MSQC

MICHIGAN SURGICAL QUALITY COLLABORATIVE

Appropriate Preoperative Screening for Low-Risk Surgeries Pilot Project Kickoff

January 30, 2023

MICHIGAN SURGICAL QUALITY COLLABORATIVE

Project Background

Quality Improvement Option C

Appropriate Preoperative Screening for Low-risk Surgeries

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Background re: Quality Improvement Option C
Appropriate Preoperative Screening for Low-risk Surgeries

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BACKGROUND IS WELL-ESTABLISHED: ROUTINE PRE-OPERATIVE TESTING REMAINS HIGH DESPITE…

Pre-Op testing rates for low-risk surgeries range from 8-85% across Michigan

Testing before low-risk procedures is common, with >50% of patients undergoing at least 1 test

Not recommended by several academic societies

Wasteful spending for health systems & patients

Associated with surgical delays

Unnecessary patient stress due to cascade events of incidental findings

Background re: Quality Improvement Option C
Appropriate Preoperative Screening for Low-risk Surgeries

MICHIGAN SURGICAL QUALITY COLLABORATIVE

BACKGROUND IS WELL-ESTABLISHED: ROUTINE PRE-OPERATIVE TESTING REMAINS HIGH DESPITE…

- Reducing unnecessary preoperative testing before low-risk surgery can improve quality, safety, experience, and value in surgery

- Less testing means…

Fewer dangerous cascade events

Reduced provider burden

Reduced patient cost & time burden

Fewer surgical delays

Lower spending on unnecessary care

Evidence Base for Quality Improvement Option C
Appropriate Preoperative Screening for Low-risk Surgeries

Choosing Wisely has assembled hundreds of clinical recommendations that aim to reduce unnecessary testing, are supported by evidence, free from harm, and truly necessary.
Of these recommendations, Choosing Wisely has a top 12 list, which includes guidelines for **Preoperative testing in patients scheduled to undergo low- and/or intermediate-risk non-cardiac surgery** .

Based on the recommendations put forth by the following professional societies:

- *American Academy of Ophthalmology*
- *American College of Physicians*
- *American College of Radiology*
- *American College of Surgeons*
- *American Society of Anesthesiologists*
- *American Society for Clinical Pathology*
- *American Society of Echocardiography*
- *Society of Thoracic Surgeons*

Recommended Links & Resources

- Choosing Wisely
- National Institute for Health and Care Excellence (NICE)

Evidence Base for Quality Improvement Option C
Appropriate Preoperative Screening for Low-risk Surgeries

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Recommendations by test:

Multiple societies have recommended against routine preoperative testing in low-risk patients prior to low-risk procedures.

Blood Work

American Society of Anesthesiologists- Don't obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery – specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are expected to be minimal.

ECG

American College of Cardiology- Avoid performing electrocardiography (ECG) screening as part of preoperative cardiovascular risk assessment in asymptomatic patients scheduled for low-risk non-cardiac surgery.

American Society of Echocardiography- Avoid echocardiograms for preoperative/perioperative assessment of patients with no history or symptoms of heart disease.

Cardiac Stress Test

The Society of Thoracic Surgeons- Patients who have no cardiac history and good functional status do not require preoperative stress testing prior to non-cardiac thoracic surgery.

American Society of Anesthesiologists- Don't obtain baseline diagnostic cardiac testing (echocardiography or cardiac stress testing) in asymptomatic stable patients with known cardiac disease (e.g., CAD, valvular disease) undergoing low or moderate risk non-cardiac surgery.

Chest X-ray

American College of Physicians- Don't obtain preoperative chest radiography in the absence of a clinical suspicion for intrathoracic pathology.

American College of Radiology, American College of Surgeons- Avoid admission or preoperative chest x-rays for ambulatory patients with unremarkable history and physical exam.

Focus of Quality Improvement Option C

Appropriate Preoperative Screening for Low-risk Surgeries

TARGET PROCEDURES:
THREE LOW-RISK AMBULATORY SURGERIES

- *Lumpectomy*
- *Hernia (minor)*
- *Cholecystectomy (laparoscopic)*

PRE-OP TESTS

- *Blood tests (CBC, BMP, CMP, INR/PT/PTT, T&S, LFTs)*
- *Chest X-Ray*
- *Cardiac Tests (EKG, Echo, Stress Testing)*

Resources for Quality Improvement Option C
Appropriate Preoperative Screening for Low-risk Surgeries

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RESOURCES OFFERED TO SITES

These resources will be provided to participating sites to support quality improvement related to pre-op testing

Resource	How it will assist participating sites
Recommended Pre-op Testing Guidelines 	• Decision aid to help providers order pre-op tests based on current evidence-base & recommendations • Recommendations will be distributed to participating sites in a variety of formats (3x5 card, handouts, slides, & more)
Provider Education 	• Provider education detailing the evidence base around pre-op testing will be made available in numerous formats to add convenience for providers. These will include a website, handouts, webinars, presentation, and in-person meetings
Audit & Feedback 	• Data regarding pre-operative testing rates will be provided each site to inform current testing rates & document any observed changes or improvements
Clinical Decision Support 	• Where possible, recommendations & resources will be provided to update EMRs to encourage appropriate pre-op testing

MICHIGAN SURGICAL QUALITY COLLABORATIVE

2023 QI Project Specifics

Project Requirements

- This is a pilot project
- Define the extent of routine preoperative screening in low-risk surgeries
- Identify underlying reasons for overuse of preoperative testing in low-risk surgeries
- Interventions to heighten awareness and reduce variation among hospitals
- Determine ability to “move the needle” on the amount of unnecessary preop testing
- Project Approach:
  - Abstract preoperative testing variables on low-risk surgical cases
  - Implement a standard protocol defining appropriate use of preoperative testing
  - Employ strategies to promote adoption of the protocol
  - Analyze MSQC, MVC, and internal data reports to monitor progress.

Project Eligibility

- Low-risk surgical procedures
  - Minor hernia
    - Open inguinal/femoral/umbilical, and all laparoscopic hernia repairs)
  - Laparoscopic cholecystectomy
  - Breast lumpectomy

AND

- Elective cases only

AND

- CPT code is the intended primary procedure (captured on Surgical Profile tab)

Open Inguinal/Femoral/Umbilical & All Laparoscopic Hernia Repairs ("Minor Hernia")	
49505	49505: Repair initial inguinal hernia, age 5 years or older; reducible.
49507	49507: Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated.
49520	49520: Repair recurrent inguinal hernia, any age; reducible.
49521	49521: Repair recurrent inguinal hernia, any age; incarcerated or strangulated.
49525	49525: Repair inguinal hernia, sliding, any age.
49550	49550: Repair initial femoral hernia, any age; reducible.
49553	49553: Repair initial femoral hernia, any age; incarcerated or strangulated.
49555	49555: Repair recurrent femoral hernia; reducible.
49557	49557: Repair recurrent femoral hernia; incarcerated or strangulated.
49570	49570: Repair epigastric hernia; reducible.
49572	49572: Repair epigastric hernia; incarcerated or strangulated.
49585	49585: Repair umbilical hernia, age 5 years or older; reducible.
49587	49587: Repair umbilical hernia, age 5 years or older; incarcerated or strangulated.
49650	49650: Laparoscopy, surgical; repair initial inguinal hernia.
49651	49651: Laparoscopy, surgical; repair recurrent inguinal hernia.
49652	49652: Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia; reducible.
49653	49653: Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia; incarcerated or strangulated
49654	49654: Laparoscopy, surgical, repair, incisional hernia; reducible.
49655	49655: Laparoscopy, surgical, repair, incisional hernia; incarcerated or strangulated.
49656	49656: Laparoscopy, surgical, repair, recurrent incisional hernia; reducible.
49657	49657: Laparoscopy, surgical, repair, recurrent incisional hernia; incarcerated or strangulated.
49659	49659: Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy.
Laparoscopic Cholecystectomy	
47562	47562: Laparoscopy, surgical; cholecystectomy
47563	47563: Laparoscopy, surgical; cholecystectomy with cholangiography
47564	47564: Laparoscopy, surgical; cholecystectomy with exploration of common duct
Breast Lumpectomy/Partial Mastectomy	
19301	19301: Mastectomy, partial (e.g., lumpectomy, tylectomy, quadrantectomy, segmentectomy)

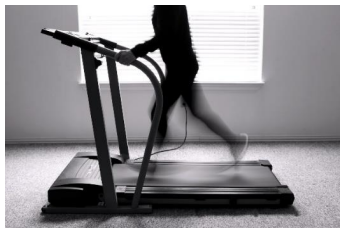
Goal #1: Data Collection (6 pts total)

- Abstract diagnostic testing performed within 90 days* prior to surgery date
- Indicate whether preop test exists (Yes/No), and date of test if present
- Goal is to *collect the data*

*Note: 90-day threshold is for consistency with abstraction instructions for other preop testing variables in Workstation. ***Reduction in preop testing measure will use 30-day preop window.***

Goal #1: Data Collection, continued

Abstraction of specific preoperative screening tests performed within 90 days* prior to the surgery date

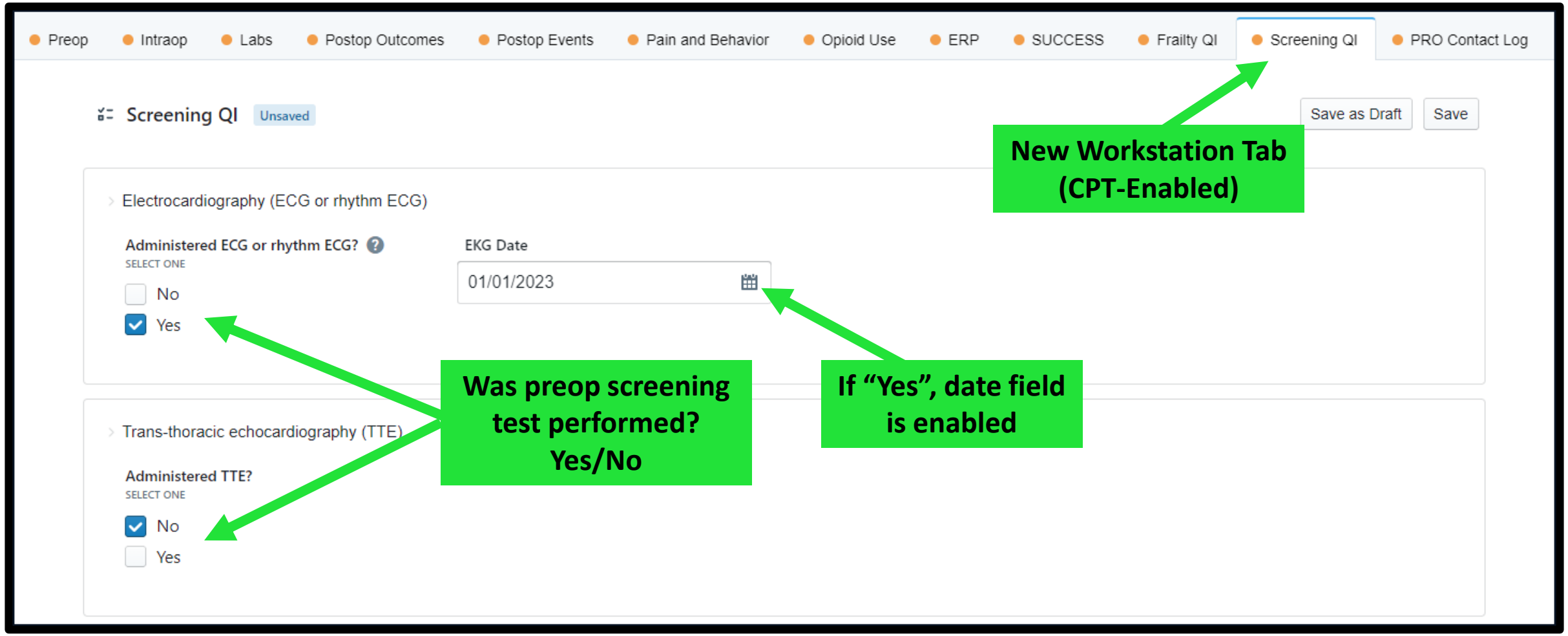


Preoperative Screening Tests	
ECG	Complete blood count
Trans-thoracic echocardiography	Basic metabolic panel
Cardiac stress test	Coagulation tests
Chest Xray	Pulmonary function tests
Urinalysis	

*Note: 90-day threshold is for consistency with abstraction instructions for other preop testing variables in Workstation.

Reduction in preop testing measure will use 30-day preop window.

Goal #1: Data Collection, continued



Goal #1: Data Collection, continued

Goal 1a

- 50% complete case abstraction achieved earns **2 points:**
  - Yes/No for all 9 tests, AND
  - Date test performed is entered for every test marked as “Yes”

Goal 1b

- Additional **4 points** if 80% complete case abstraction achieved
- Measurement Period for both:
  - **1/1/2023 – 12/31/2023**

Goal 2: Implement Standard Protocol (14 pts total)

- Develop/implement a standard preoperative testing protocol by **6/30/2023**
- Adopt clinical decision support tools to promote use of the protocol in clinical practice
- Decrease the use of low-value preoperative testing by 20% from baseline

Goal 2a: Adopt a Protocol (4 pts)

Develop/implement a standard preoperative testing protocol by **6/30/2023**. You can:

- Adopt an existing protocol
- Create your own protocol
- Review and modify a protocol your facility already has in place
- Submit a copy of the adopted protocol with your Project Summary, due **1/16/2024**

Evidence Base for Quality Improvement Option C
Appropriate Preoperative Screening for Low-risk Surgeries

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- *American College of Physicians*
- *American College of Radiology*
- *American College of Surgeons*
- *American Society of Anesthesiologists*
- *American Society for Clinical Pathology*
- *American Society of Echocardiography and*
- *Society of Thoracic Surgeons*

Recommended Links & Resources

- Choosing Wisely
- National Institute for Health and Care Excellence (NICE)

Goal 2b: Clinical Decision Support Tools (5 pts)

- Adopt clinical decision support tools to embed the preoperative testing protocol into practice. Examples include:
  - Order sets
  - Care pathways
  - CPOE pop-up messages/suggestions
  - Best Practice Advisory (BPA) alerts in EMR
  - Inventory review of existing order sets for concurrence with adopted testing guidelines
- Submit an example of at least one clinical decision support tool with your 2023 Project Summary, due **1/16/2024**.

Goal 2c: Reduce Low-Value Preop Testing (5 pts)

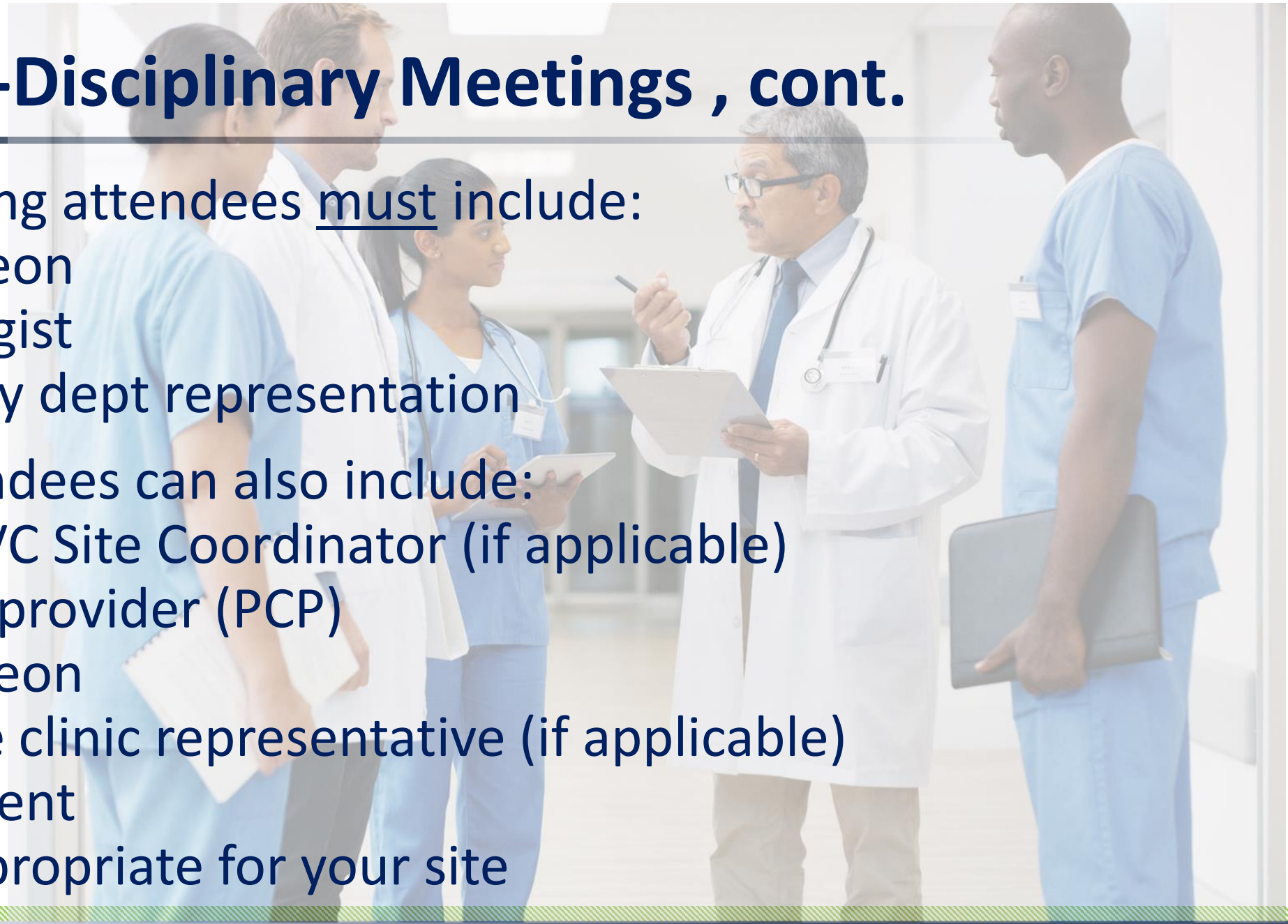
- Decrease use of low-value preoperative testing *performed within 30 days prior to surgery*, by 20% as compared to baseline rate
- Reduce percentage of cases that receive ≥ 1 of the specified preoperative tests* *within 30 days prior to surgery,* by 20% as compared to baseline.
- Baseline period: **1/1/2023 – 3/31/2023**
- Measurement period: **4/1/2023 – 12/31/2023**

*as listed in Goal 1

Goal 3: Multi-Disciplinary Meetings (4 pts total)

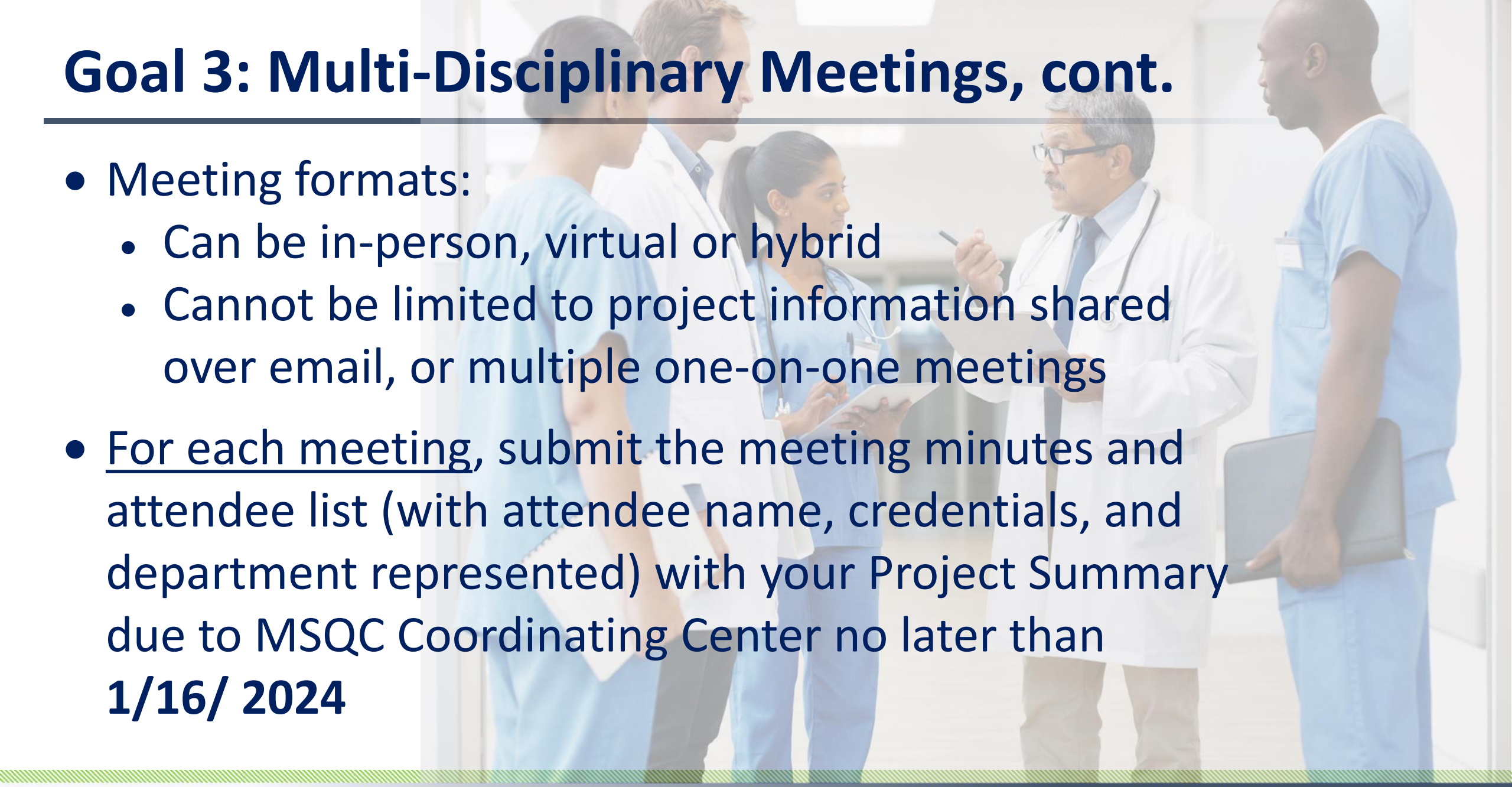
- Conduct a minimum of two multidisciplinary meetings with key stakeholders to review project requirements, implement project components and monitor project performance.
  - **Goal 3a**: host a project kickoff meeting held no later than **March 31, 2023**. (**2 points**)
  - **Goal 3b**: host at least one follow-up multidisciplinary meeting **between July and December 2023** to discuss protocol implementation, progress and barriers to implementation, and monitoring of compliance data (including MVC and MSQC preoperative testing data). (**2 points**)

Goal 3: Multi-Disciplinary Meetings , cont.



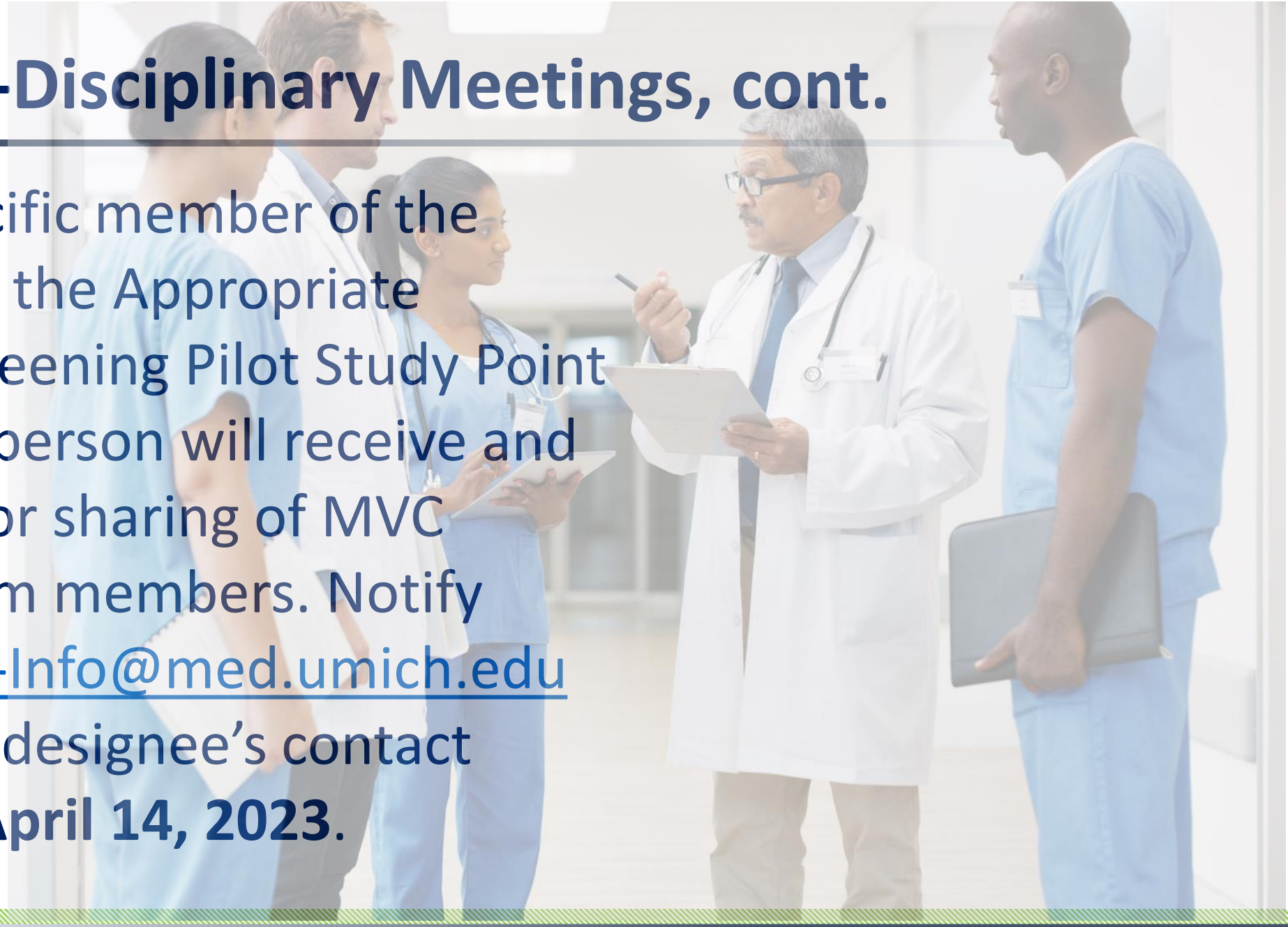
- Required meeting attendees must include:
  - General surgeon
  - Anesthesiologist
  - MSQC/Quality dept representation
- Additional attendees can also include:
  - Hospital's MVC Site Coordinator (if applicable)
  - Primary care provider (PCP)
  - OB/GYN surgeon
  - Pre-operative clinic representative (if applicable)
  - Surgical resident
  - Others as appropriate for your site

Goal 3: Multi-Disciplinary Meetings, cont.



- Meeting formats:
  - Can be in-person, virtual or hybrid
  - Cannot be limited to project information shared over email, or multiple one-on-one meetings
- For each meeting, submit the meeting minutes and attendee list (with attendee name, credentials, and department represented) with your Project Summary due to MSQC Coordinating Center no later than **1/16/ 2024**

Goal 3: Multi-Disciplinary Meetings, cont.



Designate a specific member of the team to serve as the Appropriate Preoperative Screening Pilot Study Point of Contact. This person will receive and be responsible for sharing of MVC reports with team members. Notify MSQC at MSQC-Info@med.umich.edu with the project designee's contact information by **April 14, 2023**.

Goal 4: Performance Data Monitoring (1 point)

- Data sources for monitoring the progress of protocol implementation
  - MVC Preoperative Testing Reports (distributed to the Appropriate Preoperative Screening Pilot Study POC and the MVC Site Contact)
  - MSQC case abstraction data on preoperative testing
  - Internal hospital data collection for monitoring compliance and adoption of the preoperative testing protocol.
- Provide brief feedback regarding the value of MVC and MSQC data reports and how the data was utilized in the Project Summary due by **1/16/2024** (**1 point**)

MVC Preoperative Testing Report Distribution

- Sent to MVC Site Coordinator at your hospital
- Coordinator's name provided in your 2023 QI Projects Declaration approval email
- Based on claims data

Report Date	Timeframe	Payers
July/August 2022 (most recent release)	1/1/2019 – 12/31/2021	BCBSM/BCN, Comm. & MA
April 2023 (Planned)	7/1/2020 – 6/30/2022	BCBSM/BCN, Comm. & MA
Fall 2023 (Planned)	1/1/2021 – 12/31/2022	BCBSM/BCN, Comm. & MA

MSQC Preoperative Testing Report Distribution

- Provided as push reports
- (same concept as “Box” reports used in prior years)
- MSQC will analyze data in-house
- Distribute to sites via Dropbox
- Anticipated release schedule at least every 2 months, with a goal of every month if possible

Goal 5: Qualitative Survey Participation

- MPrOVE plans to conduct qualitative interviews with 8-10 sites throughout the state.
- Site selection will be based on various criteria, to be determined by the Institute for Healthcare Policy and Innovation's MPrOVE study team.
- MSQC sites must agree to participate in the qualitative survey if they are asked for their feedback.

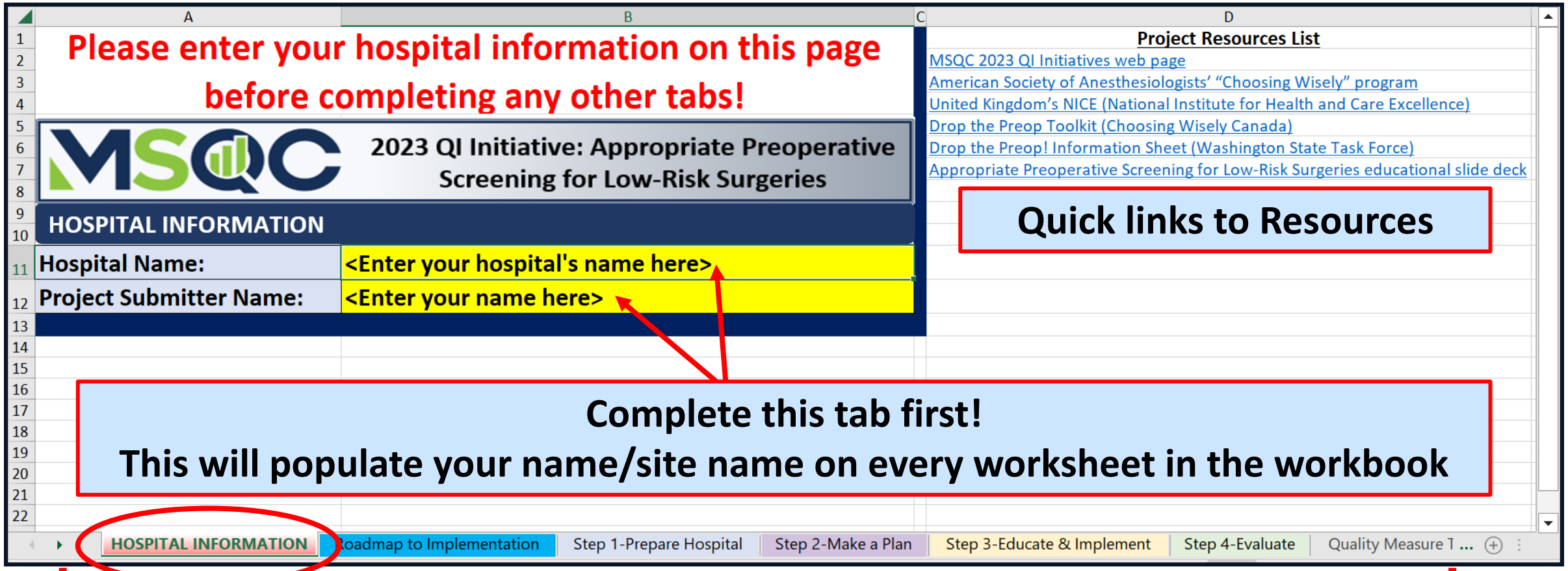
Project Points Summary

Goal#		Goal Description	Points	
1		**Data collection of preoperative testing use**		**6**
	1a	Achieve 50% complete data collection of diagnostic testing	2	
	1b	Achieve 80% complete data collection of diagnostic testing	4	
2		**Develop/implement a standard preoperative testing protocol for low-risk surgeries**		**14**
	2a	Adopt a preoperative testing guideline protocol to implement at your site	4	
	2b	Adopt clinical decision support tools to embed preoperative testing protocol into practice	5	
	2c	Reduce the use of low-value preoperative testing by 20% as compared to baseline rate	5	
3		**Conduct a minimum of two multidisciplinary meetings with key stakeholders**		**4**
	3a	Host a project kickoff meeting held no later than March 31, 2023	2	
	3b	Host at least one follow-up multidisciplinary meeting between July and December 2023	2	
4		**Performance Data Monitoring**		**1**
		Use data from several sources to monitor progress of protocol implementation	1	
Total				**25**
Optional		Implementation Points (based on detail of project narrative, tracking log and analysis)		**0-5**

Goal 6: Annual Project Summary

- Submit annual project summary to MSQC by **1/16/2024**
- Use template available on MSQC 2023 QI web page (latest version 1/13/2023)
- Describe adoption, implementation, and monitoring of preoperative testing protocol
- Successes, barriers, plans for moving forward with the project
- Feedback regarding the pilot project experience
- Submit additional documents, including:
  - Copy of preoperative testing protocol adopted by your facility (from Goal #2)
  - Example of at least one clinical decision support tool implemented at your site (from Goal #2)
  - Meeting documents (minutes, participant list) from the project kickoff and subsequent follow-up multi-disciplinary meetings (from Goal #3)
  - Feedback on the MVC and MSQC data reports (from Goal #4)

Goal 6: Annual Project Summary, cont.



Quick links to Resources

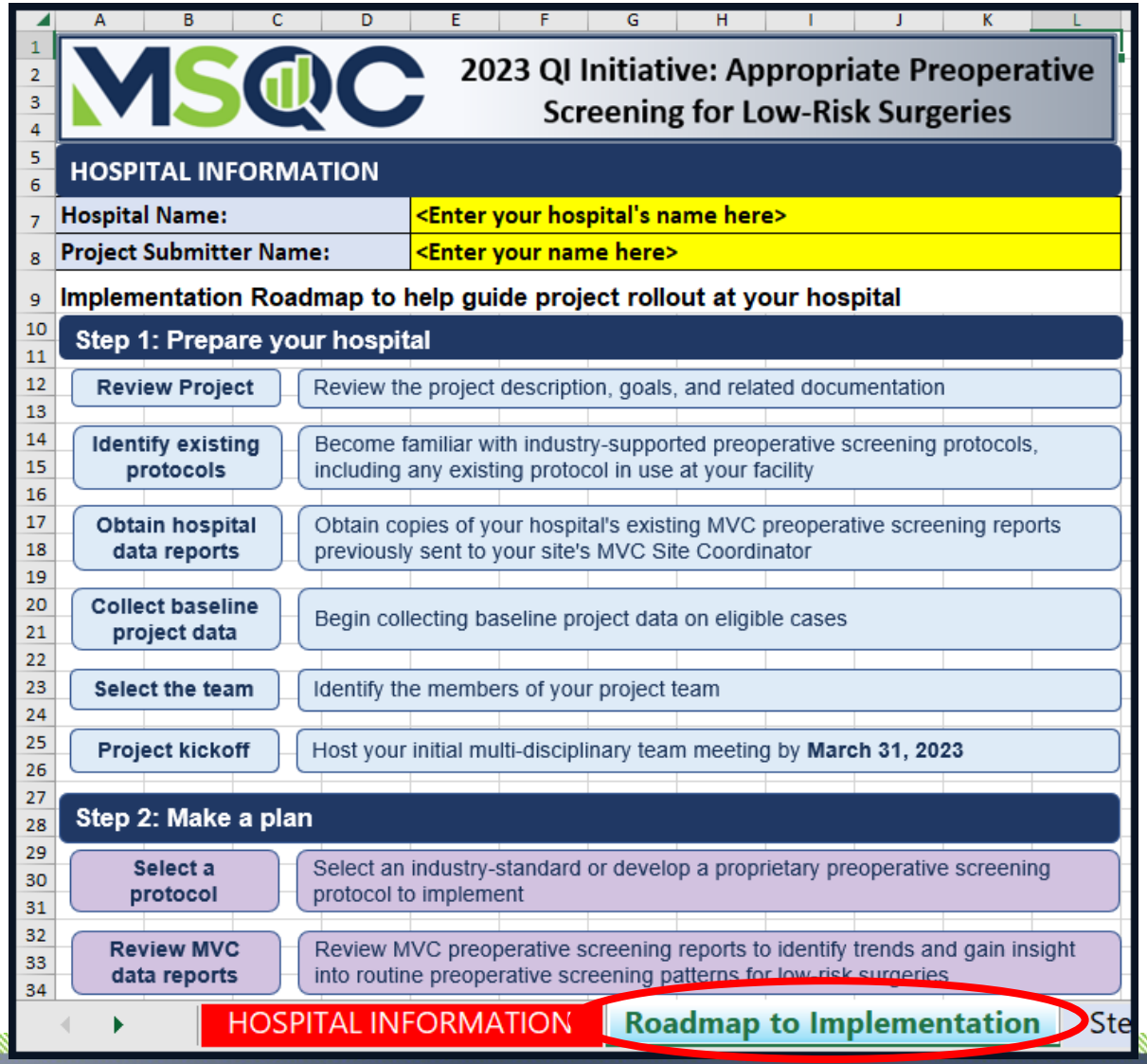
Complete this tab first!
This will populate your name/site name on every worksheet in the workbook

Multiple worksheets, depending on phase of project

Goal 6: Annual Project Summary, cont.

Roadmap to Implementation

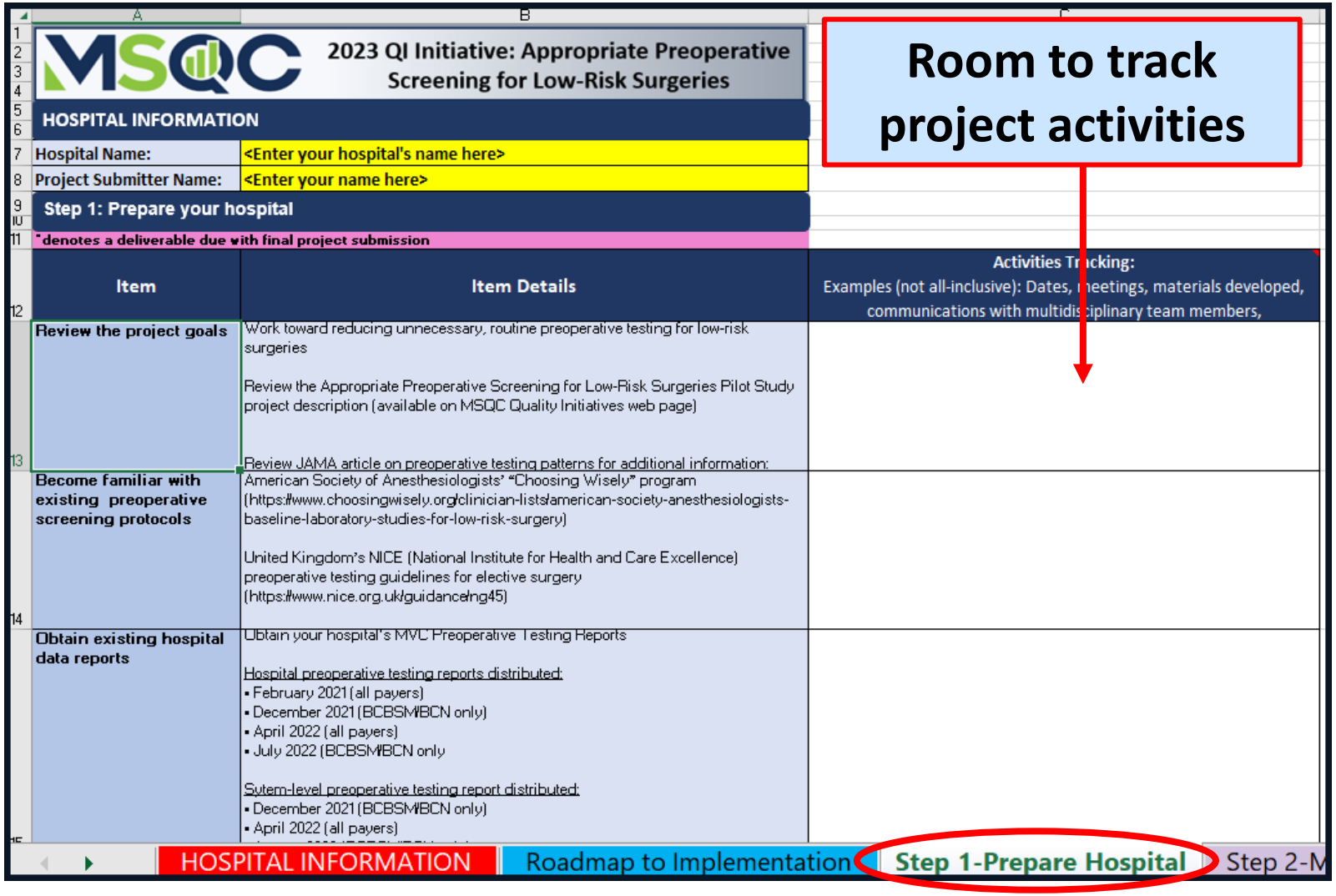
- Guide to help walk you through phases of the project
- No data entry required on this worksheet



Goal 6: Annual Project Summary, cont.

Prepare Hospital

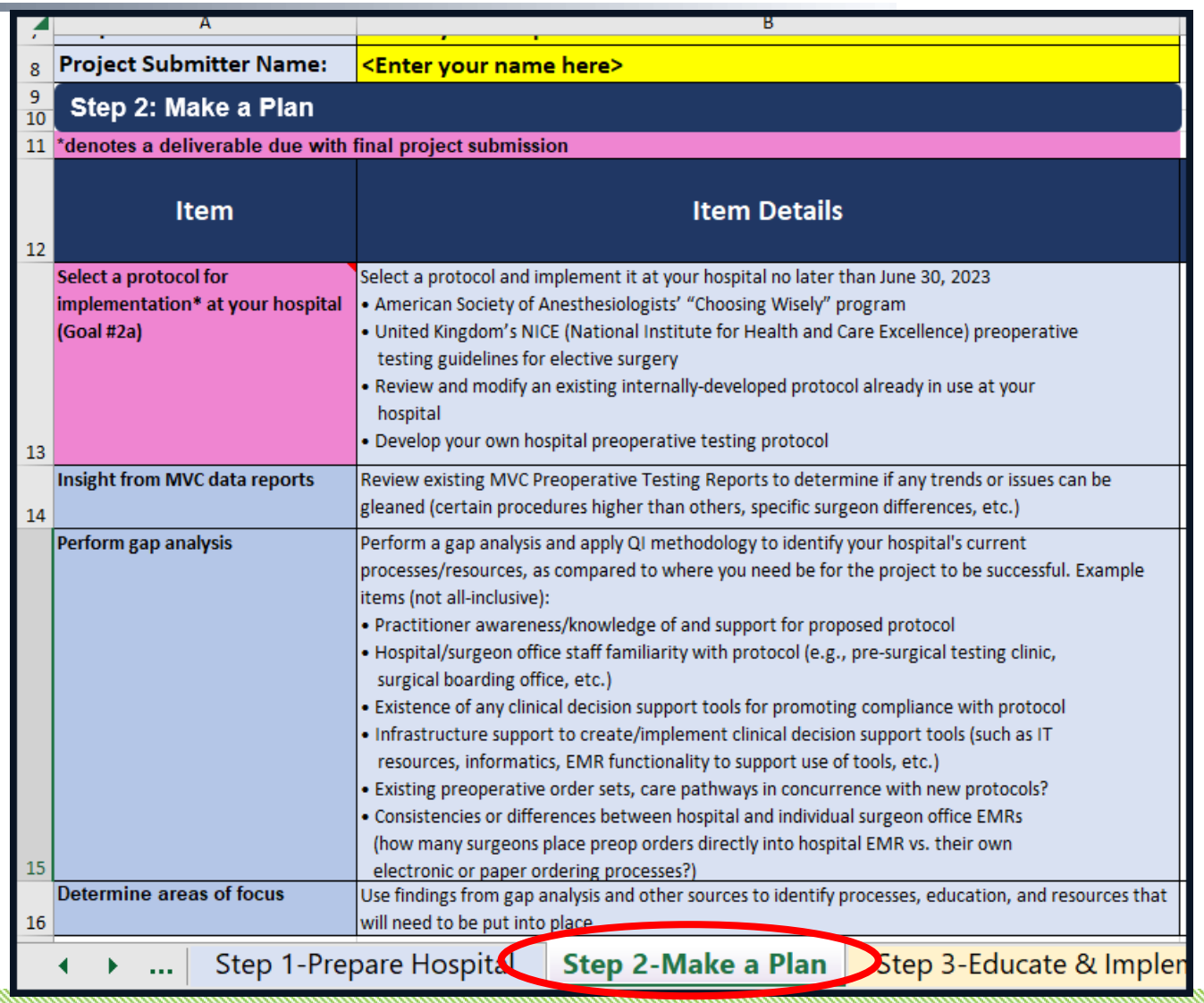
- Review project goals
- Review existing protocols
- Obtain MVC reports
- Begin collecting baseline data
- Assemble a team
- Host kickoff meeting
- Track your activities



Goal 6: Annual Project Summary, cont.

Make a Plan

- Select a protocol to implement at your site
- Analyze existing reports for trends and issues (specific procedures, provider differences, etc.)
- Perform gap analysis
- Determine areas of focus
- Pink-shaded items indicate project deliverables



	A	B
8	Project Submitter Name:	<Enter your name here>
9		
10	Step 2: Make a Plan	
11	*denotes a deliverable due with final project submission	
12	Item	Item Details
13	Select a protocol for implementation* at your hospital (Goal #2a)	Select a protocol and implement it at your hospital no later than June 30, 2023 • American Society of Anesthesiologists' "Choosing Wisely" program • United Kingdom's NICE (National Institute for Health and Care Excellence) preoperative testing guidelines for elective surgery • Review and modify an existing internally-developed protocol already in use at your hospital • Develop your own hospital preoperative testing protocol
14	Insight from MVC data reports	Review existing MVC Preoperative Testing Reports to determine if any trends or issues can be gleaned (certain procedures higher than others, specific surgeon differences, etc.)
15	Perform gap analysis	Perform a gap analysis and apply QI methodology to identify your hospital's current processes/resources, as compared to where you need be for the project to be successful. Example items (not all-inclusive): • Practitioner awareness/knowledge of and support for proposed protocol • Hospital/surgeon office staff familiarity with protocol (e.g., pre-surgical testing clinic, surgical boarding office, etc.) • Existence of any clinical decision support tools for promoting compliance with protocol • Infrastructure support to create/implement clinical decision support tools (such as IT resources, informatics, EMR functionality to support use of tools, etc.) • Existing preoperative order sets, care pathways in concurrence with new protocols? • Consistencies or differences between hospital and individual surgeon office EMRs (how many surgeons place preop orders directly into hospital EMR vs. their own electronic or paper ordering processes?)
16	Determine areas of focus	Use findings from gap analysis and other sources to identify processes, education, and resources that will need to be put into place

... Step 1-Prepare Hospital | Step 2-Make a Plan | Step 3-Educate & Implen

Goal 6: Annual Project Summary, cont.

Educate & Implement

- Promote protocol and benefits with physicians
- Develop/adopt educational materials
- Educate surgeons, surgery dept, surgeon office staff on protocol
- Implement clinical decision support tools and process to incorporate protocol into practice

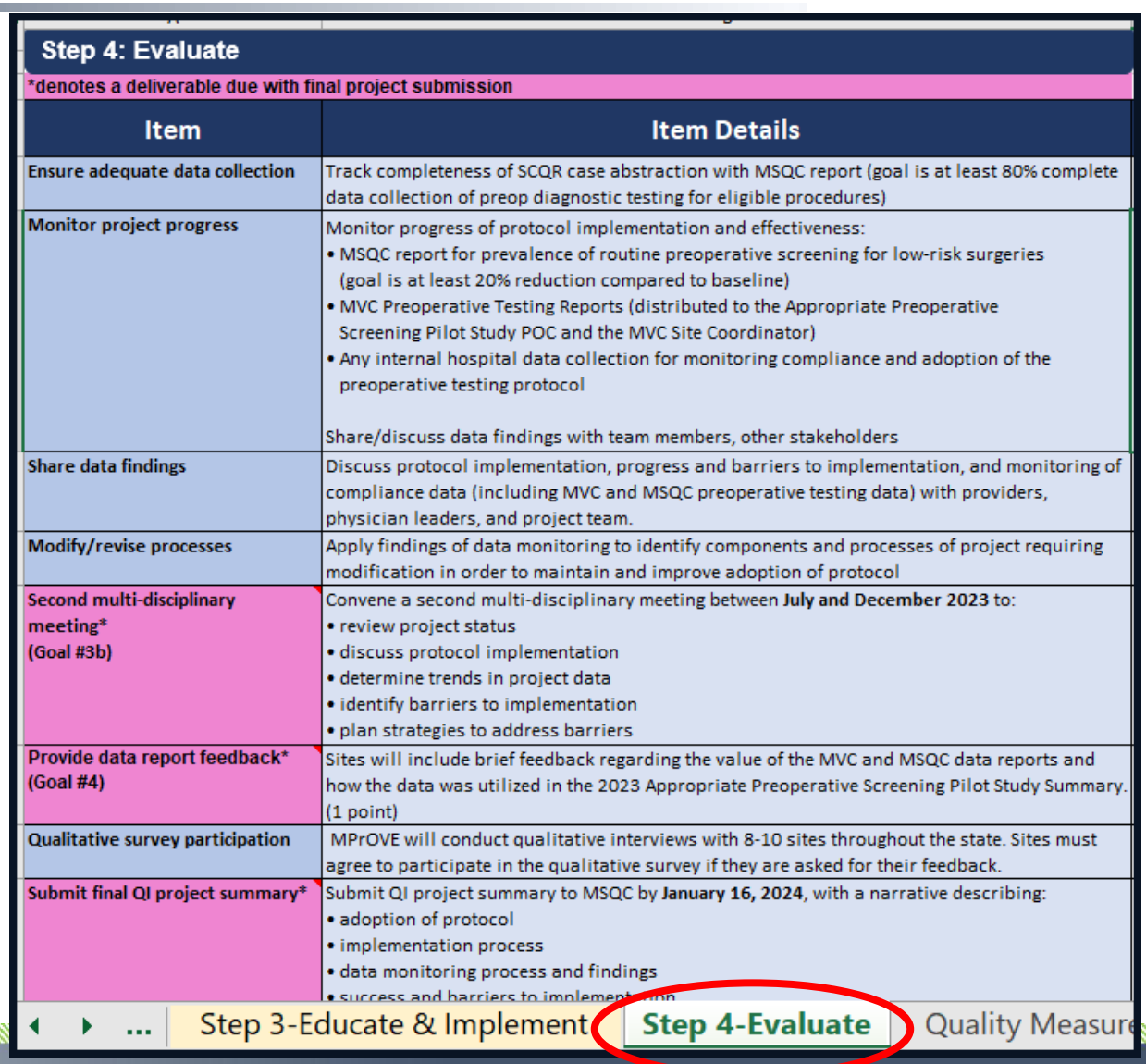
Project Submitter Name:	<Enter your name here>
Step 3: Educate and Implement	
*denotes a deliverable due with final project submission	
Item	**Item Details**
Promote protocol concepts and benefits with physicians	Use opinion leaders among physician staff to promote awareness and knowledge of protocol and to gain buy-in, such as: • Chief medical officer • Director of medical education • Department chairs of surgery, anesthesia, primary care
Develop and/or adopt educational materials	Take advantage of existing educational materials available from professional practice organizations; review/adopt/adapt to fit your hospital's needs Develop your own project materials
Educate physicians on protocol	Present information at medical department meetings If teaching facility, present protocol at surgery/anesthesia resident meetings and new resident orientation sessions Provide educational materials, pocket cards
Educate surgery department and surgeon office staff on protocol	Educate staff where preoperative workup orders are placed/processed: • surgeon offices • preoperative clinic • surgery boarding office
Implement processes and clinical decision support tools* to incorporate protocol into provider practice (Goal #2b)	Implement processes and clinical decision support tools: • Order sets • Care pathways • CPOE pop-up messages/suggestions • BPA (Best Practice Advisory) Perform a documented inventory indicating review of existing order sets for concurrence with adopted testing guidelines

Step 3-Educate & Implement | Step 4-Evaluate | Quality Measure

Goal 6: Annual Project Summary, cont.

Evaluate

- Ensure adequate data collection
- Monitor project progress
- Share data findings
- Modify/revise processes
- Host 2nd multi-disciplinary mtg.
- Provide data report feedback
- Qualitative survey participation
- Submit final project summary



Step 4: Evaluate

*denotes a deliverable due with final project submission

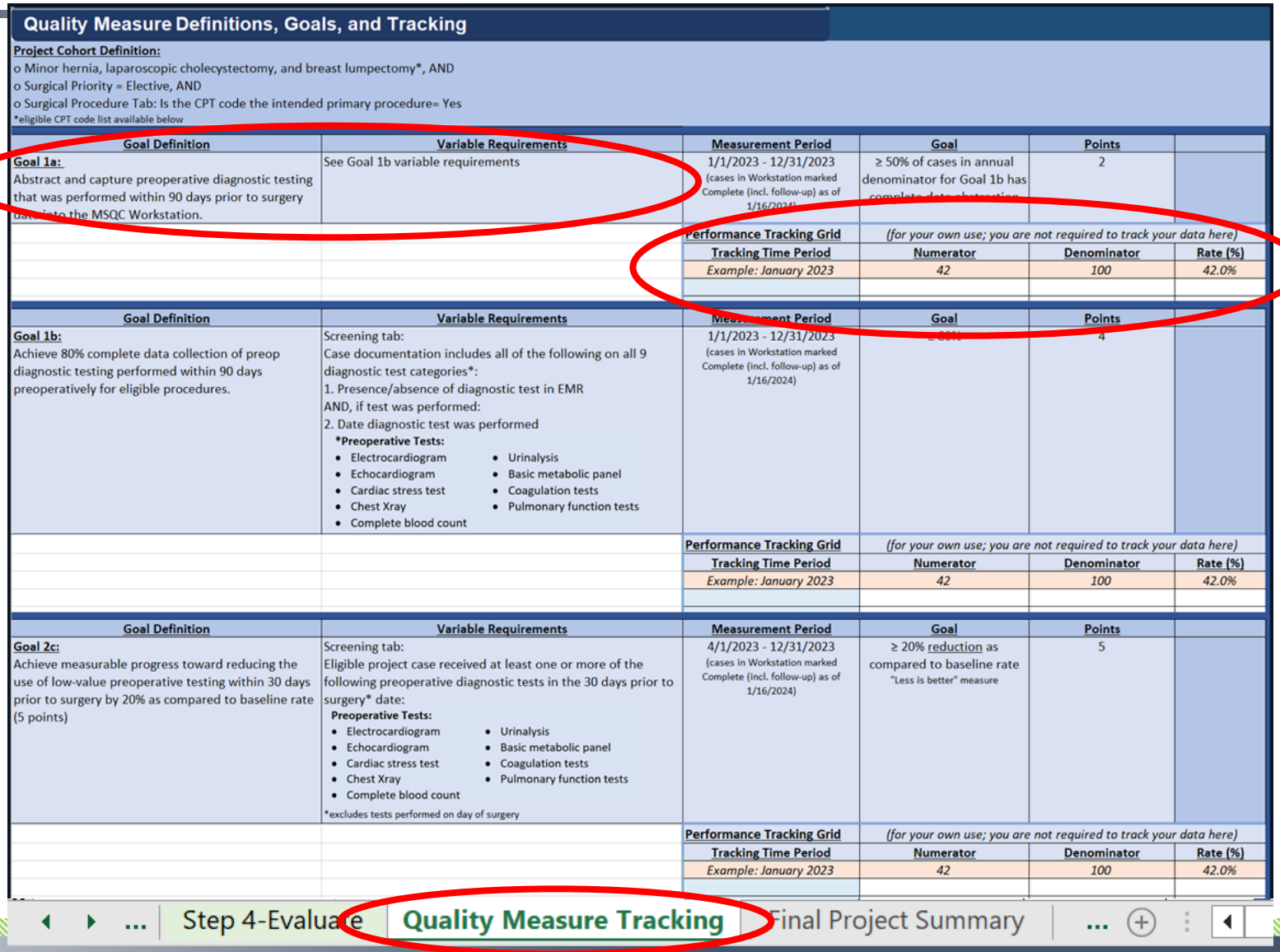
Item	Item Details
Ensure adequate data collection	Track completeness of SCQR case abstraction with MSQC report (goal is at least 80% complete data collection of preop diagnostic testing for eligible procedures)
Monitor project progress	Monitor progress of protocol implementation and effectiveness: • MSQC report for prevalence of routine preoperative screening for low-risk surgeries (goal is at least 20% reduction compared to baseline) • MVC Preoperative Testing Reports (distributed to the Appropriate Preoperative Screening Pilot Study POC and the MVC Site Coordinator) • Any internal hospital data collection for monitoring compliance and adoption of the preoperative testing protocol Share/discuss data findings with team members, other stakeholders
Share data findings	Discuss protocol implementation, progress and barriers to implementation, and monitoring of compliance data (including MVC and MSQC preoperative testing data) with providers, physician leaders, and project team.
Modify/revise processes	Apply findings of data monitoring to identify components and processes of project requiring modification in order to maintain and improve adoption of protocol
Second multi-disciplinary meeting* (Goal #3b)	Convene a second multi-disciplinary meeting between **July and December 2023** to: • review project status • discuss protocol implementation • determine trends in project data • identify barriers to implementation • plan strategies to address barriers
Provide data report feedback* (Goal #4)	Sites will include brief feedback regarding the value of the MVC and MSQC data reports and how the data was utilized in the 2023 Appropriate Preoperative Screening Pilot Study Summary. (1 point)
Qualitative survey participation	MPrOVE will conduct qualitative interviews with 8-10 sites throughout the state. Sites must agree to participate in the qualitative survey if they are asked for their feedback.
Submit final QI project summary*	Submit QI project summary to MSQC by **January 16, 2024**, with a narrative describing: • adoption of protocol • implementation process • data monitoring process and findings • success and barriers to implement...

... Step 3-Educate & Implement | Step 4-Evaluate | Quality Measure

Goal 6: Annual Project Summary, cont.

QI Measure Tracking

- Project measure tracking document
- Measure definitions (similar to "one-pager documents" from past years)
- Room to track monthly progress



Quality Measure Definitions, Goals, and Tracking

Project Cohort Definition:
o Minor hernia, laparoscopic cholecystectomy, and breast lumpectomy*, AND
o Surgical Priority = Elective, AND
o Surgical Procedure Tab: Is the CPT code the intended primary procedure= Yes
*eligible CPT code list available below

Goal Definition	Variable Requirements	Measurement Period	Goal	Points
Goal 1a: Abstract and capture preoperative diagnostic testing that was performed within 90 days prior to surgery date into the MSQC Workstation.	See Goal 1b variable requirements	1/1/2023 - 12/31/2023 (cases in Workstation marked Complete (incl. follow-up) as of 1/16/2024)	≥ 50% of cases in annual denominator for Goal 1b has complete data abstraction	2

Performance Tracking Grid	(for your own use; you are not required to track your data here)		
Tracking Time Period	Numerator	Denominator	Rate (%)
Example: January 2023	*42*	*100*	*42.0%*

Goal Definition	Variable Requirements	Measurement Period	Goal	Points
Goal 1b: Achieve 80% complete data collection of preop diagnostic testing performed within 90 days preoperatively for eligible procedures.	Screening tab: Case documentation includes all of the following on all 9 diagnostic test categories*: 1. Presence/absence of diagnostic test in EMR AND, if test was performed: 2. Date diagnostic test was performed ***Preoperative Tests:** • Electrocardiogram • Urinalysis • Echocardiogram • Basic metabolic panel • Cardiac stress test • Coagulation tests • Chest Xray • Pulmonary function tests • Complete blood count	1/1/2023 - 12/31/2023 (cases in Workstation marked Complete (incl. follow-up) as of 1/16/2024)	≥ 80%	4

Performance Tracking Grid	(for your own use; you are not required to track your data here)		
Tracking Time Period	Numerator	Denominator	Rate (%)
Example: January 2023	*42*	*100*	*42.0%*

Goal Definition	Variable Requirements	Measurement Period	Goal	Points
Goal 2c: Achieve measurable progress toward reducing the use of low-value preoperative testing within 30 days prior to surgery by 20% as compared to baseline rate (5 points)	Screening tab: Eligible project case received at least one or more of the following preoperative diagnostic tests in the 30 days prior to surgery* date: **Preoperative Tests:** • Electrocardiogram • Urinalysis • Echocardiogram • Basic metabolic panel • Cardiac stress test • Coagulation tests • Chest Xray • Pulmonary function tests • Complete blood count *excludes tests performed on day of surgery	4/1/2023 - 12/31/2023 (cases in Workstation marked Complete (incl. follow-up) as of 1/16/2024)	≥ 20% reduction as compared to baseline rate "Less is better" measure	5

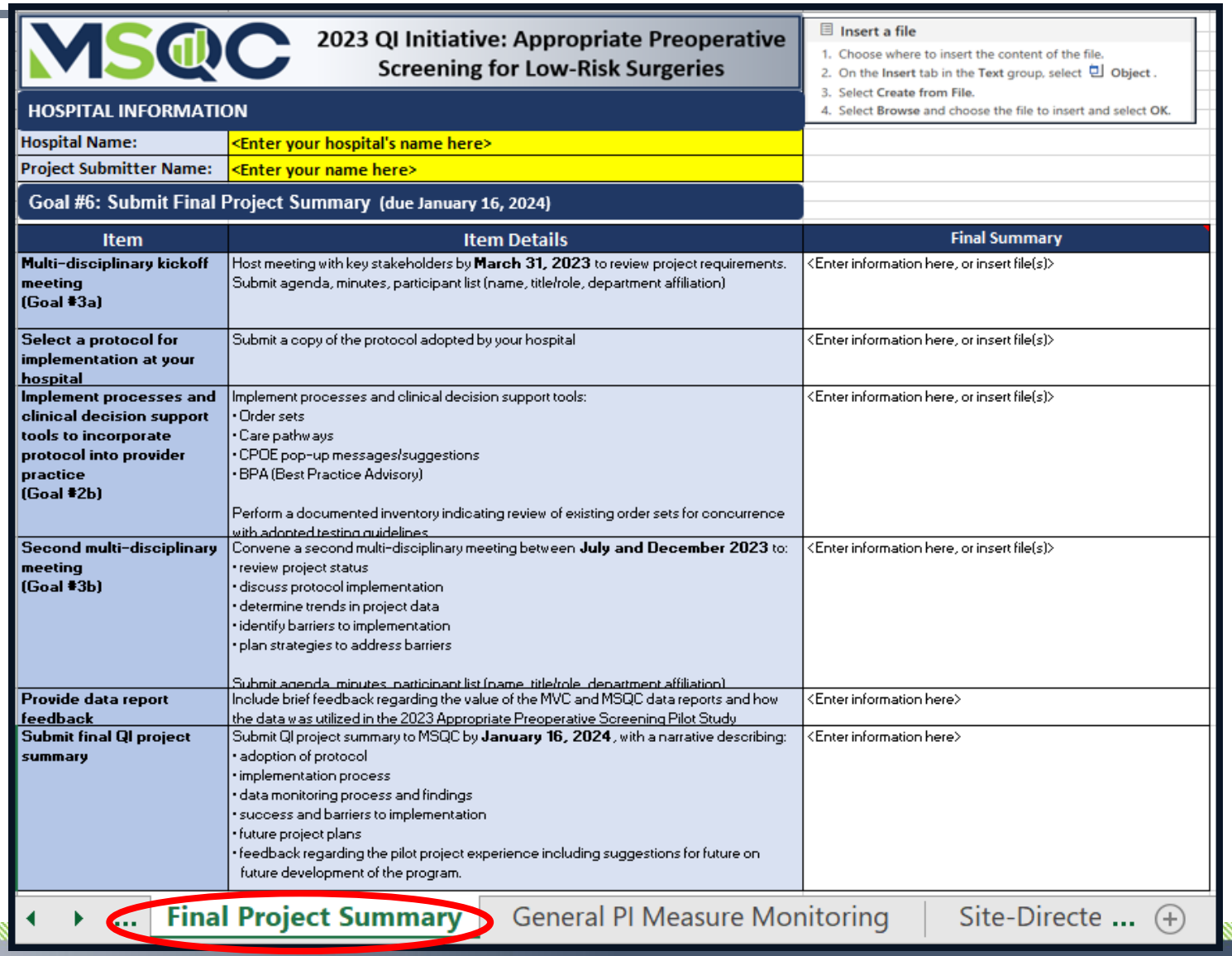
Performance Tracking Grid	(for your own use; you are not required to track your data here)		
Tracking Time Period	Numerator	Denominator	Rate (%)
Example: January 2023	*42*	*100*	*42.0%*

... Step 4-Evaluate | Quality Measure Tracking | Final Project Summary ...

Goal 6: Annual Project Summary, cont.

Final Project Summary

- Similar items to prior year summary, but now in Excel format
- Includes prompts for deliverables
- Room to enter documentation, or insert files



MSQC 2023 QI Initiative: Appropriate Preoperative Screening for Low-Risk Surgeries

Insert a file
1. Choose where to insert the content of the file.
2. On the Insert tab in the Text group, select Object .
3. Select Create from File.
4. Select Browse and choose the file to insert and select OK.

HOSPITAL INFORMATION

Hospital Name:	<Enter your hospital's name here>
Project Submitter Name:	<Enter your name here>

Goal #6: Submit Final Project Summary (due January 16, 2024)

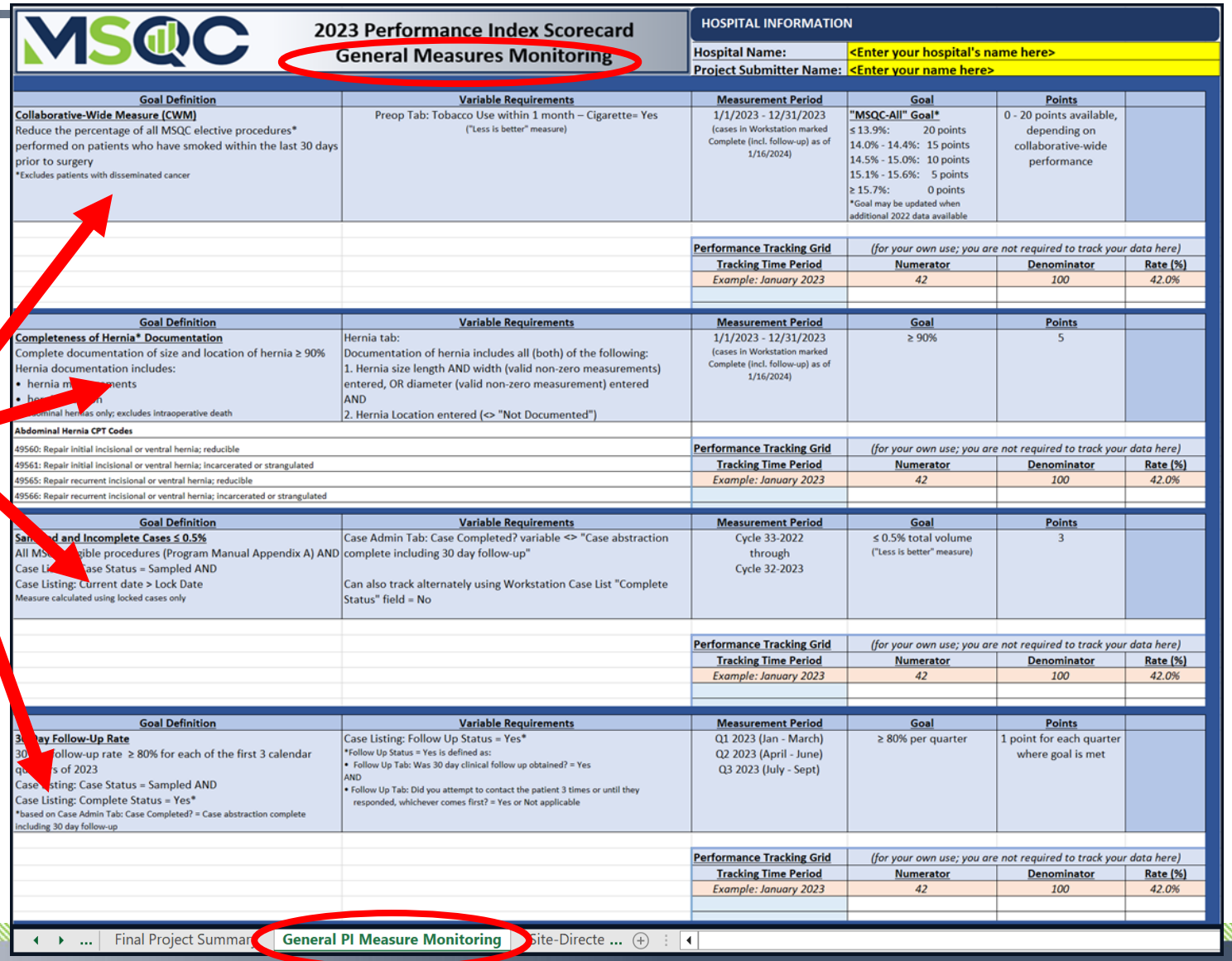
Item	Item Details	Final Summary
Multi-disciplinary kickoff meeting (Goal #3a)	Host meeting with key stakeholders by **March 31, 2023** to review project requirements. Submit agenda, minutes, participant list (name, title/role, department affiliation)	<Enter information here, or insert file(s)>
Select a protocol for implementation at your hospital	Submit a copy of the protocol adopted by your hospital	<Enter information here, or insert file(s)>
Implement processes and clinical decision support tools to incorporate protocol into provider practice (Goal #2b)	Implement processes and clinical decision support tools: • Order sets • Care pathways • CPOE pop-up messages/suggestions • BPA (Best Practice Advisory) Perform a documented inventory indicating review of existing order sets for concurrence with adopted testing guidelines	<Enter information here, or insert file(s)>
Second multi-disciplinary meeting (Goal #3b)	Convene a second multi-disciplinary meeting between **July and December 2023** to: • review project status • discuss protocol implementation • determine trends in project data • identify barriers to implementation • plan strategies to address barriers Submit agenda, minutes, participant list (name, title/role, department affiliation)	<Enter information here, or insert file(s)>
Provide data report feedback	Include brief feedback regarding the value of the MVC and MSQC data reports and how the data was utilized in the 2023 Appropriate Preoperative Screening Pilot Study	<Enter information here>
Submit final QI project summary	Submit QI project summary to MSQC by **January 16, 2024**, with a narrative describing: • adoption of protocol • implementation process • data monitoring process and findings • success and barriers to implementation • future project plans • feedback regarding the pilot project experience including suggestions for future on future development of the program.	<Enter information here>

... Final Project Summary | General PI Measure Monitoring | Site-Directe ...

Additional Tracking Workbook Tabs

General PI Measures Monitoring contains measure definitions and tracking for:

- Collaborative-Wide Measure
- Complete hernia documentation
- Sampled & Incomplete Rate
- 30 Day Follow-Up



MSQC 2023 Performance Index Scorecard
General Measures Monitoring

HOSPITAL INFORMATION
Hospital Name: <Enter your hospital's name here>
Project Submitter Name: <Enter your name here>

Goal Definition	Variable Requirements	Measurement Period	Goal	Points
Collaborative-Wide Measure (CWM) Reduce the percentage of all MSQC elective procedures* performed on patients who have smoked within the last 30 days prior to surgery *Excludes patients with disseminated cancer	Preop Tab: Tobacco Use within 1 month – Cigarette= Yes ("Less is better" measure)	1/1/2023 - 12/31/2023 (cases in Workstation marked Complete (incl. follow-up) as of 1/16/2024)	"MSQC-All" Goal* ≤ 13.9%: 20 points 14.0% - 14.4%: 15 points 14.5% - 15.0%: 10 points 15.1% - 15.6%: 5 points ≥ 15.7%: 0 points *Goal may be updated when additional 2022 data available	0 - 20 points available, depending on collaborative-wide performance

Performance Tracking Grid	(for your own use; you are not required to track your data here)		
Tracking Time Period	Numerator	Denominator	Rate (%)
Example: January 2023	*42*	*100*	*42.0%*

Goal Definition	Variable Requirements	Measurement Period	Goal	Points
Completeness of Hernia* Documentation Complete documentation of size and location of hernia ≥ 90% Hernia documentation includes: • hernia m… ments • he… n …dominal hernias only; excludes intraoperative death	Hernia tab: Documentation of hernia includes all (both) of the following: 1. Hernia size length AND width (valid non-zero measurements) entered, OR diameter (valid non-zero measurement) entered AND 2. Hernia Location entered (<> "Not Documented")	1/1/2023 - 12/31/2023 (cases in Workstation marked Complete (incl. follow-up) as of 1/16/2024)	≥ 90%	5

Abdominal Hernia CPT Codes
49560: Repair initial incisional or ventral hernia; reducible
49561: Repair initial incisional or ventral hernia; incarcerated or strangulated
49565: Repair recurrent incisional or ventral hernia; reducible
49566: Repair recurrent incisional or ventral hernia; incarcerated or strangulated

Performance Tracking Grid	(for your own use; you are not required to track your data here)		
Tracking Time Period	Numerator	Denominator	Rate (%)
Example: January 2023	*42*	*100*	*42.0%*

Goal Definition	Variable Requirements	Measurement Period	Goal	Points
Sa…d and Incomplete Cases ≤ 0.5% All MS…ible procedures (Program Manual Appendix A) AND Case Li… ase Status = Sampled AND Case Listing: Current date > Lock Date Measure calculated using locked cases only	Case Admin Tab: Case Completed? variable <> "Case abstraction complete including 30 day follow-up" Can also track alternately using Workstation Case List "Complete Status" field = No	Cycle 33-2022 through Cycle 32-2023	≤ 0.5% total volume ("Less is better" measure)	3

Performance Tracking Grid	(for your own use; you are not required to track your data here)		
Tracking Time Period	Numerator	Denominator	Rate (%)
Example: January 2023	*42*	*100*	*42.0%*

Goal Definition	Variable Requirements	Measurement Period	Goal	Points
30…ay Follow-Up Rate 30…follow-up rate ≥ 80% for each of the first 3 calendar q…s of 2023 Case…sting: Case Status = Sampled AND Case Listing: Complete Status = Yes* *based on Case Admin Tab: Case Completed? = Case abstraction complete including 30 day follow-up	Case Listing: Follow Up Status = Yes* *Follow Up Status = Yes is defined as: • Follow Up Tab: Was 30 day clinical follow up obtained? = Yes AND • Follow Up Tab: Did you attempt to contact the patient 3 times or until they responded, whichever comes first? = Yes or Not applicable	Q1 2023 (Jan - March) Q2 2023 (April - June) Q3 2023 (July - Sept)	≥ 80% per quarter	1 point for each quarter where goal is met

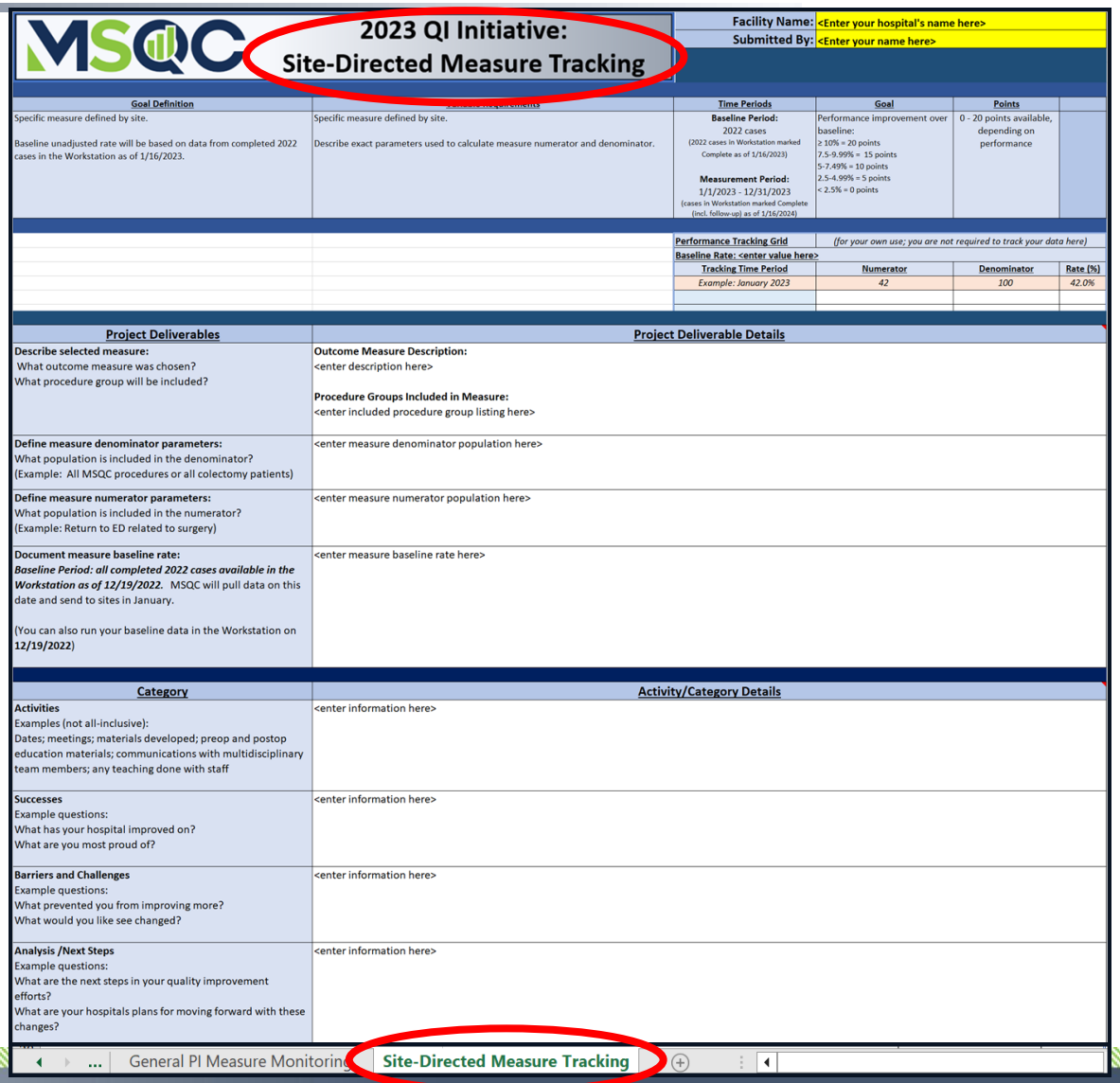
Performance Tracking Grid	(for your own use; you are not required to track your data here)		
Tracking Time Period	Numerator	Denominator	Rate (%)
Example: January 2023	*42*	*100*	*42.0%*

… Final Project Summar | General PI Measure Monitoring | Site-Directe …

Additional Tracking Workbook Tabs

Site-Directed Measure Tracking

- Site will document their selected measure definition and baseline rate
- Room to track progress
- Final project summary documentation for submission to MSQC in January 2024



2023 QI Initiative: Site-Directed Measure Tracking

Facility Name: <Enter your hospital's name here>
Submitted By: <Enter your name here>

Goal Definition		Time Periods	Goal	Points
Specific measure defined by site. Baseline unadjusted rate will be based on data from completed 2022 cases in the Workstation as of 1/16/2023.	Specific measure defined by site. Describe exact parameters used to calculate measure numerator and denominator.	**Baseline Period:** 2022 cases (2022 cases in Workstation marked Complete as of 1/16/2023) **Measurement Period:** 1/1/2023 - 12/31/2023 (cases in Workstation marked Complete (incl. follow-up) as of 1/16/2024)	Performance improvement over baseline: ≥ 10% = 20 points 7.5-9.99% = 15 points 5-7.49% = 10 points 2.5-4.99% = 5 points < 2.5% = 0 points	0 - 20 points available, depending on performance

Performance Tracking Grid — *(for your own use; you are not required to track your data here)*
Baseline Rate: <enter value here>

Tracking Time Period	Numerator	Denominator	Rate (%)
Example: January 2023	*42*	*100*	*42.0%*

Project Deliverables	Project Deliverable Details
Describe selected measure: What outcome measure was chosen? What procedure group will be included?	**Outcome Measure Description:** <enter description here> **Procedure Groups Included in Measure:** <enter included procedure group listing here>
Define measure denominator parameters: What population is included in the denominator? (Example: All MSQC procedures or all colectomy patients)	<enter measure denominator population here>
Define measure numerator parameters: What population is included in the numerator? (Example: Return to ED related to surgery)	<enter measure numerator population here>
Document measure baseline rate: ***Baseline Period: all completed 2022 cases available in the Workstation as of 12/19/2022.*** MSQC will pull data on this date and send to sites in January. (You can also run your baseline data in the Workstation on **12/19/2022**)	<enter measure baseline rate here>

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	<enter information here>
Successes Example questions: What has your hospital improved on? What are you most proud of?	<enter information here>
Barriers and Challenges Example questions: What prevented you from improving more? What would you like see changed?	<enter information here>
Analysis /Next Steps Example questions: What are the next steps in your quality improvement efforts? What are your hospitals plans for moving forward with these changes?	<enter information here>

... General PI Measure Monitoring | Site-Directed Measure Tracking

Important Project Dates

Date	Activity/Deliverable
1/1/2023	2023 measurement period begins for: Goal 1a: Complete data collection on all 9 tests (50% of cases) Goal 1b: Complete data collection on all 9 tests (80% of cases) Baseline period begins for Goal #2c: Reduce use of preop testing
3/31/2023	Project kick-off multidisciplinary meeting deadline 2023 baseline period ends for Goal #2c: Reduce use of preop testing
4/1/2023	2023 measurement period begins for Goal #2c: Reduce use of preop testing
4/14/2023	Deadline to submit MVC Point of Contact information
6/30/2022	Deadline to implement standardized preoperative screening protocol
12/31/2023	Deadline for hosting second multidisciplinary meeting Measurement period ends
1/16/2024	2023 QI Project with Tracking Sheets due to MSQC
1/16/2024	Measurement period data analyzed by MSQC (all 2023 completed cases)

Project Resources

- MSQC 2023 Quality Improvement Projects web page
  - Project description
  - Project tracking sheet
  - 2023 QI Timeline
  - 2023 PI Scorecard
  - Links to screening guidelines
  - Links to project tools (Drop the Preop Toolkit, etc.)

Quality Improvement Option C
Appropriate Preoperative Screening for Low-risk Surgeries

Suggested Further Reading

Berlin, N. L., Yost, M. L., Cheng, B., Henderson, J., Kerr, E., Nathan, H., & Dossett, L. A. (2021). Patterns and determinants of low-value preoperative testing in Michigan. *JAMA Internal Medicine*, *181*(8), 1115-1118.

Cuttitta, A., Joseph, S. S., Henderson, J., Portney, D. S., Keedy, J. M., Benedict, W. L., ... & Mian, S. I. (2021). Feasibility of a Risk-Based Approach to Cataract Surgery Preoperative Medical Evaluation. *JAMA ophthalmology*, *139*(12), 1309-1312.

Baskin, A. S., Mansour, A. I., Kawakibi, A. R., Das, P. J., Rios, A. E., Miller, J., ... & Dossett, L. A. (2022). Perceived Barriers to the De-implementation of Routine Preoperative History & Physicals Preceding Low-risk Ambulatory Procedures: A Qualitative Study of Surgeon Perspectives. *Journal of Surgical Research*, *270*, 359-368.

Ganguli I, Simpkin AL, Lupo C, et al. Cascades of Care After Incidental Findings in a US National Survey of Physicians. *JAMA Network Open.* 2019;2(10):e1913325-e1913325.

Katz RI, Dexter F, Rosenfeld K, et al. Survey study of anesthesiologists' and surgeons' ordering of unnecessary preoperative laboratory tests. *Anesthesia and analgesia.* 2011;112(1):207-212.

Pickering AN, Zhao X, Sileanu FE, et al. Prevalence and Cost of Care Cascades Following Low-Value Preoperative Electrocardiogram and Chest Radiograph Within the Veterans Health Administration. *Journal of general internal medicine.* 2022.

Salar O, Holley J, Baker B, Ollivere BJ, Moran CG. Omitting pre-operative coagulation screening tests in hip fracture patients: stopping the financial cascade? *Injury.* 2014;45(12):1938-1941.

Welch JM, Zhuang T, Shapiro LM, Harris AHS, Baker LC, Kamal RN. Is Low-value Testing Before Low-risk Hand Surgery Associated With Increased Downstream Healthcare Use and Reimbursements? A National Claims Database Analysis. *Clinical orthopaedics and related research.* 2022.

MICHIGAN PROGRAM ON VALUE ENHANCEMENT

A COLLABORATION OF

MICHIGAN MEDICINE + INSTITUTE FOR HEALTHCARE POLICY & INNOVATION

Resources for De-Implementing Pre-Op Testing for Low-Risk Surgeries

ROADMAP FOR ADDRESSING UNNECESSARY PRE-OP TESTING AT YOUR HOSPITAL

Find a champion (or 3, or 10)

Review available baseline data

Discuss the topic with different stakeholders & identify issues that drive testing

Gather more focused data to help you understand the problem

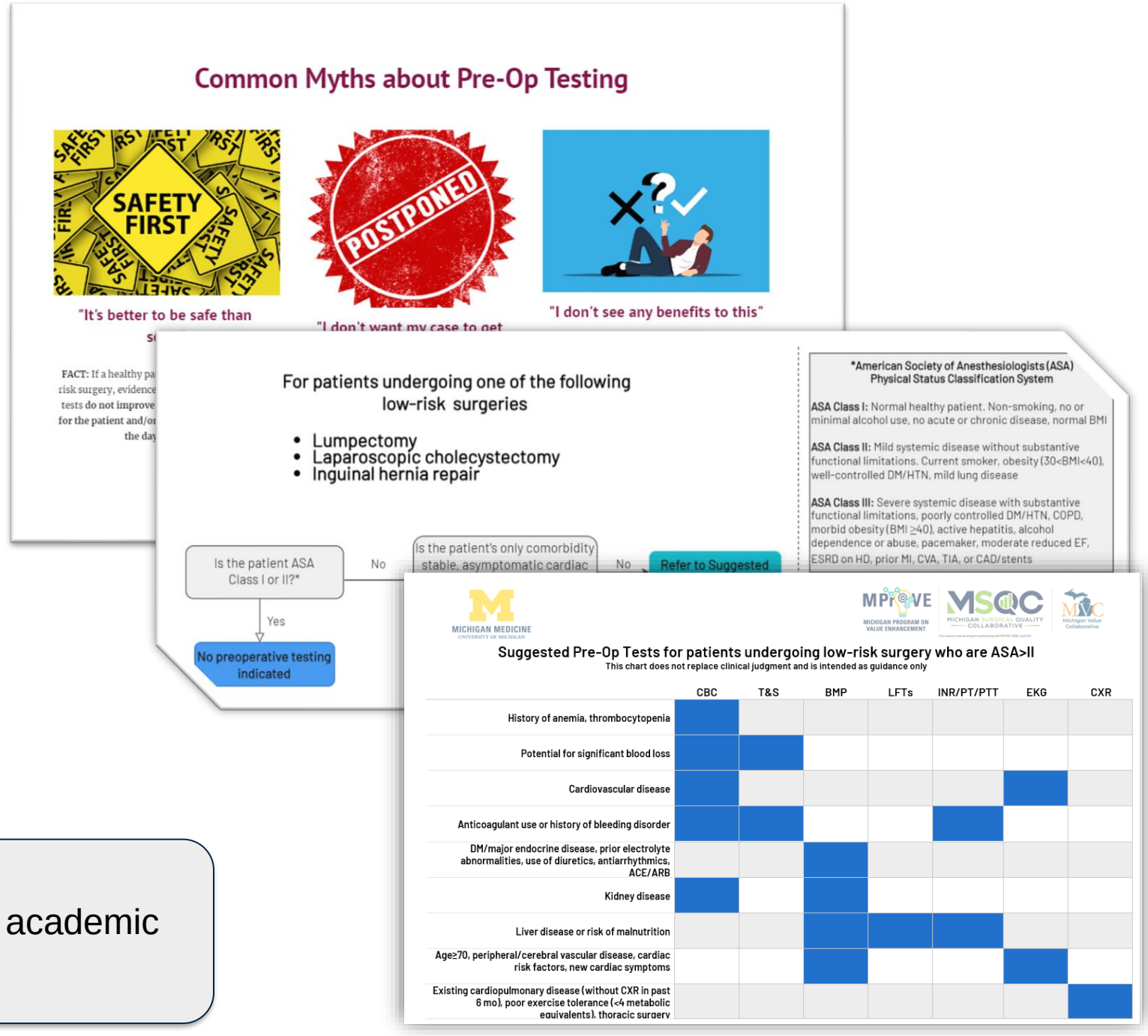
Develop resources, decision aids, and strategies to address issues at your local site

Kick-off engagement with targeted clinicians

Maintain stakeholder engagement & data collection

Resources:

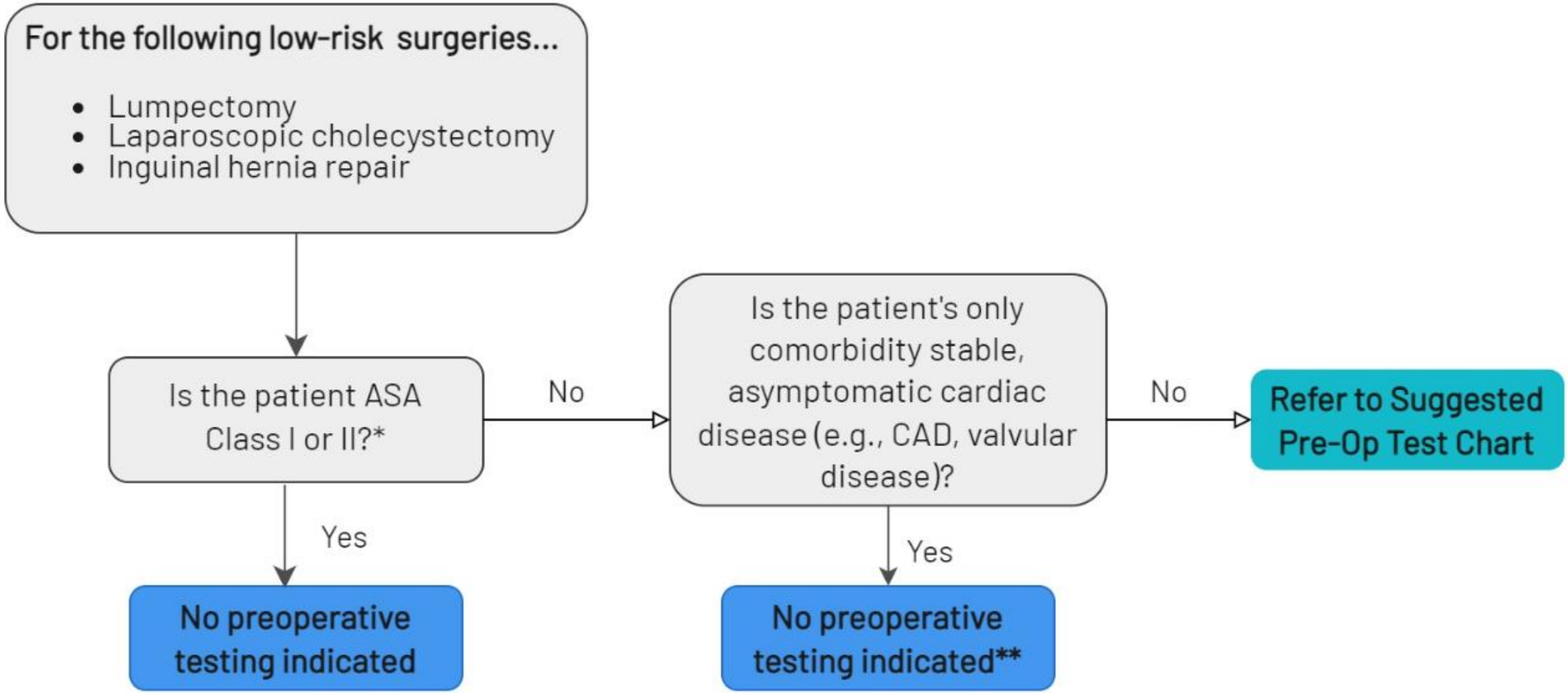
- Decision Aids
- Guidelines
- Website



Sources

Compilation of national guidelines from academic societies + Choosing Wisely

Pre-Op Testing Decision Aid for Low-Risk Surgeries



Suggested Pre-Op Tests for Patients Undergoing Low-Risk Surgery Who Are ASA III or Above

This chart does not replace clinical judgment and is intended as guidance only

	CBC	T&S	BMP	LFTs	INR/PT/PTT	EKG	CXR
History of anemia, thrombocytopenia	■						
Cardiovascular disease	■					■	
Anticoagulant use or history of bleeding disorder	■	■			■		
DM/major endocrine disease, prior electrolyte abnormalities, use of diuretics, antiarrhythmics, ACE/ARB			■				
Kidney disease	■		■				
Liver disease or risk of malnutrition			■	■	■		
Age≥70, peripheral/cerebral vascular disease, cardiac risk factors, new cardiac symptoms			■			■	
Existing cardiopulmonary disease (without CXR in past 6 mo), poor exercise tolerance (<4 metabolic equivalents), thoracic surgery							■

CBC: Complete blood count
T&S: Type and screen
BMP: Basic metabolic panel

LFTs: Liver function tests
INR: International normalized ratio
PT: Prothrombin time

PTT: Partial thromboplastic time
EKG: Electrocardiogram
CXR: Chest radiography

ACE: Angiotensin-converting enzyme inhibitors
ARB: Angiotensin receptor blocker

Customizable Templates

Insert your hospital logo here

Suggested Pre-Op Tests for Patients Undergoing Low-Risk Surgery Who Are ASA III or Above

This chart does not replace clinical judgment and is intended as guidance only

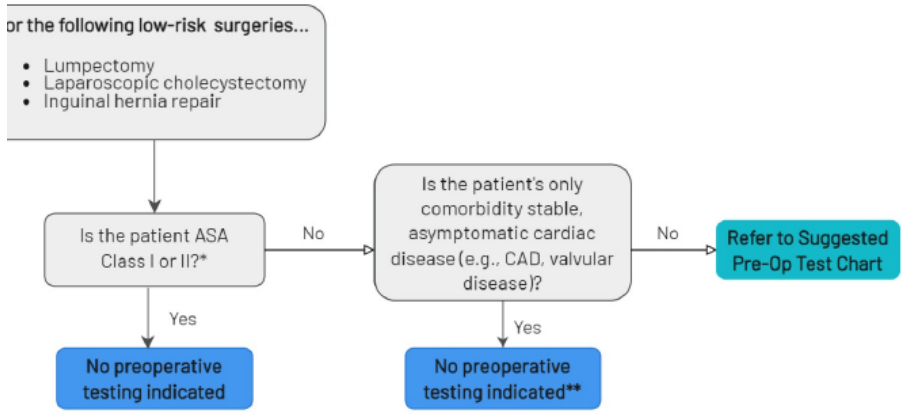
	CBC	T&S	BMP	LFTs	INR/PT/PTT	EKG	CXR
History of anemia, thrombocytopenia	■						
Cardiovascular disease	■					■	
Anticoagulant use or history of bleeding disorder	■	■			■		
DM/major endocrine disease, prior electrolyte abnormalities, use of diuretics, antiarrhythmics, ACE/ARB			■				
Kidney disease	■		■				
Liver disease or risk of malnutrition			■	■	■		
Age≥70, peripheral/cerebral vascular disease, cardiac risk factors, new cardiac symptoms			■			■	
Existing cardiopulmonary disease (without CXR in past 6 mo), poor exercise tolerance (<4 metabolic equivalents), thoracic surgery							■

CBC: Complete blood count
T&S: Type and screen
BMP: Basic metabolic panel
LFTs: Liver function tests
INR: International normalized ratio
PT: Prothrombin time
PTT: Partial thromboplastic time
EKG: Electrocardiogram
CXR: Chest radiography
ACE: Angiotensin-converting enzyme inhibitors
ARB: Angiotensin receptor blocker

References:

Insert your hospital logo here

Pre-Op Testing Decision Aid for Low-Risk Surgeries



*American Society of Anesthesiolo
Physical Status Classification S

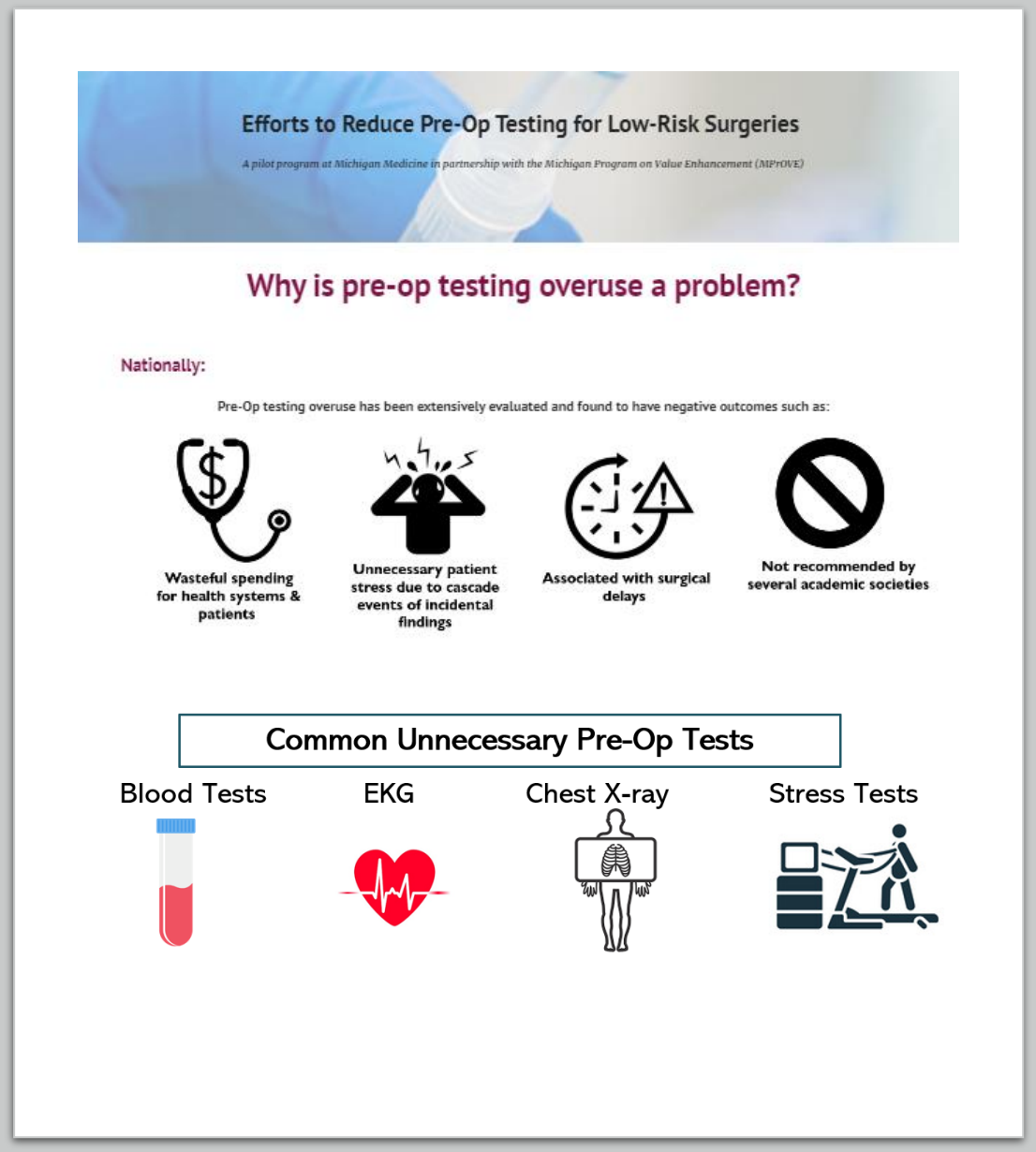
ASA Class I: Normal healthy patient. Non
minimal alcohol use, no acute or chronic
BMI
ASA Class II: Mild systemic disease witho
functional limitations. Current smoker, o
(30<BMI<40), well-controlled DM/HTN, m

ASA Class III: Severe systemic disease wi
functional limitations, poorly controlled
morbid obesity (BMI ≥40), active hepatiti
dependence or abuse, pacemaker, mode
ESRD on HD, prior MI, CVA, TIA, or CAD/st

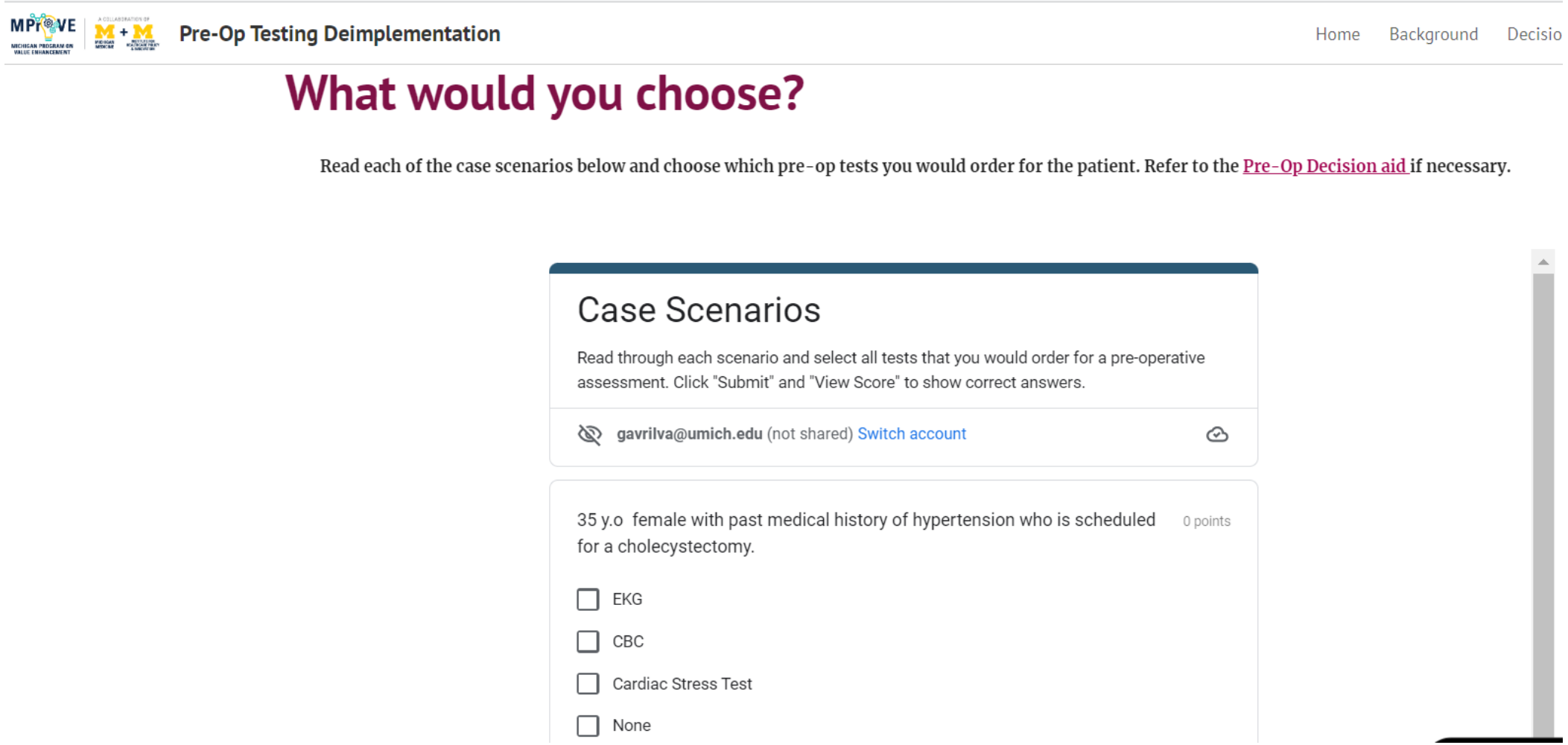
**May consider EKG if none available
~6 months.

COMING SOON:
Pre-Op Testing Website

- Target Audience:
  - All MSQC Participating Hospitals
  - Anyone involved in Pre-Op Testing
  - Anyone who wants to learn more
- Features:
  - Background information
  - Common Myths of Pre-Op Testing
  - Decision Aid
  - Case Scenarios



Website Features



Questions?

***American Society of Anesthesiologists (ASA) Physical Status Classification System**

ASA Class I: Normal healthy patient. Non-smoking, no or minimal alcohol use, no acute or chronic disease, normal BMI

ASA Class II: Mild systemic disease without substantive functional limitations. Current smoker, obesity (30<BMI<40), well-controlled DM/HTN, mild lung disease

ASA Class III: Severe systemic disease with substantive functional limitations, poorly controlled DM/HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, pacemaker, moderate reduced EF, ESRD on HD, prior MI, CVA, TIA, or CAD/stents

**May consider EKG if none available within the past ~6 months.

Questions