

***Measure #30: Perioperative Care: Timing of Prophylactic Antibiotic – Administering Physician**

DESCRIPTION:

Percentage of surgical patients aged 18 and older who have an order for a parenteral antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required) for whom administration of prophylactic antibiotic has been initiated within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required)

INSTRUCTIONS:

This measure is to be reported each time a procedure is performed during the reporting period for patients who undergo surgical procedures with an order for prophylactic antibiotics. It is anticipated that clinicians who provide anesthesia care for surgical procedures with an order for prophylactic antibiotics will submit this measure.

This measure is reported using CPT Category II codes:

A CPT Category II code and patient demographics (age, gender, etc.) are used to identify patients who are included in the measure's denominator. Only CPT Category II codes are used to report this measure.

When reporting the measure, submit the appropriate CPT Category II code **OR** the CPT Category II code **with** the modifier. The reporting modifier allowed for this measure is: 8P- reasons not otherwise specified. There are no allowable performance exclusions for this measure.

NUMERATOR:

Surgical patients for whom administration of a prophylactic antibiotic has been initiated within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required)

Numerator Instructions: This measure seeks to identify the timely administration of prophylactic antibiotic. This administration should begin within one hour (if fluoroquinolone or vancomycin, two hours) prior to surgical incision.

Numerator Coding:

Table 2A: The antimicrobial drugs listed below are considered prophylactic antibiotics for the purposes of this measure.

• Ampicillin/sulbactam	• Cefuroxime	• Gentamicin
• Aztreonam	• Ciprofloxacin	• Levofloxacin
• Cefazolin	• Clindamycin	• Metronidazole
• Cefmetazole	• Ertapenem	• Moxifloxacin
• Cefotetan	• Erythromycin base	• Neomycin
• Cefoxitin	• Gatifloxacin	• Vancomycin

Prophylactic Antibiotic Given

CPT II 4048F: Documentation that prophylactic antibiotic was given within one hour (if fluoroquinolone or vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required)

OR

Prophylactic Antibiotic not Given, Reason not Specified

Append a reporting modifier (**8P**) to CPT Category II code **4048F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- **8P:** Prophylactic antibiotic was not given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required), reason not otherwise specified

DENOMINATOR:

All surgical patients aged 18 years and older who have an order for a parenteral antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required)

Denominator Instructions: For denominator inclusion, there must be documentation of order (written order, verbal order, or standing order/protocol) specifying that prophylactic parenteral antibiotic is to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required).

Denominator Coding:

A CPT Category II code for a parenteral antibiotic order is required to identify patients for denominator inclusion.

CPT II 4047F: Documentation of order for prophylactic antibiotics to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required)

RATIONALE:

The appropriate timing of administration of prophylactic antibiotics has been demonstrated to reduce the incidence of surgical wound infections. Available evidence suggests that although most surgical patients receive a prophylactic antibiotic, many do not receive the drug within one hour before incision as recommended.

CLINICAL RECOMMENDATION STATEMENTS:

The anti-infective drug should ideally be given within 30 minutes to 1 hour before the initial incision to ensure its presence in an adequate concentration in the targeted tissues. For most procedures, scheduling administration at the time of induction of anesthesia ensures adequate concentrations during the period of potential contamination. Exceptions: cesarean procedures (after cross clamping of the umbilical cord); colonic procedures (starting 19 hours before the scheduled time of surgery). (ASHP)

Infusion of the first antimicrobial dose should begin within 60 minutes before incision. However, when a fluoroquinolone or vancomycin is indicated, the infusion should begin within 120 minutes before incision to prevent antibiotic-associated reactions. Although research has demonstrated that administration of the antimicrobial at the time of anesthesia induction is safe and results in adequate

serum and tissue drug levels at the time of incision, there was no consensus that the infusion must be completed before incision. (SIPGWW)