

**Quality Improvement Implementation**  
**Option C: Colorectal Cancer Surgical Quality Measures**  
**Project Time Period: 1/1/2022-12/31/2022**

**Summary:** The focus of this project will be continuing to improve performance on evidence-based quality measures for cancer patients undergoing surgery for colorectal cancer. We anticipate this project will promote high-quality treatment to improve short- and long-term outcomes. 8 hospitals participated in this project in 2021.

**QI Implementation Requirements:**

1. Data collection: For elective colorectal cancer surgical patients, participating qualified hospitals will perform supplemental data collection that will allow the colorectal cancer-specific quality measures in the table below to be calculated. These include measures specific to rectal cancer in blue, measures for all colorectal cancer patients in orange, and measures from the [Colorectal Care Pathway](#) in green.
2. Multidisciplinary team: Participating hospitals will continue to work with the multidisciplinary team to review 2021 data to guide quality improvement plans for 2022. The multidisciplinary team may include specialists from the following specialties (at least 2 required): surgeons who perform colorectal cancer surgery, nursing, medical oncology, pathology, radiation oncology, cancer patient navigator, gastroenterology, anesthesiology, ostomy nursing, or others as relevant to the particular hospital.

**QI Implementation Goals:** Implement all of the following process measures for each elective colorectal cancer patient as detailed below. Measurement Period will be 1/1/2022 – 12/31/2022.

Preoperative	Intraoperative	Postoperative
OA/MBP (All cases)	≥ 12 lymph nodes examined (All cases)	TME Grading (Rectal CA only)
When applicable, documented patient education/counseling provided on smoking cessation	Positive margin rate (All cases)	Postoperative order for multimodal pain management (2 or more non-opioid medications) if d/c on POD 0 (All cases)
	Intraoperative use of multimodal pain management (2 or more non-opioid medications) (All cases)	Postoperative use of multimodal pain management (2 or more non-opioid medications) if d/c ≥ POD 1 (All cases)

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### Goal #1: Preoperative Goals (10 points total)

- **Goal #1a:** Demonstrate 90% compliance with OA/MBP (All cases); **(5 points)**
- **Goal #1b:** Demonstrate 90% compliance with documented patient education/counseling provided on smoking cessation when applicable **(5 points)**

### Goal #2: Intraoperative Goals (15 points total)

- **Goal #2a:** Demonstrate 90% compliance with  $\geq 12$  lymph nodes examined **(5 points)**
- **Goal #2b:** Demonstrate 90% compliance with intraoperative use of multimodal pain management **(5 points)**
- **Goal #2c: (5 points)**
  - Maintain or decrease positive margin rate from 2021 compared to 2022 (*continuing sites only*)
  - OR**
  - Maintain or decrease positive margin rate from Q1 2022 compared to Q3 & Q4 2022 (*new sites*)

### Goal #3: Postoperative Goals (15 points total)

- **Goal #3a:** Demonstrate 100% compliance with TME Grading (5 points)
- **Goal #3b:** Demonstrate 90% compliance with postoperative order for MMPM if d/c on POD 0 (5 points)
- **Goal #3c:** Demonstrate 90% compliance with postoperative use of MMPM if d/c  $\geq$  POD 1 (5 points)

### Other Project Goals

- **Goal #4: Case Review (5 points)**

Your site will 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.
- **Goal #5: Care Pathway (5 points)**
  - *New sites only:* 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.
  - *Continuing sites:* 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.
- **Goal #6: QII Project Summary**

Submit a QII Project Summary on or before **Monday, January 16, 2023**, which includes the narrative and activity tracking sheet of the steps to implementation of the colorectal cancer surgery care pathway, successes and barriers, and analysis and next steps (a template is available on MSQC website). An additional 0-10 implementation points may be granted based on the detail of the project narrative, tracking log and analysis, to be added to achieve the maximum of 50 project points.

The following items must be provided separately, or integrated within the 2022 QII Project Summary:

- Multidisciplinary meeting
  - *All participating sites:* Conduct at least one multidisciplinary meeting before **March 31, 2022**, that includes surgeons who perform colorectal cancer surgery, nurses, quality specialists, pathologists, radiologists, oncologists, ostomy/wound care staff, anesthesia, pharmacy, and/or other relevant staff. Discussion should include reviewing prior year/baseline performance and strategizing how to sustain/improve performance. Meeting notes including attendees must be submitted.
  - *Continuing sites:* the meeting notes must also include analysis (FMEA, RCA, PDCA or other QI methodology) which was discussed by the team for all measures that did not meet the goal in 2021, with improvement strategies for 2022.

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- Include a summary of the case review findings from your site's 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; include all other required elements as described in Goal #4.
- Submit your patient care plan, order set or care pathway template, smoking cessation materials, and all other required elements as described in Goal #5.

**Colorectal Cancer Case Eligibility**

- Elective cases only
- Adenocarcinoma is 'Yes-diagnosis & resected'
- ICD-10 Diagnosis Codes (listed below)
- CPT Codes (listed below)

ICD Code	Colorectal Cancer Surgery ICD-10-CM Description (* denotes rectal cancer code)
C18.0	Malignant neoplasm of cecum
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20*	Malignant neoplasm of rectum

CPT Code	Colorectal Cancer Surgery CPT Description
44140	44140: Colectomy, partial; with anastomosis
44141	44141: Colectomy, partial; with skin level cecostomy or colostomy
44143	44143: Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)
44144	44144: Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula
44145	44145: Colectomy, partial; with coloproctostomy (low pelvic anastomosis)
44146	44146: Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy
44150	44150: Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy
44155	44155: Colectomy, total, abdominal, with proctectomy; with ileostomy
44158	44158: Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed
44160	44160: Colectomy, partial, with removal of terminal ileum with ileocolostomy
44204	44204: Laparoscopy, surgical; colectomy, partial, with anastomosis
44205	44205: Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy
44206	44206: Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)
44207	44207: Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)
44208	44208: Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy
44210	44210: Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy
44211	44211: Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed
44212	44212: Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy

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<b>CPT Code</b>	<b>Colorectal Cancer Surgery CPT Description</b>
45110	45110: Proctectomy; complete, combined abdominoperineal, with colostomy
45111	45111: Proctectomy; partial resection of rectum, transabdominal approach
45113	45113: Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy
45119	45119: Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed
45130	45130: Excision of rectal procidentia, with anastomosis; perineal approach
45171	45171: Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness) ("local excision")
45172	45172: Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness) ("local excision")
45395	45395: Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy
45397	45397: Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed
45402	45402: Laparoscopy, surgical proctopexy (for prolapse), with sigmoid resection
45550	45550: Proctopexy (e.g. for prolapse); with sigmoid resection, abdominal approach