2019 OEIS NR QCDR Measures

2019 QCDR Measure ID	Measure Title	Measure Description	Denominator	Numerator	Denominator Exclusions	Denominator Exceptions	Numerator Exclusions	NQF ID Number	High Priority Measure?	High Priority Type	Measure Type	NQS Domain	Meaningful Measure Area	Inverse Measure	Proportional Measure	Continuous Variable Measure	Ratio Measure	Number of performance rates	Risk-Adjusted
OEIS2	Emergent transfer from an outpatient, ambulatory surgical center, or office setting	Rate of emergent transfer from an outpatient, ASC, or office setting to an acute care facility as a result of an invasive peripheral vascular intervention.	Count all of the patients in the denominator that underwent an invasive peripheral vascular intervention during the reporting period	Patients in the denominator that required emergent transfer to an acute care setting or to a higher level of care within an acute care setting for an event directly associated with an ambulatory procedure. Emergent events include any unplanned transfer from the ambulatory setting via EMS or direct transfer to ED or critical care from an ambulatory unit within a hospital in order to treat a complication/sequelae associated with the PAD procedure. Procedure Includes: Iliac, common femoral artery, superficial femoral artery, popliteal and tibial artery, peroneal artery, tibioperoneal trunk and pedal artery percutaneous transluminal angioplasty stenting, atherectomy, drug coated balloon, drug eluting stent. Transfer and admission must occur prior to the patient's discharge from the ambulatory center.	Patient Reasons: patient discharged to home after procedure, planned admission.	None	None	N/A	Yes	Outcome	Outcome	Patient Safety	Preventable Healthcare Harm	Yes	No	No	No	1	No
OEIS6	Appropriate non-invasive arterial testing for patients with intermittent claudication who are undergoing a LE peripheral vascular intervention	Proportion of patients with non-invasive evaluations present/available prior to LE peripheral vascular interventions in patients with intermittent claudication.	All patients aged 18 years and older with an encounter during the reporting interval AND PAD with intermittent claudication (Rutherford Classes 1,2,3).	Patients in the denominator that received one of the following examinations: ABI/TBI arterial duplex ultrasound, Lower Extremity Magnetic Resonance Angiography, Lower Extremity Computed Tomographic Angiography; in the 12 months prior to the most recent Lower Extremity Procedure Includes: Iliac, common femoral artery, superficial femoral artery, popliteal and tibial artery, peroneal artery, tibioperoneal trunk and pedal artery percutaneous transluminal angioplasty stenting, atherectomy, drug coated balloon, drug eluting stent.	Patient Reason(s): Patient refuses to participate in the non-invasive exam OR, Medical Reason(s).	None	None	N/A	No	N/A	Process	Effective Clinical Care	Appropriate use of Healthcare	No	Yes	No	No	1	No
OEIS7	Structured Walking Program Prior to Intervention for Claudication	Proportion of patients who completed a structured walking program of a duration not less than 12 weeks prior to undergoing peripheral arterial intervention in patients with claudication	All patients with an encounter during the reporting interval and PAD with symptoms of claudication (i.e. Rutherford Classes 1,2, or 3).	Patients in the denominator with documentation of participation in a structured walking program for no less than 12 weeks prior to undergoing intervention for claudication.	Any patient who has a diagnosis of CLI in the ipsilateral limb (i.e. Rutherford 4,5, or 6) and/or distal embolization at the time of or prior to intervention for claudication. Any patient with claudication so severe it precludes reasonable participation in a walking program (i.e. Claudication at less than 50 ft).	None	None	N/A	Yes	Appropriate Use	Efficiency and Cost/Resource Use	Efficiency and Cost Reduction	Appropriate use of Healthcare	No	Yes	No	No	1	No