CBE ID

0667

Title

Inappropriate Pulmonary CT Imaging for Patients at Low Risk for Pulmonary Embolism

Project

Pulmonary and Critical Care

Endorsement Status

Endorsement Removed

Is Under Review

No

Previous Endorsement Cycle

Full Year 2015

Removal Date

Mon, 02/08/2016 - 19:00

Initial Endorsement

Mon, 04/25/2011 - 22:40

Steward

American College of Emergency Physicians

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

Percent of patients undergoing CT pulmonary angiogram for the evaluation of possible PE who are at low-risk for PE consistent with guidelines(1,2) prior to CT imaging.

(1) Torbicki A, Perrier A, Konstantinides S, et al. Guidelines on the diagnosis and management of acute pulmonary embolism: the Task Force for the Diagnosis and Management of Acute Pulmonary Embolism of the European Society of Cardiology (ESC). Eur Heart J. 2008 Sep;29(18):2276-315
2) Fesmire FM, Brown MD, Espinosa JA, Shih RD, Silvers SM, Wolf SJ, Decker WW; American College of Emergency Physicians. Critical issues in the evaluation and management of adult

patients presenting to the emergency department with suspected pulmonary embolism. Ann Emerg Med. 2011 Jun;57(6):628-652.e75. PMID:21621092

1.7 Measure Type

Efficiency

1.8 Level of Analysis

Clinician: Group/Practice, Facility

1.9 Care Setting

Inpatient/Hospital, Other

1.14 Numerator

The number of denominator patients with either: a low clinical probability and any negative D-dimer, or a low clinical probability and no D-dimer performed, or no pretest probability documented.

1.15 Denominator

Number of patients who have a CT pulmonary angiogram (CTPA) for the evaluation of possible pulmonary embolism

1.20 Types of Data Sources

Electronic Health Records: Electronic Health Records, Other, Paper Records

6.1.2 Current or Planned Use(s)

Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

6.1.3 Current Use(s)

Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

Exclusions

Hemodynamically unstable pulmonary embolism suspected by hypotension and/or shock.

Planned Use

Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

Risk Adjustment

No risk adjustment or risk stratification

Target Population

Elderly

Steward Organization

American College of Emergency Physicians

Steward POC email

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