**2024 Frailty QI Implementation Project-Returning Sites**

**Tracking Sheet and Narrative Summary Report**

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| **Facility Name:** |  |
| **Report Submitted By:** |  |
| **Team Members and Project Role:** |  |

**Project Overview**

**Frailty Quality Implementation:**

Measurement Period: 1/1/2024-12/31/2024 except as noted.

Includes all cases marked complete in workstation as of 1/15/2025.

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| Goal 1: Collection of frailty data for all eligible cases in MSQC workstation |
| Goal 2: Communication within multidisciplinary team   1. Kickoff meeting by 3/29/2024 2. Two additional meetings prior to 12/1/2024 |
| Goal 3: Use of Frailty Tool for preoperative screening in eligible patients |
| Goal 4: Complete and document a conversation about frailty between surgeon and patient/caregivers |
| Goal 5: Document patient/caregiver goals for surgery |
| Goal 6: Preoperative education regarding frailty and surgery |
| Goal 7: Submission of the Frailty QI project summary |

**Collaborative Wide Measure:**

Preop Optimization for elective abdominal hernia surgery

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| Goal 1: Reduce rate of persons with body mass index (BMI) > 40kg/m2 undergoing elective surgery to <12.5%\* |
| Goal 2: Reduce rate of persons with active tobacco use undergoing elective surgery to <15.5%\* |

**Additional QI Project Requirements:**

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| Collaborative Wide Meetings (4 offered)-Surgical Clinical Quality Reviewer (SCQR) |
| Collaborative Wide Meetings (3 offered)-Surgeon Champion (SC) |
| Conference Calls (3 offered)-SCQR |
| SCQR Participation/engagement activity |
| SC Participation/engagement activity |
| Completeness of data   * Sampled and incomplete case volume < 0.5% total cases * Case Selection Audit complete with > 95% agreement * 30-day follow up rate > 80% for 4 Quarters (Cycle 33 2023-Cycle 32 2024) |
| Complete documentation of designated cancer variables (CRC, Breast, Whipple, Thyroid >90%) |
| Submit project report detailing local processes, structures, and outcomes for improving adherence to Collaborative Wide Measure |

**Project Tracking Tools**

**\*\*\*\*\*\*\*\*Provided for SCQR to track progress. Not required for final project submission\*\*\*\*\*\*\*\***

**Frailty QI Tracking:**

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| Goal | Variable | Baseline (2023) | Jan-Mar | Apr-June | July-Sep | Oct-Dec |
| Use of Frailty Tool in ≥ 75% of eligible patients\* (5 points) | Surgical Profile Tab: Surgical Priority=elective  **Denominator:**  Preop Tab: Age > 60  -OR-  Preop Tab: dialysis, current cancer, or CHF→yes  -OR-  Preop Tab: “not independent” chosen  **Numerator:**  Frailty Tab: Was a frailty tool used→ yes  -AND-  Frailty Tab: What was the score→value entered |  |  |  |  |  |
| A conversation occurs between surgeon and patient/caregivers in ≥75% of patients identified as frail or pre-frail (7 points) | **Denominator:**  Frailty Tab: Is the patient frail?→Pre-Frail or Frail  **Numerator:**  Frailty Tab: Was there a conversation between the patient and surgeon about risk/benefit before having surgery? →yes  -AND-  Frailty Tab: Was the risk score shared with the patient and/or caregiver? →yes  -AND-  Frailty Tab: Who was the conversation with? →answered |  |  |  |  |  |
| Patient/Caregiver goals for surgery are documented in ≥ 75% of patients who screen as frail or pre-frail (7 points) | Frailty Tab: Is the patient frail? →Pre-Frail or Frail  Frailty Tab: Were patient goals for surgery documented? → yes | NA |  |  |  |  |
| Preoperative education provided to patient and/or caregivers on the impact of frailty in surgical outcomes (10 points) | Frailty Tab: Is the patient frail? →Pre-Frail or Frail  Frailty Tab: Was preoperative patient and/or caregiver education regarding the impact of frailty on surgical outcomes provided? →yes  Case Date: 4/1/2024-12/31/2024 | NA |  |  |  |  |

\*For sites that are using a subset of surgeons only cases with identified surgeons listed as primary surgeon will be included

**Collaborative Wide Measure Tracking:**

* Population
  + Abdominal hernia repair CPT
  + Surgical Priority=Elective
* Measurement Period 1/1/2024-12/31/2024
* Inclusive of cases in workstation with OR date=2024 marked sampled and complete including follow up on 1/15/2025

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| **Active Tobacco Users** | | | |
| OR dates | Site | MSQC | Cumulative MSQC |
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| **Patients with BMI > 40 kg/m2** | | | |
| OR dates | Site | MSQC | Cumulative MSQC |
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| **Variable Calculation** | **Goal MSQC All** | **Points** |
| BMI > 40 kg/m2  Denominator:   * Abdominal hernia repair CPT * Surgical priority=Elective   Numerator:   * Preop tab: BMI value > 40 kg/m2 | <12.5%\* | Meet both measures: 20 points  Meet one measure: 10 points  Meet no measure: 0 points |
| Active Smoker  Denominator:   * Ventral hernia repair CPT * Surgical priority=Elective   Numerator:   * Preop tab: Tobacco use within 1 month-Cigarette=Yes | <15.5%\* |

**Additional Project Requirement Tracking:**

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| **Meeting Participation** | | |
| Meeting | SC participant (name) | SCQR participant (name) |
| April 12 |  |  |
| June 21 |  |  |
| September 13 |  |  |
| December 13 |  |  |

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| **Call Participation** | |
| Call | Participant (name) |
| February 8 |  |
| August 8 |  |
| November 7 |  |

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| **SCQR Participation/Engagement Activity** | |
| Activity Chosen: | Date(s) Completed |
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| **SC Participation/Engagement Activity** | |
| Activity Chosen | Date(s) completed |
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| Complete Cancer Variable Documentation in > 90% cases  \*tracking begins with OR date 4/1/2024 | | | | Baseline Rate |
| **Cancer type** | **Numerator** | **Denominator** | **Rate** | **Cumulative Rate** |
| Breast |  |  |  |  |
| * (OR dates) |  |  |  |  |
| * (OR dates) |  |  |  |  |
| * (OR dates) |  |  |  |  |
| Whipple |  |  |  |  |
| * (OR dates) |  |  |  |  |
| * (OR dates) |  |  |  |  |
| * (OR dates) |  |  |  |  |
| CRC |  |  |  |  |
| * (OR dates) |  |  |  |  |
| * (OR dates) |  |  |  |  |
| * (OR dates) |  |  |  |  |
| Thyroid |  |  |  |  |
| * (OR dates) |  |  |  |  |
| * (OR dates) |  |  |  |  |
| * (OR dates) |  |  |  |  |
| **Total** |  |  |  |  |
| * (OR dates) |  |  |  |  |
| * (OR dates) |  |  |  |  |
| * (OR dates) |  |  |  |  |

**Complete QI Project Summary Report:**

**Due to the MSQC Coordinating Center by 1/15/2025. Attach all relevant documents with report submission**

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| Category | Summary/Details |
| Activity:  Examples (not all-inclusive): Dates, meetings, materials developed, communications with team members, staff teaching, template or protocol development |  |
| Successes  What has your hospital improved on?  What are you most proud of? |  |
| Barriers/Challenges  What prevented you from improving more?  What would you like to see changed? |  |
| Analysis/Next Steps  What is the next step in your quality improvement efforts?  What are your hospital’s plans going forward with these changes? |  |
| Multidisciplinary Meetings (6 points)  Documentation of Meeting: Attach or enter relevant documentation with report submission.  Include attendees, agenda, minutes, and any other relevant information. |  |
| Patient Education  Copy of education provided to frail patients and/or identify which MSQC provided materials were used |  |
| SCQR Engagement:  Attach all documents relevant to completion here |  |
| SC Engagement:  Attach all documents relevant to completion here |  |

**Guidelines for Project Scoring:**

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| Measure | Requirements |
| Conversation with surgeon | * During the presurgical phase, the surgeon, or an appropriate delegate (APP, fellow, preoperative clinic provider, etc.) has a conversation with the patient and/or persons identified as caregivers/support persons of the patient regarding their frailty status and the implications for any surgical procedure. * Implications for surgical procedure include:   + increased risk for morbidity/mortality   + increased risk for non-home discharge or discharge to a level of care higher than their current situation   + increased risk for prolonged recuperation phase * The conversation must be attested to in the medical record * The score the patient received and the correlation with frailty level (pre-frail/frail) must be included in and shared during this conversation * The score must be documented in the medical record by the surgeon/designee to ensure conversation is tailored to the specific needs and assessment of the patient |
| Goals for surgery are documented | * Goals for surgery should be broader than the specific symptom/disease that surgery is designed to address * Goals should be related to   + overall health/wellbeing   + lifestyle/independence   + relief of symptoms impeding or threatening ability to complete ADL/IADL   + ability to engage in activities identified by the patient as important to quality of life * Examples of appropriate goals for surgery may be either avoiding outcomes identified by the patient as negative OR achieving outcomes identified by the patient as positive * Appropriate examples of goals of surgery:   + continue to live in own home or not needing to move to SNF/assisted living   + continue to participate in hobby/activity the patient finds enjoyable (driving, crafts, visiting friends/family, riding a bike, etc.)   + extend life regardless of need for assistance   + the ability to be present for an identified milestone event (birth of grandchild, wedding etc.)   + relief of pain to allow for resumption of activities that are currently impeded when surgery provides a possible pathway to pain relief (i.e., hernia relief expected to relieve pain) |
| Preoperative education | * During the preoperative phase, the surgeon or appropriate designee will provide education to patients defined as pre-frail or frail education about factors that can potentially be modified prior to surgery that may improve operative outcomes * Facilities may use either MSQC provided educational materials or develop their own materials * For sites developing education materials, MSQC must receive and approve of these materials to ensure they are appropriate for frail patients * Already existing education regarding prehabilitation, nutrition, or any other area of surgical optimization may be referenced as needed * Education should be both verbal and in writing * Education may be formalized into the preoperative process and not specifically identified in each individual chart as long as the SCQR periodically confirms the presence of this process and continuation of this process with the appropriate people * Education may be done by an APP, or RN * Education must be both verbal and in writing * Education should include discussion that is tailored to the individual and identifies areas applicable to that patient. For example:   + counseling should address risk factors identified for that patient (i.e.., smoking cessation advice to active smokers, nutrition advice appropriate to patient nutritional status, weight loss advice should not be given to those identified as underweight)   + patients should be cautioned to undertake any new habits or changes safely (use of assistive devices for physical activity, consultation with PCP, RD or endocrinologist for dietary changes in diabetics, etc.) * Final project submission should outline the process utilized to implement this, and manner of monitoring the use of this process by the SCQR |
| Multidisciplinary Meetings | * These meeting should include presence of delegates from at least three different areas/specialties involved in the implementation of the frailty project in a synchronous manner, either in person or virtually to allow for discussion to take place * Additional stakeholders may be included in an asynchronous manner * Participants can include office management/staff representatives, surgeons, anesthesia, preoperative clinic or surgical office nursing, quality improvement professionals or any other area that will participate in the monitoring or implementation of this project * Initial kickoff meeting should outline project and plan to implement * Follow up meetings should review progress, identify and address any changes needed to achieve/maintain goals * The final project submission will include the following for full points to be awarded:   + list of meeting attendees along with their role/relevance to the project   + agenda for meeting   + minutes for meeting including discussion and follow up responsibility   + any presentation materials (power point slides etc.) utilized * These meetings must be a meeting dedicated to MSQC related content, not a bullet point on a standing surgical meeting   + presentation of MSQC data at larger department meetings is strongly encouraged, but the multidisciplinary meeting should be dedicated to MSQC related topics and content |