

**Measure #260: Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day #2) – National Quality Strategy Domain: Patient Safety**

**2017 OPTIONS FOR INDIVIDUAL MEASURES:**  
**REGISTRY ONLY**

**MEASURE TYPE:**  
Outcome

**DESCRIPTION:**  
Percent of asymptomatic patients undergoing CEA who are discharged to home no later than post-operative day #2

**INSTRUCTIONS:**  
This measure is to be reported **each time** a CEA is performed during the **performance period**. It is anticipated that eligible clinicians who provide services of CEA, as described in the measure, based on the services provided and the measure-specific denominator coding will report 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:**  
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. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

**DENOMINATOR:**  
All carotid endarterectomy procedures

**Denominator Criteria (Eligible Cases):**  
Patients aged  $\geq 18$  years on date of encounter

**AND**

Patient procedure during the **performance period** (CPT): 35301

**AND NOT**

**DENOMINATOR EXCLUSIONS:**

Symptomatic carotid stenosis: Ipsilateral carotid territory TIA or stroke less than 120 days prior to procedure: 9006F

**OR**

Other carotid stenosis: Ipsilateral TIA or stroke 120 days or greater prior to procedure or any prior contralateral carotid territory or vertebrobasilar TIA or stroke: 9007F

**NUMERATOR:**  
Patients that are asymptomatic neurologically who were discharged alive, to home no later than post-operative day #2 following CEA

**Definition:**

**Home** – For purposes of reporting this measure, home is the point of origin prior to hospital admission for procedure of CEA. For example, if the patient comes from a skilled facility and returns to the skilled facility post CEA, this would meet criteria for discharged to home.

**Numerator Options:**

***Performance Met:***

Patient discharged to home no later than post-operative day #2 following CEA (**G8834**)

**OR**

*Performance Not Met:*

Patient not discharged to home by post-operative day #2 following CEA (**G8838**)

**RATIONALE:**

Surgeons performing CEA on asymptomatic patients must select patients at low risk for morbidity and perform the procedure with a very low complication rate in order to achieve benefit. Discharge to home within two days of the procedure is an indicator of patients who were not frail prior to the procedure and who did not experience a major complication (e.g., disabling stroke, myocardial infarction). The proposed measure will therefore serve as an indicator of both appropriateness and overall outcome.

**CLINICAL RECOMMENDATION STATEMENTS:**

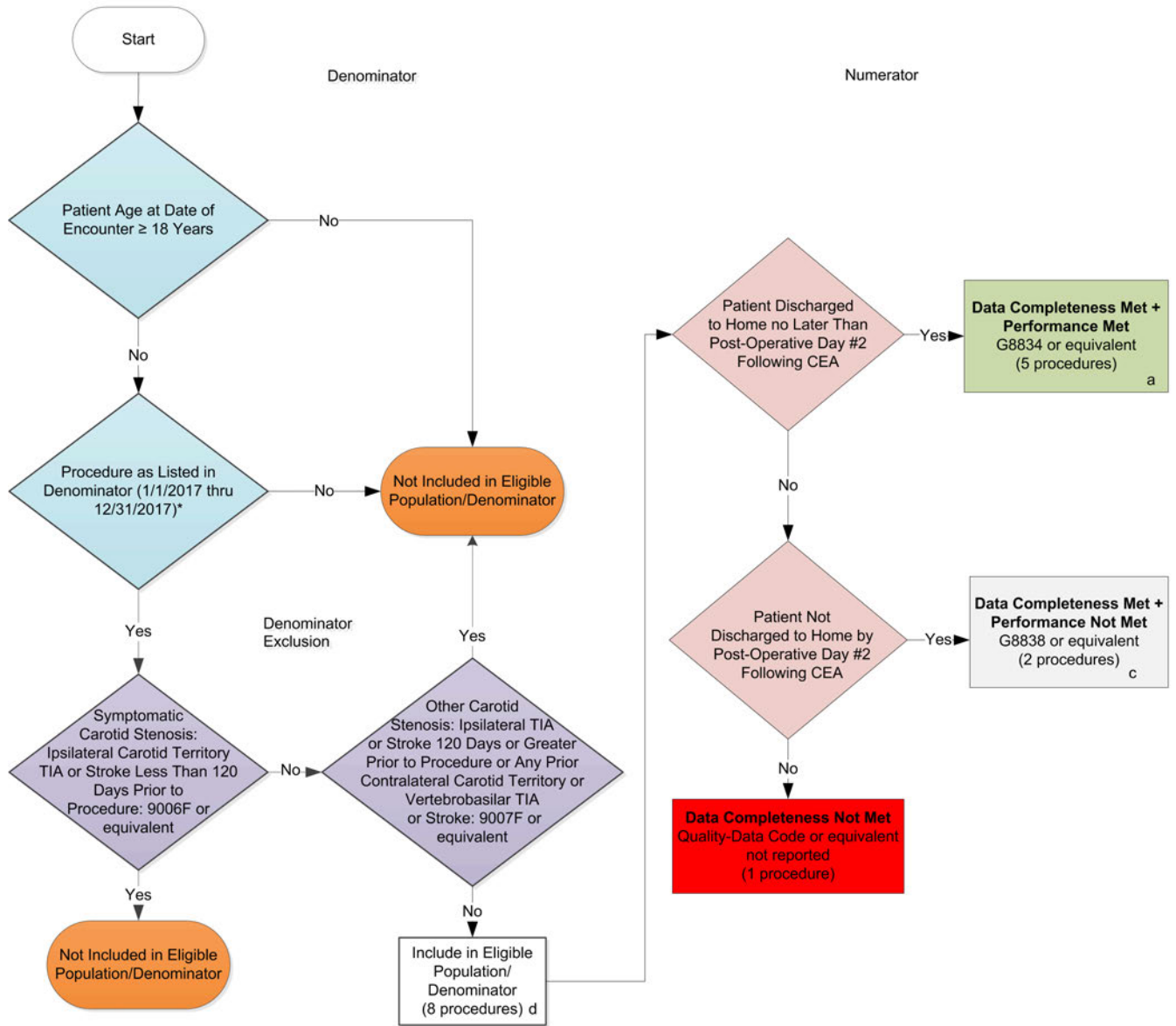
Updated Society for Vascular Surgery guidelines for management of extracranial carotid disease. (Ricotta et al, J Vasc Surg, 54:3, 2011)

Neurologically asymptomatic patients with  $\geq 60\%$  diameter stenosis should be considered for CEA for reduction of long-term risk of stroke, provided the patient has a 3- to 5-year life expectancy and perioperative stroke/death rates can be  $\leq 3\%$  (GRADE 1, Level of Evidence A).

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**2017 Registry Individual Measure Flow**  
**#260 Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day #2)**



**SAMPLE CALCULATIONS:**

<b>Data Completeness=</b>	
Performance Met (a=5 procedures) + Performance Not Met (c=2 procedures)	= 7 procedures = 87.50%
Eligible Population / Denominator (d=8 procedures)	= 8 procedures
<b>Performance Rate=</b>	
Performance Met (a =5 procedures)	= 5 procedures = 71.43%
Data Completeness Numerator (7 procedures)	= 7 procedures

\*See the posted Measure Specification for specific coding and instructions to report this measure.  
 NOTE: Reporting Frequency - Procedure

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**2017 Registry Individual Measure Flow**  
**#260 Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications**  
**(Discharged to Home by Post-Operative Day #2)**

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator
2. Check Patient Age:
  - a. If the Age is greater than or equal to 18 years of age on Date of Encounter and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
  - b. If the Age is greater than or equal to 18 years of age on Date of Encounter and equals Yes during the measurement period, proceed to check Procedure Performed.
3. Check Procedure Performed:
  - a. If Procedure as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Procedure as Listed in the Denominator equals Yes, proceed to Check Patient Diagnosis.
4. Check Symptomatic carotid stenosis: Ipsilateral carotid territory TIA or stroke less than 120 days prior to procedure:
  - a. If Diagnosis of Symptomatic Carotid Stenosis as Listed in the Denominator equals Yes, do not include in Eligible Patient Population. Stop Processing.
  - b. If Symptomatic carotid stenosis: Ipsilateral carotid territory TIA or stroke less than 120 days prior to procedure equals No, proceed to check Patient Diagnosis.
5. Check Other carotid stenosis: Ipsilateral TIA or stroke 120 days or greater prior to procedure or any prior contralateral carotid territory or vertebrobasilar TIA or stroke:
  - a. If Other carotid stenosis: Ipsilateral TIA or stroke 120 days or greater prior to procedure or any prior contralateral carotid territory or vertebrobasilar TIA or stroke equals Yes, do not include in Eligible Patient Population. Stop Processing.
  - b. If Other carotid stenosis: Ipsilateral TIA or stroke 120 days or greater prior to procedure or any prior contralateral carotid territory or vertebrobasilar TIA or stroke equals No, proceed to Denominator Population
6. Denominator Population:
  - a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 procedures in the sample calculation.
7. Start Numerator
8. Check Patient Discharged to Home no Later than Post-Operative Day #2 Following CEA:
  - a. If Patient Discharged to Home no Later than Post-Operative Day #2 Following CEA equals Yes, include in Data Completeness Met and Performance Met.

- b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 5 procedures in Sample Calculation.
  - c. If Patient Discharged to Home no Later than Post-Operative Day #2 Following CEA equals No, proceed to Patient Not Discharged to Home By Post-Operative Day #2 Following CEA.
9. Check Patient Not Discharged to Home By Post-Operative Day #2 Following CEA:
- a. If Patient Not Discharged to Home By Post-Operative Day #2 Following CEA equals Yes, include in Data Completeness Met and Performance Not Met.
  - b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 2 procedures in the Sample Calculation.
  - c. If Patient Not Discharged to Home By Post-Operative Day #2 Following CEA equals No, proceed to Data Completeness Not Met.
10. Check Data Completeness Not Met
- a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not reported. 1 procedure has been subtracted from the data completeness numerator in sample calculation.

**SAMPLE CALCULATIONS:**

**Data Completeness=**

$$\frac{\text{Performance Met (a=5 procedures) + Performance Not Met (c=2 procedures)}}{\text{Eligible Population / Denominator (d=8 procedures)}} = \frac{7 \text{ procedures}}{8 \text{ procedures}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a =5 procedures)}}{\text{Data Completeness Numerator (7 procedures)}} = \frac{5 \text{ procedures}}{7 \text{ procedures}} = 71.43\%$$