

**PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program  
Surgical Care Improvement (SCIP) Measures  
Paper Submission for FY2015 and Subsequent Years**

**(NQF 0218) Surgery Patients who Received Appropriate Venous Thromboembolism  
Prophylaxis within 24 Hours Prior to Surgery to 24 Hours after Surgery**

	Q1	Q2	Q3	Q4
NUMERATOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<div style="border: 1px solid black; padding: 5px; width: fit-content;">Surgery patients who received appropriate Venous Thromboembolism prophylaxis (VTE) within 24 hours prior to Anesthesia Start Time to 24 hours after Anesthesia End Time</div>				
DENOMINATOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<div style="border: 1px solid black; padding: 5px; width: fit-content;">All selected surgical patients</div>				

**(NQF 0300) Cardiac Surgery Patients with Controlled 6 A.M. Postoperative Blood Glucose**

	Q1	Q2	Q3	Q4
NUMERATOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<div style="border: 1px solid black; padding: 5px; width: fit-content;">Surgery patients with controlled 6 A.M. blood glucose (less than or equal to 200/mg/dL) on postoperative day 1 and postoperative day 2</div>				
DENOMINATOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<div style="border: 1px solid black; padding: 5px; width: fit-content;">Cardiac surgery patients with no evidence of prior infection</div>				

**(NQF 0453) Urinary Catheter Removed on Postoperative Day 1 or Postoperative Day 2 with Day of Surgery Being Day Zero**

	Q1	Q2	Q3	Q4
NUMERATOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<div style="border: 1px solid black; padding: 5px; width: fit-content;">Number of surgical patients whose urinary catheter is removed on postoperative day 1 or postoperative day 2 with day of surgery being day zero</div>				

DENOMINATOR

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All selected surgical patients with a catheter in place postoperatively

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**(NQF 0527) Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision**

NUMERATOR

Q1	Q2	Q3	Q4

Number of surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision (two hours if receiving vancomycin, in Appendix C, Table 3.8, or a fluoroquinolone, in Appendix C, Table 3.10)

DENOMINATOR

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All selected surgical patients with no evidence of prior infection

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**(NQF 0528) Prophylactic Antibiotic Selection for Surgical Patients**

NUMERATOR

Q1	Q2	Q3	Q4

Number of surgical patients who received prophylactic antibiotics recommended for their specific surgical procedure

DENOMINATOR

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All selected surgical patients with no evidence of prior infection

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**(NQF 0529) Prophylactic Antibiotics Discontinued Within 24 Hours after Surgery End Time**

	Q1	Q2	Q3	Q4
NUMERATOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<div style="border: 1px solid black; padding: 5px; width: fit-content;">Number of surgical patients whose prophylactic antibiotics were discontinued within 24 hours after Anesthesia End Time (48 hours for CABG or Other Cardiac Surgery)</div>				
DENOMINATOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<div style="border: 1px solid black; padding: 5px; width: fit-content;">All selected surgical patients with no evidence of prior infection</div>				

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\*Facility Name: \_\_\_\_\_

\*CEO Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

\*CEO Email Address: \_\_\_\_\_

Complete and submit the Notice of Participation Agreement form using one of the following options:

- via *My QualityNet* to the Global Exchange Group “PPS Exempt Cancer Hosp. QR Support ”;
- via secure FAX to Program Manager Telligen PCHQR Support (515)-558-5073, or
- via mail to:  
Telligen PCHQR Support  
1776 West Lakes Parkway,  
West Des Moines, IA 50266  
Attn. Program Manager

***DO NOT SEND THE COMPLETED FORM VIA E-MAIL.***

Following receipt of the request form, an e-mail acknowledgement will be sent confirming the form has been received.

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