

**Surgical Phase of Care (SPC) Measure 2 – ACS18: Patient Frailty Evaluation**

**National Quality Strategy (NQS) Domain:** Effective Clinical Care

**Meaningful Measure Area:** Preventable Healthcare Harm

**Measure Type:** Process

**Inverse Measure:** No

**High-Priority Measure:** No

**Risk-Adjusted:** No

**Number of Performance Rates:** 1

**Proportional Measure:** Yes

**Continuous Variable Measure:** No

**Ratio Measure:** No

**2019 QPP MIPS QUALITY OPTIONS FOR INDIVIDUAL MEASURES:**  
**REGISTRY ONLY**

**DESCRIPTION:**

Percentage of patients age 65 and older who have been evaluated for frailty prior to an elective operation.

**INSTRUCTIONS:**

This measure is to be reported **each time** a patient is scheduled for an elective surgical operation. This 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 via Registry:**

CPT codes and patient demographics are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of the measure.

**DENOMINATOR:**

All patients 65 years and older who 1) are brought from their home or normal living environment on the day of surgery AND 2) undergo a non-emergent/non-urgent, scheduled surgical procedure.

**Denominator Criteria (Eligible Cases):**

All patients aged 65 years and older

**AND**

Patients brought from their home or normal living environment on the day of surgery and undergo a non-emergent/not-urgent, scheduled surgical procedure

**AND**

One of the following CPT codes for the patient encounter during the reporting period: (see appendix 1)

**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 procedure; **and** 3) have documented frailty screening and outcome of screening in the medical record prior to schedule surgical procedure; **and** 4) have documented in the medical record an established recommended clinical action plan, if applicable, for the patient based on their frailty screening outcome prior to the scheduled surgical procedure.”.

**Numerator Instructions:** There must be documentation of the patient’s frailty screening **and** outcome of screening in the medical record **and** an established recommended clinical action plan, if applicable.

**Numerator Quality-Data Coding Options for Reporting Satisfactorily:**

Documentation of frailty screening **and** outcome of screening in the medical record **and** established recommended clinical action plan, if applicable.

*Performance Met:*

Documentation of frailty screening **and** outcome of screening in the medical record prior to scheduled surgical procedure **and** an established recommended clinical action plan, if applicable.

**OR**

Frailty screen could not be completed due to patient condition (cognitive impairment, physical disability preventing participation).

*Medical Performance Exclusion:*

Frailty screen could not be completed due to patient condition (cognitive impairment, physical disability preventing participation).

**OR**

Frailty screen offered and patient refused participation.

*Patient Performance Exclusion:*

Frailty screen offered and patient refused participation.

**OR**

No documentation of frailty screening and outcome of screening in the medical record and established recommended clinical action plan, if applicable.

*Performance Not Met:*

No documentation of frailty screening and outcome of screening in the medical record prior to schedule surgical procedure and an established recommended clinical action plan, if applicable.

**RATIONALE:**

There is an abundance of peer-reviewed academic literature demonstrating the relationship between frailty and poor outcomes. With better assessment of frailty in surgical patients, there will be trends toward reevaluating surgical decision making and/or incorporating preoperative physical and occupational therapy into one's practice to improve upon frailty prior to the operation at hand.

**SUPPORTING EVIDENCE:**

Fried LP, Tangen CM, Walston J, Newman AB, Hirsch C, Gottdiener J, Seeman T, Tracy R, Kop WJ, Burke G, McBurnie MA; Cardiovascular Health Study Collaborative Research Group. Frailty in older adults: evidence for a phenotype. J Gerontol A Biol Sci Med Sci. 2001 Mar;56(3):M146-56.

Makary MA, Segev DL, Pronovost PJ, Syin D, Bandeen-Roche K, Patel P, Takenaga R, Devgan L, Holzmueller CG, Tian J, Fried LP. Frailty as a predictor of surgical outcomes in older patients. J Am Coll Surg. 2010 Jun;210(6):901-8..

Theou O, Brothers TD, Peña FG, Mitnitski A, Rockwood K. Identifying common characteristics of frailty across seven scales. J Am Geriatr Soc. 2014 May;62(5):901-6.

Malmstrom TK, Miller DK, Morley JE. A comparison of four frailty models. J Am Geriatr Soc. 2014 Apr;62(4):721-6.

Hewitt J, Moug SJ, Middleton M, Chakrabarti M, Stechman MJ, McCarthy K; Older Persons Surgical Outcomes Collaboration. Prevalence of frailty and its association with mortality in general surgery. Am J Surg. 2015 Feb;209(2):254-9.

Collard RM, Boter H, Schoevers RA, Oude Voshaar RC. Prevalence of frailty in community-dwelling older persons: a systematic review. J Am Geriatr Soc. 2012 Aug;60(8):1487-92.

Example of FRAIL scale, from:

Morley JE, Malmstrom TK, Miller DK. A simple frailty questionnaire (FRAIL) predicts outcomes in

middle aged African Americans. J Nutr Health Aging. 2012 Jul;16(7):601-8.

**Surgical Phase of Care (SPC) Measure 3 – ACS16: Preventative Care and Screening: Tobacco Screening and Cessation Intervention**

**National Quality Strategy (NQS) Domain:** Community/Population Health

**Meaningful Measure Are:** Prevention and Treatment of Opioid and Substance Use Disorders

**Measure Type:** Process

**Inverse Measure:** No

**High-Priority Measure:** No

**Risk-Adjusted:** No

**Number of Performance Rates:** 1

**Proportional Measure:** Yes

**Continuous Variable Measure:** No

**Ratio Measure:** No

**2019 QPP MIPS QUALITY OPTIONS FOR INDIVIDUAL MEASURES:**  
**REGISTRY ONLY**

**DESCRIPTION:**

Percentage of patients age 18 or older who are active tobacco users who receive tobacco screening AND are offered cessation counseling at least 2 months prior to elective surgical procedure in order to delay the procedure until smoking cessation is possibly achieved.

**INSTRUCTIONS:**

This measure is to be reported **each time** a patient undergoes an elective surgical procedure AND is identified as an active tobacco user. 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 via Registry:**

CPT codes and patient demographics are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of the measure.

**DENOMINATOR:**

All patients, aged 18 years and older, evaluated by an eligible clinician who are scheduled for an elective surgical procedure AND who are active tobacco users.

**Denominator Instructions:** CPT Category I procedure codes billed by surgeons performing surgery on the same patient, submitted with modifier 62 (indicating two surgeons, i.e. dual procedures) will be included in

the denominator population. Both surgeons participating in MIPS will be fully accountable for the clinical action described in the measure.

**Denominator Criteria (Eligible Cases):**

All patients aged 18 years and older

AND

Patients evaluated by an eligible clinician and identified as an active tobacco user

AND

Patients scheduled for an elective surgical procedure

AND

One of the following CPT codes for the patient encounter during the reporting period: (see appendix 1)

**NUMERATOR:**

All patients who undergo an elective surgical procedure and who are active tobacco users and received cessation counseling at least 2 months prior to the scheduled elective procedure.

**Numerator Instructions:** There must be documentation in the patient's medical record that the patient is an active tobacco user and received cessation counseling at least 2 months prior to the scheduled elective surgical procedure.

**Numerator Quality-Data Coding Options for Reporting Satisfactorily:**

Documentation in the patient's medical record that the patient is an active tobacco user and received cessation counseling at least 2 months prior to the scheduled elective surgical procedure.

***Performance Met:***

Documentation in the patient's medical record that the patient is an active tobacco user and received cessation counseling at least 2 months prior to the scheduled elective surgical procedure.

**OR**

Documentation in the patient's medical record that the patient did not receive tobacco cessation counseling at least 2 months prior to the procedure due to the risk of delaying the elective surgical procedure being greater than the benefits of cessation of tobacco use.

***Medical Performance Exclusion:***

Documentation in the patient's medical record that the patient did not receive tobacco cessation counseling at least 2 months prior to the procedure due to the risk of delaying the elective surgical procedure being greater than the

benefits of cessation of tobacco use.

**OR**

Documentation in the patient's medical record that the patient is an active tobacco user and did **not** received cessation counseling at least 2 months prior to the scheduled elective surgical procedure.

***Performance Not Met:***

Documentation in the patient's medical record that the patient is an active tobacco user and did **not** received cessation counseling at least 2 months prior to the scheduled elective surgical procedure.

**RATIONALE:**

There is significant literature supporting the utility of preoperative smoking cessation including a randomized clinical trial and a systematic review. It is expected that if there is greater surgeon buy-in to perioperative smoking cessation intervention, then there will be a significant increase in patient quality and satisfaction, in addition to a significant decrease in post-operative complications such as wound infection and pneumonia.

**SUPPORTING EVIDENCE:**

Effects of a perioperative smoking cessation intervention on postoperative complications.

*Lindstrom D; Azodi OS et al.*

*Annals of Surgery* 2008; 248(5); 739-45.

The effectiveness of a perioperative smoking cessation program: A randomized clinical trial

*Lee SM; Landry J; Jones PM et al.*

*Anesthesia & Analgesia* 2013; 177(3); 605-13.

U.S. Department of Health and Human Services. Public Health Service, 2008

Interventions for preoperative smoking cessation

*Thomsen T, Villebro N, Moller AM.*

*Cochrane Database Systematic Review. 2014*

- Strength of Evidence
  - All patients should be asked if they use tobacco and should have their tobacco use status documented on a regular basis. Evidence has shown that clinic screening systems, such as expanding the vital signs to include tobacco use status, significantly increase rates of clinical intervention.
  - All physicians should strongly advise every patient who smokes to quit because evidence suggests that physicians' advice to quit smoking increases abstinence rates.

- The combination of counseling and medication is more effective for smoking cessation than either medication or counseling alone. Therefore, both counseling and medication should be provided to patients trying to quit smoking.



**Surgical Phase of Care (SPC) Measure 6 – ACS20: Optimal Postoperative Communication Plan and Patient Care Coordination Composite**

**National Quality Strategy (NQS) Domain:** Communication and Care Coordination

**Meaningful Measure Area:** Care is Personalized and Aligned with Patient's Goals

**Measure Type:** Composite; Process

**Inverse Measure:** No

**High-Priority Measure:** Yes – Communication and Care Coordination

**Risk-Adjusted:** No

**Number of Performance Rates:** 1

**Proportional Measure:** Yes

**Continuous Variable Measure:** No

**Ratio Measure:** No

**2019 QPP MIPS QUALITY OPTIONS FOR INDIVIDUAL MEASURES:  
REGISTRY ONLY**

**DESCRIPTION:**

Percentage of patients, age 18 years or older, who are brought from their home or normal living environment and who are taken to the operating room for an elective surgical intervention under regional anesthesia, MAC, and/or general anesthesia who have been documented for having all four of the following patient care communication and care coordination planning components addressed at the beginning of the postoperative phase of care:

1. A postoperative care plan is established, addressing mobilization, pain management, diet, resumption of preoperative medications, management of drains/catheters/invasive lines, and wound care.
2. A postoperative review of the patient goals of care that were expressed preoperatively and updating those goals of care as appropriate.
3. A postoperative care coordination with the patient's primary/referring provider regarding the surgery within 30 days following surgery.
4. A postoperative patient care communication plan with the patient and/or patient's family regarding the surgery and plan for care after discharge.

**INSTRUCTIONS:**

This measure is to be reported **each time** a patient is brought from their home or normal place of living environment and is taken to the operating room for an elective surgical intervention under regional anesthesia, MAC, and/or general anesthesia. 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 via Registry:**

CPT codes and patient demographics are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of the measure.

### **DENOMINATOR:**

All patients, aged 18 years and older, who are brought from their home or normal living environment on the day of surgery and who are taken to the operating room for an elective surgical intervention under regional, MAC, and/or general anesthesia who have postoperative communication regarding goals of care discussion documented as one of the following:

1. Living as long as possible
2. Living independently
3. Keeping comfortable, symptom relief
4. Establishing a diagnosis or treating/curing a condition
5. Other (single sentence)

#### **Denominator Criteria (Eligible Cases):**

All patients aged 18 years and older

AND

Patients brought from their home or normal living environment on the day of surgery and taken to the operating room for an elective surgical intervention under regional, MAC, and/or general anesthesia

AND

Patients who have postoperative communication regarding the goals of care discussion documented as one of the following:

1. Living as long as possible
2. Living independently
3. Keeping comfortable, symptom relief
4. Establishing a diagnosis or treating/curing a condition
5. Other (single sentence)

AND

One of the following CPT codes for the patient encounter during the reporting period: (see appendix 1)

AND NOT

Patients who are inpatient at an acute care hospital at the time of their current operation

OR

Patients who are transferred from the Emergency Department (ED)

OR

Patients who are transferred from a clinic

OR

Patients who undergo an emergent/urgent surgical operation

OR

Patients whose admission to the hospital was on any date prior to the date of the scheduled surgical procedure for any reason

### **NUMERATOR (All or Nothing):**

Patients, age 18 years or older, who are reported for having all four of the following patient care communication and care coordination planning components addressed:

COMPONENT 1: Patient has had a postoperative care plan established, addressing mobilization, pain management, diet, resumption of preoperative medications, management of drains/catheters/invasive lines, and wound care.

COMPONENT 2: Patient has had a postoperative review of the patient's goals of care that were expressed preoperatively and who has had those goals of care updated as appropriate.

COMPONENT 3: Patient has had a postoperative care coordination with the patient's primary/referring provider regarding the surgery within 30 days following surgery.

COMPONENT 4: Patient has had a postoperative patient care communication plan established with the patient and/or patient's family regarding the surgery and plan for care after discharge.

**Numerator Instructions:** Each component should be reported in order to determine the reporting and performance rate for the overall percentage of patients that meet ALL targets represented as the numerator. There must be documentation for all **four** patient care communication and care coordination **components** listed.

**Numerator Quality-Data Coding Options for Reporting Satisfactorily:**

**COMPONENT 1:**

Documentation of a postoperative care plan established, addressing mobilization, pain management, diet, resumption of preoperative medications, management of drains/catheters/invasive lines, and wound care.

**Component Options:**

*Performance Met:*

Documentation of a postoperative care plan established, addressing mobilization, pain management, diet, resumption of preoperative medications, management of drains/catheters/invasive lines, and wound care.

**OR**

*Performance Not Met:*

No documentation of a postoperative care plan established, addressing mobilization, pain management, diet, resumption of preoperative medications, management of drains/catheters/invasive lines, and wound care.

**AND**

**COMPONENT 2:**

Documentation of a postoperative review of the patient's goals of care that were expressed preoperatively and who has had those goals of care updated as appropriate.

**Component Options:**

*Performance Met:*

Documentation of a postoperative review of the patient's goals of care that were

expressed preoperatively and who has had those goals of care updated as appropriate.

OR

*Performance Not Met:*

No documentation of a postoperative review of the patient's goals of care that were expressed preoperatively and who has had those goals of care updated as appropriate.

AND

COMPONENT 3:

Documentation of a postoperative care coordination with the patient's primary/referring provider regarding the surgery within 30 days following surgery.

Component Options:

*Performance Met:*

Documentation of a postoperative care coordination with the patient's primary/referring provider regarding the surgery within 30 days following surgery.

OR

*System Performance Exclusion:*

Documentation that the patient does not have a PCP or referring physician to communicate with post-operatively within 30 days following surgery.

OR

*Performance Not Met:*

No documentation of a postoperative care coordination with the patient's primary/referring provider regarding the surgery within 30 days following surgery.

AND

COMPONENT 4:

Documentation of a postoperative patient care communication plan established with the patient and/or patient's family regarding the surgery and plan for care after discharge.

Component Options:

*Performance Met:*

Documentation of a postoperative patient care communication plan established with the patient and/or patient's family regarding the surgery and plan for care after discharge.

OR

*Performance Not Met:*

No documentation of a postoperative patient care communication plan established with the patient and/or patient's family regarding the surgery and plan for care after discharge.

## **RATIONALE:**

**COMPONENT 1:** There is substantial literature documenting that standardized handoffs for patients from the operating room to their postoperative destination improves care and outcomes. With standardized documentation of the postoperative plan, it is expected that higher quality of care at a lower cost will be delivered.

**COMPONENT 2:** There is substantial literature demonstrating the need to align a patient's goals of care with the care they receive. It is expected that with better alignment of patient care and patient goals, there will be better appropriateness of care, better satisfaction, and cost savings.

**COMPONENT 3:** There is substantial literature documenting the importance of communication between the patient's surgeon and primary care provider. Keeping the lines of communication open between providers decreases poly-pharmacy, cost, and increases patient satisfaction. With better communication between the surgeon and the primary care physician, there will be higher rates of patient satisfaction, better outcomes, and decreased cost to the patient.

**COMPONENT 4:** There is extensive evidence in the literature demonstrating that patient satisfaction is improved when they are well informed about what to expect during the inpatient hospitalization after surgery. In addition, documenting communication about the postoperative plan will make patients more prepared for discharge – readiness for discharge is another important patient satisfaction indicator. With better patient and family communication around the surgical process, patients and their families will be more satisfied, and the patient will have a better outcome.

## **SUPPORTING EVIDENCE:**

### **COMPONENT 1:**

Kaufman J, et al. A handoff protocol from the cardiovascular operating room to cardiac ICU is associated with improvements in care beyond the immediate postoperative period. *Joint Commission Journal on Quality and Patient Safety*. 2013 Jul;39(7):306-11.

McElroy LM, Collins KM, et al. Operating room to intensive care unit handoffs and the risks of patient harm. *Surgery*. 2015 Sep;158(3):588-94.

Symons NR, Almouadaris AM, Nagpal K, Vincent CA, Moorthy K. An observational study of the frequency, severity, and etiology of failures in postoperative care after major elective general surgery. *Annals of Surgery*. 2013 Jan;257(1):1-5.

### **COMPONENT 2:**

Steffens NM, Tucholka JL, Nabozny MK, Schmick AE, et al. Engaging patients, health care professionals, and community members to improve preoperative decision making for older adults facing high-risk surgery. *JAMA Surg*. 2016. doi: 10.1001/jamasurg.2016.1308

Kelly KN, Noyes K, Dolan J, Fleming F, et al. Patient perspective on care transitions after colorectal surgery. *J Surg Res*. 2016; 203(1):103-12

Gussous Y, Than K, Mummameni P, Smith J, et al. Appropriate use of limited interventions vs extensive surgery in the elderly patient with spinal disorders. *Neurosurgery*. 2015; 77 suppl 4:S142-63

Kim Y, Winner M, Page A, Tisnado DM, et al. Patient perceptions regarding the likelihood of cure after surgical resection of lung and colorectal cancer. *Cancer* 2015; 121(20):3564-73

Paul Olson TJ, Brasel JH, Redmann AJ, Alexander GC, et al. Surgeon-reported conflict with intensivist about postoperative goals of care. *JAMA Surg*. 2013. 148(1):29-35.

#### COMPONENT 3:

Care Coordination. May 2015. Agency for Healthcare Research and Quality, Rockville, MD.  
<http://www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination/index.html>. May 2015.

#### COMPONENT 4:

Kelly KN, Noyes K, et al. Patient perspective on care transitions after colorectal surgery. *Journal of Surgical Research*. 2016 Jun 1;203(1):103-12.

Schmocker RK, Holden SE, et al. Association of Patient-Reported Readiness for Discharge and Hospital Consumer Assessment of Health Care Providers and Systems Patient Satisfaction Scores: A Retrospective Analysis. *Journal of the American College of Surgeons*. 2015 Dec;221(6):1073-82.

McMurray A, Johnson P, Wallis M, Patterson E, Griffiths S. General surgical patients' perspectives of the adequacy and appropriateness of discharge planning to facilitate health decision-making at home. *Journal of Clinical Nursing*. 2007 Sep;16(9):1602-9.

**Surgical Phase of Care (SPC) Measure 7 – ACS21: Post-Acute Recovery Composite**

**National Quality Strategy (NQS) Domain:** Patient Safety

**Meaningful Measure Area:** Care is Personalized and Aligned with Patient's Goals

**Measure Type:** Composite; Process

**Inverse Measure:** No

**High-Priority Measure:** Yes – Communication and Care Coordination

**Risk-Adjusted:** No

**Number of Performance Rates:** 1

**Proportional Measure:** Yes

**Continuous Variable Measure:** No

**Ratio Measure:** No

**2019 OPP MIPS QUALITY OPTIONS FOR INDIVIDUAL MEASURES:**  
**REGISTRY ONLY**

**DESCRIPTION:**

Percentage of patients age 18 or older who are taken to the operating room for an elective intervention under regional, MAC, and/or general anesthesia who have been documented for having all two post-acute components addressed at the beginning of the post-discharge phase of care:

1. A post-discharge review of the patient goals of care that were expressed preoperatively and updating those goals of care as appropriate occurring after discharge up until 30 days following discharge date.
2. A post-discharge follow-up encounter within 30 days updating patient improvements in mobility, pain control, diet, resumption of home medications, wound care, and management of cutaneous/invasive devices (drains, IV lines, etc).

**INSTRUCTIONS:**

This measure is to be reported **each time** a patient is taken to the operating room for an elective intervention under regional, MAC, and/or general anesthesia. 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 via Registry:**

CPT codes and patient demographics are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of the measure.

**DENOMINATOR:**

All patients, aged 18 years and older, who undergo an elective procedure under regional, MAC, and/or general

anesthesia who have a post-discharge communication regarding the goals of care discussion documented as one of the following:

1. Living as long as possible
2. Living independently
3. Keeping comfortable, symptom relief
4. Establishing a diagnosis or treating/curing a condition
5. Other (single sentence)

**Denominator Criteria (Eligible Cases):**

All patients aged 18 years and older

AND

Patients who undergo an elective procedure under regional, MAC, and/or general anesthesia

AND

Patients who have postoperative and/or post-discharge communication regarding the goals of care discussion documented as one of the following:

1. Living as long as possible
2. Living independently
3. Keeping comfortable, symptom relief
4. Establishing a diagnosis or treating/curing a condition
5. Other (single sentence)

AND

One of the following CPT codes for the patient encounter during the reporting period: (see appendix 1)

AND NOT

Patients who are inpatient at an acute care hospital at the time of their current operation

OR

Patients who are transferred from the Emergency Department (ED)

OR

Patients who are transferred from a clinic

OR

Patients who undergo an emergent/urgent surgical operation

OR

Patients whose admission to the hospital was on any date prior to the date of the scheduled surgical procedure for any reason

**NUMERATOR (All or Nothing):**

All patients age 18 or older who are taken to the operating room for an elective intervention under regional, MAC, and/or general anesthesia who have been documented for having all two post-acute components addressed at the beginning of the post-discharge phase of care:

COMPONENT 1: A post-discharge review of the patient goals of care that were expressed preoperatively and updating those goals of care as appropriate occurring after discharge up until 30 days following discharge date.

COMPONENT 2: A post-discharge follow-up encounter within 30 days updating patient improvements in mobility, pain control, diet, resumption of home medications, wound care, and management of cutaneous/invasive devices (drains, IV lines, etc).



**Numerator Instructions:** Each component should be reported in order to determine the reporting and performance rate for the overall percentage of patients that meet ALL targets represented as the numerator. There must be documentation for all two post-acute recovery components listed.

**Numerator Quality-Data Coding Options for Reporting Satisfactorily:**

**COMPONENT 1:**

Documentation of a post-discharge review of the patient's goals of care that were expressed preoperatively and who has had those goals of care updated as appropriate occurring after discharge up until 30 days following discharge date.

**Component Options:**

***Performance Met:***

Documentation of a post-discharge review of the patient's goals of care that were expressed preoperatively and who has had those goals of care updated as appropriate occurring after discharge up until 30 days following discharge date.

**OR**

***Performance Not Met:***

No documentation of a post-discharge review of the patient's goals of care that were expressed preoperatively and who has had those goals of care updated as appropriate occurring after discharge up until 30 days following discharge date.

**AND**

**COMPONENT 2:**

Documentation of a plan during a post-discharge follow-up encounter that takes place within 30 days of discharge updating patient improvements in mobility, pain control, diet, resumption of home medications, wound care, and management of cutaneous/invasive devices (drains, IV lines, etc.).

**Component Options:**

***Performance Met:***

Documentation of a plan during a post-discharge follow-up encounter that takes place within 30 days of discharge updating patient improvements in mobility, pain control, diet, resumption of home medications, wound care, and management of cutaneous/invasive devices (drains, IV lines, etc.).

**OR**

***Performance Not Met:***

No documentation of a plan during a post-discharge follow-up encounter that takes place within 30 days of discharge updating patient improvements in mobility, pain control, diet, resumption of home medications, wound care, and management of cutaneous/invasive devices (drains, IV lines, etc.).

## **RATIONALE:**

**COMPONENT 1:** There is substantial literature supporting the need to align appropriate care with patient goals. With better alignment of patient care and patient goals, there will be better appropriateness of care, better satisfaction, and likely cost savings. Furthermore, revisiting the patient's goals of care will facilitate care coordination and communication with the patient's other providers.

**COMPONENT 2:** It is expected that there will be better coordination of care between the surgeon and the patient's other providers thereby increasing patient satisfaction and well-being.

## **SUPPORTING EVIDENCE:**

### **COMPONENT 1:**

Steffens NM, Tucholka JL, Nabozny MK, Schmick AE, et al. Engaging patients, health care professionals, and community members to improve preoperative decision making for older adults facing high-risk surgery. *JAMA Surg.* 2016. doi: 10.1001/jamasurg.2016.1308

Kelly KN, Noyes K, Dolan J, Fleming F, et al. Patient perspective on care transitions after colorectal surgery. *J Surg Res.* 2016; 203(1):103-12

Gussous Y, Than K, Mummameni P, Smith J, et al. Appropriate use of limited interventions vs extensive surgery in the elderly patient with spinal disorders. *Neurosurgery.* 2015; 77 suppl 4:S142-63

Kim Y, Winner M, Page A, Tisnado DM, et al. Patient perceptions regarding the likelihood of cure after surgical resection of lung and colorectal cancer. *Cancer* 2015; 121(20):3564-73

Paul Olson TJ, Brasel JH, Redmann AJ, Alexander GC, et al. Surgeon-reported conflict with intensivist about postoperative goals of care. *JAMA Surg.* 2013. 148(1):29-35.

### **COMPONENT 2:**

Henderson PW, Landford W, Gardenier J, Otterburn DM, et al. A simple, visually oriented communication system to improve postoperative care following microvascular free tissue transfer: development, results and implications. *J Reconstr Microsurg.* 2016; 32(6): 464-9

Salzwedel C, Mai V, Punke MA, Kluge S, et al. The effect of a checklist on the quality of patient handover from the operating room to the intensive care unit: A randomized controlled trial. *J Crit Care.* 2016;32:170-4

Streeton A, Bisbey C, O'Neill C, Allen D, et al. Improving nurse-physician teamwork: a multidisciplinary collaboration. *Medsurg Nurs.* 2016; 25(1):31-4

Agarwal HS, Saville BR, Slayton JM, Donahue DS, et al. Standardized postoperative handover process improves outcomes in the intensive care unit: a model for operational sustainability and improved team performance. *Crit Care Med.* 2012; 40(7):2109-15

Segall N, Bonifacio AS, Schroeder RA, Barbeito A, et al. Can we make postoperative patient handovers safer? A

systematic review of the literature. *Anesth Analg.* Jul; 115(1):102-15

Joy BF, Elliott E, Hardy C, Sullivan C, et al. Standardized multidisciplinary protocol improves handover of cardiac surgery patients to the intensive care unit. *Pediatr Crit Care Med.* 2011; 12(3):304-8

**Surgical Phase of Care (SPC) Measure 8 – ACS22: Unplanned Reoperation within the 30 Day Postoperative Period**

**National Quality Strategy (NQS) Domain:** Patient Safety

**Meaningful Measure Area:** Admissions and Readmissions to Hospitals

**Measure Type:** Outcome

**Inverse Measure:** Yes

**High-Priority Measure:** Yes – Outcome

**Risk-Adjusted:** Yes

**Number of Performance Rates:** 1

**Proportional Measure:** Yes

**Continuous Variable Measure:** No

**Ratio Measure:** No

**2019 QPP MIPS QUALITY OPTIONS FOR INDIVIDUAL MEASURES:  
REGISTRY ONLY**

**DESCRIPTION:**

Percentage of patients aged 18 years and older who had any unplanned reoperation within the 30 day postoperative period.

**INSTRUCTIONS:**

This measure is to be reported **each time** a procedure for an unplanned reoperation within the 30 day postoperative period 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 via Registry:**

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.

**DENOMINATOR:**

Patients aged 18 years and older undergoing an operative procedure.

**Denominator Criteria (Eligible Cases):**

All patients aged 18 years and older

AND

Patients undergoing an operative procedure

AND

One of the following CPT codes for the patient encounter during the reporting period (see appendix 1):

**NUMERATOR:**

Unplanned return to the operating room for a surgical procedure, for any reason, within 30 days of the principal operative procedure.

**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:** *This measure intent is to capture patients who go back to the operating room within 30 days for a follow-up procedure based on complications of the principal (denominator eligible) operative procedure. Examples: Breast biopsies (19101) with return for re-excisions or insertion of port-a-cath for chemotherapy would not be considered an unplanned return to the operating room for a surgical procedure. If this patient had an open, incisional biopsy of breast tissue (19101) and subsequently had an appendectomy performed this would not be considered an unplanned return to the operating room for a surgical procedure.*

*The return to the OR may occur at any hospital or surgical facility.*

**Numerator Quality-Data Coding Options for Reporting Satisfactorily:**

Unplanned return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure.

**Performance Met:**

Unplanned return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure.

**OR**

No return to the operating room for a surgical procedure for complications of the principal operative procedure within 30 days of the principal operative procedure.

**Performance Not Met:**

No return to the operating room for a surgical procedure for complications of the principal operative procedure within 30 days of the principal operative

procedure.

**RISK ADJUSTMENT:**

Risk adjusted in-hospital unplanned re-operation rates will be calculated by adjusting for the variables listed in the following table. Thus, these patient characteristics must be reported.

Age
ASA Class
Emergent/Urgent Operation
Functional Status
Wound Class
Preoperative Sepsis
Dyspnea
Ascites
Surgical Approach

**RATIONALE:**

This is an adverse surgical outcome, which is often a preventable cause of harm, thus it is important to measure and report. It is feasible to collect the data and produces reliable and valid results about the quality of care. It is useful and understandable to stakeholders. As highlighted earlier, this measure was developed in a collaborative effort by the American College of Surgeons and the American Board of Surgery. This measure addresses the National Quality Strategy Priorities, and was identified by an expert panel of physician providers to be a critical outcome for this procedure. This measure addresses a high-impact condition as it is one of the most common procedures performed in the U.S. The measure aligns well with the intended use. The care settings include Acute Care Facilities/Hospitals. Data are being collected in a clinical registry that has been in existence for over 5 years, with over 4000 current users. Thus, we are requesting consideration of this measure in the "Registry Reporting" option. The level of analysis is the clinician/individual. All populations are included, except children. The measure allows measurement across the person-centered episode of care out to 30 days after the procedure whether an inpatient, outpatient, or readmitted. The measure addresses disparities in care. The risk adjustment is performed with a parsimonious dataset and aims to allow efficient data collection resources and data reporting. Measures have been harmonized when possible.

**SUPPORTING EVIDENCE:**

A modified-Delphi methodology using an expert panel of surgeons who are Directors of the American Board of Surgery identified this to be a critical outcome for this surgical procedure (Surgeon Specific Registry Report on Project for ABS MOC Part IV. Unpublished study by the American College of Surgeons in conjunction with the American Board of Surgery, 2011).

**Surgical Phase of Care (SPC) Measure 9 – ACS23: Unplanned Hospital Readmission within 30 Days of Principal Procedure**

**National Quality Strategy (NQS) Domain:** Effective Clinical Care

**Meaningful Measure Area:** Admissions and Readmissions to Hospitals

**Measure Type:** Outcome

**Inverse Measure:** Yes

**High-Priority Measure:** Yes – Outcome

**Risk-Adjusted:** Yes

**Number of Performance Rates:** 1

**Proportional Measure:** Yes

**Continuous Variable Measure:** No

**Ratio Measure:** No

**2019 QPP MIPS QUALITY OPTIONS FOR INDIVIDUAL MEASURES:  
REGISTRY ONLY**

**DESCRIPTION:**

Percentage of patients aged 18 years and older who had an unplanned hospital readmission within 30 days of principal procedure.

**INSTRUCTIONS:**

This measure is to be reported **each time** a procedure for an unplanned hospital readmission within 30 days of principal procedure 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 via Registry:**

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.

**DENOMINATOR:**

Patients aged 18 years and older undergoing a surgical procedure.

**Denominator Criteria (Eligible Cases):**

All patients aged 18 years and older

**AND**

Patients undergoing a surgical procedure

AND

One of the following CPT codes for the patient encounter during the reporting period: (see appendix 1)

**NUMERATOR:**

Inpatient readmission to the same hospital for any reason or an outside hospital (if known to the surgeon), within 30 days of the principal surgical procedure.

**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 Quality-Data Coding Options for Reporting Satisfactorily:**

Unplanned hospital readmission within 30 days of principal procedure.

*Performance Met:*

Unplanned hospital readmission within 30 days of principal procedure.

**OR**

No unplanned hospital readmission within 30 days of principal procedure.

*Performance Not Met*

No unplanned hospital readmission within 30 days of principal procedure.

**RISK ADJUSTMENT:**

Risk adjusted in-hospital unplanned readmission rates will be calculated by adjusting for the variables listed in the following table. Thus, these patient characteristics must be reported.

Age
ASA Class
Emergent/Urgent Operation
Functional Status
Wound Class
Preoperative Sepsis
Dyspnea
Ascites
Surgical Approach

**RATIONALE:**



This is an adverse surgical outcome, which is often a preventable cause of harm, thus it is important to measure and report. It is feasible to collect the data and produces reliable and valid results about the quality of care. It is useful and understandable to stakeholders. As highlighted earlier, this measure was developed in a collaborative effort by the American College of Surgeons and the American Board of Surgery. This measure addresses the National Quality Strategy Priorities, and was identified by an expert panel of physician providers to be a critical outcome for this procedure. This measure addresses a high-impact condition as it is one of the most common procedures performed in the U.S. The measure aligns well with the intended use. The care settings include Acute Care Facilities/Hospitals. Data are being collected in a clinical registry that has been in existence for over 5 years, with over 4000 current users. Thus, we are requesting consideration of this measure in the "Registry Reporting" option. The level of analysis is the clinician/individual. All populations are included, except children. The measure allows measurement across the person-centered episode of care out to 30 days after the procedure whether an inpatient, outpatient, or readmitted. The measure addresses disparities in care. The risk adjustment is performed with a parsimonious dataset and aims to allow efficient data collection resources and data reporting. Measures have been harmonized when possible.

**SUPPORTING EVIDENCE:**

A modified-Delphi methodology using an expert panel of surgeons who are Directors of the American Board of Surgery identified this to be a critical outcome for this surgical procedure (Surgeon Specific Registry Report on Project for ABS MOC Part IV. Unpublished study by the American College of Surgeons in conjunction with the American Board of Surgery, 2011).

**ACS Surgical Phase of Care (SPC) Measure 10 – ACS25: Surgical Site Infection (SSI)**

**National Quality Strategy (NQS) Domain:** Effective Clinical Care

**Meaningful Measure Area:** Healthcare-associated Infections

**Measure Type:** Outcome

**Inverse Measure:** Yes

**High-Priority Measure:** Yes – Outcome

**Risk-Adjusted:** Yes

**Number of Performance Rates:** 1

**Proportional Measure:** Yes

**Continuous Variable Measure:** No

**Ratio Measure:** No

**2019 QPP MIPS QUALITY OPTIONS FOR INDIVIDUAL MEASURES:**  
**REGISTRY ONLY**

**DESCRIPTION:**

Percentage of patients aged 18 years and older who had a surgical site infection (SSI).

**INSTRUCTIONS:**

This measure is to be reported **each time** a procedure for a surgical site infection 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 via Registry:**

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.

**DENOMINATOR:**

Patients aged 18 years and older who have undergone a surgical procedure.

**Denominator Criteria (Eligible Cases):**

All patients aged 18 years and older

**AND**

Patients who have undergone a surgical procedure

**AND**

One of the following CPT codes for the patient encounter during the reporting period: (see appendix 1)

## **NUMERATOR:**

Number of patients with a surgical site infection.

### **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.

### **Definitions:**

**Superficial Incisional SSI** - Superficial incisional SSI is an infection that occurs within 30 days after the operation and infection involves only skin or subcutaneous tissue of the incision and at least one of the following:

- Purulent drainage, with or without laboratory confirmation, from the superficial incision
- Organisms isolated from an aseptically obtained culture of fluid or tissue from the superficial incision
- At least one of the following signs or symptoms of infection: pain or tenderness, localized swelling, redness, or heat AND superficial incision is deliberately opened by the surgeon, unless incision is culture-negative
- Diagnosis of superficial incisional SSI by the surgeon or attending physician

**Deep Incisional SSI** - Deep Incision SSI is an infection that occurs within 30 days after the operation and the infection appears to be related to the operation and infection involved deep soft tissues (for example, fascial and muscle layers) of the incision and at least one of the following:

- Purulent drainage from the deep incision but not from the organ/space component of the surgical site
- A deep incision spontaneously dehisces or is deliberately opened by a surgeon when the patient has at least one of the following signs or symptoms: fever (> 38 C), localized pain, or tenderness, unless site is culture-negative
- An abscess or other evidence of infection involving the deep incision is found on direct examination, during re-operation, or by histopathologic or radiologic examination
- Diagnosis of a deep incision SSI by a surgeon or attending physician

**Organ/Space SSI** - Organ/Space SSI is an infection that occurs within 30 days after the operation and the infection appears to be related to the operation and the infection involves any part of the anatomy (for example, organs or spaces), other than the incision, which was opened or manipulated during an operation and at least one of the following:

- Purulent drainage from a drain that is placed through a stab wound into the organ/space
- Organisms isolated from an aseptically obtained culture of fluid or tissue in the organ/space
- An abscess or other evidence of infection involving the organ/space that is found on direct examination, during re-operation, or by histopathologic or radiologic examination
- Diagnosis of an organ/space SSI by a surgeon or attending physician

**Numerator Quality-Data Coding Options for Reporting Satisfactorily:**

Surgical site infection.

*Performance Met:*

Surgical site infection.

**OR**

No surgical site infection.

*Performance Not Met:*

No surgical site infection.

**RISK ADJUSTMENT:**

Risk adjusted in-hospital surgical site infection (SSI) rates will be calculated by adjusting for the variables listed in the following table. Thus, these patient characteristics must be reported.

Age
ASA Class
Emergent/Urgent Operation
Functional Status
Wound Class
Preoperative Sepsis
Dyspnea
Ascites
Surgical Approach

**RATIONALE:**

This is an adverse surgical outcome, which is often a preventable cause of harm, thus it is important to measure and report. It is feasible to collect the data and produces reliable and valid results about the quality of care. It is useful and understandable to stakeholders. As highlighted earlier, this measure was developed in a collaborative effort by the American College of Surgeons and the American Board of Surgery. This measure addresses the National Quality Strategy Priorities, and was identified by an expert panel of physician providers to be a critical outcome for this procedure. This measure addresses a high-impact condition as it is one of the most common procedures performed in the U.S. The measure aligns well with the intended use. The care settings include Acute Care Facilities/Hospitals. Data are being collected in a clinical registry that has been in existence for over 5 years, with over 4000 current users. Thus, we are requesting consideration of this measure in the "Registry Reporting" option. The level of analysis is the clinician/individual. All populations are included, except children. The measure allows measurement across the person-centered episode of care out to 30 days after the procedure whether an inpatient, outpatient, or readmitted. The measure addresses disparities in care. The risk adjustment is performed with a parsimonious dataset and aims to allow efficient data collection resources and data reporting. Measures have been harmonized when possible.

**SUPPORTING EVIDENCE:**

A modified-Delphi methodology using an expert panel of surgeons who are Directors of the American Board of Surgery identified this to be a critical outcome for this surgical procedure (Surgeon Specific Registry Report on

Project for ABS MOC Part IV. Unpublished study by the American College of Surgeons in conjunction with the American Board of Surgery, 2011).

ACS Surgical Phase of Care (SPC) Measure 11 – ACS24: Surgical Phases of Care Patient-Reported Outcome Composite

National Quality Strategy (NQS) Domain: Person and Caregiver Centered Experience and Outcomes

Meaningful Measure Area: Patient's Experience of Care

Measure Type: Patient-Reported Experience/Outcome; Composite

Inverse Measure: No

High-Priority Measure: Yes – Patient Experience

Risk-Adjusted: No

Number of Performance Rates: 1

Proportional Measure: Yes

Continuous Variable Measure: No

Ratio Measure: No

**2019 QPP MIPS QUALITY OPTIONS FOR INDIVIDUAL MEASURES:  
REGISTRY ONLY**

**DESCRIPTION:**

Composite measure consisting of 12 items intended to measure the constructs of Surgeon Communication Before Surgery, Surgical Goals of Care, Satisfaction with Information, and Postoperative Care Coordination from the patient's perspective. Of these 12 items, 9 originate from the CAHPS Surgical Care Survey (S-CAHPS). Specifically, these 9 items are questions 3, 9, 11, 17, 26, 27, 31, 33, and 34 from the original S-CAHPS survey. Three (3) additional items are included to appropriately measure Goals of Care; these questions ask whether the surgeon discussed what the patient hoped to gain from surgery, whether the surgeon discussed how surgery would affect their daily activities, and what life might look like for the patient in the long-term. *Please see the numerator for the survey construct and all 12 survey question items in full.*

**DENOMINATOR:**

Patients aged 18 years and older who have undergone an elective surgical procedure.

**Denominator Note:** This composite does not have a typical denominator statement. The top box denominator is the number of respondents who answer at least one of the questions in each multi-item measure. Please see instructions in Reporting Measures for the CAHPS Surgical Care Survey.

**Denominator Criteria (Eligible Cases):**

All patients aged 18 years and older

AND

Patients who have undergone an elective surgical procedure

**AND**

One of the following CPT codes for the patient encounter during the reporting period: (see appendix 1)

**Denominator Exclusion Criteria:**

- a. Surgical patients whose procedure was greater than 6 months or less than 3 months prior to the start of the survey.
- b. Surgical patients younger than 18 years old.
- c. Surgical patients who are institutionalized (put in the care of a specialized institution [e.g., psychiatric]) or deceased.
- d. Surgery performed had to be scheduled and not an emergency procedure since emergency procedures are unlikely to have visits with the surgeon before the surgery.
- e. Multiple surgery patients within the same household can be included in the sampling frame. However, once one patient in the household is sampled, any other patients in the same household would be excluded from being sampled in order to minimize survey burden to the household.

**NUMERATOR:**

The composite does not have a typical numerator. The "top box" composite score is the average proportion of respondents who answered the most positive response category across the questions in the composite. That is, the average proportion of respondents who answered "Yes, definitely" across questions 3, 9, 11, 26, 27, 31, 33, and 34; "Yes" across question 17; and "Yes, definitely" for the 3 additional Goals of Care items. Scoring for this composite measure follows the instructions for scoring the CAHPS Surgical Care Survey. Please see instructions in Reporting Measures for the CAHPS Surgical Care Survey.

**Survey Construct:**

Question Origin Crosswalk		
Question	Source	Construct Measured
1	S-CAHPS question 9	Surgeon Communication Before Surgery
2	S-CAHPS question 11	
3	New Goals of Care question	Surgical Goals of Care
4	New Goals of Care question	
5	New Goals of Care question	
6	S-CAHPS question 3	Satisfaction with Information
7	S-CAHPS question 26	
8	S-CAHPS question 27	
9	S-CAHPS question 17	
10	S-CAHPS question 31	Postoperative Care Coordination
11	S-CAHPS question 33	
12	S-CAHPS question 34	

**Survey Question Items:**

- 1.) During your office visits before your surgery, did this surgeon listen carefully to you?
  - a. Yes, definitely
  - b. Yes, somewhat
  - c. No

- 2.) During your office visits before your surgery, did this surgeon encourage you to ask questions?
- Yes, definitely
  - Yes, somewhat
  - No
- 3.) Before your surgery, did your surgeon ask you what you hoped to gain from surgery, such as less pain, longer life, able to do more of the things you like to do, etc.?
- Yes, definitely
  - Yes, somewhat
  - No
- 4.) Before your surgery, did your surgeon tell you how surgery may affect your daily activities, such as getting dressed, brushing your teeth, walking the dog, etc.?
- Yes, definitely
  - Yes, somewhat
  - No
- 5.) Before your surgery, did your surgeon tell you what your life might look like around two to three (2 to 3) months after surgery?
- Yes, definitely
  - Yes, somewhat
  - No
- 6.) A health provider could be a doctor, nurse, or anyone else you would see for health care. Before your surgery, did anyone in this surgeon's office give you all the information you needed about your surgery?
- Yes, definitely
  - Yes, somewhat
  - No
- 7.) Did anyone in this surgeon's office explain what to expect during your recovery period?
- Yes, definitely
  - Yes, somewhat
  - No

**Survey Scoring:**

This measure represents a composite of 4 composite measures derived, in part, from the S-CAHPS: Surgeon Communication Before Surgery (S-CAHPS questions 9 and 11), Surgical Goals of Care Measure (three questions), Satisfaction with Information Measure (S-CAHPS questions 3, 17, 26, 27), and the Postoperative Care Coordination Measure (S-CAHPS questions 31, 33, 34). For each composite of these 4 composites, respondents who answer at least one item of the composite are included in the scoring. In other words, the top box denominator is the number of respondents who answer at least one of the questions in each multi-item measure. The score for that composite is the proportion of responses (excluding missing data) in each response category. Please see instructions in Reporting Measures for the CAHPS Surgical



Care Survey found on the AHRQ Website for more details. By way of scoring, each of the four composite measures would be scored individually, the average would then be calculated and rolled up into one overall score for this Surgical Phases of Care Patient Reported Outcome Composite Measure.

Case-mix adjustment can be done using the CAHPS macro. Specifically, case-mix adjustment is done via linear regression. The CAHPS consortium recommends self-reported overall health, age, and education as adjusters. These items are printed in the "About You" section of the survey, questions 38-45.

The main field test performed from June to Sept of 2008 for the S-CAHPS suggests variability in surgical performance as well as room for improvement across the topic areas addressed by the survey. Accordingly, we expect performance variation to exist for the questions originating from the S-CAHPS. Additionally, goals of care are currently rarely, if ever, addressed in the care of our surgical patients. This notion carries strong face validity across surgeons, particularly those focused on caring for the older adult. Therefore, we can expect performance variation to exist strongly within this construct.

### **RATIONALE & SUPPORTING EVIDENCE:**

Two major systematic reviews have examined the relationships among patient experience, clinical processes, and patient outcomes. A systematic review performed by researchers in the U.K. found that patient experience is favorably associated with adherence to recommended medications and treatments, preventive care such as screenings and immunizations, patient-reported health outcomes, clinical outcomes, reduced healthcare utilization, and reduced adverse events (Doyle et al., 2013). More recently, in the U.S., Anhang Price et al. reviewed evidence on the association between patient experiences and other measures of health care quality (Anhang Price, 2014). They similarly found that better patient care experiences are associated with higher levels of adherence to recommended prevention and treatment processes, better clinical outcomes, and less health care utilization. At present time, there are no appropriate patient-reported measures that completely align with the five constructs in evaluating a surgical patient's experience with their care. After an exhaustive literature review, the study team felt that Goals of Care, Satisfaction with Information and Postoperative Care Coordination were partially measured with the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Surgical Care Survey (S-CAHPS). S-CAHPS is a NQF-endorsed 47-item survey and has been shown to discriminate between providers on the surgical patient experience. The other two domains will require further work. While S-CAHPS begins to address the three domains, there is obviously a need for further scale development. Based on conversations with the Geriatric Verification Workgroup at the ACS who have conducted multi-stakeholder focus groups, some additional goals of care items will be included. Overall, there is a need to develop new measures to adequately assess these PROs from surgical patients in a way that can drive quality improvement and be used as performance measures. Our preliminary work has been encouraging and carries face validity to both a multi-stakeholder group and a multidisciplinary group of surgeons. Although the role of the surgeon is usually focused on the technical activities in the operating room, the complex needs of an every-growing elderly surgical population requires a broader perspective. Increased attention to preoperative risk assessment, explicit communication with the patient and family regarding goals of care as well as anticipated functional outcomes, and an emphasis on postoperative rehabilitation must be as much a part of the job as the execution of the technical aspects of surgery. In addition, due to advances in surgical technique, anesthesia, and postoperative care, surgical procedures are safer and in-hospital mortality rates are low. For older adults, the new focus on patient safety and quality no longer revolves solely around surgical morbidity and mortality; patient-centered issues have now gained importance, including quality of life, maintenance of independence, and return to

preoperative level of functioning. A patient's personal health care goals become increasingly important for older, complex patients who may lack the physiologic reserves of younger adults and often prioritize quality over quantity of life when making health care decisions (Ann Surg. 2017 Mar 8. doi: 10.1097/SLA.0000000000002185. [Epub ahead of print])

## Appendix 1 – ACS Surgical Phases of Care Measures: Denominator CPT Inclusion Criteria

10030, 10180, 11004, 11005, 11006, 11008, 11011, 11012, 11047, 11981, 11982, 12047, 13160, 15003, 15005, 15100, 15101, 15111, 15121, 15131, 15136, 15151, 15152, 15156, 15273, 15274, 15277, 15278, 15734, 15738, 15756, 15757, 15758, 15782, 15819, 15841, 15842, 15860, 15920, 15922, 15931, 15933, 15934, 15935, 15936, 15937, 15940, 15941, 15944, 15945, 15946, 15950, 15951, 15953, 15956, 15958, 16030, 19260, 19271, 19272, 19306, 19361, 19364, 19367, 19368, 19369, 20100, 20101, 20102, 20245, 20250, 20251, 20660, 20661, 20662, 20664, 20690, 20692, 20693, 20696, 20802, 20805, 20808, 20816, 20824, 20827, 20838, 20930, 20931, 20937, 20938, 20950, 20955, 20956, 20962, 20969, 20970, 20972, 20975, 20985, 21010, 21034, 21044, 21045, 21047, 21050, 21070, 21121, 21123, 21125, 21127, 21139, 21141, 21142, 21143, 21145, 21146, 21147, 21151, 21172, 21175, 21180, 21182, 21183, 21184, 21188, 21193, 21195, 21196, 21198, 21199, 21242, 21243, 21244, 21245, 21246, 21247, 21255, 21260, 21295, 21338, 21339, 21340, 21343, 21344, 21345, 21346, 21347, 21348, 21365, 21366, 21386, 21387, 21395, 21401, 21406, 21408, 21422, 21423, 21432, 21433, 21435, 21436, 21452, 21454, 21461, 21462, 21465, 21470, 21497, 21501, 21502, 21510, 21600, 21610, 21615, 21616, 21620, 21627, 21630, 21632, 21700, 21705, 21720, 21725, 21740, 21743, 21750, 21811, 21812, 21813, 21825, 22010, 22015, 22100, 22101, 22103, 22110, 22112, 22114, 22116, 22206, 22207, 22208, 22210, 22212, 22214, 22216, 22220, 22222, 22224, 22226, 22315, 22318, 22319, 22325, 22326, 22327, 22328, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22840, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22850, 22852, 22855, 22856, 22857, 22858, 22861, 22862, 22864, 22865, 22904, 22905, 23020, 23030, 23031, 23035, 23040, 23044, 23105, 23106, 23107, 23145, 23146, 23170, 23172, 23174, 23182, 23184, 23195, 23200, 23210, 23220, 23334, 23335, 23395, 23397, 23460, 23465, 23466, 23470, 23472, 23473, 23474, 23491, 23585, 23615, 23616, 23660, 23670, 23680, 23800, 23802, 23900, 23920, 23921, 23930, 23935, 24000, 24134, 24136, 24150, 24152, 24155, 24160, 24301, 24363, 24370, 24371, 24400, 24410, 24420, 24435, 24470, 24495, 24498, 24515, 24516, 24535, 24538, 24545, 24546, 24566, 24575, 24582, 24586, 24587, 24615, 24635, 24900, 24920, 24925, 24930, 24935, 25023, 25024, 25025, 25028, 25031, 25035, 25040, 25316, 25426, 25455, 25490, 25491, 25492, 25574, 25575, 25670, 25900, 25905, 25909, 25920, 25924, 25927, 25929, 25931, 26020, 26025, 26030, 26035, 26037, 26550, 26556, 26990, 26991, 26992, 27001, 27005, 27025, 27030, 27033, 27036, 27041, 27050, 27052, 27054, 27057, 27059, 27065, 27066, 27067, 27070, 27071, 27075, 27076, 27077, 27078, 27080, 27087, 27090, 27091, 27100, 27105, 27110, 27111, 27120, 27122, 27125, 27130, 27132, 27134, 27137, 27138, 27140, 27146, 27147, 27151, 27156, 27158, 27161, 27165, 27170, 27175, 27176, 27177, 27178, 27181, 27185, 27187, 27220, 27222, 27226, 27227, 27228, 27230, 27232, 27235, 27236, 27238, 27240, 27244, 27245, 27246, 27248, 27252, 27253, 27254, 27258, 27259, 27266, 27267, 27269, 27279, 27280, 27282, 27284, 27286, 27290, 27295, 27301, 27303, 27305, 27310, 27326, 27330, 27331, 27332, 27333, 27334, 27335, 27350, 27355, 27356, 27357, 27358, 27360, 27364, 27365, 27380, 27381, 27386, 27390, 27391, 27393, 27394, 27396, 27397, 27400, 27403, 27405, 27407, 27409, 27412, 27422, 27424, 27425, 27428, 27429, 27430, 27435, 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 27448, 27450, 27454, 27455, 27457, 27465, 27466, 27468, 27470, 27472, 27477, 27479, 27485, 27486, 27487, 27488, 27495, 27496, 27497, 27498, 27499, 27500, 27501, 27502, 27503, 27506, 27507, 27510, 27511, 27513, 27514, 27517, 27519, 27524, 27532, 27535, 27536, 27540, 27552, 27556, 27557, 27558, 27566, 27580, 27590, 27591, 27592, 27594, 27596, 27598, 27600, 27602, 27603, 27604, 27607, 27610, 27637, 27640, 27645, 27646, 27702, 27703, 27707, 27709, 27715, 27720, 27724, 27725, 27727, 27730, 27734, 27742, 27745, 27752, 27756, 27758, 27759, 27769, 27781, 27784, 27814, 27822, 27823, 27825, 27826, 27827, 27828, 27829, 27832, 27842, 27846, 27848, 27880, 27881, 27882, 27884, 27886, 27888, 27889, 27892, 27893, 27894, 28002, 28003, 28005, 28130, 28140, 28406, 28436, 28445, 28545, 28546, 28575, 28576, 28605, 28800, 28805, 28810, 28820, 29000, 29035, 29046, 29843, 29871, 31040, 31080, 31081, 31084, 31085, 31086, 31087, 31225, 31230, 31290, 31291, 31294, 31360, 31365, 31367, 31368, 31370,

31380, 31382, 31390, 31395, 31500, 31520, 31584, 31587, 31590, 31600, 31601, 31603, 31605, 31610, 31612, 31613, 31614, 31622, 31624, 31631, 31634, 31635, 31636, 31637, 31645, 31646, 31647, 31651, 31720, 31725, 31730, 31750, 31760, 31766, 31770, 31780, 31781, 31785, 31786, 31800, 31805, 32035, 32036, 32096, 32097, 32098, 32100, 32110, 32120, 32124, 32140, 32141, 32150, 32151, 32160, 32200, 32215, 32220, 32225, 32310, 32320, 32440, 32442, 32445, 32480, 32482, 32484, 32486, 32488, 32491, 32501, 32503, 32504, 32505, 32506, 32507, 32540, 32550, 32551, 32554, 32555, 32556, 32557, 32560, 32561, 32562, 32601, 32604, 32606, 32607, 32608, 32609, 32650, 32651, 32652, 32653, 32654, 32655, 32656, 32658, 32659, 32661, 32662, 32663, 32664, 32665, 32666, 32667, 32668, 32669, 32670, 32671, 32672, 32673, 32674, 32800, 32810, 32815, 32820, 32851, 32852, 32853, 32854, 32855, 32856, 32900, 32905, 32906, 32940, 32960, 32997, 33010, 33011, 33015, 33020, 33025, 33030, 33031, 33050, 33120, 33130, 33140, 33141, 33202, 33203, 33207, 33208, 33210, 33211, 33215, 33234, 33235, 33236, 33237, 33238, 33243, 33244, 33250, 33251, 33254, 33255, 33256, 33257, 33258, 33259, 33261, 33265, 33266, 33271, 33272, 33300, 33305, 33310, 33315, 33320, 33321, 33322, 33330, 33335, 33361, 33362, 33363, 33364, 33365, 33366, 33367, 33368, 33369, 33404, 33405, 33406, 33410, 33411, 33412, 33414, 33415, 33416, 33417, 33418, 33419, 33420, 33422, 33425, 33426, 33427, 33430, 33460, 33463, 33464, 33465, 33468, 33474, 33475, 33476, 33478, 33496, 33500, 33501, 33502, 33503, 33504, 33505, 33506, 33507, 33508, 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33530, 33533, 33534, 33535, 33536, 33542, 33545, 33548, 33572, 33600, 33602, 33606, 33608, 33611, 33612, 33615, 33617, 33619, 33620, 33621, 33641, 33645, 33647, 33660, 33670, 33675, 33681, 33684, 33690, 33694, 33697, 33702, 33710, 33720, 33722, 33724, 33726, 33730, 33732, 33735, 33736, 33737, 33764, 33767, 33774, 33777, 33778, 33782, 33783, 33800, 33802, 33803, 33814, 33820, 33824, 33845, 33852, 33853, 33860, 33863, 33864, 33870, 33875, 33877, 33880, 33881, 33883, 33884, 33886, 33889, 33891, 33910, 33915, 33916, 33917, 33922, 33924, 33933, 33935, 33940, 33944, 33945, 33946, 33947, 33948, 33949, 33952, 33954, 33956, 33958, 33962, 33964, 33966, 33967, 33968, 33969, 33970, 33971, 33973, 33974, 33975, 33976, 33977, 33978, 33979, 33980, 33981, 33982, 33983, 33984, 33985, 33986, 33987, 33988, 33989, 33990, 33991, 33992, 33993, 34001, 34051, 34101, 34111, 34151, 34201, 34203, 34401, 34421, 34451, 34471, 34490, 34501, 34502, 34510, 34520, 34530, 34800, 34802, 34803, 34804, 34805, 34806, 34808, 34812, 34813, 34820, 34825, 34826, 34830, 34831, 34832, 34833, 34834, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 34900, 35001, 35002, 35013, 35021, 35022, 35081, 35082, 35091, 35092, 35102, 35103, 35111, 35112, 35121, 35122, 35131, 35132, 35141, 35142, 35151, 35152, 35182, 35184, 35188, 35189, 35190, 35201, 35206, 35211, 35216, 35221, 35226, 35231, 35236, 35241, 35246, 35251, 35256, 35261, 35266, 35271, 35276, 35281, 35286, 35301, 35302, 35303, 35304, 35305, 35306, 35311, 35321, 35331, 35341, 35351, 35355, 35361, 35363, 35371, 35372, 35390, 35400, 35500, 35501, 35506, 35508, 35509, 35510, 35511, 35512, 35516, 35518, 35521, 35522, 35523, 35525, 35526, 35531, 35533, 35535, 35536, 35537, 35538, 35539, 35540, 35556, 35558, 35560, 35563, 35565, 35566, 35570, 35571, 35572, 35583, 35585, 35587, 35600, 35601, 35606, 35612, 35616, 35621, 35623, 35626, 35631, 35632, 35633, 35634, 35636, 35637, 35638, 35642, 35645, 35646, 35647, 35650, 35654, 35656, 35661, 35663, 35665, 35666, 35671, 35681, 35682, 35683, 35685, 35686, 35691, 35693, 35694, 35695, 35697, 35700, 35701, 35721, 35741, 35761, 35800, 35820, 35840, 35860, 35870, 35875, 35876, 35879, 35881, 35883, 35884, 35901, 35903, 35905, 35907, 36002, 36013, 36014, 36015, 36100, 36200, 36217, 36218, 36224, 36226, 36227, 36228, 36253, 36260, 36455, 36460, 36481, 36511, 36555, 36556, 36557, 36558, 36560, 36565, 36566, 36568, 36569, 36570, 36580, 36584, 36597, 36620, 36625, 36800, 36810, 36823, 36835, 37140, 37145, 37160, 37180, 37181, 37182, 37183, 37184, 37185, 37187, 37188, 37191, 37195, 37211, 37212, 37213, 37214, 37215, 37217, 37218, 37237, 37244, 37565, 37600, 37605, 37615, 37616, 37617, 37618, 37619, 37650, 37660, 38100, 38101, 38102, 38115, 38120, 38200, 38240, 38241, 38243, 38305, 38380, 38381, 38382, 38530, 38562, 38564, 38570, 38571, 38700, 38720, 38724, 38746, 38747, 38765, 38770, 38780, 38794, 39000, 39010, 39200, 39220, 39501, 39503, 39540, 39541, 39545, 39560, 39561, 40840, 40844, 40845, 41006, 41007, 41008, 41015, 41016, 41017, 41018, 41130, 41135, 41140, 41145, 41150, 41153, 41155, 41252, 42180, 42182, 42200, 42205, 42225, 42226, 42227, 42281,

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