

2021 Michigan Surgical Quality Collaborative					
Measure	Weight	Measure Description	Points	Status	2022 Changes/Replaced With...
1	8	<b>Collaborative Meetings (4) – Surgical Clinical Quality Reviewer (SCQR)</b>		Unchanged	N/A
		3 or more meetings	8		
		2 meetings	4		
		1 meeting	0		
2	8	<b>Collaborative Meetings (3) – Surgeon Champion</b>		Unchanged	N/A
		3 meetings	8		
		2 meetings	4		
		1 meeting	0		
3	4	<b>Conference Calls (3) – SCQR</b>		Unchanged	N/A
		2 or more calls	4		
		1 call	2		
		0 calls	0		
4	4	<b>Conference Calls (3) – Surgeon Champion</b>		Unchanged	N/A
		2 or more calls	4		
		1 call	2		
		0 calls	0		
5	6	<b>Accuracy and Completeness of Data</b>		Changed	Category changed to Completeness of Data, and some measures changed; total 6 points available  •Replacement measure is to maintain 30-day follow-up rate ≥ 80% per calendar quarter; 1 point possible in each of Q1, Q2, and Q3 2022 (up to 3 points available)  •Same measure and point value (3 points)
		Biennial IRR with score ≥ 95%	3	Replaced	
		<b>OR</b>			
		If no IRR in current year, > 90% of eligible cases are captured on case upload for a targeted cycle Sampled and incomplete cases ≤ 0.5% total volume	3	Unchanged	
6	20	<b>Collaborative Wide Measure – Increase Use of Intraoperative Multimodal Pain Management Across All MSQC Procedures</b>		Replaced	<b>Collaborative Wide Measure – Reduce Excess Oral Morphine Equivalent (OME) Prescribing Across All MSQC Procedures</b>
7	50	<b>Quality Improvement Initiative (QII)</b>	50		
		Option A: Hysterectomy Care Pathway		Changed	Details below
		<b>OR</b>			
		Option B: Abdominal Hernia Repair Pathway		Changed	Details below
		<b>OR</b>			
		Option C: Colorectal Cancer Surgery Pathway		Changed	Details below
				New	Optional bonus points available to reflect active participation in MOQC over-sampling of hysterectomy cases (maximum 5 points). Points available^ when: •Site fully participates by over-sampling and abstracting all gyn-onc hysterectomy cases - 5 points •Site partially participates by over-sampling gyn-onc hysterectomy cases only - 2 points
<b>Total Available Points</b>			<b>100</b>	<b>Unchanged</b>	

^Earned bonus points will be added to Scorecard total, with final score not to exceed 100 points overall.

2021 Michigan Surgical Quality Collaborative Performance Index Scorecard Measure 7: Quality Improvement Initiative (QII) Details		2022 Updates		
Measure 7, Option A: Hysterectomy Care Pathway	Points	2022 Hysterectomy Project Requirements		
			Points	
Preoperative: Demonstrate 80% compliance across the following identified preoperative measures:	10	<b>Retired</b>	Retired measure category scoring; changed to individual measure scoring	---
1. Preadmission teaching that discusses expectations after surgery including multimodal pain management		<b>Changed</b>	1a. Goal ≥ 90%; 5 points	5
2. For benign diagnoses, alternative treatments offered/tried/declined (or contraindications documented) before undergoing a hysterectomy		<b>Changed</b>	1d. Goal ≥ 90%; 5 points	5
3. HgbA1C for diabetic patients, or fasting blood sugar for non-diabetic patients		<b>Changed</b>	1e. Goal ≥ 80%; 5 points	5
4. Appropriate antibiotics		<b>Changed</b>	1f. Goal ≥ 90%; 5 points	5
		<b>New</b>	1b. Patient optimization related to smoking cessation (if applicable); Goal ≥ 80%; 5 points	5
		<b>New</b>	1c. Patient optimization related to weight/obesity (if applicable); Goal ≥ 80%; 5 points	5
Intraoperative: Demonstrate 80% compliance across the following identified intraoperative measures:	10	<b>Retired</b>	Retired measure category scoring; changed to individual measure scoring	---
1. Intraoperative use of multimodal pain management (2 or more non-opioid medications)		<b>Retired</b>	N/A	---
2. Intraoperative nausea and vomiting prophylaxis for PONV (2 or more antiemetic medications)		<b>Retired</b>	N/A	---
Postoperative: Demonstrate 80% compliance across the following identified postoperative measures:	10	<b>Retired</b>	Retired measure category scoring; changed to individual measure scoring	---
1. Postoperative order for multimodal pain management (2 or more non-opioid medications)		<b>Changed</b>	2a. Postoperative <u>order</u> for multimodal pain management if discharged on POD 0 (zero); Goal ≥ 90%; 5 points 2b. Postoperative use of multimodal pain management if discharged on or after POD 1 (one); Goal ≥ 90%; 5 points	10
2. Discharge education includes pain management		<b>Changed</b>	2c. Goal ≥ 90%; 5 points	5
Meet M-OPEN prescribing recommendations for 90% of hysterectomy patients	5	<b>Retired</b>	N/A	---
Multi-disciplinary meeting: Conduct and document at least one multidisciplinary meeting that meets project requirements (as defined in the 2021 QII document) by March 31, 2021.	5	<b>Changed</b>	Meeting requirement continues in 2022; no discrete point allotment. Instead this requirement is incorporated into the overall QI Project Summary.	---
2021 QI project summary submitted to MSQC Coordinating Center by January 17, 2022. Project summary to include methods used to ensure completeness of medical record documentation, and process of uterine surgical specimen review.	10	<b>Changed</b>	Goal #7: QI Project Summary continues in 2022, to be submitted by January 16, 2023. Project submission is to include all elements outlined in the Hysterectomy Care Pathway QII Program document. Additional Implementation points may possibly be awarded based on the thoroughness and completeness of the Summary.	---
		<b>New</b>	Goal #3: Perform internal quality review of each elective hysterectomy case that has a postoperative SSI or a return to the ED related to surgery. Submit overall findings summary with 2022 QI Project Summary Report. 5 points	5
		<b>Continued</b>	Goal #4: Comprehensive template for standardized charting at your hospital.	---
		<b>Changed</b>	Goal #5: Implement/maintain process for reviewing and monitoring uterine surgical specimens without pathology findings supporting the need for hysterectomy. Overall findings summary to be submitted with 2022 QII Project Summary Report.	---
		<b>New</b>	Goal #6: Adopt use of the hysterectomy surgical approach algorithm. Include summary of algorithm implementation process with 2022 QII Project Summary Report.	---
<b>Total Available Points</b>	<b>50</b>		<b>Total Available Points</b>	<b>50</b>

2021 Michigan Surgical Quality Collaborative Performance Index Scorecard Measure 7: Quality Improvement Initiative (QII) Details		2022 Updates		
Measure 7, Option B: Abdominal Hernia Repair Pathway	Points	2022 Abdominal Hernia Repair Project Requirements		
			Points	
Preoperative: Demonstrate 80% compliance with the identified preoperative measures:	10	<b>Retired</b>	Retired measure category scoring; changed to individual measure scoring	---
1. Preadmission teaching that discusses expectations after surgery including multimodal pain management		<b>Changed</b>	1a. Goal ≥ 90%; 5 points	5
2. Patient education on smoking cessation and weight loss, when applicable		<b>Changed</b>	1b. Patient optimization related to smoking cessation (if applicable); Goal ≥ 80%; 5 points 1c. Patient optimization related to weight/obesity (if applicable); Goal ≥ 80%; 5 points	10
3. HgbA1C if applicable (follow algorithm) or FBS for all patients		<b>Changed</b>	1d. Goal ≥ 80%; 5 points	5
Intraoperative: Demonstrate 80% compliance with the identified intraoperative measures:	10		Retired measure category scoring; changed to individual measure scoring	---
1. Location and measurements of hernia		<b>Changed</b>	2a. Hernia and mesh documentation includes all required elements; Goal ≥ 90%; 5 points	5
2. Mesh documentation elements (brand, placement, etc.) available		<b>Changed</b>	Combined into Goal 2a.	---
		<b>New</b>	2b. Use of intraoperative multimodal pain management; Goal ≥ 90%; 5 points	5
Postoperative: Demonstrate 80% compliance with the identified postoperative measures:	10	<b>Retired</b>	Retired measure category scoring; changed to individual measure scoring	---
1. Postoperative order for multimodal pain management (2 or more non-opioid medications)		<b>Changed</b>	3a. Postoperative <u>order</u> for multimodal pain management if discharged on POD 0 (zero); Goal ≥ 90%; 5 points 3b. Postoperative use of multimodal pain management if discharged on or after POD 1 (one); Goal ≥ 90%; 5 points	10
2. Discharge education includes pain management		<b>Changed</b>	3c. Goal ≥ 90%; 5 points	5
Meet M-OPEN prescribing recommendations for 90% of abdominal hernia repairs	5	<b>Retired</b>	N/A	---
		<b>New</b>	Goal #4: Perform internal quality review of each abdominal hernia case that has a postoperative SSI or a return to the ED related to surgery. Submit overall findings summary with 2022 QI Project Summary Report. 5 points	5
		<b>Continued</b>	Goal #5: Comprehensive template for standardized charting at your hospital.	---
Multi-disciplinary meeting: Conduct and document at least one multidisciplinary meeting that meets project requirements (as defined in the 2021 QII document) by March 31, 2021.	5	<b>Changed</b>	Meeting requirement continues in 2022; no discrete point allotment. Instead this requirement is incorporated into the overall QI Project Summary.	---
2021 QI project summary submitted to MSQC Coordinating Center by January 17, 2022. This includes creation of a comprehensive template for standardized charting with required documentation elements (as defined in the 2021 QII document). Submit standardized template to MSQC with 2021 project submission.	10	<b>Changed</b>	Goal #6: QI Project Summary continues in 2022, to be submitted by January 16, 2023. Project submission is to include all elements outlined in the Abdominal Hernia Repair Pathway QII Program document. Additional Implementation points may possibly be awarded based on the thoroughness and completeness of the Summary.	---
<b>Total Available Points</b>	<b>50</b>		<b>Total Available Points</b>	<b>50</b>

2021 Michigan Surgical Quality Collaborative				
Performance Index Scorecard				
Measure 7: Quality Improvement Initiative (QII) Details		2022 Updates		
Measure 7, Option C: Colorectal Cancer Surgery Pathway	Points	2022 Colorectal Cancer Surgery Pathway Project Requirements		Points
Preoperative: Demonstrate 75% compliance with the identified preoperative measures: 1. Pre-treatment Staging Testing: MRI or endorectal U/S (Rectal CA cases only) 2. Ostomy site Marked (Rectal CA cases only) 3. Neoadjuvant therapy (Rectal CA cases only) 4. CEA level obtained after diagnosis (All cases) 5. OA/MBP (All cases)	10	Retired	Retired measure category scoring; changed to individual measure scoring	---
		Retired	N/A	---
		Retired	N/A	---
		Retired	N/A	---
		Retired	N/A	---
		Changed	1a. Goal 90%; 5 points	5
New	1b. When applicable, documented patient education/counseling provided on smoking cessation; Goal ≥ 90%; 5 points	5		
Intraoperative: Demonstrate 80% compliance with the identified intraoperative measures: 1. Mesorectal Excision performed (Rectal CA cases only) 2. >12 Lymph Nodes examined (All cases) 3. Multimodal analgesia administered (All cases)	10	Retired	Retired measure category scoring; changed to individual measure scoring	---
		Retired	N/A	---
		Changed	2a. Goal 90%; 5 points	5
		Changed	2b. Goal 90%; 5 points	5
		New	2c. Maintain or decrease positive margin rate from 2021 compared to 2022 (continuing sites only) Maintain or decrease positive margin rate from Q1 2022 compared to Q3 & Q4 2022 (new sites) 5 points	5
Postoperative: Demonstrate 60% compliance with the identified postoperative measures: 1. TME Grading (Rectal CA cases only) 2. Multimodal analgesia ordered if discharged on POD zero (All cases)  3. Multimodal analgesia administered if discharged on or after POD one (All cases)	10	Retired	Retired measure category scoring; changed to individual measure scoring	---
		Changed	3a. Goal 100%; 5 points	5
		Changed	3b. Goal 90%; 5 points	5
			3c. Goal 90%; 5 points	5
Submit written QII project summary to MSQC by January 17, 2022 that includes required components as described in 2021 QII document.	5		<b>Goal #6:</b> QI Project Summary continues in 2022, to be submitted by January 16, 2023. Project submission is to include all elements outlined in the Colorectal Cancer Surgical Quality Measures QII Program document. Additional Implementation points may possibly be awarded based on the thoroughness and completeness of the Summary.	---
Multi-disciplinary meeting: Conduct at least one multidisciplinary meeting that meets project requirements (as defined in the 2021 QII document) by March 31, 2021, and submit documentation to MSQC with 2021 QII project summary by January 17, 2022.	5	Changed	Meeting requirement continues in 2022; no discrete point allotment. Instead this requirement is incorporated into the overall QI Project Summary.	---
Create a patient care plan, order set or template for ensuring implementation of each element of the colorectal cancer surgery care pathway, and submit to MSQC with 2021 QII project summary by January 17, 2022.	10	Changed	<b>Goal #5. Care Pathway Submit with 2022 QII Project Summary. 5 points</b> <b>New sites only:</b> with the multidisciplinary team, create a patient care plan, order set or care pathway template to be utilized by the multidisciplinary team beginning in the preoperative period and extending into the postoperative period for ensuring implementation of each element of the colorectal cancer surgery care pathway. This must include your hospital or surgeon office plan/process/materials for smoking cessation education/cessation referrals before surgery. Submit the final product to MSQC. <b>Continuing sites:</b> Submit a patient care plan, order set or care pathway template which has been revised for any measure which did not meet the goal in 2021. Include your hospital or surgeon office plan/process/materials for smoking cessation education/cessation referrals before surgery.	5
		New	<b>Goal #4. Case Review; 5 points</b> Perform an internal quality review of each elective CRC case that has a postoperative SSI, Return to the ED related to the surgery, or Positive Margin result, identifying any underlying trends, and applying that knowledge toward process improvement efforts. An overall findings summary (trends identified, action plans implemented) should be submitted with your 2022 QII Project Summary Report.	5
<b>Total Available Points</b>	<b>50</b>		<b>Total Available Points</b>	<b>50</b>