**Quality ID #446 (NQF 0733): Operative Mortality Stratified by the Five STS-EACTS Mortality Categories**
**– National Quality Strategy Domain: Patient Safety**
**– Meaningful Measure Area: Risk Adjusted Mortality**

**2019 COLLECTION TYPE:**
**MIPS CLINICAL QUALITY MEASURES (CQMS)**

**MEASURE TYPE:**
Outcome – High Priority

**DESCRIPTION:**
Percent of patients undergoing index pediatric and/or congenital heart surgery who die, including both 1) all deaths occurring during the hospitalization in which the procedure was performed, even if after 30 days (including patients transferred to other acute care facilities), and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure, stratified by the five STAT Mortality Levels, a multi-institutional validated complexity stratification tool

**INSTRUCTIONS:**
This measure is to be submitted for all pediatric and/or congenital heart patients **each time** a surgery is performed during the performance period.

This measure is intended to reflect the quality of services provided for patients with congenital heart disease. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Mortality is only counted once - so the denominator is all patients having CHS and the numerator is 1) deaths occurring within the index acute care hospitalization and 2) Deaths occurring after discharge but within 30 days of surgery.

**Measure Submission Type:**
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

**THERE ARE TWO SUBMISSION CRITERIA FOR THIS MEASURE:**

1) Patients who undergo pediatric and/or congenital heart surgery that experience death during the index acute care hospitalization

**OR**

2) Patients who undergo pediatric and/or congenital heart surgery that experience death after discharge from the hospital but within 30 days post procedure

**SUBMISSION CRITERIA 1: ALL DEATHS DURING HOSPITALIZATION**

**DENOMINATOR (SUBMISSION CRITERIA 1):**

Number of index cardiac operations in each level of complexity stratification using the five STS-EACTS Mortality Levels, a multi-institutional validated complexity stratification tool

***DENOMINATOR NOTE:*** **Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.*

**Denominator Criteria (Eligible Cases) 1:**

**Diagnosis for congenital heart disease (ICD-10-CM):**

| Clinical Condition | Corresponding ICD-10-CM Codes |
|---|---|
| ASD | Q21.1, Q21.2, Q21.8, Q21.9, Q24.9 |
| VSD | Q21.0, Q21.8, Q21.9 |
| Atrioventricular Canal Defect | Q21.2 |
| Aortopulmonary Window | Q21.4 |
| Truncus Arteriosus | Q20.0, Q24.8, Q25.40, Q25.41, Q25.42, Q25.43, Q25.44, Q25.45, Q25.46, Q25.47, Q25.48, Q25.49 |
| Partial Anomalous Pulmonary Venous Connection | Q26.3, Q25.40, Q25.41, Q25.42, Q25.43, Q25.44, Q25.45, Q25.46, Q25.47, Q25.48, Q25.49 |
| Total Anomalous Pulmonary Venous Connection | Q26.2, Q25.40, Q25.41, Q25.42, Q25.43, Q25.44, Q25.45, Q25.46, Q25.47, Q25.48, Q25.49 |
| Cor Tritriatum | Q27.2 |
| Pulmonary Venous Stenosis | Q26.8 |
| Tetralogy of Fallot | Q21.2, Q21.3, Q22.0, Q22.1 |
| Pulmonary Atresia | Q21.1, Q22.0, Q25.40, Q25.41, Q25.42, Q25.43, Q25.44, Q25.45, Q25.46, Q25.47, Q25.48, Q25.49 |
| Tricuspid Valve Disease and Ebstein's Anomaly | Q22.5, Q22.4, Q22.8, Q22.9 |
| Right Ventricular Outflow Tract (RVOT) Obstruction and/or Pulmonary Stenosis | Q20.1, Q22.1, Q22.2, Q22.3, Q25.5, Q25.6, Q25.79 |
| Pulmonary Valve Disease | Q25.79 |
| Aortic Valve Disease | Q23.0, Q23.1, Q23.8, Q25.21, Q25.29, Q25.3 |
| Sinus of Valsalva Fistula/Aneurysm | Q25.40, Q25.41, Q25.42, Q25.43, Q25.44, Q25.45, Q25.46, Q25.47, Q25.48, Q25.49 |
| Left Ventricular to Aorta Tunnel | Q20.8 |
| Mitral Valve Disease | Q23.2, Q23.3 |
| Hypoplastic Left Heart Syndrome | Q25.40, Q25.41, Q25.42, Q25.43, Q25.44, Q25.45, Q25.46, Q25.47, Q25.48, Q25.49 |
| Shone's Syndrome | Q24.8 |
| Single Ventricle | Q20.4, Q20.4 |
| Congenitally Correction of the Great Arteries (TGA) | Q20.3 |
| Transposition of the Great Arteries | Q20.3 |

| Clinical Condition | Corresponding ICD-10-CM Codes |
|---|---|
| Double Outlet Right Ventricle | Q20.1 |
| Double Outlet Left Ventricle | Q20.2 |
| Coarctation of Aorta and Aortic Arch Hypoplasia | Q25.1, Q25.40, Q25.41, Q25.42, Q25.43, Q25.44, Q25.45, Q25.46, Q25.47, Q25.48, Q25.49 |
| Coronary Artery Anomalies | Q24.5 |
| Interrupted Arch | Q25.40, Q25.41, Q25.42, Q25.43, Q25.44, Q25.45, Q25.46, Q25.47, Q25.48, Q25.49 |
| Patent Ductus Arteriosus | Q25.0 |
| Vascular Rings and Slings | Q25.40, Q25.41, Q25.42, Q25.43, Q25.44, Q25.45, Q25.46, Q25.47, Q25.48, Q25.49 Q25.79 |
| Aortic Aneurysm | Q25.40, Q25.41, Q25.42, Q25.43, Q25.44, Q25.45, Q25.46, Q25.47, Q25.48, Q25.49 |
| Tracheal Disorder | Q32.0, Q32.1, Q32.2 |
| Pectus Excavatum | Q67.6, Q67.7 |

**AND**

**Patient procedure during performance period (CPT):** 15732, 15734, 19271, 19272, 21550, 21555, 21552, 21556, 21554, 21557, 21558, 21600, 21615, 21616, 21620, 21627, 21630, 21632, 21685, 21705, 21740, 21742, 21743, 21750, 21899, 31612, 31613, 31614, 31622, 31623, 31624, 31625, 31626, 31627, 31628, 31629, 31630, 31631, 31634, 31635, 31636, 31638, 31640, 31641, 31643, 31645, 31646, 31647, 31648, 31652, 31653, 31786, 32096, 32097, 32100, 32110, 32120, 32124, 32140, 32141, 32150, 32151, 32160, 32200, 32215, 32220, 32225, 32310, 32320, 32400, 32405, 32503, 32504, 32601, 32604, 32606, 32607, 32608, 32609, 32850*, 32851, 32852, 32853, 32854, 32855, 32856, 32900, 33010, 33011, 33015, 33025, 33030, 33031, 33050, 33120, 33130, 33206, 33207, 33208, 33212, 33213, 33214, 33221, 33230, 33231, 33240, 33249, 33250, 33251, 33254, 33255, 33256, 33257, 33258, 33259, 33261, 33265, 33266, 33270, 33271, 33390, 33391, 33404, 33405, 33406, 33410, 33411, 33412, 33413, 33414, 33415, 33416, 33417, 33418, 33419, 33420, 33422, 33425, 33426, 33427, 33430, 33440, 33460, 33463, 33464, 33465, 33468, 33470, 33471, 33474, 33475, 33476, 33477, 33478, 33496, 33500, 33501, 33502, 33503, 33504, 33505, 33506, 33507, 33542, 33545, 33548, 33600, 33602, 33606, 33608, 33610, 33611, 33612, 33615, 33617, 33619, 33620, 33621, 33622, 33641, 33645, 33647, 33660, 33665, 33670, 33675, 33676, 33677, 33681, 33684, 33688, 33690, 33692, 33694, 33697, 33702, 33710, 33720, 33722, 33724, 33726, 33730, 33732, 33735, 33736, 33737, 33750, 33755, 33762, 33764, 33766, 33767, 33770, 33771, 33774, 33775, 33776, 33777, 33778, 33779, 33780, 33781, 33782, 33783, 33786, 33788, 33800, 33802, 33803, 33813, 33814, 33820, 33822, 33824, 33840, 33845, 33851, 33852, 33853, 33860, 33863, 33864, 33870, 33875, 33877, 33886, 33910, 33915, 33916, 33917, 33920, 33922, 33924, 33925, 33926, 33930*, 33933, 33935, 33940*, 33944, 33945, 33946, 33947, 33948, 33967, 33970, 33971, 33973, 33974, 33975, 33976, 33977, 33978, 33979, 33980, 33981, 33982, 33983, 33987, 33988, 33989, 33990, 33991, 33992, 33993, 33999, 59076, 59897, 71275, 74175, 75557, 75559, 75561, 75563, 75565, 75572, 75573, 75574, 76825, 76826, 76825, 92992, 92993, 93303, 93304, 93315, 93316, 93317, 93355, 93530, 93531, 93532, 93533, 93563, 93564, 93580, 93581, 93582, 93583

**AND**

**STS-EACTS Mortality Level Tool Utilized**

**NUMERATOR (SUBMISSION CRITERIA 1):**

All deaths occurring during the index acute care hospitalization in which the procedure was performed (no matter how long post op) in which the procedure was performed stratified by the five STAT Mortality Levels, a multi-institutional validated complexity stratification tool

**Numerator Instructions:**
**INVERSE MEASURE** - A lower calculated performance rate for this measure indicates better clinical care or control. The "Performance Not Met" numerator option for this measure is the representation of the better clinical quality or control. Submitting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures, a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control.

**Numerator Options:**

***Performance Met:*** Death occurring during the index acute care hospitalization **(G9814)**

**OR**

***Performance Not Met:*** Death did not occur during the index acute care hospitalization **(G9815)**

**OR**

**SUBMISSION CRITERIA 2: DEATHS OCCURING AFTER HOSPITAL DISCHARGE WITHIN 30 DAYS AFTER PROCEDURE**

**DENOMINATOR (SUBMISSION CRITERIA 2):**
Number of index cardiac operations in each level of complexity stratification using the five STS-EACTS Mortality Levels, a multi-institutional validated complexity stratification tool

***DENOMINATOR NOTE:*** **Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.*

**Denominator Criteria (Eligible Cases) 2:**
**Diagnosis for congenital heart disease (ICD-10-CM):**

| Clinical Condition | Corresponding ICD-10-CM Codes |
|---|---|
| ASD | Q21.1, Q21.2, Q21.8, Q21.9, Q24.9 |
| VSD | Q21.0, Q21.8, Q21.9 |
| Atrioventricular Canal Defect | Q21.2 |
| Aortopulmonary Window | Q21.4 |
| Truncus Arteriosus | Q20.0, Q24.8, Q25.40, Q25.41, Q25.42, Q25.43, Q25.44, Q25.45, Q25.46, Q25.47, Q25.48, Q25.49 |
| Partial Anomalous Pulmonary Venous Connection | Q26.3, Q26.4 |
| Total Anomalous Pulmonary Venous Connection | Q26.2, Q26.4 |
| Cor Tritriatum | Q27.2 |
| Pulmonary Venous Stenosis | Q26.8 |
| Tetralogy of Fallot | Q21.2, Q21.3, Q22.0, Q22.1 |

| Clinical Condition | Corresponding ICD-10-CM Codes |
|---|---|
| Pulmonary Atresia | Q21.1, Q22.0, Q25.40, Q25.41, Q25.42, Q25.43, Q25.44, Q25.45, Q25.46, Q25.47, Q25.48, Q25.49 |
| Tricuspid Valve Disease and Ebstein's Anomaly | Q22.5, Q22.4, Q22.8, Q22.9 |
| Right Ventricular Outflow Tract (RVOT) Obstruction and/or Pulmonary Stenosis | Q20.1, Q22.1, Q22.2, Q22.3, Q25.5, Q25.6, Q25.79 |
| Pulmonary Valve Disease | Q25.79 |
| Aortic Valve Disease | Q23.0, Q23.1, Q23.8, Q25.21, Q25.29, Q25.3 |
| Sinus of Valsalva Fistula/Aneurysm | Q25.40, Q25.41, Q25.42, Q25.43, Q25.44, Q25.45, Q25.46, Q25.47, Q25.48, Q25.49 |
| Left Ventricular to Aorta Tunnel | Q20.8 |
| Mitral Valve Disease | Q23.2, Q23.3 |
| Hypoplastic Left Heart Syndrome | Q23.4 |
| Shone's Syndrome | Q24.8 |
| Single Ventricle | Q20.4 |
| Congenitally Correction of the Great Arteries (TGA) | Q20.3 |
| Transposition of the Great Arteries | Q20.3 |
| Double Outlet Right Ventricle | Q20.1 |
| Double Outlet Left Ventricle | Q20.2 |
| Coarctation of Aorta and Aortic Arch Hypoplasia | Q25.1, Q25.40, Q25.41, Q25.42, Q25.43, Q25.44, Q25.45, Q25.46, Q25.47, Q25.48, Q25.49 |
| Coronary Artery Anomalies | Q24.5 |
| Interrupted Arch | Q25.40, Q25.41, Q25.42, Q25.43, Q25.44, Q25.45, Q25.46, Q25.47, Q25.48, Q25.49 |
| Patent Ductus Arteriosus | Q25.0 |
| Vascular Rings and Slings | Q25.40, Q25.41, Q25.42, Q25.43, Q25.44, Q25.45, Q25.46, Q25.47, Q25.48, Q25.49, Q25.79 |
| Aortic Aneurysm | Q25.40, Q25.41, Q25.42, Q25.43, Q25.44, Q25.45, Q25.46, Q25.47, Q25.48, Q25.49 |
| Tracheal Disorder | Q32.0, Q32.1, Q32.2 |
| Pectus Excavatum | Q67.6, Q67.7 |

**AND**

**Patient procedure during performance period (CPT):** 15732, 15734, 19271, 19272, 21550, 21555, 21552, 21556, 21554, 21557, 21558, 21600, 21615, 21616, 21620, 21627, 21630, 21632, 21685, 21705, 21740, 21742, 21743, 21750, 21899, 31612, 31613, 31614, 31622, 31623, 31624, 31625, 31626, 31627, 31628, 31629, 31630, 31631, 31634, 31635, 31636, 31638, 31640, 31641, 31643, 31645, 31646, 31647, 31648, 31652, 31653, 31786, 32096, 32097, 32100, 32110, 32120, 32124, 32140, 32141, 32150, 32151, 32160, 32200, 32215, 32220, 32225, 32310, 32320, 32400, 32405, 32503, 32504, 32601, 32604, 32606, 32607, 32608, 32609, 32850*, 32851, 32852, 32853, 32854, 32855, 32856, 32900, 33010, 33011, 33015,

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**AND**

**STS-EACTS Mortality Level Tool Utilized**

**NUMERATOR (SUBMISSION CRITERIA 2):**

Those deaths occurring after discharge from the hospital, but within 30 days of the procedure, stratified by the five STAT Mortality Levels, a multi-institutional validated complexity stratification tool

**Numerator Instructions:**

**INVERSE MEASURE** - A lower calculated performance rate for this measure indicates better clinical care or control. The "Performance Not Met" numerator option for this measure is the representation of the better clinical quality or control. Submitting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures, a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control.

**Numerator Options:**

| | |
|---|---|
| ***Performance Met:*** | Death occurring after discharge from the hospital but within 30 days post procedure **(G9816)** |
| **OR** | |
| ***Performance Not Met:*** | Death did not occur after discharge from the hospital within 30 days post procedure **(G9817)** |

**RATIONALE:**

Intended to promote quality assessment and improvement in congenital heart surgery

**CLINICAL RECOMMENDATION STATEMENTS:**

Congenital heart disease is a common birth defect that affects approximately 1 in 125 live births. Pediatric and congenital heart surgery is a subspecialty of high resource utilization that has the potential to repair or palliate the majority of patients with pediatric and congenital cardiac disease. Mortality is likely the single most important negative outcome that can be associated with a surgical procedure. Critical evaluation of operative mortality allows one to evaluate the risk associated with a given procedure for various patient characteristics, and more importantly, aggressively search for ways to minimize that risk. Over the past decade, mortality after pediatric cardiac surgery has been declining and currently stands at 3.4%.

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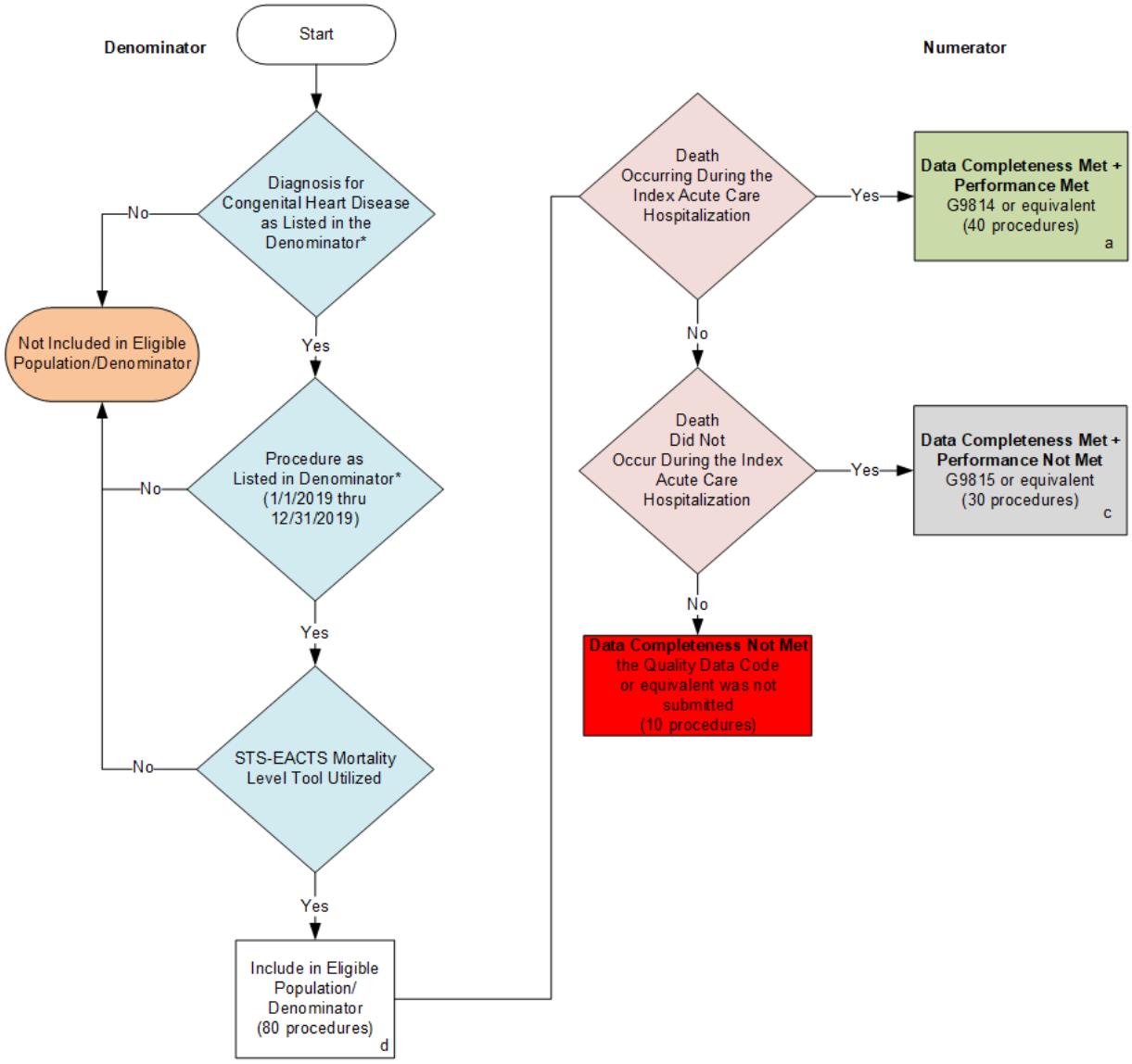
# 2019 Clinical Quality Measure Flow for Quality ID #446 NQF #0773: Operative Mortality Stratified by the Five STS-EACTS Mortality Categories

## Submission Criteria One




*See the posted Measure Specification for specific coding and instructions to submit this measure.

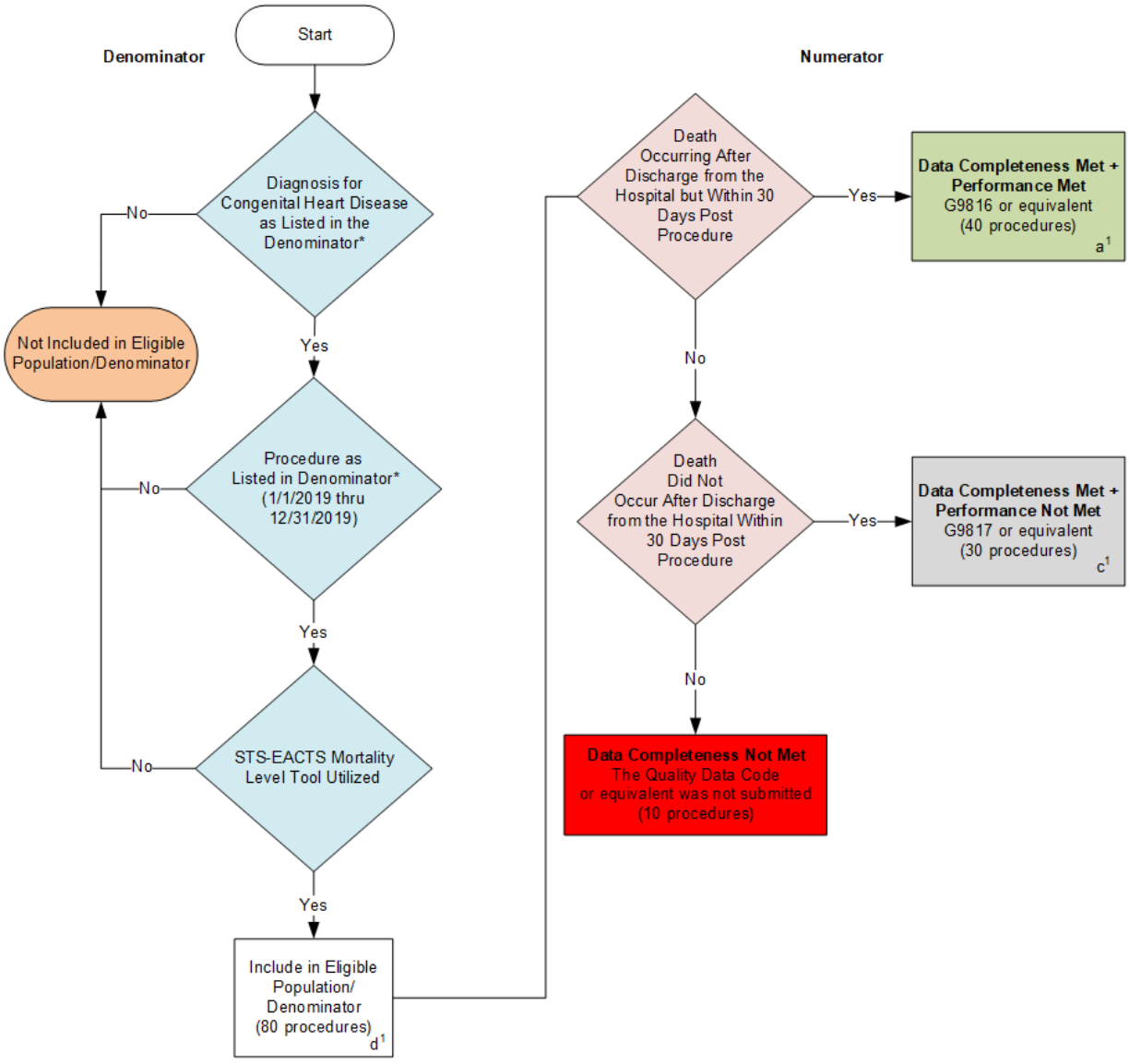
NOTE: Submission Frequency: Procedure



v3

# 2019 Clinical Quality Measure Flow for Quality ID #446 NQF #0773: Operative Mortality Stratified by the Five STS-EACTS Mortality Categories

## Submission Criteria Two




*See the posted Measure Specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Procedure



v3

# 2019 Clinical Quality Measure Flow for Quality ID #446 NQF #0773: Operative Mortality Stratified by the Five STS-EACTS Mortality Categories

**SAMPLE CALCULATIONS:**

**Data Completeness=**

Performance Met (a+a[1]=80 procedures) + Performance Not Met (c+c[1]=60 procedures) = 140 procedures = **87.50%**

Eligible Population / Denominator (d=160 procedures) = 160 procedures

**Performance Rate=**

Performance Met (a+a1=80 procedures) = 80 procedures = **57.14%**

Data Completeness Numerator (140 procedures) = 140 procedures

*See the posted Measure Specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Procedure



v3

# 2019 Clinical Quality Measure Flow Narrative for Quality ID #446 NQF #0773: Operative Mortality Stratified by the Five STS-EACTS Mortality Categories

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification.

**Submission Criteria 1**

1. Start with Denominator
2. Check Diagnosis for Congenital Heart Disease:
    a. If Diagnosis for Congenital Heart Disease as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
    b. If Diagnosis for Congenital Heart Disease as Listed in the Denominator equals Yes, proceed to check Procedure Performed.
3. Check Procedure Performed:
    a. If Procedure as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
    b. If Procedure as Listed in the Denominator equals Yes, proceed to check STS-EACTS Mortality Level Tool Utilized.
4. Check STS-EACTS Mortality Level Tool Utilized:
    a. If STS-EACTS Mortality Level Tool Utilized equals No, do not include in Eligible Population. Stop Processing.
    b. If STS-EACTS Mortality Level Tool Utilized equals Yes, include in Eligible Patient Population.
5. Denominator Population:
    a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
6. Start Numerator
7. Check Death Occurring During the Index Acute Care Hospitalization:
    a. If Death Occurring During Hospitalization equals Yes, include in Data Completeness Met and Performance Met.
    b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 patients in the Sample Calculation.

c. If Death Occurring During the Index Acute Care Hospitalization equals No, proceed to check Death Did Not Occur During the Index Acute Care Hospitalization.

8. Check Death Did Not Occur During the Index Acute Care Hospitalization:

    a. If Death Did Not Occur During the Index Acute Care Hospitalization equals Yes, include in Data Completeness Met and Performance Not Met.

    b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 patients in the Sample Calculation.

    c. If Death Did Not Occur During the Index Acute Care Hospitalization equals No, proceed to check Data Completeness Not Met.

9. Check Data Completeness Not Met:

    a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

## 2019 Clinical Quality Measure Flow Narrative for Quality ID #446 NQF #0773: Operative Mortality Stratified by the Five STS-EACTS Mortality Categories

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification.

**Submission Criteria 2**

1. Start with Denominator
2. Check Diagnosis for Congenital Heart Disease:
    a. If Diagnosis for Congenital Heart Disease as Listed in Denominator equals No, do not include in Eligible Population. Stop Processing.
    b. If Diagnosis for Congenital Heart Disease as Listed in Denominator equals Yes, proceed to check Procedure Performed.
3. Check Procedure Performed:
    a. If Procedure as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
    b. If Procedure as Listed in the Denominator equals Yes, proceed to STS-EACTS Mortality Level Tool Utilized.
4. Check STS-EACTS Mortality Level Tool Utilized:
    a. If STS-EACTS Mortality Level Tool Utilized equals No, do not include in Eligible Population. Stop Processing.
    b. If STS-EACTS Mortality Level Tool Utilized equals Yes, include in Eligible Patient Population.
5. Denominator Population:
    a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter $d^1$ equals 80 patients in the Sample Calculation.
6. Start Numerator
7. Check Death Occurring After Discharge from the Hospital but Within 30 Days Post Procedure:
    a. If Death Occurring After Discharge from the Hospital but Within 30 Days Post Procedure equals Yes, include in Data Completeness Met and Performance Met.
    b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter $a^1$ equals 40 patients in the Sample Calculation.

c. If Death Occurring After Discharge from the Hospital but Within 30 Days Post Procedure equals No, proceed to check Death Did Not Occur After Discharge from the Hospital Within 30 Days Post Procedure.

8. Check Death Did Not Occur After Discharge from the Hospital Within 30 Days Post Procedure:

   a. If Death Did Not Occur After Discharge from the Hospital Within 30 Days Post Procedure equals Yes, include in Data Completeness Met and Performance Not Met.

   b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter $c^1$ equals 30 patients in the Sample Calculation.

   c. If Death Did Not Occur After Discharge from the Hospital Within 30 Days Post Procedure equals No, proceed to check Data Completeness Not Met.

9. Check Data Completeness Not Met:

   a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

**SAMPLE CALCULATIONS:**

**Data Completeness=**

$$\frac{\text{Performance Met } (a+a^1=80 \text{ procedures}) + \text{Performance Not Met } (c+c^1=60 \text{ procedures})}{\text{Eligible Population / Denominator } (d=160 \text{ procedures})} = \frac{140 \text{ procedures}}{160 \text{ procedures}} = \mathbf{87.50\%}$$

**Performance Rate=**

$$\frac{\text{Performance Met } (a+a1=80 \text{ procedures})}{\text{Data Completeness Numerator } (140 \text{ procedures})} = \frac{80 \text{ procedures}}{140 \text{ procedures}} = \mathbf{57.14\%}$$