
- Renal
- Hepatic

Key Medications

- Anti-coagulants
- Cardiac
- Anti-glycemics
- Anti-convulsants
- Etc...
Enter Patient and Surgical Information

Procedure

Begin by entering the procedure name or CPT code. One or more procedures will appear below the procedure box. You will need to click on the desired procedure to properly select it. You may also search using two words (or two partial words) by placing a ‘+’ in between, for example: “cholecystectomy+cholangiography”

Reset All Selections

Are there other potential appropriate treatment options?  Other Surgical Options  Other Non-operative options  None

Please enter as much of the following information as you can to receive the best risk estimates. A rough estimate will still be generated if you cannot provide all of the information below.

Age Group  Under 65 years
Sex  Female
Functional status  Independent
Emergency case  No
ASA class  I - Healthy patient
Wound class  Clean
Steroid use for chronic condition  No
Ascites within 30 days prior to surgery  No
Systemic sepsis within 48 hours prior to surgery  None
Ventilator dependent  No
Disseminated cancer  No
Diabetes  None
Hypertension requiring medication  No
Previous cardiac event  No
Congestive heart failure in 30 days prior to surgery  No
Dyspnea  None
Current smoker within 1 year  No
History of severe COPD  No
Dialysis  No
Acute Renal Failure  No
BMI Calculation
Height (in)
Weight (lbs)
### Procedure Risk Factors
44140 - Colectomy, partial; with anastomosis  
Age: 65-74, Female, ASA III, Clean/Contaminated wound, Diabetes (oral), Previous cardiac, Overweight

#### Outcomes

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Estimated Risk</th>
<th>Chance of Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious Complication</td>
<td>13%</td>
<td>Below Average</td>
</tr>
<tr>
<td>Any Complication</td>
<td>23%</td>
<td>Average</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>2%</td>
<td>Below Average</td>
</tr>
<tr>
<td>Cardiac Complication</td>
<td>2%</td>
<td>Above Average</td>
</tr>
<tr>
<td>Surgical Site Infection</td>
<td>13%</td>
<td>Average</td>
</tr>
<tr>
<td>Urinary Tract Infection</td>
<td>5%</td>
<td>Above Average</td>
</tr>
<tr>
<td>Venous Thromboembolism</td>
<td>2%</td>
<td>Below Average</td>
</tr>
<tr>
<td>Renal Failure</td>
<td>1%</td>
<td>Average</td>
</tr>
<tr>
<td>Return to OR</td>
<td>6%</td>
<td>Average</td>
</tr>
<tr>
<td>Death</td>
<td>1%</td>
<td>Above Average</td>
</tr>
<tr>
<td>Discharge to Nursing or Rehab Facility</td>
<td>5%</td>
<td>Below Average</td>
</tr>
</tbody>
</table>

#### Estimated Risk

- **Venous Thromboembolism**: Average Patient Risk: 2%, Your Risk: 1.6%
- **Return OR**: Average Patient Risk: 6.1%, Your Risk: 5.6%

### Predicted Length of Hospital Stay:
4.5 days
Partnering ACS Use Cases with AHRQ Use Cases
Thank you
Frank G Opelka, MD
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