2025 Pay for Performance Measure Specifications
Adult Cardiac Surgery

2025 Collaborative-wide Quality Initiative:
All STS Risk Adjusted Procedures – Initial Ventilator Hours <6

Description
Percentage of patients undergoing isolated CAB, isolated AVR, AVR+CAB, MVRR, or MVRR+CAB with less than 6.0 initial postoperative ventilation hours.

Rationale
Evidence has shown that early extubation offers a range of benefits, including a reduced risk of ventilator-associated complications, faster recovery, decreased ICU costs, lower risk of delirium and enhanced patient satisfaction [1-3]. While early extubation focuses on immediate postoperative benefits, it may also contribute to improved long-term outcomes.

Measurement Time Period
January 1, 2025 – December 31, 2025

Inclusion Criteria
All Isolated CABG, isolated AVR, AVR+CAB, MVRR, and MVRR+CAB cases

Exclusion Criteria
- Patients who expired in the OR

Variables used in Numerator
Total Postop Initial Vent Hours (#6587) <6.0 (includes patients Extubated in OR = Yes [#6585])

2025 Value-Based Reimbursement Measurement Specifications
Adult Cardiac Surgery

2025 Value-Based Reimbursement Measure #1:
Increase percentage of CABG and Valve patients with preoperative paroxysmal atrial fibrillation who undergo left atrial appendage ligation and ablation surgery

Description
Percentage of patients with a history of preoperative paroxysmal atrial fibrillation undergoing a CAB or Valve operation who receive left atrial appendage ligation and any type of ablation.

Rationale
Concomitant ablation during coronary artery bypass grafting (CABG) and valve surgery for patients with paroxysmal atrial fibrillation (AF) is increasingly supported by evidence showing improved long-term outcomes. The 2023 Society of Thoracic Surgeons (STS) guidelines emphasize a Class I recommendation for ablation in cardiac surgeries, based on studies demonstrating its effectiveness in reducing AF recurrence and associated risks, such as stroke[4-6].

Measurement Time Period
January 1, 2025 – September 30, 2025

Inclusion Criteria
- All patients undergoing CABG or Valve operations:
  - CAB = Yes, planned; Yes, unplanned due to surgical complication; Yes, unplanned due to unsuspected disease or anatomy (#2120)
  - Valve = Yes (#2129)
  - preoperative atrial fibrillation = Paroxysmal (#971)
  - Incidence = First cardiovascular surgery (#1970)

Exclusion Criteria
- Emergent and Emergent Salvage Status (#1975)
- Patients undergoing a transcatheter procedure (#3400, #3501, #3610, #3637, #3652, #3695, #4953)
- Patients with previous cardiac intervention Ablation, catheter, atrial arrythmia or Atrial appendage obliteration, left, transcatheter (#810), (#815), (#820), (#825), (#830), (#835) or (#840), or Prior Transcatheter Device in Existence (#4139)

Variables used in Numerator
- Left Atrial Appendage Obliteration = Epicardially applied occlusion device, Epicardial Staple, Epicardial Suture, Endocardial Suture, Other (#4139)
  OR
- Left Atrial Appendage Amputation = Yes (#4142)
  AND
- Lesion Location = Epicardial, Intracardiac, Both (#4191)

2025 Value-Based Reimbursement Measure #2:
Assessment of preoperative patient reported health status and quality of life in elective isolated CAB patients

Description
Percentage of elective isolated CAB patients who have assessment of baseline preoperative patient reported health status and quality of life (EuroQol EQ-5D-3L patient Cardiac Surgery Health Status Questionnaire fully completed).

Rationale
Collecting baseline patient-reported health status and one-year outcomes in cardiac surgery patients is crucial for assessing preoperative risk and understanding the long-term impact of surgery on recovery. Baseline assessments enable individualized risk stratification, as research indicates that patients with poorer preoperative health face higher risks of complications and mortality post-surgery. This information helps tailor care to enhance outcomes. One-year patient-reported outcomes (PROs) offer valuable insights into recovery, including physical function, symptom relief, and overall quality of life. Integrating PROs into the evaluation of cardiac surgery provides a more comprehensive view of its success, reflecting both clinical and patient-centered outcomes[7-8].

Measurement Time Period
January 1, 2025 – September 30, 2025

Inclusion Criteria
- STS Procedure Type Isolated CAB
- Status Elective (#1975)

Exclusion Criteria
None

Variables used in Numerator
Number of patients with fully completed baseline preoperative EuroQol EQ-5D-3L patient Cardiac Surgery Health Status Questionnaire

2025 Value-Based Reimbursement Measure #3:
Assessment and Documentation of Preoperative Clinical Frailty Score

Description
Percentage of all non-emergent cardiac surgery patients with a documented Clinical Frailty Score (CFS).

Rationale
Frailty has been associated with a higher likelihood of experiencing mortality, morbidity, functional decline, and MACCE following cardiac surgery. Use of a validated Clinical Frailty Score may provide additional insight into the relationship between frailty and cardiac surgery outcomes, leading to the development of interventions to improve outcomes for frail patients. CFS-guided care may reduce healthcare costs by identifying and addressing frailty early, thereby preventing complications, readmissions, and the need for prolonged care [9-16].

Measurement Time Period
January 1, 2025 – September 30, 2025

Inclusion Criteria
- Perfusion Strategy = Full, Combination, Left Heart Bypass (#2325) or Coronary Artery Bypass Procedure Performed =Yes, planned, Yes, unplanned due to surgical complication, Yes, unplanned due to unsuspected disease or anatomy (#2120)

Exclusion Criteria
- Patients with emergent or emergent salvage operative status (#1975)

Variables used in Numerator
Clinical Frailty Score (CFS) of 1 (very fit), 2 (fit), 3 (managing well), 4 (living with very mild frailty), 5 (living with mild frailty), 6 (living with moderate frailty), 7 (living with severe frailty), 8 (living with very severe frailty) or 9 (terminally ill) captured and submitted to MSTCVS QC.
https://www.dal.ca/sites/gmr/our-tools/clinical-frailty-scale.html

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