



Vascular Surgery Report Dictionary

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All Vascular Surgeries

The demographic, patient history, and medication data listed below exists at the discharge level, not at the procedure level. In each of these, consider only discharges in which there was at least one Vascular Surgery (Open AAA, EVAR, Open Bypass) procedure.

Demographics

Average Age (mean, stdev)

Calculates the average (mean) age of patients as of the admission date. Compare the birthdate of each discharge with the admission date to compute the age of the patient at admission. Divide by the total number of discharges.

Male Gender

Number and percentage of discharges who are male.

Denominator is the total number of discharges containing a Vascular Surgery procedure.

Female Gender

Number and percentage of discharges who are female.

Denominator is the total number of discharges containing a Vascular Surgery procedure.

Race

Number and percentage of patients by race at the discharge level.

Preadmission Living Location

Number and percentage of patients by Pre Admission Living Location at the discharge level.

Discharge Status

Number and percentage of patients by Discharge Status at the discharge level.

Death

Data Abstraction Instructions:

Numerator: The number of discharges with "death" indicated as discharge status.

Denominator: All discharges containing at least one VS procedure.

Required:

No

Patient History

Ever Smoked

Number and percentage of patients that Ever Smoked at the discharge level.

Current Smoker

Number and percentage of patients who are current smokers at the discharge level.

Smoking Cessation at DC

The numerator is the number of VS discharges with "yes" marked for "Current Smoker (cigarettes, cigars, chew, or pipe selected)" and "yes" indicated for both "Nicotine replacement therapy" and "Referral to smoking counseling services". If the discharge was entered prior to the availability of the three specific drop downs, then "yes" for Smoking Cessation Counseling at DC will be included in the numerator.

The denominator is the number of VS discharges with "yes" marked for "Current Smoker" (cigarettes, cigars, chew, or pipe selected).

Note: Discharges are excluded if they are marked in any procedure as death in lab or death post procedure.

Physician Delivered Advice

The numerator is the number of VS discharges with "yes" marked for "Smoking Cessation Counseling at DC" and "yes" indicated for "Physician delivered advice". If the discharge was entered prior to the availability of the three specific drop downs, then it will be excluded.

The denominator is the number of VS discharges with "yes" marked for "Smoking Cessation Counseling at DC". If the discharge was entered prior to the availability of the three specific drop downs, then it will be excluded.

Note: Discharges are excluded if they are marked in any procedure as death in lab or death post procedure.

Nicotine replacement therapy

The numerator is the number of VS discharges with "yes" marked for "Smoking Cessation Counseling at DC" and "yes" indicated for "Nicotine Replacement therapy". If the discharge was entered prior to the availability of the three specific drop downs, then it will be excluded.

The denominator is the number of VS discharges with "yes" marked for "Smoking Cessation Counseling at DC". If the discharge was entered prior to the availability of the three specific drop downs, then it will be excluded.

Note: Discharges are excluded if they are marked in any procedure as death in lab or death post procedure.

Referral to smoking counseling services

The numerator is the number of VS discharges with "yes" marked for "Smoking Cessation Counseling at DC" and "yes" indicated for "Referral to smoking counseling services". If the discharge was entered prior to the availability of the three specific drop downs, then it will be excluded.

The denominator is the number of VS discharges with "yes" marked for "Smoking Cessation Counseling at DC". If the discharge was entered prior to the availability of the three specific drop downs, then it will be excluded.

Note: Discharges are excluded if they are marked in any procedure as death in lab or death post procedure.

Hypertension

Number and percentage of patients who have hypertension at the discharge level.

Diabetes Mellitus

Number and percentage of patients who have any type of diabetes at the discharge level.

Coronary Artery Disease (CAD)

Number and percentage of patients who have a history of CAD at the discharge level.

Exercise Counseling at DC (PAD)

The numerator is the number of discharges containing an open bypass procedure with "yes" indicated for Exercise Counseling.

The denominator is the number of discharges containing an open bypass procedure.

NOTE: This will exclude all discharges with death in OR or post procedure and those discharges with "Wheelchair" or "bedridden" indicated for Ambulation pre procedure.

Medications (admission, discharge)

Aspirin (admission, discharge)

This is calculated for all discharges containing an Open Bypass, Open AAA, EVAR, or Abdominal Aortic Stenosis procedure.

Show bar graph with numerator and denominator for all patients on Aspirin at admission and discharge.

Count admission medication as determined in the admission medications on the discharge record. Count discharge medication as determined in the discharge medications on the discharge record for any type of procedure in the discharge. For both "admission" and "discharge", the denominator should be the number of discharges that contain a vascular surgery procedure. A medication should never be counted more than once for multiple procedures in a discharge.

Patients that are contraindicated for this medication in any type of procedure or at admission/discharge are excluded. Deaths in the OR/lab are excluded for "discharge" medications. Deaths at discharge are also excluded from the "discharge" medications.

Beta Blockers (admission, discharge)

This is calculated for all discharges containing an Open Bypass, Open AAA, EVAR, or Abdominal Aortic Stenosis procedure.

Show bar graph with numerator and denominator for all patients on Beta Blockers at admission and discharge.

Count admission medication as determined in the admission medications on the discharge record. Count discharge medication as determined in the discharge medications on the discharge record for any type of procedure in the discharge. For both "admission" and "discharge", the denominator should be the number of discharges that contain a vascular surgery procedure. A medication should never be counted more than once for multiple procedures in a discharge.

Patients that are contraindicated for this medication in any type of procedure or at admission/discharge are excluded. Deaths in the OR/lab are excluded for "discharge" medications. Deaths at discharge are also excluded from "discharge" medications.

Statins (admission, discharge)

Statins at admission:

Numerator: All discharges in which there was at least one vascular surgery procedure and in which the patient was on a statin at admission (even those who are contraindicated for statin).

Denominator: All discharges in which there was at least one vascular surgery procedure, and either:

- * in no procedure of any type was the patient marked as being contraindicated to statin.
 - OR -
- * In some procedure of any type, the patient was marked as contraindicated for statin, but at discharge, the patient was given a statin anyway.

Statins at discharge:

Numerator: All discharges in which there was at least one vascular surgery procedure and the patient was not dead at discharge and did not die in lab in any procedure, and in which the patient was given a statin at discharge (even those who are contraindicated for statin).

Denominator: All discharges in which there was at least one vascular surgery procedure, and in which, in no procedure did the patient die in lab, and the patient did not die at discharge, and either:

- * in no procedure of any type was the patient marked as being contraindicated to statin.
 - OR -
 - * In some procedure of any type, the patient was marked as contraindicated for statin, but at discharge, the patient was given a statin anyway.
-

Opioids

Opioid at admission (VS)

The numerator is the number of discharges containing a VS discharge (open AAA, EVAR, Open bypass, OT) that have "yes" marked for Pre-op opioid use (any type selected). The denominator is all discharges containing a VS procedure.

This will then be broken out by specific discharge type:

- EVAR
- Open AAA
- Bypass
- Open Thrombectomy

NOTE: Discharges entered prior to the collection of this data will be excluded

Any opioid at discharge (VS)

The numerator is the number of discharges containing a VS discharge (open AAA, EVAR, Open bypass, OT) that have "yes" marked for Discharged with opioid prescription (any type selected). The denominator is all discharges containing a VS procedure.

This will then be broken out by specific discharge type:

- EVAR
- Open AAA
- Bypass
- Open Thrombectomy

NOTE: Discharges entered prior to the collection of this data will be excluded

New opioid at discharge (VS)

The numerator is the number of discharges containing a VS discharge (open AAA, EVAR, Open bypass, OT) that have "no" marked for Pre-op opioid use and "yes" marked for Discharged with opioid prescription (any type selected). The denominator is all discharges containing a VS procedure.

This will then be broken out by specific discharge type:

- EVAR
- Open AAA
- Bypass
- Open Thrombectomy

This will capture patients who were not taking an opioid at admission but received one at discharge. It does not account for patients that were discharged on a different opioid than they used at admission.

NOTE: Discharges entered prior to the collection of this data will be excluded

Procedural Information

Pre Imaging Studies (EVAR)

CTA (abnormal / performed)

Number and count of all EVAR procedures that had an abnormal Computerized Tomographic Angiography. Denominator is all EVAR procedures with documented CTA.

MRI/MRA (abnormal / performed)

Number and count of all EVAR procedures that had an abnormal Magnetic Resonance Imaging/Angiography. Denominator is all EVAR procedures with documented MRI/MRA.

Cardiac Stress Test

Number and count of all EVAR procedures that document a Cardiac Stress Test for a patient. Show the abnormal count and percentage on a separate line for convenience. The denominator in the first case should be all EVAR procedures. The denominator for the abnormal cases should be all EVAR procedures that had a stress test.

Prior PCI

Number and percentage of discharges containing an EVAR procedure that had a PCI procedure within last 6 months. Denominator is the number of discharges containing an EVAR procedure.

Prior CABG

Number and percentage of discharges containing an EVAR procedure that had a CABG within last 6 months. Denominator is the number of discharges containing an EVAR procedure.

EKG (abnormal / performed)

Number and percentage of abnormal EKG's for qualifying EVAR procedures. The denominator should be all EVAR vascular surgery procedures that had an EKG.

Indications (EVAR)

Asymptomatic

Number and percentage of qualifying EVAR indications where the patient was Asymptomatic for AAA. The denominator should be all EVAR vascular surgery procedures. You can have multiple indications per procedure.

Abdominal/Back Pain

Number and percentage of qualifying EVAR indications where the patient presented symptoms of Abdominal/Back Pain. The denominator should be all EVAR vascular surgery procedures. You can have multiple indications per procedure.

Ruptured AAA

Number and percentage of all qualifying EVAR procedures with a Ruptured AAA. The denominator should be all EVAR vascular surgery procedures.

Procedure Details (EVAR)

Maximum AAA Diameter (mean, stddev)

Computes the average (mean) and standard deviation of all qualifying EVAR procedures' Maximum AAA Diameter. No denominator.

This will exclude those procedures with the indication "Size of Iliac Aneurysm".

Graft Body Diameter (mean, stdev)

Computes the average (mean) and standard deviation of all qualifying EVAR procedures' Graft Body Diameter. No denominator.

Graft Type

Number and percentage for each graft type for all qualifying EVAR procedures. The denominator should be all EVAR vascular surgery procedures that had a Graft.

Graft Configuration

Number and percentage of each Graft Configuration for all qualifying EVAR procedures. The denominator should be all EVAR vascular surgery procedures that had a Graft.

Endoleak at Completion

Number and percentage of all qualifying EVAR procedures that had an Endoleak at Completion; the denominator should be all EVAR vascular surgery procedures. Also show counts for each leak location; the denominator should be all EVAR vascular surgery procedures that had an Endoleak at Completion.

Conversion to Open

Number and percentage of all qualifying EVAR procedures where a Conversion to Open occurred; the denominator should be all EVAR vascular surgery procedures. Also show counts for each option; the denominator should be all EVAR vascular surgery procedures that had a Conversion to Open.

Pre Imaging Studies (Open AAA)

CTA (abnormal / performed)

Number and percentage of all Open AAA procedures that had an abnormal Computerized Tomographic Angiography. Denominator is all Open AAA procedures with documented CTA.

MRI/MRA (abnormal / performed)

Number and percentage of all Open AAA procedures that had an abnormal Magnetic Resonance Imaging/Angiography. Denominator is all Open AAA procedures with documented MRI/MRA.

Cardiac Stress Test

Number and percentage of all Cardiac Stress Tests for all qualifying Open AAA procedures; the denominator should be all Open AAA vascular surgery procedures. Show number and percentage of abnormal as a separate line; the denominator should be all Open AAA vascular surgery procedures that had a Cardiac Stress Test.

Prior PCI

Number and percentage of discharges containing an open AAA procedure that had a PCI procedure within last 6 months. Denominator is the number of discharges containing an open AAA procedure.

Prior CABG

Number and percentage of discharges containing an open AAA procedure that had a CABG within last 6 months. Denominator is the number of discharges containing an open AAA procedure.

EKG

Number and percentage of abnormal EKG's for qualifying Open AAA procedures. The denominator should be all Open AAA vascular surgery procedures that had an EKG.

Indications (Open AAA)

Asymptomatic

Number and percentage of qualifying Open AAA indications where the patient was Asymptomatic for AAA. The denominator should be all Open AAA vascular surgery procedures. You can have multiple indications per procedure.

Abdominal/Back Pain

Number and percentage of qualifying Open AAA indications where the patient presented symptoms of Abdominal/Back Pain. The denominator should be all Open AAA vascular surgery procedures. You can have multiple indications per procedure.

Ruptured AAA

Number and percentage of qualifying Open AAA procedures with a ruptured AAA. The denominator should be all Open AAA vascular surgery procedures.

Procedure Details (Open AAA)

Maximum AAA Diameter (mean, stdev)

Computes the average (mean) and standard deviation of qualifying Open AAA procedures' Maximum AAA Diameter. No denominator.

This will exclude those procedures with the indication "Size of Iliac Aneurysm".

Conversion from Endovascular Repair

Number and percentage of qualifying Open AAA procedures where a Conversion from Endovascular Repair occurred; the denominator should be all Open AAA vascular surgery procedures.

Also show number and percentage for each length option; the denominator should be all Open AAA vascular surgery procedures that had a Conversion from Endovascular Repair.

Graft Body Diameter (mean, stdev)

Computes the average (mean) and standard deviation of all qualifying procedures' Graft Body Diameter. No denominator.

Graft Type

Number and percentage of graft types: Dacron, PTFE, Allograft, and Other for all qualifying Open AAA procedures. The denominator should be all Open AAA vascular surgery procedures that had a Graft.

Proximal Clamp Position

Number and percentage for each clamp sites for all qualifying Open AAA procedures. The denominator should be all Open AAA vascular surgery procedures.

Pre Imaging Studies (Revasc / Bypass)

ABIs (mean, stdev)

Show average (mean) and standard deviation for both right and left ABIs for qualifying Revasc / Bypass procedures. No denominator.

CTA (abnormal / performed)

Number and percentage of all Revasc / Bypass procedures that had an abnormal Computerized Tomographic Angiography. Denominator is all Revasc / Bypass procedures with documented CTA.

MRI/MRA (abnormal / performed)

Number and percentage of all Revasc / Bypass procedures that had an abnormal Magnetic Resonance Imaging/Angiography. Denominator is all Revasc / Bypass procedures with documented MRI/MRA.

Cardiac Stress Test

Number and percentage of all Revasc / Bypass procedures that document a Cardiac Stress Test for a patient. Show the abnormal count and percentage on a separate line for convenience. The denominator in the first case should be all Revasc / Bypass procedures. The denominator for the abnormal cases should be all Revasc / Bypass procedures that had a stress test.

Prior PCI

Number and percentage of discharges containing an open bypass procedure that had a PCI procedure within last 6 months. Denominator is the number of discharges containing an open bypass procedure.

Prior CABG

Number and percentage of discharges containing an open bypass procedure that had a CABG within last 6 months. Denominator is the number of discharges containing an open bypass procedure.

Contrast cineangiography

Number and percentage of all Revasc/Bypass procedures that had an abnormal contrast cineangiography. Denominator is all Revasc / Bypass procedures with a documented contrast cineangiography.

EKG (abnormal / performed)

Number and percentage of abnormal EKG's for qualifying Revasc / Bypass procedures. The denominator should be all Revasc / Bypass vascular surgery procedures that had an EKG.

Indications (Revasc / Bypass)

Asymptomatic

Number and percentage of qualifying Revasc / Bypass indications where the patient was Asymptomatic for AAA. The denominator should be all Revasc / Bypass vascular surgery procedures. You can have multiple indications per procedure.

Claudication

Number and percentage of qualifying Revascularization / Bypass indications where the patient presented symptoms of Claudication. The denominator should be all Revascularization / Bypass vascular surgery procedures. You can have multiple indications per procedure.

Rest Pain

Number and percentage of qualifying Revascularization / Bypass indications where the patient presented symptoms of Rest Pain. The denominator should be all Revascularization / Bypass vascular surgery procedures. You can have multiple indications per procedure.

Ulcer / Gangrene

Number and percentage of qualifying Revascularization / Bypass indications where Ulcer / Gangrene = yes OR Wound (WIFI) = yes. The denominator should be all Revascularization / Bypass vascular surgery procedures. You can have multiple indications per procedure.

Acute Limb Ischemia

Number and percentage of qualifying Revascularization / Bypass indications where the patient presented symptoms of Acute Limb Ischemia. The denominator should be all Revascularization / Bypass vascular surgery procedures. You can have multiple indications per procedure.

Procedure Details (OT/Revasc / Bypass)

Procedures Open Thrombectomy

The numerator is the number of VS procedures with Open Thrombectomy selected in the procedure details. The denominator is the number of VS procedures.

Procedures Revasc/Bypass

The numerator is the number of VS procedures with Open Bypass / Revascularization selected in the procedure details. The denominator is the number of VS procedures.

Inflow

Inflow The "Inflow" section will have one data point for each of the "regions" listed below. For all data points, the denominator is all Revasc / Bypass vascular surgery procedures that had a Graft.

Aorto-femoral

Numerator: The number of Revasc/Bypass procedures which had a "graft origin" in the Aorta and a "graft insertion" or "graft insertion #2" in a Femoral artery. This means that "graft origin" is one of: abdominal aorta, distal aorta, and "graft insertion" or "graft insertion #2" is one of: left or right common femoral, or both, left or right superficial femoral, or both).

Femoral-femoral

Numerator: The number of Revasc/Bypass procedures which had a "graft origin" in a Femoral artery and a "graft insertion" or "graft insertion #2" also in a Femoral artery. "Femoral artery" is defined as being one of: left or right common femoral, left or right superficial femoral.

Axillary-femoral

Numerator: The number of Revasc/Bypass procedures which had a "graft origin" in an Axillary artery and a "graft insertion" or "graft insertion #2" in a Femoral artery. This means that the "graft origin" is one of: left or right axillary, and the "graft insertion" or "graft insertion #2" is one of: left or right common femoral, or both, left or right superficial femoral, or both.

Other

Numerator: The number of Revasc/Bypass procedures fulfilling one or more of these criteria:

- "Graft Origin" is distal aorta or abdominal aorta and NEITHER "graft insertion" nor "graft insertion #2" is one of: left or right common femoral, or both, left or right superficial femoral, or both.
- "Graft origin" is one of: left or right common femoral, left or right superficial femoral and NEITHER "graft insertion" nor "graft insertion #2" is one of: left or right common femoral, or both, left or right superficial femoral, or both.
- "Graft origin" is one of: left or right axillary, and NEITHER "graft insertion" nor "graft insertion #2" is one of: left or right common femoral, or both, left or right superficial femoral, or both.
- "Graft origin" is one of: left or right common iliac, left or right deep femoral profunda femoris, left or right external iliac, left or right internal iliac.

Outflow

The "Outflow" section will have one data point for each of the "regions" listed below.

For all data points, the denominator is all Revasc / Bypass vascular surgery procedures that had a Graft.

Femoral-Popliteal

Numerator: The number of Revasc/Bypass procedures which had a "graft origin" in a Femoral artery and a "graft insertion" or "graft insertion #2" in a Popliteal artery. This means that "graft origin" is one of: left or right common femoral, or both, left or right superficial femoral, or both, and "graft insertion" or "graft insertion #2" is one of: left or right popliteal.

Femoral-Tibial

Numerator: The number of Revasc/Bypass procedures which had a "graft origin" in a Femoral artery and a "graft insertion" or "graft insertion #2" in a Tibial artery. This means that "graft origin" is one of: left or right common femoral, or both, left or right superficial femoral, or both, and "graft insertion" or "graft insertion #2" is one of: left or right anterior tibial, left or right posterior tibial.

Popliteal-Tibial

Numerator: The number of Revasc/Bypass procedures which had a "graft origin" in a Popliteal artery and a "graft insertion" or "graft

insertion #2" in a Tibial artery. This means that "graft origin" is one of: left or right popliteal, and "graft insertion" or "graft insertion #2" is one of: left or right anterior tibial, left or right posterior tibial.

Popliteal-Popliteal

Numerator: The number of Revasc/Bypass procedures which had a "graft origin" in a Popliteal artery and a "graft insertion" or "graft insertion #2" also in a Popliteal artery. This means that "graft origin" is one of: left or right popliteal, and "graft insertion" or "graft insertion #2" is also one of: left or right popliteal.

Other

Numerator: The number of Revasc/Bypass procedures which meet one or more of the following criteria:

- "Graft Insertion" or "Graft Insertion #2" is one of: left or right anterior tibial, left or right posterior tibial AND "graft origin" is NOT one of: left or right popliteal, left or right common femoral, left or right superficial femoral.
- "Graft Insertion" or "Graft Insertion #2" is one of: left or right left or right popliteal AND "graft origin" is NOT one of: left or right common femoral, left or right superficial femoral.
- "Graft Insertion" or "Graft Insertion #2" is one of: left or right brachial, left or right dorsalis pedis, left or right peroneal, left or right radial, left or right tibio-peroneal trunk.

Vein Graft

Number and percentages of all Vein Grafts for all qualifying Revasc / Bypass procedures; the denominator should be all Revasc / Bypass vascular surgery procedures, Also show counts for each location; the denominator should be all Revasc / Bypass vascular surgery procedures that had a Vein Graft.

Prosthetic Graft

Number and percentage of all Prosthetic Grafts for qualifying Revasc / Bypass procedures; the denominator should be all Revasc / Bypass vascular surgery procedures. Also show counts for each graft type; the denominator should be all Revasc / Bypass vascular surgery procedures that had a Prosthetic Graft.

Intraoperative Graft Revision

Number and percentage of all qualifying Revasc / Bypass procedures with documented Intraoperative Graft Revision. The denominator should be all Revasc / Bypass vascular surgery procedures.

Additional concomitant procedures

Number and percentage of all vascular surgery procedures that were concomitant; the denominator should be all Revasc / Bypass procedures.

Also show the number and percentage for each of the following Revasc / Bypass procedure locations:

- Stent
- Balloon
- Open Endarterectomy
- Open Thrombectomy

The denominator should be all Revasc / Bypass vascular surgery procedures that were concomitant.

Outcomes

Outcomes in OR

Death in OR

Number and percentage of Death in OR for all vascular surgery procedures. Death should only be counted once per discharge. The denominator should be all discharges that had a vascular surgery procedure.

Myocardial Infarction

Number and percentage of all vascular surgery procedures where a patient had an MI in the OR. Multiple MI's are only counted once per discharge. The denominator should be all vascular surgery procedures.

Cardiac arrest

Number and percentage of all vascular surgery procedures where a patient had a Cardiac arrest in the OR. Multiple Cardiac arrests are only counted once per discharge. The denominator should be all vascular surgery procedures.

Stent/Graft Thrombosis

Number and percentage of all vascular surgery procedures where a patient had an unsuccessful Stent/Graft Thrombosis in the OR. Multiple Stent/Graft Thrombosis are only counted once per discharge. The denominator should be all vascular surgery procedures. The number and percentage of "unsuccessful" procedures are broken out on a separate line for convenience.

Transfusion (PRBC)

The numerator is the number of all vascular surgery procedures where a patient had a Transfusion (PRBC) during the procedure. Ruptured AAA for EVAR and OAAA are excluded from the numerator.

The denominator is the number all vascular surgery procedures. Ruptured AAA for EVAR and OAAA are excluded from the numerator.

Note: Multiple Transfusions are only counted once per discharge.

Outcomes Prior to Discharge

Death

Number and percentage of all discharges where a patient died prior to discharge. The denominator should be all discharge records that had a vascular surgery procedure. Deaths should only be counted once per discharge.

Myocardial Injury

From 1/1/2019 - 8/19/2019 the following definition was in place. Number and percentage of all discharges where a patient had a Myocardial Infarction prior to discharge. Multiple MI's are only counted once per discharge. The denominator should be all discharge records that had a vascular surgery procedure.

From 8/20/2019 and forward the definition is:

Numerator: The number of discharges containing at least one procedure in which the patient was marked as having a Myocardial Injury post-procedure.

Denominator: The number of discharges containing at least one vascular surgery procedure.

Infection/Sepsis

Number and percentage of all discharges where a patient had an infection of each type prior to discharge. The denominator should be all discharge records that had a vascular surgery procedure. Multiple Infection/Sepsis are only counted once per discharge.

Stent / Graft Thrombosis

Number and percentage of all discharges where a patient had Stent Graft Thrombosis prior to discharge. Multiple Stent Graft Thrombosis are only counted once per discharge. The denominator should be all discharge records that had a vascular surgery procedure. Unsuccessful procedures are broken out on a separate line for convenience.

Amputation (planned)

The numerator is the number of VS discharges with "yes" marked for Amputation in Outcomes Post Procedure in any procedure of any type.

The denominator is the total number of VS discharges.

Note: Multiple options may be selected.

Digit Amputation

The numerator is the number of VS discharges with "yes" marked for Amputation with Right digit or Left digit selected in Outcomes Post Procedure in any procedure of any type.

The denominator is the total number of VS discharges with "yes" marked for Amputation.

Metatarsal Amputation

The numerator is the number of VS discharges with "yes" marked for Amputation with Right Metatarsal or Left Metatarsal selected in Outcomes Post Procedure in any procedure of any type.

The denominator is the total number of VS discharges with "yes" marked for Amputation.

Foot Amputation

The numerator is the number of VS discharges with "yes" marked for Amputation with Right Foot or Left Foot selected in Outcomes Post Procedure in any procedure of any type.

The denominator is the total number of VS discharges with "yes" marked for Amputation.

Below Knee Amputation (BKA)

The numerator is the number of VS discharges with "yes" marked for Amputation with Right BKA or Left BKA selected in Outcomes Post Procedure in any procedure of any type.

The denominator is the total number of VS discharges with "yes" marked for Amputation.

Above Knee Amputation (AKA)

The numerator is the number of VS discharges with "yes" marked for Amputation with Right AKA or Left AKA selected in Outcomes Post Procedure in any procedure of any type.

The denominator is the total number of VS discharges with "yes" marked for Amputation.

Hip Disarticulation

The numerator is the number of VS discharges with "yes" marked for Amputation with Right hip disarticulation or Left hip disarticulation selected in Outcomes Post Procedure in any procedure of any type.

The denominator is the total number of VS discharges with "yes" marked for Amputation.

TIA/stroke

Number and percentage of all discharges where a patient had a TIA/Stroke prior to discharge. Multiple TIAs/-strokes are only counted once per discharge. The denominator should be all discharge records that had a vascular surgery procedure.

Bowel Ischemia

The numerator is the number of Vascular Surgery discharges with "yes" marked for Bowel Ischemia in Outcomes Post Procedure in any procedure of any type.

The denominator is the total number of VS discharges.

CIN

Vascular Surgery CIN is calculated only for discharges with EVAR. EVAR discharges that have a ruptured AAA are excluded from this report.

Discharges w/ EVAR

The numerator is the number of discharges containing an EVAR procedure. EVAR procedures that have Ruptured AAA = Yes under Procedure Details are excluded from the numerator.

The denominator is the total number of discharges containing a vascular surgery procedure (Open AAA, EVAR, or Open Bypass). Ruptured AAA = Yes under Procedure Details for EVAR and OAAA procedures are excluded from the denominator.

CIN Potential

The numerator is the number of discharges containing an EVAR procedure that have CIN Potential. CIN Potential is calculated by excluding procedures without pre-procedure creatinine, post-procedure creatinine (Peak, Discharge, or Post Discharge values), history of renal failure, kidney failure, renal salvage and death in the OR. EVARs that have Ruptured AAA =Yes under Procedure Details are excluded from the numerator.

The denominator is all vascular surgery procedures. EVAR and OAAA procedures that have Ruptured AAA =Yes under Procedure Details are excluded from the denominator.

Missing Creatinine (pre)

The numerator is the number of discharges containing an EVAR procedure in which the pre procedure creatinine value for that EVAR procedure is "Not drawn". EVAR procedures that have Ruptured AAA =Yes under Procedure Details are excluded from the numerator.

The denominator is the total number of discharges containing an EVAR procedure. EVAR procedures that have Ruptured AAA =Yes under Procedure Details are excluded from the denominator.

Missing Creatinine (post)

The numerator is the number of discharges containing an EVAR procedure in which the post procedure peak creatinine, discharge creatinine, and post-discharge creatinine values for that EVAR procedure are all "Not drawn". EVAR procedures that have Ruptured AAA =Yes under Procedure Details are excluded from the numerator.

The denominator is the total number of discharges containing an EVAR procedure. EVAR procedures that have Ruptured AAA =Yes under Procedure Details are excluded from the denominator.

CIN Excluded

Hx Renal Failure req Dialysis

The numerator is the number of discharges containing an EVAR procedure in which the discharge record is marked "yes" for History of Renal Failure Currently Requiring Dialysis.

The denominator is the total number of discharges containing an EVAR procedure.

Renal Transplant

The numerator is the number of discharges containing an EVAR procedure in which the discharge record is marked "yes" for Renal Transplant.

The denominator is the total number of discharges containing an EVAR procedure.

Renal salvage (indication)

The numerator is the number of discharges containing an EVAR procedure in which the indication type is marked for Renal Revascularization AND Renal Salvage = Yes.

The denominator is the total number of discharges containing an EVAR procedure.

CIN

CIN is defined as the peak creatinine value (under labs Post Procedure) minus the pre-procedure creatinine value ≥ 0.5 . If Not Drawn is entered for the peak creatinine value, then the post-discharge creatinine value will be used in the calculation.

Discharges containing an EVAR procedure with history of renal failure currently requiring dialysis, renal transplant, death in OR are excluded from the numerator. EVAR procedures with a Ruptured AAA are also excluded from the numerator.

The denominator contains all discharges containing a VS procedure. Discharges containing an EVAR procedure with history of renal failure currently requiring dialysis, renal transplant, death in OR are excluded from the denominator. EVAR and OAAA procedures with a Ruptured AAA are also excluded from the denominator.

Creatinine (pre) ≥ 1.5

The numerator is the number of EVAR discharges in which the pre procedure creatinine value for the first EVAR procedure is ≥ 1.5 AND "No" is indicated for Renal Failure Currently Requiring Dialysis on the discharge record. An EVAR procedure in which Ruptured AAA = Yes under Procedure Details is excluded from the numerator.

The denominator is the total number of EVAR discharges with a pre procedure creatinine value entered for the first EVAR procedure. An EVAR procedure in which Ruptured AAA = Yes under Procedure Details is excluded from the denominator.

Post creatinine draw for high risk patients (EVAR)

The numerator is the number of EVAR discharges in which the first EVAR procedure has a pre-procedure creatinine ≥ 1.5 , "Renal Failure Currently Requiring Dialysis" is marked no, and a Death did not occur during the EVAR procedure, AND one of the following is true:

- That EVAR procedure, or any procedure after the EVAR, has a post-procedure peak creatinine value.
- There is a discharge creatinine value.
- There is a post-discharge creatinine value.

The denominator is the number of EVAR discharges in which the first EVAR procedure has a pre-procedure creatinine ≥ 1.5 , "Renal Failure Currently Requiring Dialysis" is marked "no", AND Ruptured AAA is marked No.

NOTE: Both the numerator and denominator will exclude EVAR discharges in which "None" or "CO2" are marked for "Contrast Type." Both the numerator and denominator will exclude discharges that contain an EVAR procedure that had a Ruptured AAA.

Pre Procedure Hydration - High Risk Patients (EVAR)

The numerator is the number of EVAR discharges in which "Renal Failure Currently Requiring Dialysis" is marked "no" on the discharge record AND in which the first EVAR procedure has a pre-procedure creatinine ≥ 1.5 AND that EVAR procedure medication record has Saline, Lactated Ringer's, Other Hydration, or Sodium Bicarbonate marked "pre" at any timeframe. EVAR procedures in which Ruptured AAA = Yes under Procedure Details are excluded from the numerator.

The denominator is the number of EVAR discharges in which "Renal Failure Currently Requiring Dialysis" is marked "no" on the discharge record AND in which the first EVAR procedure has a pre-procedure creatinine ≥ 1.5 . EVAR procedures in which Ruptured AAA = Yes under Procedure Details are excluded from the denominator.

Transfusion

Pre procedure Hgb (mean, stdev)

Calculate the average (mean) and standard deviation for all patient's pre-procedure Hgb at the discharge level. Discharges that have an EVAR or OAAA procedure with a Ruptured AAA are excluded.

Anemia (pre-procedure)

Number and percentage of patients who have anemia, as determined by the formula defined by the WHO.

Source <http://en.wikipedia.org/wiki/Anemia>. For men, this is a hemoglobin level under 13, for women, under 12. EVAR and OAAA procedures that have a Ruptured AAA are excluded from the numerator.

The denominator should be all discharge records that had a vascular surgery procedure. EVAR and OAAA procedures that have a Ruptured AAA are excluded from the denominator.

Post Procedure Nadir Hemoglobin (mean, stdev)

Calculate the average (mean) and the standard deviation for Post Procedure Nadir Hemoglobin for any qualifying vascular surgery procedure. EVAR and OAAA procedures that have a Ruptured AAA are excluded.

Transfusion PRBC (all discharges)

The numerator is the number of discharges containing a vascular surgery procedure (Open AAA, EVAR, or Open Bypass) in which a post-procedure transfusion of PRBCs was given. EVAR and OAAA procedures that have a Ruptured AAA are excluded from the numerator.

The denominator is the number of discharges containing a vascular surgery procedure (Open AAA, EVAR, or Open Bypass). Multiple Transfusions given during a discharge are counted once. EVAR and OAAA procedures that have a Ruptured AAA are excluded from the denominator.

All Discharges Transfused w/Hgb >=8

The numerator is the number of discharges containing a vascular surgery procedure (Open AAA, EVAR or, Open Bypass) where a post-procedure transfusion of PRBCs was given AND the Hemoglobin prior to Transfusion is >= 8.0. EVAR and Open AAA that have a ruptured AAA are excluded from the numerator.

The denominator is the number of discharges containing a vascular surgery procedure (Open AAA, EVAR, or Open Bypass) where a post-procedure transfusion of PRBCs was given. EVAR and Open AAA that have a ruptured AAA are excluded from the denominator.

Transfusion when Asymptomatic with Hgb >= 8.0 (Discharge level)

The numerator is the number of Elective VS discharges (OAAA, EVAR, or OBP) that have a transfusion of PRBCs within 30 days of the procedure end date (for any VS procedure within a discharge). The value of the hemoglobin prior to transfusion is >=8.0 and no is marked for Symptomatic prior to transfusion. OAAA and EVAR with a ruptured AAA are excluded from the numerator.

The denominator is the number of Elective VS (OAAA, EVAR, OBP) that have a transfusion of PRBCs within 30 days of the procedure end date (for any VS procedure within a discharge).

Note: "Symptomatic prior to transfusion" is a new question. In old discharges, it will not have an answer. These cases are not included in the numerator or the denominator.

Open Bypass

This page has been added to the Q4 2019 report release.

Vascular Surgery Key Indicators of Performance

This portion of the report contains the various QI goals set for vascular surgery. Specifics are included in each item definition.

For all calculations, only elective discharges/procedures are considered. A discharge is considered elective if the first vascular surgery (OAAA, EVAR, OBP) in the discharge is marked "Elective". All CEA/CAS are dependent on the procedure status indicated in the record. CAS procedures entered prior to the addition of "Procedure Status" are considered elective unless "Acute Evolving Stroke" is marked "yes".

For all goals, data entered prior to the addition of the current fields (for example, "Symptomatic Prior to Transfusion") will be considered null and not included in the numerator/denominator.

Elective VS Discharges (OAAA, EVAR, OBP)

This displays the number of discharges in which the first vascular surgery procedure (OAAA, EVAR, OBP) entered has a Procedure Status marked "Elective".

Total Elective Discharges (OAAA, EVAR, OBP, CEA, CAS)

The numerator is the number of discharges in which the first vascular surgery procedure (OAAA, EVAR, OBP) or first CEA procedure entered has a Procedure Status marked "Elective". It also includes all discharges in which the first of the vascular surgery procedure types entered is a CAS. The denominator is the same.

Readmission for SSI (Procedure end to 30 Days)

The numerator is the number of Elective VS discharges that contain an OAAA, EVAR, or OBP procedure that have a Readmission to Hospital for a graft infection or wound infection/dehiscence that is within 30 days of the procedure end date.

The denominator is the total number of Elective VS discharges that contain an OAAA, EVAR, or OBP procedure.

SSI Rate (Procedure end to 30 days)

The numerator is the number of Elective VS discharges that contain an OAAA, EVAR, or OBP procedure that an outcome of graft infection or Wound site infection within 30 days of the procedure end date.

The denominator is the total number of Elective VS discharges that contain an OAAA, EVAR, or OBP procedure.

Chlorhexidine & Alcohol Skin Prep (Procedure level)

The numerator is the the number of Elective Open AAA, EVAR, or OBP procedures where "Chlorhexidine & Alcohol" is marked as skin prep. Procedures that have "Contraindicated to Chlorhexidine & alcohol" marked "yes" are excluded from the numerator.

The denominator is the number of Elective Open AAA, EVAR, or OBP. Procedures that have "Contraindicated to Chlorhexidine & alcohol" marked "yes" are excluded from the denominator.

Antibiotic Redosing (Procedure level)

The numerator is the number of Elective Open AAA, EVAR, or Open Bypass procedures in which one of these things is true:

- * The patient was given Cefazolin pre procedure AND the procedure was >4.5hr in length AND the Cefazolin was redosed at the 4 hour mark AND "no" is entered for "Renal failure currently requiring dialysis".

- OR -

- * The patient was given Clindamycin pre procedure AND the procedure was >6.5hr in length AND the Clindamycin was redosed at the 6 hour mark.

- OR -

- * The patient was given an "Other" antibiotic AND the procedure was >4.5hr in length.

Procedures in which On scheduled antibiotic is marked are excluded from the numerator.

The denominator is the number of elective Open AAA, EVAR, or Open Bypass PROCEDURES in which one of these things is true:

* The patient was given Cefazolin pre procedure, AND the procedure was >4.5hr in length AND "no" is marked for "Renal failure currently requiring dialysis" on the DC record"

- OR -

* The patient was given Clindamycin pre procedure AND the procedure was >6.5hr in length

- OR -

* The patient was given an "Other" antibiotic AND the procedure was >4.5hr in length.

Procedures in which On scheduled antibiotic is marked are excluded from the denominator.

Note: Old procedures just had a question "Antibiotics redosed (y/n)", and did not ask which type of antibiotic was used. These old procedures which did not mark which antibiotic type are not included in the numerator or the denominator.

Post-Op Myocardial Injury Rate (Procedure end to 30 days)

From 8/20/2019 and forward the definition will be:

Numerator: The number of Elective OAAA, EVAR, OBP, CEA, CAS discharges which meet at least one of the following criteria:

- Outcomes Post Procedure Myocardial Injury = Yes AND STEMI or NSTEMI are marked
- The date of the outcomes post procedure Myocardial Injury is within 30 days of the procedure end date.

- OR -

- 30 Day Follow-up MI = Yes
- The date of the 30 Day Follow-up MI are within 30 days of the procedure end date.

Denominator: The total number of Elective OAAA, EVAR, OBP, CEA, CAS discharges.

Note: From 8/19/2019 and prior the following definition was in place: The numerator is the number of Elective VS (OAAA, EVAR, OBP, CEA, CAS) discharges with MI marked "yes" as an outcome post procedure (for any procedure within a discharge) within 30 days of the procedure end date. It also includes discharges with MI marked "yes" on the 30 day follow-up.

The denominator is the number of Elective VS (OAAA, EVAR, OBP, CEA, CAS) discharges.

Vascular Surgery Any Anti-Platelet at Discharge

The numerator is the number of discharges containing an OBP, CEA, or CAS procedure in which, on the discharge medication record, one of the following medications was marked "given".

- Aspirin
- Clopidogrel (Plavix)
- Prasugrel (Effient)
- Ticlopidine (Ticlid)
- Ticagrelor (Brilinta)
- Cilostazol (Pletal)

The denominator is the number of discharges containing an OBP, CEA, or CAS procedure in which the following are true:

* The patient did not die in lab or post procedure (in any procedure) OR

* The discharge record does not have "Hospice" or "Against Medical Advice" or "Other acute care hospital" indicated for Discharge Status

- AND EITHER -

* One of the above medications is marked "given" on the discharge medication record

- OR -

* Aspirin and Plavix are marked "not given" and "given" is NOT marked for a different anti-platelet

- OR -

* Aspirin and Plavix are marked "not given" and the patient is NOT marked as contraindicated to both medications on the discharge medication record.

This also excludes any VS discharge where "trauma" is marked "yes" in the indications (for any procedure within the DC).

Vascular Surgery Statin at Discharge (P4P)

The numerator is the number of discharges containing an OBP, CEA, or CAS procedure in which "given" is marked for Statin on the discharge medication record. A discharge containing an OBP, CEA, or CAS procedure with the Indication of Trauma or Peripheral Aneurysm Repair are excluded from the numerator.

The denominator is the total number of discharges containing an OBP, CEA, or CAS in which the following are true:

* The patient did not die in lab or post procedure (in any procedure).

- * The discharge record does not have "Hospice" or "Other Acute Care Hospital" or "Against Medical Advice" indicated for Discharge Status
 - AND EITHER -
 - * Statin is marked "given" on the discharge medication record
 - OR -
 - * Statin is marked "not given" and the patient is NOT marked as contraindicated on the discharge medication record.
- Goal >95%**

Elective EVAR not discharged by post-op day 2

Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) Not Discharged to Home by Post Operative Day #2

The numerator is the number of elective EVAR discharges with a Max AAA diameter <60mm if male and <55 if female with a post procedure LOS >3.

Exclusions form the numerator:

- EVAR discharges that have an intra-operative or post-operative complication
 - Death
 - Dissection
 - MI
 - Cardiac arrest
 - Embolus
 - Thrombus
 - Perforation
 - Stent/graft thrombosis
 - TIA/stroke
 - Transfusion
 - Vascular access complication
 - Amputation
 - Compartment syndrome
 - Comfort care measures
 - Vasopressors required
 - Any respiratory outcome
 - Dysrhythmia
 - CHF
 - Infection/sepsis
 - NRD
 - Return to OR
 - Bowel ischemia
- EVAR procedures that are performed concurrently with another VS or carotid procedure within the same discharge
- Fenestrated is entered for Graft Configuration.

The denominator is the number of elective EVAR discharges with a Max AAA diameter <60 if male and <55 if female.

Exclusions from the denominator:

- EVAR procedures that are performed concurrently with another VS or carotid procedure within the same discharge
- Fenestrated is entered for Graft Configuration.

Readmission - All Cause (Procedure end to 30 Days)

The numerator is the number of VS discharges that contain an Elective OBP, EVAR, OAAA, or Open Thrombectomy procedure that have a readmission to the hospital for lymph leak, wound infection/dehiscence, graft infection, anticoag complication or thrombectomy/lysis within 30 days of the procedure end date.

The denominator is the total number of VS discharges that contain an elective OBP, EVAR, OAAA, or Open Thrombectomy procedure.

EVAR Opioid naïve patients prescribed ≤ 10 opioid pills at discharge (P4P)

The numerator contains the number of opioid-naïve EVAR discharges in which the following are true:
Between 1 and 10 opioid pills of any type of opioid are prescribed at discharge

- OR -

No is marked for Discharged with opioid

EVAR discharges that are performed concurrently with another procedure are excluded from the numerator. EVAR discharges where Not Documented is marked for Quantity prescribed (for any type of opioid) are excluded from the numerator.

The denominator contains the total number of opioid naive EVAR discharges. EVAR discharges that are performed concurrently with another procedure are excluded from the denominator.

Please note: Opioid naive is defined as no opioids taken by the patient >30 days before admission to the hospital.

Goal = >80%.

Vascular Surgery Goal Graphs

Each of our graphs is a bar plot. On the x axis, each hospital is listed. On the y axis, whatever metric we are displaying on our graph.

The hospitals are not listed by their hospital code number, but rather, the data is sorted, and the hospitals are assigned new numbers, 1-n (where n is the number of hospitals). This number is called the "blinded" hospital code. It shows what rank your hospital has in the metrics, without showing you which other hospitals had which ranks. For convenience, we also color the bar representing your hospital.

Each graph will usually have a "goal number". For example, complications under X%. We will draw a horizontal line at $y=X\%$, so you can see if your hospital falls above or below the goal.

Use of Chlorhexidine & Alcohol Skin Prep - Goal $\geq 90\%$

For each hospital, compute the percentage of procedures utilizing Chlorhexidine & Alcohol Skin Prep. This is the same as the definition for [Chlorhexidine & Alcohol Skin Prep](#) on the Vascular Surgery QI Goals page.

Goal $\geq 90\%$

Antibiotic Redosing - Goal 100%

For each hospital, compute the percentage of procedures that redosed antibiotics. This is the same as the definition for [Antibiotic Redosing](#) on the Vascular Surgery QI Goals page.

Goal 100%

Post-Op Myocardial Injury Rate - Goal $\leq 3\%$

For each hospital, compute the percentage of discharges with a post-op Myocardial Injury. This is the same as the definition for [Post-Op Myocardial Injury \(Procedure End to 30 Days\)](#) rate on the Vascular Surgery Key Indicators of Performance page. **Goal $< 3.0\%$.**

Vascular Surgery Any Anti-Platelet at Discharge - Goal $\geq 95\%$

For each hospital, compute the percentage of discharges meeting the Any Anti-Platelet at discharge criteria . This is the same as the definition for [Vascular Surgery Any Anti-Platelet at Discharge](#) on the Vascular Surgery QI Goals page.

Goal $\geq 95\%$

Vascular Surgery Statin at Discharge (P4P) - Goal $\geq 95\%$

For each hospital, compute the percentage of discharges meeting the Statin at discharge criteria . This is the same as the definition for [Vascular Surgery Statin at Discharge](#) on the Vascular Surgery Key Indicators of Performance page.

Goal $\geq 95\%$

Post Creatinine Drawn - High Risk Patients (EVAR) - Goal $\geq 75\%$

For each hospital, compute the percentage of discharges containing an EVAR with a pre procedure creatinine ≥ 1.5 that had a post creatinine drawn. This is the same as the definition for [Post Creatinine Drawn - High Risk Patients \(EVAR\)](#) on the Vascular Surgery CIN page.

Goal $\geq 75\%$

Elective EVAR not discharged by post-op day 2 - Goal $<10\%$

For each hospital, compute the percentage of elective EVARs meeting the P4P criteria for LOS. This is the same as the definition for Elective EVAR not discharged by post-op day 2 on the Vascular Surgery Key Indicators of Performance page.

Goal < 10%

EVAR Opioid naïve patients prescribed \leq 10 opioid pills at discharge (P4P) - Goal \geq 80%

For each hospital, calculate the percentage of discharges meeting the EVAR Opioid at discharge criteria. This is the same as the definition for EVAR Opioid naïve patients prescribed \leq 10 opioid pills at discharge (P4P) on the Vascular Surgery Key Indicators of Performance page.

Goal \geq 80%