

QCDR Name	Measure ID	Measure Title	Measure Description	Denominator	Numerator	Denominator Exclusions	Denominator Exceptions	Numerator Exclusions	Data Source Used for the Measure	Does this measure belong to another QCDR? If so, which one?	NCS Number (if applicable)	NCS Domain	NCS Domain Rationale	Outcome or High Priority?	High Priority Type	Measure Type	Inverse Measure	Proportional Measure	Continuous Variable Measure	Ratio Measure	If Continuous Variable and/or Ratio is chosen, what would be the range of the score(s)?	Number of performance rates to be submitted	Overall Performance Rate if more than 1 performance rate is to be submitted	Is the Measure Risk-Adjusted?	If risk-adjusted, indicate which score is risk-adjusted	Please indicate which specialty/specialties this measure applies to
DESNR	OEIS2	Emergent transfer from an outpatient, ambulatory surgical center, or office setting	Rate of emergent transfer from an outpatient, ASC, or office setting to an acute care facility as a result of an invasive peripheral vascular intervention.	Count all of the patients in the denominator that underwent an invasive peripheral vascular intervention during the reporting period.	Patients in the denominator that required emergent transfer to an acute care setting or to a higher level of care within an acute care setting for an event directly associated with an ambulatory procedure. Emergent events include any unplanned transfer from the ambulatory setting via EMS or direct transfer to ED or critical care from an ambulatory unit within a hospital in order to treat a complication/sequelae associated with the PAD procedure. Procedure includes: iliac, common femoral artery, superficial femoral artery, popliteal and tibial artery, peroneal artery, tibioperoneal trunk and pedal artery percutaneous transluminal angioplasty stenting, atherectomy, drug coated balloon, drug eluting stent. Transfer and admission must occur prior to the patient's discharge from the ambulatory center.	Patient Reason(s): patient discharged to home after procedure, planned admission.	None	None	Record review	No		Patient Safety	There is a measure gap in this clinical performance area	Outcome	N/A	Outcome	Yes	Yes	No	No	N/A	1	N/A	No	N/A	
DESNR	OEIS3	Antiplatelet Therapy	Percentage of patients with PAD that have been prescribed an antiplatelet medication at the reported encounter.	All patients aged 18 years and older with Symptomatic PAD that had an encounter within the reporting period. Symptomatic PAD is defined as the presence of 1 or more of the following: Claudication, Critical limb ischemia (such as ischemic rest pain, non-healing ischemic ulcers, and gangrene), History of arterial revascularization (endovascular or bypass surgery)	Patients within the denominator that have documentation of a prescribed antiplatelet medication. Antiplatelet medications include Aspirin, ticlopidine, ticagranor, prasugrel, and clopidogrel.	Medical reason(s) documented by a physician, advanced practice nurse, or physician assistant for not prescribing an antiplatelet agent (e.g., allergy or intolerance to either aspirin or ADP receptor antagonists, risk of bleeding, noncompliance, use of warfarin or other anticoagulant medication, or other medical reason). Documentation of patient reason(s) for not prescribing an antiplatelet agent (e.g., patient refusal).	None	None	EHR (enter relevant parts in the field below)	No		Effective Clinical Care	There is currently not a systematic measurement of performance for this guideline recommendation. Multiple studies have identified this as a critical intervention.	N/A	N/A	Process	No	Yes	No	No	N/A	1	N/A	No	N/A	
DESNR	OEIS4	Lipid-Lowering Medications for Patients with PAD	The rate at which patients with documented peripheral artery disease have documentation of a currently prescribed antihyperlipidemic medication treatment. This may include one of the following, Statin, Bile acid sequestrants, Niacin, Ezetimibe, Fibrates, PCSK9 inhibitors.	All patients aged 18 years and older with an encounter during the reporting interval AND Symptomatic PAD. Symptomatic PAD is defined as the presence of 1 or more of the following: Claudication, Critical limb ischemia (ischemic rest pain, non-healing ischemic ulcers, gangrene), History of lower extremity vascular reconstruction, bypass surgery, or endovascular revascularization	Patients within the denominator that have documentation of a currently prescribed antihyperlipidemic medication. This may include one of the following, Statin, Bile acid sequestrants, Niacin, Ezetimibe, Fibrates, PCSK9 inhibitors.	Patient medical or system reasons for not prescribing	None	None	Record review	No		Effective Clinical Care	There is a measure gap in this area	N/A	N/A	Process	No	Yes	No	No	N/A	1	N/A	No	N/A	
DESNR	OEIS6	Appropriate non-invasive arterial testing for patients with intermittent claudication who are undergoing a LE peripheral vascular intervention	Proportion of patients with non-invasive evaluations present/available prior to LE peripheral vascular interventions in patients with intermittent claudication.	All patients aged 18 years and older with an encounter during the reporting interval AND PAD with intermittent claudication (Rutherford Classes 1,2,3).	Patients in the denominator that received one of the following examinations: ABI/TBI arterial duplex ultrasound, Lower Extremity Magnetic Resonance Angiography, Lower Extremity Computed Tomographic Angiography, in the 12 months prior to the most recent Lower Extremity Procedure Includes: iliac, common femoral artery, superficial femoral artery, popliteal and tibial artery, peroneal artery, tibioperoneal trunk and pedal artery percutaneous transluminal angioplasty stenting, atherectomy, drug coated balloon, drug eluting stent.	Patient Reason(s): Patient refuses to participate in the non-invasive exam OR, Medical Reason(s).	None	None	Record review	No		Effective Clinical Care	Measure gap exists in this clinical performance area	N/A	N/A	Process	No	Yes	No	No	N/A	1	N/A	No	N/A	