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New Data Field

Was the LOS > 2 days after EVAR?

This new data field will display under Outcomes Post Procedure and below Bowel Ischemia for Elective EVAR procedures. The Reasons LOS was >2 days after EVAR, and its options will display when Yes is entered. The options for Reasons LOS was >2 days after EVAR is a multi-select field.

Data Abstraction Instructions:

Indicate if the length of stay (LOS) for the Elective EVAR procedure was >2 days, and the reason the patient was in the hospital >2 days. If Yes is entered, select all reasons that apply.

Selections:

- Yes
 - Hypertension
 - Lack of transportation
 - No caregiver/support at home
 - COPD
 - Urinary retention
 - Other
- No

Supporting Definitions:

Hypertension = Indicate if the patient experienced hypertension for >24 hours post procedure requiring parenteral drug treatment. Hypertension is defined as a systolic blood pressure (SBP) > 160 mmHg and the need for IV antihypertensives, ACE inhibitors, calcium channel blockers, beta blockers, or diuretics to maintain a SBP <160 mmHg.

COPD = Indicate if the patient developed an exacerbation of COPD after procedure through discharge.

Urinary retention = Patient is unable to void (urinate) requiring catheterization within 24 hours postoperatively or >6 hours after the removal of a preoperatively placed Foley catheter.

Other = The reason the patient was in the hospital > 2 days is not on the list.

Required: Yes

New Data Field

Was the LOS > 2 days after CEA?

This is a new data field that will display under Outcomes and below Return to OR for Elective CEA procedures. The Reasons LOS was >2 days after CEA, and its options will display when Yes is entered. The options for Reasons LOS was >2 days after CEA is a multi-select field.

Data Abstraction Instructions:

Indicate if the length of stay (LOS) for the CEA procedure was >2 days, and the reason the patient was in the hospital >2 days. If Yes is entered, select all reasons that apply.

Selections:

- Yes
 - Hypertension
 - Lack of transportation
 - No caregiver/support at home
 - COPD
 - Urinary retention
 - Other
- No

Supporting Definitions:

Hypertension = Indicate if the patient experienced hypertension for >24 hours post procedure requiring parenteral drug treatment. Hypertension is defined as a systolic blood pressure (SBP) > 160 mmHg and the need for IV antihypertensives, ACE inhibitors, calcium channel blockers, beta blockers, or diuretics to maintain a SBP <160 mmHg.

COPD = Indicate if the patient developed an exacerbation of COPD after procedure through discharge.

Urinary retention = Patient is unable to void (urinate) requiring catheterization within 24 hours postoperatively or >6 hours after the removal of a preoperatively placed Foley catheter.

Other = The reason the patient was in the hospital > 2 days is not on the list.

Required: Yes

Definition clarifications

Smoking Cessation at DC

Data Abstraction Instructions:

Indicate if the patient received physician delivered advice, a prescription for nicotine replacement, and/or a referral for smoking cessation services submitted on the patient's behalf. Select all that apply.

Supporting Definitions:

Yes = Enter Yes for Smoking Cessation at Discharge if Yes was entered for Current Smoker under Patient History / Comorbidity, and at least one of the 3 steps were implemented during the hospitalization or at discharge.

If there is physician documentation, the physician recommended smoking cessation, and the patient refused. Then Yes can be entered for smoking cessation counseling. There must be adequate documentation to support this claim. It cannot just be noted in standard DC instructions (as allowed in the past).

Physician delivered advice = A surgeon, advanced practice personnel (PA, NP), or resident has a conversation with the patient and recommends that the patient stops smoking.

A recommendation to stop smoking offered by a nurse, respiratory therapist, or student does not count as physician delivered advice.

Nicotine replacement therapy (NRT) = NRT may include a nicotine patch, gum, lozenge, or other pharmacologic assistance (Varenicline or Bupropion).

If the patient starts NRT before the procedure or during the hospitalization and NRT is continued on the discharge summary, you can choose NRT.

If a patient refuses nicotine replacement therapy, and there is physician documentation that NRT was offered and documentation that the patient refused, you can choose NRT.

Referral to smoking counseling services = A referral may include a hospital specialist or a smoking cessation program or class. The addition of the Michigan Tobacco Quitline phone number and/or website to the discharge instructions is not sufficient. The site must SUBMIT a referral on the patient's behalf.

If a physician, mid-level provider, or resident does an assessment and then puts in a referral to RT or dedicated a smoking cessation nurse to provide smoking cessation education, you can choose referral to smoking counseling services.

No = Enter No for Smoking Cessation at Discharge if No was entered for Ever Smoked or Current Smoker under Patient History / Comorbidity. Enter No if the patient is a current smoker; however, none of the 3 steps were implemented during the hospitalization or at discharge.

Per the VAPOR trial, the protocol for smoking cessation includes a 3 step program:

1. Physician delivered advice
2. Nicotine replacement therapy (NRT)
3. Referral to smoking counseling services

For a case to qualify for Smoking Cessation at Discharge on the VS report, NRT and referral to smoking counseling services need to be marked.

*See the BMC2 Knowledge Base for full references if your site will implement a smoking cessation protocol.

Michigan OPEN discharged with opioid The following supporting definition has been added: If a dose range was written for the prescribed opioid (example: Oxycodone 5-10mg), enter the lower dose.

For OAAA, EVAR, Open Bypass and Open Thrombectomy procedures

Consultations If a consultation is ordered before the procedure, but the patient was seen after the procedure, you can still claim it as a pre-procedure consultation.

Open Bypass Under Procedure Details

Vein Graft

Definitions have been made for each option.

Vein Graft Harvest Indicate the type of vein that was harvested from the patient during the current open bypass surgery. If a prosthetic graft, allograft or xenograft is implanted, enter Not Harvested.

- Open = A long incision or skip incisions are made into the skin.
- Endoscopic = small puncture incisions and an endoscope with a CO2 balloon, a dissector tool, a harvesting tool and a cutting tool using cautery to cut side branches.
- Not harvested = A prosthetic graft, allograft or xenograft was used.

Plasma-lyte – For VS Procedures

Enter volume of Plasma-lyte in the Crystalloids field. Also, document Plasma-lyte as Other IV Hydration under Meds Given During Procedure.

Outcomes Post Procedure

Do **Not** enter Return to the OR and

- Compartment Syndrome
- Embolus
- Thrombus
- Stent/Graft Thrombosis
- Amputation

It is implied that the patient went to the OR to have these outcomes treated

VS Follow up Collection

If the patient were readmitted for an amputation on the side of the procedure, enter readmission and amputation.

Additions to Existing Fields

Indications – EVAR and Open AAA

We are adding the Indication of Mycotic Aneurysm for EVAR and Open AAA procedures. Mycotic Aneurysm will display below Trauma. Definition: Indicate if the procedure was performed to repair an infected abdominal aortic aneurysm. When choosing the Indication of Mycotic Aneurysm for a primary AAA repair, do not enter the Indication of Infection.

Pre Procedure Smoking Cessation – All VS and carotid procedures

Data Abstraction Instructions:

Indicate if the patient received physician delivered advice, a prescription for nicotine replacement, and/or a referral for smoking cessation services submitted on the patient's behalf prior to admission to the hospital. These interventions would be implemented to prepare the patient for the current procedure. Choose all that apply.

Selections:

- Yes
 - Physician delivered advice
 - Nicotine replacement therapy (NRT)
 - Referral to smoking counseling services
- No

Supporting Definitions:

Yes = Enter Yes for Smoking Cessation at Discharge if Yes was entered for Current Smoker under Patient History / Comorbidity, and at least one of the 3 steps were implemented prior to admission to the hospital.

If there is physician documentation, the physician recommended smoking cessation prior to admission to the hospital, and the patient refused. Then Yes can be entered for smoking cessation counseling. There must be adequate documentation to support this claim.

Physician delivered advice = A surgeon, advanced practice personnel (PA, NP), or resident has a conversation with the patient and recommends that the patient stops smoking.

A recommendation to stop smoking offered by a nurse, respiratory therapist, or student does not count as physician delivered advice.

Nicotine replacement therapy (NRT) = NRT may include a nicotine patch, gum, lozenge, or other pharmacologic assistance (Varenicline or Bupropion) prior to admission to the hospital.

If a patient refuses nicotine replacement therapy, and there is physician documentation that NRT was offered and documentation that the patient refused, you can choose NRT.

Referral to smoking counseling services = A referral to a smoking cessation program or class is submitted on the patient's behalf. Giving the patient the Michigan Tobacco Quit line phone number and/or website is not sufficient.

If a physician, mid-level provider, or resident does an assessment and then puts in a referral to RT or a dedicated smoking cessation nurse to provide smoking cessation education, you can choose referral to smoking counseling services

No = Enter No for Smoking Cessation at Discharge if No was entered for Ever Smoked or Current Smoker under Patient History / Comorbidity. Enter No if the patient is a current smoker; however, none of the 3 steps were implemented prior to admission to the hospital.

Required: Yes

Discharge Status Under Patient Information The option of Hospice has been relabeled to Hospice/Comfort care to match the definition in the data dictionary. This change is for VS, carotid, and PVI discharges.

Antibiotics Pre Procedure

The option of "On scheduled antibiotic" is added for OAAA, EVAR, Open Bypass, and Open Thrombectomy procedures.

Data Abstraction Instructions:

Indicate if an antibiotic was given within one hour of incision and whether it was redosed in the given timeframe.

Selections:

- Yes
 - Cefazolin
 - Redosed (Q4 hours)
 - Yes
 - No
 - Redosed (Q6 hours)
 - Yes
 - No
 - On scheduled antibiotic
 - Other
 - No

Supporting Definitions:

If Vancomycin is the antibiotic used, it can be administered 2 hours before incision.

On scheduled antibiotic = An inpatient did not receive the pre procedure antibiotic within 1 hour of incision time (2 hours for Vancomycin) because the patient is on a scheduled antibiotic.

FYI – Entering “On scheduled antibiotic” will exclude the procedure from the Antibiotic Redosing measure.

Closure for Groin Access - EVAR

Skin glue added as an option for closure for open access for EVAR procedures.

Data Abstraction Instructions:

Identify all that apply for closure. Include all layers of closure - muscle, subcutaneous, and skin.

Selections:

- percutaneous
 - manual
 - perclose
 - angioseal
 - mynx
 - starclose
 - Exoseal
 - compression device
- open

- suture
 - absorbable
 - permanent
 - Not documented
- staples
- skin glue
- other

Required: Yes

Monitoring During Procedure (CEA)

Adding Cerebral monitoring as an option for Monitor During Procedure for CEA under Procedure Details.

Data Abstraction Instructions:

Indicate the type of **neurologic** monitoring per anesthesia/surgical team during the carotid endarterectomy. If cerebral oximetry and/or SSEP are used for monitoring the patient, enter cerebral monitoring.

Selections:

- Yes
 - Awake
 - Cerebral monitoring
 - Stump pressure
 - EEG
 - Other
- No

Supporting Definitions:

Awake = Locoregional anesthesia is given (e.g., cervical plexus block or cervical epidural) that allows awake cerebral function monitoring.

Cerebral monitoring = If cerebral oximetry or SSEP was used to monitor the patient, enter Cerebral monitoring.

Cerebral oximetry = non-invasive, continuous monitoring devices used to monitor adequate cerebral oxygenation. Sensors are applied to the patient's forehead and attached to a monitor.

Somatosensory evoked potentials (SSEP) = monitor signals from sensory areas to the brain. Stimulating electrodes are placed on the ankle and wrist, and signals are sent to receiving electrodes placed on the scalp.

Stump pressure = an estimate of hemispheric blood flow by measuring pressure in the carotid stump distal to the clamp. Stump pressure is more often used to determine whether or not a shunt should be placed intraoperatively.

EEG = measurement of the spontaneous electrical activity of the brain. Electrodes are attached to the patient's scalp and connected to a monitor.

Other = a form of neurologic monitoring was used during the carotid endarterectomy that is not on the list.

Required: Yes

Additional graft components - EVAR

We are adding the ability to enter the hypogastric and external iliac diameter if bilateral Iliac branch devices are implanted. This field remains a multi-select field.

Data Abstraction Instructions:

Indicate if additional graft components were implanted other than iliac limbs, iliac extensions, or bridging devices. When selecting the option Iliac Branch Device, two additional fields will display. Enter the distal hypogastric (internal iliac) diameter and the distal external iliac diameter.

Selections:

- Aortic cuff
- Aortic screws
- Right iliac branch device
 - **Distal hypogastric diameter:**
 - Documented Not Documented
 - **Enter value:** _____mm
 - **Distal external iliac diameter:**
 - Documented Not Documented
 - **Enter value:** _____mm
- Left iliac branch device
 - **Distal hypogastric diameter:**
 - Documented Not Documented
 - **Enter value:** _____mm
 - **Distal external iliac diameter:**
 - Documented Not Documented
 - **Enter value:** _____mm
- Additional main body
- Other

Supporting Definitions:

Required: Yes

Medications Medications at Admission is relabeled to Home medications prior to admission. This change is for VS, carotid, and PVI discharges.

Current Smoker For all VS, carotid, and PVI discharges

Data Abstraction Instructions:

Select if the patient is currently a smoker. Indicate if the patient has smoked cigars, cigarettes, chew (tobacco), pipe (tobacco), marijuana, **or used a smokeless device to inhale nicotine (vaping, e-cigarettes)** any time during the past one month before arrival at your facility.

Selections:

- Yes
 - Cigar
 - Cigarettes
 - Chew (tobacco)
 - Pipe (tobacco)
 - Marijuana
 - **Smokeless (vaping, e-cigarettes)**
- No

Required: Yes

Former Smoker For all VS, carotid, and PVI discharges

Data Abstraction Instructions:

Select if the patient has stopped smoking cigars, cigarettes, chew (tobacco), pipe (tobacco), marijuana, **or stopped using a smokeless device to inhale nicotine (vaping, e-cigarettes)** for one month or more before this admission.

Selections:

- Yes
 - Cigar
 - Cigarettes
 - Chew (tobacco)
 - Pipe (tobacco)
 - Marijuana
 - **Smokeless (vaping, e-cigarettes)**
- No

Required: Yes