

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.