GRAPHIUM Simple 2024 MACRA MEASURES OUTCOMES Name Send satisfaction survey* (Yes () Pt Declines ☐ Cardiac arrest (unplanned) DoB Gndr \bigcirc No ☐ Myocardial ischemia MRN ☐ Myocardial infarction Mobile* FN ☐ Dysrythmia requiring intervention CASE INFORMATION ☐ Unexpected death **Email** ☐ Uncontrolled HTN **Facility** ☐ Stroke, CVA, or coma ☐ Vasc injury (arterial/ptx) Patient is a smoker O Yes O No Date of Service \lfloor (if Yes) — Rec'd cessation guidance \bigcirc Yes \bigcirc No ☐ Pneumo (related to anesthesia) —— Smoked on DoS ○ Yes ○ No Anes ☐ Aspiration Start ☐ Failed regional anesthetic Frailty screening postive O Yes O No Anes ☐ Peripheral nerve injury post regional └(*if Yes*) – Multidisciplinary consult/care ○ Yes ○ No End □ Wet tap ☐ Systemic local anes toxicity Difficult airway and GETA planned O Yes O No ☐ Temperature <95.9°F or <35.5°C Planned equip & ○ Yes ○ No 2nd Provider present ☐ Reintubation (planned trial extub) \bigcirc 1 \bigcirc 2 \bigcirc 3 ☐ Reintubation (no trial extub) Multimodal pain management O Yes O N-RS O N-RU Physical status \Box E □ Inadequate reversal **O**4 \bigcirc 5 \bigcirc 6 ☐ Intractable N/V Maintenance inhalational agent ○ Yes ○ No ☐ Unexpctd post-op vent ○ Gen ○ Regional ○ Spinal ☐ Prolonged PACU stay (if Yes) — — Low flow maintenance ○ Yes ○ N-RS ○ N-RU Primary anes -(if Yes) — ≥ 3 (or ≥2 peds) PONV RFs \bigcirc Yes \bigcirc No ☐ Medication administration error \bigcirc MAC **Epidural** \sqsubseteq (if Yes) — Combo therapy used \bigcirc Yes \bigcirc N-RS \bigcirc N-RU ☐ Adverse transfusion reaction PROVIDER INFORMATION ☐ Anaphylaxis ☐ Opioid reversal required Diabetes mellitus diagnosed ○ Yes ○ No Surg ☐ Wrong site surgery └(*if Yes*) — BG prior to Anes Start ○ Yes ○ No ☐ Wrong patient Anes #1 \lfloor (if Yes) — Resulting BG \geq 180 mg/dL \bigcirc Yes \bigcirc No ☐ Wrong surgical procedure ☐ Unplanned hospital admission Anes #2 ☐ Unplanned ICU admission └(*if Yes*) — BG tested prior to D/C ○ Yes ○ No Anes #3 └(*if Yes*) — Education on BG mngmnt () Yes () No ☐ Dental trauma □ Visual loss Note: Both oral and written education must be provided. Anes #4 \sqcap MH Total joint arthoplasty () Yes () No ☐ Awareness under GA Anes #5 ☐ Unable to intubate └(*if Yes*) — Anemia screen performed ○ Yes ○ N-RS ○ N-RU ☐ Airway fire in OR — Anemia screen result ○ Hgb <13 ○ Hgb ≥13 └(if Yes) — Anes #6 ☐ Corneal abrasion ☐ Equipment malfunction **ASA CPT CODE** ☐ Fall in OR Anemia management strategies: Free Text □ Other Antifibinolytic Evidence-based algorithm ASA CPT CASE CANCELLED REASON(S) Iron supplements **Tourniquet** Epoetin alpha **COMMENTS** O Before Ind O After Ind Isolated CABG surgery ○ Yes ○ No Date Cancelled: CPB used ○ Yes ○ No (if Yes) — Temp <37.0°C w/ CPB \bigcirc Yes \bigcirc No None ☐ No OR Time ☐ Egpmnt Failure ☐ ICU Bed Not Available -(if Yes) — Intubated >24 hours ○ Yes ○ No ☐ Inpt Bed Not Available **QUALITY MEASURES** ☐ Patient Decision □ Abnormal Labs ☐ Patient No Show □ NPO Violation Post-op disposition ○ PACU/Stepdown \bigcirc ICU Normal ☐ Change in Surgical Plan □ Other 3 4 5 Post-op pain 10 Unk Current medications documented O Yes ○ N-RS O N-RU Safety surgical checklist used Yes O No Handoff protocol used ○ Yes ○ N-RS ○ N-RU

< 35.5°C outcome.

and

Primary Anesthetic

QID 424 will be calculated based on other fields - Anes Start/End time,