

National Radiology Data Registry

IR Facility Screening Report, Jan-Dec 2019

PUBLIC FACILITY A

(Facility ID: 100853)

NRDR
IR

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Interventional Radiology Registry Report

This report contains performance information on IR Quality Registry measures, showing registry, facility and physician summaries. Additionally, quality measures from the Centers for Medicare and Medicaid Services (CMS) Quality Payment Program Merit-based Incentive Payment (MIPS) measures that are relevant and reportable by Interventional Radiologists are included in the report, where data is available.

Report sections include:

Section 1. Physician Roster

This section provides a roster of all physicians associated with the NRDR Facility ID. NPIs are shown as available based on data received. Please update missing NPIs in the NRDR portal, Manage Physicians page.

Section 2. Facility Level Data

This section displays performance data per measure aggregated at the facility with comparison to the IR Registry aggregate.

Section 3. Physician Level Data

This section displays performance data per measure for each physician associated with the IR Registry at this facility, based on available data. Only physicians with measure data and NPI information in the NRDR portal will show Section 3 detail.

If you see that your physician name or NPI is incorrect or there are other inaccuracies, please submit a ticket by visiting <http://nrdrsupport.acr.org>

Measure Definitions

IR Registry Measures

Appropriate venous access for tunneled hemodialysis catheters (ACRAD 26)

Percentage of patients undergoing tunneled (long term) catheter access for hemodialysis via subclavian access as compared to internal jugular access

Rate of percutaneous nephrostomy tube replacement within 30 days secondary to dislodgement (ACRAD 29)

Percentage of percutaneous nephrostomy tube replacement within 30 days following initial placement.

Rate of Inadequate Percutaneous Image-Guided Biopsy (ACRAD 30)

The percentage of percutaneous image-guided (US, CT, fluoro) biopsy procedures performed in which sampling was inadequate for diagnosis on the final pathology report.

MIPS Measures

Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections (MIPS 76)

Percentage of patients, regardless of age, who undergo central venous catheter (CVC) insertion for whom CVC was inserted with all elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound

Exposure Dose or Time Reported for Procedures Using Fluoroscopy (MIPS 145)

Final reports for procedures using fluoroscopy that document radiation exposure indices, or exposure time and number of fluorographic images (if radiation exposure indices are not available)

Uterine Artery Embolization Technique: Documentation of Angiographic Endpoints and Interrogation of Ovarian Arteries (MIPS 465)

The percentage of patients with documentation of angiographic endpoints of embolization AND the documentation of embolization strategies in the presence of unilateral or bilateral absent uterine arteries

Section 1. Physician Roster

Interventional Radiology Registry Report: Physician Roster

Physician Roster	
Physician Name	NPI
SAMPLE DOCTOR	100853999

Section 2. Facility Level Data

Interventional Radiology Registry Report: Facility Level Data

Measure Definitions	Facility 100853				IR Registry			
Definition	Denominator	Numerator	Exception	Rate	Denominator	Numerator	Exception	Rate
Appropriate venous access for tunneled hemodialysis catheters (ACRAD 26)	78	0	.	0.00%	438	1	4	0.23%
Rate of percutaneous nephrostomy tube replacement within 30 days secondary to dislodgement (ACRAD 29)	108	11	3	10.19%	585	71	790	12.14%
Rate of Inadequate Percutaneous Image-Guided Biopsy (ACRAD 30)	.	.	.		13610	199	71	1.46%
Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections (MIPS 76)	113	113	0	100.00%	10633	10074	0	94.74%
Exposure Dose or Time Reported for Procedures Using Fluoroscopy (MIPS 145)	500	500	0	100.00%	13118	6773	0	51.63%
Documentation of Angiographic Endpoints and Interrogation of Ovarian Arteries (MIPS 465)	.	.	.		481	481	0	100.00%

Section 3. Physician Level Data

Note: Only physicians with measure data and NPI information in the NRDR portal will show Section 3 detail.

Interventional Radiology Registry Report: Physician Level Data

Facility 100853					Physician					IR Registry			
Measure	Denominator	Numerator	Exception	Rate	NPI	Denominator	Numerator	Exception	Rate	Denominator	Numerator	Exception	Rate
ACRAD 26	78	0	.	0.00%	100853999	78	0	.	0.00%	438	1	4	0.23%
ACRAD 29	108	11	3	10.19%	100853999	108	11	3	10.19%	585	71	790	12.14%
ACRAD 30	.	.	.		100853999	.	.	.		13610	199	71	1.46%
MIPS 76	113	113	0	100.00%	100853999	113	113	0	100.00%	10633	10074	0	94.74%
MIPS 145	500	500	0	100.00%	100853999	500	500	0	100.00%	13118	6773	0	51.63%
MIPS 465	.	.	.		100853999	.	.	.		481	481	0	100.00%