

STS/NQF

Quality Indicators for Pediatric and Congenital Cardiac Surgery

- 1 Participation in a systematic multi-institutional database (registry) for cardiac surgery
- 2 Participation in preoperative multidisciplinary conference involving cardiology, cardiac surgery, anesthesia, and critical care to plan surgical cases
- 3 Multidisciplinary rounds involving cardiology, cardiac surgery, and critical care
- 4 Regularly scheduled peer review quality assurance conference
- 5 Availability of intraoperative transesophageal echocardiography (TEE)
- 6 Availability of institutional pediatric ECLS (ExtraCorporeal Life Support) Program
- 7 Surgical volume for pediatric and congenital heart surgery
- 8 Surgical volume for 5 functional RACHS-1 classifications and 4 Aristotle Basic Complexity Score Levels
- 9 Surgical volume for VSD repair, TOF repair, AVSD repair, Arterial switch operation, primary or completion Fontan operation (excluding "Fontan revision or conversion [Re-do Fontan]"), and Norwood (Stage 1) operation
- 10 Timing of antibiotic administration for cardiac surgery patients
- 11 Selection of body weight appropriate dosage antibiotic administration for cardiac surgery patients
- 12 Rate of deep sternal wound infection requiring re-exploration after pediatric and congenital heart surgery
- 13 Rate of new onset major neurologic deficit including stroke/ cerebrovascular accident after pediatric and congenital heart surgery
- 14 Rate of new onset postoperative renal insufficiency (requiring dialysis at hospital discharge) after pediatric and congenital heart surgery
- 15 Rate of new onset complete heart block after pediatric and congenital heart surgery necessitating permanent pacemaker insertion
- 16 Rate of unplanned surgical reoperation after pediatric and congenital heart surgery excluding re-exploration rate for bleeding and delayed sternal closure
- 17 Operative mortality reported by 5 functional RACHS-1 classifications
- 18 Operative mortality reported by 4 Aristotle Basic Complexity Score Levels
- 19 Operative mortality for VSD repair
- 20 Operative mortality for TOF repair, excluding TOF with pulmonary atresia, TOF with AVSD, and TOF with Absent Pulmonary Valve Syndrome
- 21 Operative mortality for AVSD repair
- 22 Operative mortality for Arterial Switch repair
- 23 Operative mortality for primary or completion Fontan operation (excluding "Fontan revision or conversion [Re-do Fontan]")
- 24 Operative mortality for Norwood (Stage 1) operation
- 25 "Operative survival free of major complication": Percent of pediatric and congenital heart surgery free of all of the following: (1) Deep sternal wound infection requiring reexploration, (2) New onset major neurologic deficit including stroke/cerebrovascular accident, (3) Post-operative renal insufficiency (requiring dialysis at hospital discharge), (4) New onset complete heart block necessitating permanent pacemaker insertion, and (5) Unplanned surgical reoperation after pediatric and congenital heart surgery (excluding reexploration rate for bleeding and delayed sternal closure) - to be reported for each of the 5 functional RACHS-1 classifications.
- 26 "Operative survival free of major complication": Percent of pediatric and congenital heart surgery free of all of the following: (1) Deep sternal wound infection requiring reexploration, (2) New onset major neurologic deficit including stroke/cerebrovascular accident, (3) Post-operative renal insufficiency (requiring dialysis at hospital discharge), (4) New onset complete heart block necessitating permanent pacemaker insertion, and (5) Unplanned surgical reoperation after pediatric and congenital heart surgery (excluding reexploration rate for bleeding and delayed sternal closure) - to be reported for each of the 4 Aristotle Basic Complexity Score Levels.

Definitions:

Operative mortality = Death within 30 days of operation or prior to discharge from hospital.

Discharge mortality = Death prior to discharge from hospital.

30-day mortality = Death within 30 days of operation.