# IT-4.16: Reduce Unplanned Reoperations

| **Measure Title** | **Unplanned return to the operating room: percentage of patients having an unplanned return to the operating/procedure room during the same admission.** |
| --- | --- |
| **Description** | This measure is used to assess the percentage of patients having an unplanned return to the operating/procedure room during the same admission. |
| **NQF Number** | Not applicable |
| **Measure Steward** | Australian Council on Healthcare Standards |
| **Link to measure citation** | <http://www.qualitymeasures.ahrq.gov/content.aspx?id=32819>  |
| **Measure type** | Stand-alone (SA) |
| **Measure status** | P4R. This measure requires prior authorization for use |
| **DSRIP-specific modifications to Measure Steward’s specification** | The Measure Steward’s specification has been modified as follows:* Removed reference to 6 month reporting time period
 |
| **Denominator Description**  | Total number of patients who have an operation/procedure performed in the day procedure facility |
| **Denominator Inclusions** | Total number of patients who have an operation/procedure performed in the day procedure facility. |
| **Denominator Exclusions** | • • Exclude patients whose procedures were cancelled. |
| **Denominator Size** | Providers must report a minimum of 30 cases per measure during a 12-month measurement period (15 cases for a 6-month measurement period)* For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 75, providers must report on all cases. No sampling is allowed.
* For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 380 but greater than 75, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of not less than 76 cases.
* For a measurement period (either 6 or 12-months) where the denominator size is greater than 380, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of cases that is not less than 20% of all cases; however, providers may cap the total sample size at 300 cases.
 |
| **Numerator Description**  | Total number of patients having an unplanned return to the operating/procedure room during the same admission |
| **Numerator Inclusions** | Total number of patients having an unplanned return\* to the operating/procedure room\*\* during the same admission \*Unplanned return is defined as an unplanned re-entry to the operating/procedure room for a further procedure on the same day as the patient's initial operation/procedure.\*\*Operating room is defined as a room within a complex, which is specifically equipped for the performance of surgery and other therapeutic/diagnostic/endoscopic procedures. |
| **Numerator Exclusions** | The Measure Steward does not identify specific numerator exclusions beyond what is described in the numerator description. |
| **Setting** | Inpatient |
| **Data Source** | Administrative/Clinical data sources, Paper Medical Records |
| **Denominator Sub-set Definition (Optional)**  | Providers have the option to further narrow the denominator population for this measure across one or more of the following domains. If providers wish to use this option, they must indicate their preference to HHSC through the measure selection process. **Payer:** Providers may define the denominator population such that it is limited to one of the following options: 1. Medicaid
2. Uninsured/Indigent
3. Both: Medicaid and Uninsured/Indigent

**Gender:** Providers may define the denominator population such that it is limited to one of the following options:1. Male
2. Female

**Ethnicity:** Providers may define the denominator population such that it is limited to one of the following options:1. White/Caucasian
2. Black/African American
3. Latino/Hispanic
4. Asian
5. American Indian/Alaskan Native
6. Native Hawaiian/Other Pacific Islander

**Age:** Providers may define the denominator population such that it is limited to an age range:Lower Bound: \_\_\_\_ (Provider defined)Upper Bound: \_\_\_\_ (Provider defined)**Comorbid Condition:** Providers may define the denominator population such that it is limited to individuals with one or more comorbid conditions:Comorbid condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Provider defined)**Setting/Location:** Providers may define the denominator population such that it is limited to individuals receiving services in a specific setting or service delivery location(s).Service Setting/Delivery Location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Provider defined)   |
| **Demonstration Years** | **DY3****10/01/13 – 09/30/14** | **DY4****10/01/14 – 09/30/15** | **DY5****10/01/15 – 09/30/16** |
| **Measurement Periods***(Note: For P4P measures, DY3 Measurement Period is equivalent to the Baseline Period for purposes of measuring improvement.)* |  **Providers must report data for one of the following DY, SFY, or CY time periods:**12 Month Period: 1. 10/01/13 – 09/30/14, or
2. 09/01/13 – 08/31/14, or
3. 01/01/13 – 12/31/13, or
4. 10/01/12 – 09/30/13, or
5. 09/01/12 – 08/31/13

6 Month Period: 1. 04/01/14 – 09/30/14, or
2. 03/01/13 – 08/31/14, or
3. 01/01/13 – 06/30/13, or
4. 07/01/13 – 12/31/13

Other: Providers specify/propose an alternative 6 or 12 month time period to be reviewed and approved by HHSC. | **Providers must report data across a 12-month time period that meets the following parameters:**1. Start date: The start date for the reporting period must occur after the provider’s DY3 Measurement Period.2. End date: The end date for the reporting period must occur on or before 09/30/15. | **Providers must report data across a 12-month time period that meets the following parameters:**1. Start date: The start date for the reporting period must occur after the provider’s DY4 Measurement Period.2. End date: The end date for the reporting period must occur on or before 09/30/16. |
| **Reporting Opportunities to HHSC** | 10/31/2014 | 4/30/201510/31/2015 | 4/30/201610/31/2016 |