

**★ AAD 33: Basal Cell Carcinoma/Squamous Cell Carcinoma: Surgical Safety Post-Operative Bleeding – National Quality Strategy Domain: Patient Safety and Efficiency and Cost Reduction**

**DESCRIPTION:**

This 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 bleeding and hematoma. 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 bleeding or hematoma formation within 15 days of surgical encounter that required an intervention by the clinician beyond standard wound care (e.g. direct pressure to stop bleeding).

Exclusion: Patients with genetic or non-pharmacologic induced acquired bleeding disorders are excluded.

**CODES**

Surgical procedure for non-melanoma skin cancer (codes 17313 through 17315, 11600 through

11646, and 17260 through 17266)

Post-Op complications: Hemorrhage complicating a procedure: 998.11, Hematoma complicating a procedure: 998.12, Control of hemorrhage: 3998

Potential Benchmarks:

Hemorrhage 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 post-operative hemorrhage. Previous studies both retrospective and prospective present a risk of hemorrhage ranging from 0.6% to 3%.

**CLINICAL RECOMMENDATION STATEMENTS:**

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

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