Proposed Measures to be Submitted
Pediatric and Congenital Cardiac Surgery
(5/29/09)

No.	Type*	Title
1	S	Participation in a systematic multi-institutional database (registry) for cardiac surgery
2	P	Participation in pre-operative multidisciplinary conference involving cardiology, cardiac surgery, anesthesia, and critical care to plan surgical cases
3	S	Multidisciplinary rounds involving cardiology, cardiac surgery, and critical care
4	S	Regularly scheduled peer review quality assurance conference
5	S	Availabitity of intraoperative transesophageal echocardiography (TEE)
6	S	Availability of institutional pediatric ECLS (Extracorporeal Life Support) Program
7	S	Surgical volume for pediatric and congenital heart surgery
8	S	Surgical volume for 5 functional RACHS-1 classifications and 4 Aristotle Basic Complexity Score Levels
9	S	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	P	Timing of antibiotic administration for cardiac surgery patients
11	P	Selection of body weight appropriate dosage antibiotic administration for cardiac surgery patients
12	O	Rate of deep sternal wound infection requiring reexploration after pediatric and congenital heart surgery
13	O	Rate of new onset major neurologic deficit including stroke/cerebrovascular accident rate after pediatric and congenital heart surgery
14	O	Rate of new onset post-operative renal insufficiency (requiring dialysis at hospital discharge) rate after pediatric and congenital heart surgery
15	O	Rate of new onset complete heart block after pediatric and congenital heart surgery necessitating permanent pacemaker insertion
16	O	Rate of unplanned surgical re-operation after pediatric and congenital heart surgery excluding re-exploration rate for bleeding and delayed sternal closure
17	O	Operative mortality reported by 5 functional RACHS-1 classifications
18	O	Operative mortality reported by 4 Aristotle Basic Complexity Score Levels
19	O	Operative mortality for VSD repair
20	O	Operative mortality for TOF repair excluding TOF with pulmonary atresia, TOF with AVSD, and TOF with Absent Pulmonary Valve Syndrome21
21	O	Operative mortality for AVSD repair
22	O	Operative mortality for Arterial switch operation
23	O	Operative mortality for primary or completion Fontan operation (excluding "Fontan revision or conversion (Re-do Fontan)"
24	O	Operative mortality for Norwood (Stage 1) operation
25	O	Operative survival free of major complication": Percent of pediatric and congenital heart surgery free 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 re-operation after pediatric and congenital heart surgery (excluding re-exploration rate for bleeding and delayed sternal closure) – to be reported for each of the 5 functional RACHS-1 classifications
26	O	Operative survival free of major complication": Percent of pediatric and congenital heart surgery free 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 re-operation after pediatric and congenital heart surgery (excluding re-exploration rate for bleeding and delayed sternal closure) – to be reported for each of the 4 Aristotle Basic Complexity Score Levels

*Type:
P = process S= structural O=outcomes