



MSQCC

Michigan Surgical Quality Collaborative

**2022 Abdominal Hernia Surgery QI
Project Kickoff Session
January 2022**

2022 Abdominal Hernia QI Project Overview

- All abdominal hernia repair cases (umbilical, ventral, epigastric, incisional, Spigelian hernias)
- Follows recommendations of the MSQC [Hernia Repair Care Pathway](#)
- Preoperative, intraoperative, and postoperative measures
- Additional “deep dive” review of all SSI and Return to ED Related to Surgery cases
- Multidisciplinary meeting to be held by 3/31/2022
- Implement process to ensure documentation of cases is complete

2022 QI Timeline

- Measurement Period for QI measures is 1/1/2022 – 12/31/2022
- 3/31/2022 – must hold multidisciplinary meeting by this date
- 6/30/2022 – New sites to the project must implement template for standardized documentation by this date
- 1/16/2023 – Completed 2022 Abdominal Hernia QI Project Tracking Sheet and Narrative Summary Report due to MSQC

2022 Abdominal Hernia Surgery QI Project Changes

- [QI 2021 – 2022 Project Changes comparison document](#)
- Individual measure scoring, rather than aggregate measure category scores
- Continuing measures may have different threshold requirements
 - Changes in goal thresholds based on 2021 measure performance
- New or revised measures
 - Hernia documentation and mesh documentation measures from 2021 now combined into one overall measure for 2022
 - Intraoperative multimodal pain management – new measure

2022 Abdominal Hernia Surgery QI Project Changes, cont..

- Retired measures
 - M-OPEN prescribing recommendations measure
- New Project Goals
 - Internal quality review of each postoperative SSI or return to ED related to surgery

Goal #1: Abdominal Hernia Preoperative Measures

5 points each (20 points total)

Only elective cases are eligible for Preoperative Measures

- 1a. Preadmission teaching includes multimodal pain management
- 1b. Smoking cessation counseling
- 1c. Weight reduction counseling
- 1d. Glycemic control HbA1c if diabetic, RBS if not diabetic

Goal #1: Abdominal Hernia Preoperative Measures, con't.

1a. Preadmission teaching includes multimodal pain management

- Goal \geq 90%
- Continuation of measure from 2021 QI project
- Written and verbal education provided to patient
- Preadmission counseling/ teaching (ERP Tab) → Pain Management selected
- [Patient education resource materials and MSQC FAQs](#)

Goal #1: Abdominal Hernia Preoperative Measures, con't.

1b. Smoking cessation counseling

- Goal \geq 80%
- Cases with Tobacco Use within 1 month – Cigarette = “Yes”
- Verbal and written counseling provided
- Can include referral to smoking cessation program
- Preadmission counseling/ teaching (ERP Tab) → Tobacco Cessation selected
- [Patient education resource materials and MSQC FAQs](#)

Goal #1: Abdominal Hernia Preoperative Measures, con't.

1c. Weight reduction counseling

- Goal \geq 80%
- Cases with BMI \geq 40
- Verbal and written counseling provided
- Can include referral to weight loss program
- Preadmission counseling/ teaching (ERP Tab) \rightarrow Weight Reduction selected
- [Patient education resource materials and MSQC FAQs](#)

Goal #1: Abdominal Hernia Preoperative Measures, con't.

1d. Glycemic control: HbA1c if diabetic* or RBS if not diabetic

- Goal \geq 80%
- Continuation of measure from 2021 QI project
- Diabetic: only HbA1c qualifies for measure
- Non-diabetic:
 - Random blood glucose
 - Fasting blood glucose
 - POC glucose testing
 - HbA1c
- Document preoperative values in Lab Values Tab
- [Preoperative Blood Glucose Values Tips Sheet](#)

Goal #2: Abdominal Hernia Intraoperative Measures

5 points each (10 points total)

All abdominal hernia cases eligible for Intraoperative Measures, regardless of surgical priority

- 2a. Hernia and mesh documentation includes all required elements
- 2b. Use of intraoperative multimodal pain management

Goal #2: Abdominal Hernia Intraoperative Measures, con't.

2a. Hernia and mesh documentation includes all of the required elements

- Goal $\geq 90\%$
- Revised measure from 2021 QI project – combines the hernia and mesh documentation measures from 2021 into a single QI measure for 2022
- All documentation elements must be met in order to pass the measure. Missing any element will cause the case to fail the numerator requirement.

Goal #2: Abdominal Hernia Intraoperative Measures, con't.

- Hernia documentation includes all of the following (Hernia Tab):
 1. Hernia Size length **and** width (non-zero values) → entered, **or** diameter → entered
 2. Hernia Location → entered

AND

- If mesh is used, all of the required mesh documentation elements must be included, as well.

Goal #2: Abdominal Hernia Intraoperative Measures, con't.

- Mesh* documentation includes all of the following (Hernia Tab):
 1. Mesh Size length **and** width (non-zero values) → entered, **or** diameter → entered
 2. Brand of Mesh Used → entered
 - Examples: Bard (Davol), Medtronic/Covidien, etc.
 - Hernia Mesh Resource list in Workstation Resources
 3. Product Name → entered
 - Examples: Parietene, Surgipro Mesh Hernia Patch, Surgipro Hernia Plug and Patch (all Covidien products)

*If Mesh used

Goal #2: Abdominal Hernia Intraoperative Measures, con't.

- Mesh* documentation includes all of the following (continued):
 4. Product ID → entered
 - Manufacturer may also call this a product #, model #, catalog #, SKU, reference #.
 - Do not enter lot #s, or internal hospital item #s, or internal charge master #s.
 5. Mesh Location → entered
 6. Mesh Fixation → entered

*If Mesh used

Goal #2: Abdominal Hernia Intraoperative Measures, con't.

Mesh documentation helpful hints

- Greatly expanded Hernia Mesh Resource list containing >1000 mesh products (in Workstation Resources)

Product	size (l x w; diam)	Model #	Catalog #	Company Name
Parietene	30cm x 32cm	PXL3032	PXL3032	Covidien LP
Surgipro Mesh Hernia Patch	13.6cm x 5.7cm	SMHP-01	SMHP-01	Covidien LP
Surgipro Mesh Hernia Patch	9.5cm x 4.5cm	SMHP-02	SMHP-02	Covidien LP
Surgipro Hernia Plug and Patch	3.8cm DIA	SMPL-01	SMPL-01	Covidien LP
Surgipro Hernia Plug and Patch	2.8cm DIA	SMPM-02	SMPM-02	Covidien LP

- Central/Surgical Supply, Finance, Billing dept. may be helpful if difficulty locating manufacturer product details

Goal #2: Abdominal Hernia Intraoperative Measures, con't.

2b. Use of intraoperative multimodal pain management

- Goal $\geq 90\%$
- New measure for 2022 Hernia project
- At least 2 non-opioid pain medications must be administered in the preoperative holding area or intraoperatively.
- If urgent or emergent surgery cases, non-opioid medications administered within 4 hours of surgery start time can be included
This will account for situations where these patients receive multimodal pain medication in locations other than the preop holding area (e.g., emergency room, inpatient nursing unit).

Goal #2: Abdominal Hernia Intraoperative Measures, cont..

- Multimodal Pain Management ordered Preop/Intraop? (ERP Tab)
→ Yes selected

AND

- All administered medications are abstracted
 - Minimum of two medications entered
 - Acetaminophen will only count once, even if both the oral and intravenous options are abstracted
 - If no medications are administered, must abstract “Postop multimodal not used” option (case will fail measure)

Goal #3: Abdominal Hernia Postoperative Measures

5 points each (15 points total)

All abdominal hernia cases eligible for Postoperative Measures, regardless of surgical priority

- 3a. Postoperative order for multimodal pain management if discharged on POD 0
- 3b. Postoperative use of multimodal pain management if discharged on or after POD 1
- 3c. Discharge education includes multimodal pain management teaching

Goal #3: Abdominal Hernia Postoperative Measures, cont..

3a. Postoperative order for multimodal pain management if discharged on POD 0

- Goal $\geq 90\%$
- Revised measure from 2021 QI project
 - Multimodal medication order limited to patients DC on POD 0
- At least 2 non-opioid pain medications ordered within first 24 hours postoperatively
- Multimodal Pain Management ordered within the first 24 hours following surgery? (ERP Tab) → Yes selected

Goal #3: Abdominal Hernia Postoperative Measures, cont..

3b. Postoperative use of multimodal pain management if discharged on or after POD 1

- Goal $\geq 90\%$
- Revised measure from 2021 QI project
 - Multimodal medication administration required for patients DC on or after POD 1
- At least 2 non-opioid pain medications must be administered within first 24 hours postoperatively

Goal #3: Abdominal Hernia Postoperative Measures, cont..

- Multimodal Pain Management ordered within the first 24 hours following surgery? (ERP Tab) → Yes selected

AND

- All administered medications are abstracted
 - Minimum of two medications entered
 - Acetaminophen will only count once, even if both the oral and intravenous options are abstracted
 - If no medications are administered, must abstract “Postop multimodal not used” option (case will fail measure)

Goal #3: Abdominal Hernia Postoperative Measures, cont..

3c. Discharge education includes multimodal pain management teaching

- Goal \geq 90%
- Continuation of measure from 2021 QI project
- Only cases with Discharge Destination equal to Home, or Home with Home Health Care
- Postop Teaching/Counseling (ERP Tab) → Pain Management selected

Goal #4: Case Review of SSI and Returns to ED (5 points)

- Review and analysis of all abdominal hernia repair cases with SSI or return to ED related to surgery.
- New project requirement for 2022
- Instructions to identify cases contained in [QI Tips and Tricks document](#)
- Most sites will have 1 – 5 cases to review; some may have zero cases
- Must include review of SSI cases where SSI was PATOS.
- Your site may already have an existing process for quality review of cases (infection control review, quality dept review) that can be used/adapted for this review.
- [AHRQ Surgical Site Infection Investigation Tool](#) (can also download a Word version of the document)

Goal #4: Case Review of SSI and Returns to ED, cont..

- Provide overall findings summary (# cases and overall rate for each category, trends identified, action plans implemented) with QI project submission on 1/16/2023
- Additional SSI resources available:
 - [MSQC SSI Toolkit](#)
 - [AHRQ Healthcare-Associated Infections Program](#)

Goal #4: Case Review of SSI

Questions to consider when analyzing review findings:

- Are our SSIs primarily due to skin contaminants or enteric organisms?
- Do we have a firm policy to culture all SSIs?
- Is the problem primarily in emergent or elective cases?
- Do we have a policy to use CHG-alcohol as skin prep?
- Does our institution have an evidence-based policy regarding intra-operative blood transfusion?
- Do the SSIs seem localized to particular surgeon, or operating room?
- Do we have a concerted approach to increase bundle compliance?
- Do we need a policy of culturing nares pre-operatively (if high volume of MRSA cases)?
- Are our high-risk patients enrolled in an Enhanced Recovery Program?

Goal #4: Case Review of Returns to ED*

Questions to consider when analyzing review findings:

- Do the returns seem localized to particular reason (pain, bleeding, urinary symptoms, wound issues, N/V, etc.)?
- Are the reasons for return to ED essentially non-urgent, avoidable issues?
- Do we have established discharge criteria that must be met for these potential issues prior to discharging the patient (e.g., void post catheter removal, ability to tolerate oral fluids, understands pain management strategy)?
- Does our patient education content adequately prepare the patient for what to expect related to these issues, and how to seek assistance in the appropriate care setting?
- What time of day/day of week do the majority of these cases occur? Are they during business hours when the office is regularly open?
- Do we have an “after-hours” contact method for patients to use, rather than automatically going to the ED?

Goal #5: Completeness of Documentation

Implement/maintain a plan for ensuring completeness of documentation in the medical record. Documentation template must include:

- Preadmission teaching done
- Hernia occurrence (initial or recurrent)
- Hernia type (reducible, incarcerated or strangulated)
- Hernia location
- Hernia measurements (length & width, or circumference)
- Mesh measurements (length & width, or circumference)
- mesh placement location
- mesh product brand/manufacturer, mesh product name and product ID
- mesh fixation technique/device
- Myofascial/component release (if applicable)

Goal #5: Completeness of Documentation, continued

- Continuation of 2021 QI project requirement – sites continuing the project should already have documentation template in use.
- Sites new to abdominal hernia project in 2022 must have documentation template implemented no later than June 30, 2022
- Submit template to MSQC with 2022 QI project due 1/16/2023
- Include summary of template development/implementation process, successes, barriers, challenges to implementation in 2022 QI report
- Include revisions made in documentation process to improve adoption of the template
- Can use synoptic operative note, smart phrases, or other methods

Abdominal Hernia Repair Multidisciplinary Meeting

Conduct and document at least one multidisciplinary meeting by 3/31/2022

- Meeting can be in-person, virtual, or hybrid format
- Attendees to include surgeons who perform hernia repair surgery, nurses, quality specialists, anesthesia, pharmacists, other relevant staff
- Topics to address:
 - Discuss/establish the Hernia Care Pathway, QI project measures
 - QI project measures
 - Standardized template for hernia and mesh documentation
 - Process to identify and review SSI and return to ED cases

Abdominal Hernia Repair Multidisciplinary Meeting, continued

Topics to address continued:

- Review prior year performance and strategize how to sustain and improve performance
- New sites: discuss how to implement the project
- Continuing sites: include analysis (PDCA, FMEA, RCA or other QI methodology) for measures that did not meet the goals in 2021, and improvement strategies for 2022.
- Submit meeting documentation to MSQC with 2022 QI Project Tracking Sheet & Summary Report (due 1/16/2023)

Goal #6: QI Tracking Sheet and Narrative Summary Report

- Due to MSQC by 1/16/2023
- May be eligible for additional Implementation Points based on thoroughness and completeness of the Summary
- Take credit for QI work on project measures, standardized documentation development and implementation
- Document throughout year to track progress on measure performance, capture QI implementation efforts
- Meetings, communications, process changes, key dates
- Describe improvement efforts, successes, barriers, challenges

Goal #6: QI Tracking Sheet and Narrative Summary Report, continued

- Include all required documentation/attachments
 - Multidisciplinary meeting documentation
 - Smoking cessation education efforts implemented, smoking cessation materials used, process for connecting patients with smoking cessation services
 - Summary of review findings of SSI and returns to ED related to surgery (Goal #4)
 - Standardized documentation template (Goal #5)

Other QI and Performance Index Scorecard Requirements

- Sampled and incomplete cases $\leq 0.5\%$ of total volume (3 points)
- 30-day follow-up rate $\geq 80\%$ per calendar quarter (max. 3 points)
- Collaborative-Wide Measure: Reduce Excess Oral Morphine Equivalent (OME) Prescribing Across All MSQC Procedures (max. 20 points)

2022 Michigan Surgical Quality Collaborative			
Performance Index Scorecard			
Project Time Period: 1/1/2022 – 12/31/2022			
Measure	Weight	Measure Description	Points
5	6	Completeness of Data (maximum 6 pts available)	
		Sampled and incomplete cases $\leq 0.5\%$ total volume	3
		30 day follow-up rate $\geq 80\%$ for 1st quarter 2022 (Jan – March cases)	1
		30 day follow-up rate $\geq 80\%$ for 2nd quarter 2022 (April – June cases)	1
		30 day follow-up rate $\geq 80\%$ for 3rd quarter 2022 (July – September cases)	1
6	20	Collaborative Wide Measure – Reduce Excess Oral Morphine Equivalent (OME) Prescribing Across All MSQC Procedures*	
		OME excess reduction $\geq 10\%$ over 2021 baseline OME excess	20
		OME excess reduction 9.0 - 9.99% over 2021 baseline OME excess	15
		OME excess reduction 8.0 - 8.99% over 2021 baseline OME excess	10
		OME excess reduction 7.0 - 7.99% over 2021 baseline OME excess	5
		OME excess reduction $< 7.0\%$ over 2021 baseline OME excess	0

Sampled and Incomplete Cases \leq 0.5% (3 points)

- Locked, sampled, incomplete cases cannot exceed 0.5% of total case volume
- Will be calculated on locked cases beginning with OR dates in Q4 2021 through Q3 2022*
- Monitor regularly throughout year using Case List filters
 - Year = 2022
 - Case Status = Sampled
 - Complete Status = No
 - Look for cases that locked prior to current date in Lock Date column

*Q4 2021 cases were excluded from 2021 Project Year Sampled and Incomplete case calculations due to shift in project timelines

30 Day Follow-Up Rate (maximum 3 points)

- 1 point awarded per calendar quarter where follow-up rate $\geq 80\%$
- Q1, Q2, and Q3 2022* to be calculated at or near the case lock date:
 - Q1 (1/1 – 3/31/2022 OR dates)
 - Q2 (4/1 – 6/30/2022 OR dates)
 - Q3 (7/1 – 9/30/2022 OR dates)
- 30 Day Follow-Up Dashboard report for monitoring
- Denominator: Case Status = Sampled
Complete Status = Complete
- Numerator: Follow Up Status = Yes

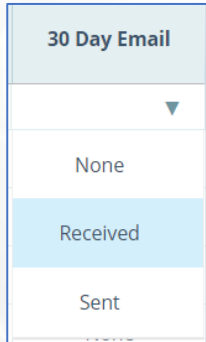
*Follow-up rates for Q4 2022 cases will be monitored in the 2023 QI P4P scorecard due to shift in project timelines

PRO Follow Up Abstraction Workflow Tips

- Upload sample frame prior to, or as soon after POD 30 as possible
- PRO email will be sent as early as POD 31 if the following are entered:
 - Patient first and last name (Demographics tab)
 - Patient email (Demographics tab)
 - Surgeon name (Surgical Profile tab)
 - Death status = No (Surgical Profile tab)
 - Followed for 30 days = No or blank (Follow Up tab)
- Takes advantage of automated PRO survey distribution; patient can respond to PRO even before chart is abstracted by SCQR
- Patient will have better recall to answer PRO questions when surveyed closer to POD 30; patient more likely to be home and available to answer the survey

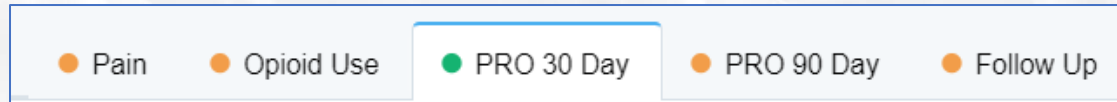
PRO Follow Up Abstraction Workflow Tips, continued

- Check for patient response in Case List 30 Day Email field = Received
- Emailed survey responses received will auto-populate PRO 30 Day tab
 - Do not edit this tab



30 Day Email
None
Received
Sent

- Pain responses will auto-populate Pain tab the day after response received



Pain	Opioid Use	PRO 30 Day	PRO 90 Day	Follow Up
------	------------	------------	------------	-----------

- Saves SCQR time and effort as compared to hard copy letter and/or phone call process to all patients. Only need to contact those that did not answer emailed PRO survey
- Ensure Registration department is capturing email addresses
 - Can run Source Data Export to monitor if email address is being captured

2022 Collaborative Wide Measure (CWM)

Measure: Reduce excess oral morphine equivalent (OME) prescribing across all MSQC procedures, as compared to 2021 baseline OME excess*

Measurement Period: 1/1/2022 – 12/31/2022

All sites will receive points based on the “MSQC-All” performance as a group, rather than the individual site performance.

CWM Score	Points Awarded
OME excess reduction $\geq 10\%$ of the 2021 baseline OME excess	20 points
OME excess reduction 9.0 – 9.99% over the 2021 baseline OME excess	15 points
OME excess reduction 8.0 - 8.99% over the 2021 baseline OME excess	10 points
OME excess reduction 7.0 - 7.99% over the 2021 baseline OME excess	5 points
OME excess reduction $<7.0\%$ over the 2021 baseline OME excess	0 points

*goals may be updated at end of 2021 once more data is available

2022 Collaborative-Wide Measure (CWM), continued

Population:

- All MSQC-eligible procedures
- DC destination of Home, or Home with Home Health Care
- Complete abstraction of DC prescription (opioid type, unit, dose, qty)
- Number of doses taken (collected in 30-day PRO survey)

OME excess = amount of opioid prescribed minus amount consumed

Monitor using Opioid Prescribing Dashboard in Workstation

Measure	MSQC - All - Unadj
Average # of pills prescribed	9.68
Average OME prescribed	72.6
Average OME consumed	41.6
Average OME excess	28.5
% of cases with no opioid prescribed	17.9%
% of cases meeting Michigan OPEN recommendations	89.5%

2022 Collaborative-Wide Measure (CWM), continued

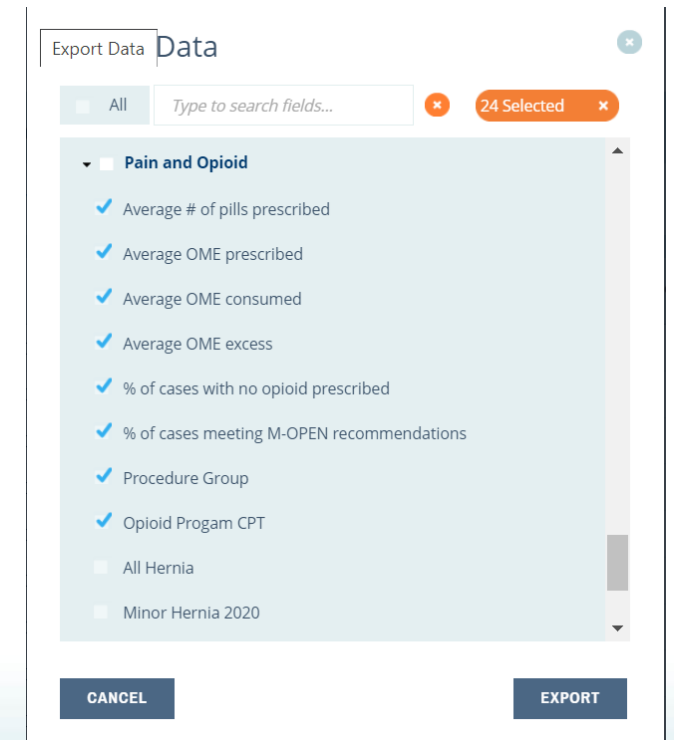
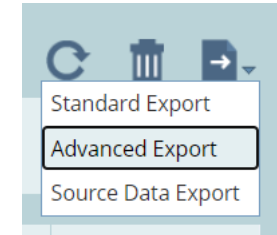
Key Points:

- 30-day PRO Follow-Up is critical for calculating this measure.
- Educate surgery team (surgeons, anesthesia, PAs, NPs, residents) about [M-OPEN Prescribing recommendations](#) and multimodal pain management strategies to reduce opioid use.
- Educate patients on multimodal pain management strategies so they know what to expect and how to manage postoperative pain.
- Even cases prescribed opioids within recommended amounts can still have OME excess if patient requires few opioids
- Should prescribe based on individual patient need

Collaborative-Wide Measure, continued

Advanced Export from OME Excess case list will show case-specific OME excess.

- Select Average # pills prescribed measure, select site denominator value, generate Case List, and do Advanced Export.
- This will export all cases prescribed an opioid, whether they returned PRO or not.
- Can review all cases for over-prescribing
- Cases with Quantity Consumed will have OME excess calculated



Resources

- [2022 MSQC QI Initiatives web page](#)
- [QI 2021 – 2022 Project Changes comparison document](#)
- [CWM & Abdominal Hernia Care Pathway Measures Reference Sheet \(“one-pager”\)](#)
- [Workstation Abdominal Hernia QI, Opioid Prescribing Dashboard Reports](#)
- QI site visits during 2022
- [MSQC Hernia Repair Care Pathway](#)
- SCQR and Hernia Surgery: Everything you wanted to know, but were too afraid to ask. Richard Burney, MD. Presentation at [MSQC SCQR Training Day, June 19, 2020](#)
 - [Video](#) and [Slides](#)

Resources, continued

- Hernia test review cases ([video #1](#); [video #2](#)), [review worksheets](#), and [answers](#) on website
- Sample [hernia synoptic note](#) posted MSQC website
- From Opioid-Only to “Opioid-Free” – Where Does Multimodal Analgesia Fit In? Edward Mariano, MD, MAS. Presentation at [MSQC Virtual Collaborative Meeting with ASPIRE, April 23, 2021](#).
 - [Video](#) and [Slides](#)
- Surgical Pain Management: Procedure Specific Evidence. Melanie Simpson, PhD, RN-BC, OCN, CHPN. Presentation at [MSQC SCQR Training Day, June 19, 2020](#)
 - [Video Introduction and Part 1](#); [Video Part 2](#); and [Slides](#)

Resources, continued

- [QI Tips and Tricks document](#)
- [Patient education resource materials and MSQC FAQs](#)
- [Preoperative Blood Glucose Values Tips Sheet](#)
- [Michigan OPEN Prescribing Recommendations](#)
- [MSQC SSI Toolkit with case review worksheet](#)
- [AHRQ Healthcare-Associated Infections Program](#)
- 2022 MSQC Program Manual: *Follow Up Expectations and Tips*, p. 268

Questions

