**MSQC 2025 QI Tracking Sheet and Breast QI Summary Report**

| **Facility Name:** | **[Insert Facility Name Here]** |
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| **Report Submitted By:** | **[Enter Name of Report Submitter]** |

**Breast Project Overview**

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| Goal 1. Capture all elective partial Mastectomy and Mastectomy cases in the data collection |
| Goal 2. Designated Breast Surgeon Champion to help with the project |
| Goal 3. Multidisciplinary Team (6 points)1. Kickoff meeting before March 31st, 2025 (2 points)
2. Two additional meetings before December 1st 2025 (2 points each)
 |
| Goal 5. Perioperative Process Goals (15 points) |
| Goal 6. Cancer Specific Goals (24 points) |
| Goal 7. Submit 2025 QI Project Summary  |

**Collaborative Wide Measure Overview**

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| **Collaborative Wide Measure\*: Preop Optimization for elective abdominal hernia surgery:**• Reduce rate of persons with body mass index (BMI) ≥ 40kg/m2 undergoing elective surgery to < 11.5% or 10% relative reduction compared to 10/1/2024 to 9/30/2025 collaborative rate• Reduce rate of persons with active tobacco use undergoing elective surgery to < 14% or 10% relative reduction compared to 10/1/2024 to 9/30/2025 collaborative rate |

**Hospital Wide Measure Overview**

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| **Hospital Wide Measure\*: Preop Optimization for elective abdominal hernia surgery:**• Reduce rate of persons with body mass index (BMI) ≥ 40kg/m2 undergoing elective surgery to < 11.5%or 10% relative reduction compared to 10/1/2024 to 9/30/2025 hospital rate • Reduce rate of persons with active tobacco use undergoing elective surgery to < 14%. or 10% relative reduction compared to 10/1/2024 to 9/30/2025 hospital rate |

**Additional QI Project Requirements Overview**

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| **Collaborative Meetings (3 offered) – Surgical Clinical Quality Reviewer (SCQR)** |
| **Collaborative Meetings (3 offered) – Surgeon Champion (SC)** |
| **Conference Calls (3 offered) – SCQR** |
| **SCQR Participation/Engagement** (Participate in at least one MSQC activity listed in the supplement document) |
| **SC Participation/Engagement** (Participate in at least one MSQC activity listed in the supplement document) |
| **Completeness of Data*** Sampled and incomplete cases ≤ 0.5% total volume
* Case Selection Audit with ≥ 95% agreement
* 30-day follow-up rate ≥ 80% for 4 quarters (October 1, 2024 to September 30, 2025)
 |
| **Complete documentation of designated cancer variables** (CRC, Breast, Whipple, Thyroid) > 90% |

**Perioperative Process Goals (15 points):**

Continuing Sites: Measurement Period 1/1/2025 – 12/31/2025

New Sites: Measurement Period 4/1/2025-12/31/2025

| **Preoperative Measure** | **Variable (ERP tab)** | **March / April** | **May / June** | **July / August** | **September / October** | **November / December** | **Final** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Preadmission teaching includes expectations after surgery, including multimodal pain management, discussion of opioid free surgery (if applicable) and expected use of surgical drains (if applicable) >**80%.** | ERP TabPre-admission counseling/ teaching* Pain Management selected.
* Postoperative Expectations
* Wound Care
 |  |  |  |  |  |  |
| Documented patient education provided on: • Smoking cessation (if tobacco use within one month) > **80%** | ERP TabPre-admission counseling/ teaching🡪 Tobacco Cessation selected.  |  |  |  |  |  |  |

| **Intraoperative Measure** | **Variable (ERP tab)** |  |  |  |  |  |  |
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| Intraoperative Use of Multimodal Pain Management at > **80%** | ERP tabIntraoperative Use of MMPM* At least two nonopioid pain medications selected.
 |  |  |  |  |  |  |

| **Postoperative Measure** | **Variable (ERP Tab)** |  |  |  |  |  |  |
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| Order for multimodal pain management at >**80%** | Multimodal Pain Management ordered within the first 24 hours following surgery? 🡪 Yes selected. |  |  |  |  |  |  |

| **Measure+** | **Variable** | **March/ April** | **May/ June** | **July/ August** | **September/ October** | **November/ December** | **Final** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Opioid prescriptions meet MOPEN recommendations at > 80%**Lumpectomy/ Mastectomy:**19301/19302=**0-5 pills**19303= **0-20 pills**19305-19307= **0-30 pills** | **Opioid tab:**🡪 Opioid type selected as “No opioid prescribed at discharge” **OR**amount prescribed per patient was at or below Michigan OPEN prescribing recommendations per case. |  |  |  |  |  |  |
| **+**Requires complete abstraction of the opioid type (including hydrocodone, oxycodone, codeine, or tramadol), dose, unit (mg or ml) and quantity **OR**  Opioid type selected as “No opioid prescribed at discharge.” Discharge destination = Home or Home with home health care |

**Cancer-Specific Goals (24 points):**

Sites will work on each of these cancer specific goals. Included diagnosis codes: Cancer and DCIS diagnoses which are listed in the breast tab of 2025 Program Manual.

* Continuing Sites: Measurement Period is 1/1/2025 – 12/31/2025.
* New Sites: Measurement Period 4/1/2025-12/31/2025

| **Cancer Specific Measures** | **Variable (Breast tab)** | **March / April**  | **May / June**  | **July / August**  | **September / October**  | **November / December** | **Final** |
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| Preoperative MRI rate to **< 30%** or **a 10% relative reduction** from baseline | Breast TabPreoperative MRI * Yes
 |  |  |  |  |  |  |
| Reduction of use of SLNB in women >70 years old to **< 40%** or **a 10% relative reduction** from baseline | Surgical Tab* Age>70 at time of surgery
* Other procedure=lymph node resection
 |  |  |  |  |  |  |
| Reduction of re-excision rates for positive margin after lumpectomy to **< 12%** or **a 10% relative reduction** from baseline | Breast TabRe-excision for positive margin * Yes
 |  |  |  |  |  |  |
| Increase in the use of outpatient mastectomy to **> 25%** or have a **10% relative increase** from baseline. | Surgical Tab* Surgical date=discharge date
 |  |  |  |  |  |  |

**Collaborative Wide Measure Tracking**

Preop Optimization for elective abdominal hernia surgery

* Included CPT codes: Abdominal Hernia CPT codes (same CPT codes that enable hernia tab)
	+ Is CPT code the primary procedure = Yes
* Surgical Priority = Elective
* Disseminated Cancer = No or null

**Measurement Period**: 1/1/2025- 12/31/2025 (cases in Workstation marked Complete (incl. follow-up) as of 1/15/2025 when the final data is pulled)

**Scoring**: points awarded depends on collaborative-wide performance (not individual hospital performance)

Meet both measures 10 points.

Meet one measure 5 points.

No measures met 0 points.

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| • Reduce rate of persons with body mass index (BMI) ≥ 40kg/m2 undergoing elective abdominal hernia surgery to <11.5%. or 10% relative reduction | • Reduce rate of persons with active tobacco use undergoing elective surgery to < 14%. Or 10% relative reduction  |
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| **Performance Tracking Grid** *(for your own use; you are not required to track your data here)* |
| **Tracking Time Period** | **Your Hospital Rate (%)** | **MSQC Rate (%)** | **MSQC Cumulative Rate (%)** |
| *Example: Jan 2024* | *10%* | *20%* | *15%* |
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| **Performance Tracking Grid** *(for your own use; you are not required to track your data here)* |
| **Tracking Time Period** | **Your Hospital Rate (%)** | **MSQC Rate (%)** | **MSQC Cumulative Rate (%)** |
| *Example: Jan 2024* | *10%* | *20%* | *15%* |
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**Hospital Wide Measure Tracking**

Preop Optimization for elective abdominal hernia surgery

* Included CPT codes: Abdominal Hernia CPT codes (same CPT codes that enable hernia tab)
	+ Is CPT code the primary procedure = Yes
* Surgical Priority = Elective
* Disseminated Cancer = No or null

**Measurement Period**: 1/1/2025- 12/31/2025 (cases in Workstation marked Complete (incl. follow-up) as of 1/15/2025 when the final data is pulled)

**Scoring**: points awarded depends on hospital-wide performance (not collaborative performance)

Meet both measures 10 points.

Meet one measure 5 points.

No measures met 0 points.

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| • Reduce rate of persons with body mass index (BMI) ≥ 40kg/m2 undergoing elective abdominal hernia surgery to <11.5%. or 10% relative reduction | • Reduce rate of persons with active tobacco use undergoing elective surgery to < 14%. Or 10% relative reduction  |
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| **Performance Tracking Grid** *(for your own use; you are not required to track your data here)* |
| **Tracking Time Period** | **Your Hospital Rate (%)** | **MSQC Rate (%)** | **MSQC Cumulative Rate (%)** |
| *Example: Jan 2024* | *10%* | *20%* | *15%* |
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| **Performance Tracking Grid** *(for your own use; you are not required to track your data here)* |
| **Tracking Time Period** | **Your Hospital Rate (%)** | **MSQC Rate (%)** | **MSQC Cumulative Rate (%)** |
| *Example: Jan 2024* | *10%* | *20%* | *15%* |
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**Multidisciplinary Meetings held by March 31, 2025 (6 points total)**

**Documentation of Meeting: Enter information below. Attach relevant documents with report submission.**

| **Meeting Requirements** | **Meeting Information/Minutes** |
| --- | --- |
| **a.** Participating hospitals will form a multidisciplinary team to review baseline data, guide quality improvement plans, and implement the care pathway. The multidisciplinary team should include the breast cancer surgeon champion, other surgeons who perform breast cancer surgery, nursing, patient navigator, plastics and reconstructive, breast radiology and others as relevant. **b**. Hold a kickoff multidisciplinary meeting before March 31, 2025 Meeting minutes/ notes, including attendees, must be submitted to the coordinating center with the final project submission**. (2 points).** |  |
| c. Two (2) additional multidisciplinary meetings (minimally) before December 1, 2025, which include a review of breast data.  **(2 points each).** |  |

**Complete the Breast Surgical QI Project Summary Report**

**Due to the MSQC Coordinating Center by January 16, 2026. Attach relevant documents with report submission.**

| **Category** | **Activity/Category Details** |
| --- | --- |
| **Activities:**Examples (not all-inclusive):Dates; meetings; materials developed; preop and postop education materials; communications with multidisciplinary team members; any teaching done with staff; breast surgery documentation template development and implementation. |  |
| **Successes:**Example questions:What has your hospital improved on?What are you most proud of? |  |
| **Barriers/challenges**Example questions:What prevented you from improving more?What would you like to see changed? |  |
| **Analysis/Next Steps**Example questions:What is the next step in your quality improvement efforts?What are your hospital’s plans going forward with these changes? |  |

**Additional QI Project Requirements**

Meeting Attendance SCQR Call Attendance

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|  | Surgeon Champion (who attended?) | SCQR(who attended?) |  |  | SCQR (who attended?) |
| April 11 |  |  |  | February 6 |  |
| September 12  |  |  |  | August 7 |  |
| December 12 |  |  |  | November 6 |  |

**Complete documentation of designated cancer variables**

**Measurement period:** 4/1/2025 - 12/31/2025 (cases in Workstation marked Complete (incl. follow-up) as of 1/15/2025 when the final data is pulled)

**Scoring:** > 90% Overall Measure Rate = 5 points, < 90% = 0 points

[**Additional documentation**](https://msqc.org/wp-content/uploads/2024/01/2024-P4P-Cancer-variable-documentation.docx) islocated on the 2025 Quality Initiatives page of MSQC website.

\*Use of this section is optional. You can track your progress using any method you prefer, and do not need to submit these numbers to MSQC at the end of the year. MSQC already has this data.

| **Time Period** | **Date Obtained** | **Colorectal Cancer (CRC)** | **Breast Cancer** | **Whipple Cancer** | **Thyroid Cancer** | **Overall Measureⱡ** |
| --- | --- | --- | --- | --- | --- | --- |
| Num | Denom | Rate % | Num | Denom | Rate % | Num | Denom | Rate % | Num | Denom | Rate % | **Num** | **Denom** | **Rate %** |
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**ⱡOverall Measure Calculation:** (CRC Num + Breast Num + Whipple Num + Thyroid Num) / (CRC Denom + Breast Denom + Whipple Denom + Thyroid Denom)

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| **Overall Measure Denominator: sum of all eligible:**Colorectal cancer cases + Whipple cancer cases + Breast cancer cases + Thyroid cancer cases | **Overall Measure Numerator:**Sum of all eligible denominator cases that have every designated cancer-specific variable present and documented in the patient’s medical record |

**SCQR Participation/Engagement Activity**

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| Attach relevant documents with the submission or embed them here. |

**Surgeon Champion Participation/Engagement Activity**

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| Attach relevant documents with the submission or embed them here. |

**Included CPT Codes:**

|  |  |
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| **CPT® Code** | **CPT® Description** |
| **19301** | 19301: Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy) |
| **19302** | 19302: Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy |
| **19303** | 19303: Mastectomy, simple, complete |
| **19305** | 19305: Mastectomy, radical, including pectoral muscles, axillary lymph nodes |
| **19306** | 19306: Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation) |
| **19307** | 19307: Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle |