

★ AAD 34: Basal Cell Carcinoma/Squamous Cell Carcinoma: Surgical Safety Post-Operative Infection – National Quality Strategy Domain: Patient Safety and Efficiency and Cost Reduction

DESCRIPTION:

The following outcome measure evaluates a clinician's post-operative complication tracking system and complication rate. Inherent to the surgical follow-up protocol of many practices is the lack of the ability to capture patients that do not see the clinician that performed the procedure if a complication occurs. Oftentimes, when complications occur or when the patient is concerned about a potential complication, patients present to the emergency room or urgent care rather than to the clinician that performed the procedure where treatment was provided. In this scenario, it is not always clear whether there was truly a complication; this prevents the clinician from effectively caring for their patients and truly understanding their complication rate in order to improve their process. The goal of this measure is not to identify every complication; it is to improve the post-operative surgical care process within a clinician's practice and to prevent complications and unnecessary care.

This measure evaluates a clinician's complication rate, with a focus on post-operative infection. The measure only captures the patients that are seen in the clinician's practice. They do not measure the complications that are seen in the emergency room, urgent care, or other clinician's offices, as this is not fully capturable in our current health system.

INSTRUCTIONS:

This measure is to be reported by any clinician that performs scalpel-based surgical procedure for non-melanoma skin cancer located on the trunk or upper extremities. It may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding. This is an inverse measure and a lower score indicates higher quality care.

Measure Reporting via Registry

ICD-10-CM diagnosis codes, CPT codes or HCPCS codes and patient demographics are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of 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 patients undergoing a scalpel-based surgical procedure for non-melanoma skin cancer located on the trunk or upper extremities (codes 17313 through 17315, 11600 through 11646, 17260 through 17266) within the reporting period.

NUMERATOR:

Number of patients seen for a surgical site infection within 15 days of surgical encounter - measure adopted from the American College of Surgery Superficial Incisional Surgical Site Infection (SSI) measure #357:

Superficial Incisional SSI: Superficial incisional SSI is an infection that occurs within 15 days after the operation *and* infection involves only skin or subcutaneous tissue of the incision *and* diagnosis of superficial incisional SSI by the surgeon or attending physician *and* at least *one* of the following:

- Purulent drainage, with or without laboratory confirmation, from the superficial incision
- Organisms isolated from an aseptically obtained culture of fluid or tissue from the superficial incision
- At least one of the following signs or symptoms of infection: pain or tenderness, localized swelling, redness, or heat AND superficial incision is deliberately opened by the surgeon, unless incision is culture-negative

CODES

Surgical procedure for non-melanoma skin cancer (codes 17313 through 17315, 11600 through 11646, and 17260 through 17266)

Other Postoperative infection: 998.59, Incision & drainage: 10060/10061/8604, Removal of foreign body: 10120/10121

Potential Benchmarks:

Infection rate: <5%

RATIONALE:

As the number of outpatient surgical procedures has increased in the United States, evaluation of safety remains paramount for these procedures. The rate of surgical intervention for non-melanoma (NMSC) skin cancer has increased as the rate of diagnosed NMSC has increased. Dermatologic surgical interventions for NMSC are typically performed in the ambulatory clinical setting and represent a more cost-efficient model than equivalent procedures performed in dedicated surgical centers with general or regional anesthetic. Given perceived risks, state medical boards have increasingly regulated outpatient procedures.

Surgical guidelines often include the measurement of common surgical complications. Complications of outpatient dermatologic NMSC include but are not limited to infection. Previous studies both retrospective and prospective present a risk of infection ranging from 0.1% to 2.3%.

CLINICAL RECOMMENDATION STATEMENTS:

The outcome measure will assess a clinician's post-operative complication rate by assessing if infection occurred after surgery. This is to help in increasing communication with patients and reducing severity of post-operative complications.

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