**MSQC 2025 Abdominal Hernia Surgeon Engagement QI Tracking and Summary Report**

| **Facility Name:** | **[Insert Facility Name Here]** |
| --- | --- |
| **Report Submitted By:** | **[Enter Name of Report Submitter]** |

**Abdominal Hernia Surgeon Engagement Project Overview**

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| Goal 1. Capture all sampled Abdominal Hernia cases in the data collection |
| Goal 2. Designated Hernia Surgeon Champion to help with the project |
| Goal 3. Multidisciplinary Team (10 points)1. Kickoff meeting before March 31st, 2025
2. Two additional meetings before December 1st 2025
 |
| Goal 5. Surgeon Goals (35 points total)* All hernia surgeons watch the training video (10 points)
* Have all hernia surgeons implement using HerOIQ risk communication tool (10 points)
* Hernia video submission and review (15 points)
 |
| Goal 7. Submit 2025 QI Project Summary  |

**Collaborative Wide Measure Overview**

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| **Collaborative Wide Measure\*: Preop Optimization for elective abdominal hernia surgery:**• Reduce rate of persons with body mass index (BMI) ≥ 40kg/m2 undergoing elective surgery to < 11.5% or 10% relative reduction compared to 10/1/2024 to 9/30/2025 collaborative rate• Reduce rate of persons with active tobacco use undergoing elective surgery to < 14% or 10% relative reduction compared to 10/1/2024 to 9/30/2025 collaborative rate |

**Hospital Wide Measure Overview**

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| **Hospital Wide Measure\*: Preop Optimization for elective abdominal hernia surgery:**• Reduce rate of persons with body mass index (BMI) ≥ 40kg/m2 undergoing elective surgery to < 11.5% or 10% relative reduction compared to 10/1/2024 to 9/30/2025 hospital rate • Reduce rate of persons with active tobacco use undergoing elective surgery to < 14%. or 10% relative reduction compared to 10/1/2024 to 9/30/2025 hospital rate |

**Additional QI Project Requirements Overview**

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| **Collaborative Meetings (3 offered) – Surgical Clinical Quality Reviewer (SCQR)** |
| **Collaborative Meetings (3 offered) – Surgeon Champion (SC)** |
| **Conference Calls (3 offered) – SCQR** |
| **SCQR Participation/Engagement** (Participate in at least one MSQC activity listed in the supplement document) |
| **SC Participation/Engagement** (Participate in at least one MSQC activity listed in the supplement document) |
| **Completeness of Data*** Sampled and incomplete cases ≤ 0.5% total volume
* Case Selection Audit with ≥ 95% agreement (if applicable)
* 30-day follow-up rate ≥ 80% for 4 quarters (October 1, 2024 to September 30, 2025)
 |
| **Complete documentation of designated cancer variables** (CRC, Breast, Whipple, Thyroid) > 90% |

**QI Surgeon Goals (35 points):**

**All Hernia Surgeons Complete Training Video (10 points)**

Measurement Period 1/1/2025 – 12/31/2025

| **Surgeon Name** | **Training Completed Date** | **Comments** |
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**All Hernia Surgeons Implement HerOIQ Risk Communication Tool (10 points):**

Measurement period 4/1/2025-12/31/2025

| **Preoperative**  | **Variable (Case Admin Tab)** | **April/May**  | **June/July** | **August/Sept**  | **Oct/ Nov** | **Dec** | **Final** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *HerOIQ toll used in preoperative counseling* ***>50%*** *of the time*. | HerOIQ tool used -🡪 Yes |  |  |  |  |  |  |

**Hernia video submission and review (15 points)**

* + Your hernia surgeon champion will need to submit a hernia surgery video for review and participate in the review of other videos from surgeons across the state.

| **Surgeon Name** | **Date Video Submitted** |
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**Collaborative Wide Measure Tracking**

Preop Optimization for elective abdominal hernia surgery

* Included CPT codes: Abdominal Hernia CPT codes (same CPT codes that enable hernia tab)
	+ Is CPT code the primary procedure = Yes
* Surgical Priority = Elective
* Disseminated Cancer = No or null

**Measurement Period**: 1/1/2025- 12/31/2025 (cases in Workstation marked Complete (incl. follow-up) as of 1/15/2025 when the final data is pulled)

**Scoring**: points awarded depends on collaborative-wide performance (not individual hospital performance)

Meet both measures 10 points.

Meet one measure 5 points.

No measures met 0 points.

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| • Reduce rate of persons with body mass index (BMI) ≥ 40kg/m2 undergoing elective abdominal hernia surgery to <11.5%. or 10% relative reduction | • Reduce rate of persons with active tobacco use undergoing elective surgery to < 14%. Or 10% relative reduction  |
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| **Performance Tracking Grid** *(for your own use; you are not required to track your data here)* |
| **Tracking Time Period** | **Your Hospital Rate (%)** | **MSQC Rate (%)** | **MSQC Cumulative Rate (%)** |
| *Example: Jan 2024* | *10%* | *20%* | *15%* |
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| **Performance Tracking Grid** *(for your own use; you are not required to track your data here)* |
| **Tracking Time Period** | **Your Hospital Rate (%)** | **MSQC Rate (%)** | **MSQC Cumulative Rate (%)** |
| *Example: Jan 2024* | *10%* | *20%* | *15%* |
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**Hospital Wide Measure Tracking**

Preop Optimization for elective abdominal hernia surgery

* Included CPT codes: Abdominal Hernia CPT codes (same CPT codes that enable hernia tab)
	+ Is CPT code the primary procedure = Yes
* Surgical Priority = Elective
* Disseminated Cancer = No or null

**Measurement Period**: 1/1/2025- 12/31/2025 (cases in Workstation marked Complete (incl. follow-up) as of 1/15/2025 when the final data is pulled)

**Scoring**: points awarded depends on hospital-wide performance (not collaborative performance)

Meet both measures 10 points.

Meet one measure 5 points.

No measures met 0 points.

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| • Reduce rate of persons with body mass index (BMI) ≥ 40kg/m2 undergoing elective abdominal hernia surgery to <11.5%. or 10% relative reduction | • Reduce rate of persons with active tobacco use undergoing elective surgery to < 14%. Or 10% relative reduction  |
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| **Performance Tracking Grid** *(for your own use; you are not required to track your data here)* |
| **Tracking Time Period** | **Your Hospital Rate (%)** | **MSQC Rate (%)** | **MSQC Cumulative Rate (%)** |
| *Example: Jan 2024* | *10%* | *20%* | *15%* |
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| **Performance Tracking Grid** *(for your own use; you are not required to track your data here)* |
| **Tracking Time Period** | **Your Hospital Rate (%)** | **MSQC Rate (%)** | **MSQC Cumulative Rate (%)** |
| *Example: Jan 2024* | *10%* | *20%* | *15%* |
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**Multidisciplinary Meetings held by March 31, 2025 (10 points total)**

**Documentation of Meeting: Enter information below. Attach relevant documents with report submission.**

| **Meeting Requirements** | **Meeting Information/Minutes** |
| --- | --- |
| **a.** Participating hospitals will form a multidisciplinary team to review baseline data, guide quality improvement plans, and implement the care pathway. The multidisciplinary team should include the hernia surgeon champion, other surgeons who perform hernia surgery, nursing, patient navigator, and others as relevant. **b**. Hold a kickoff multidisciplinary meeting before March 31, 2025 Meeting minutes/ notes, including attendees, must be submitted to the coordinating center with the final project submission**. (4 points).** |  |
| c. Two (2) additional multidisciplinary meetings (minimally) before December 1, 2025, which include a review of hernia data.  **(3 points each).** |  |

**Complete the Abdominal Hernia Surgeon Engagement QI Project Summary Report**

**Due to the MSQC Coordinating Center by January 16, 2026. Attach relevant documents with report submission.**

| **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; hernia surgeon training, implementation of the HerOIQ tool for preop counseling |  |
| **Successes:**Example questions:What has your hospital improved on?What are you most proud of? |  |
| **Barriers/challenges**Example questions:What prevented you from improving more?What would you like to see changed? |  |
| **Analysis/Next Steps**Example questions:What is the next step in your quality improvement efforts?What are your hospital’s plans going forward with these changes? |  |

**Additional QI Project Requirements**

Meeting Attendance SCQR Call Attendance

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|  | Surgeon Champion (who attended?) | SCQR(who attended?) |  |  | SCQR (who attended?) |
| April 11 |  |  |  | February 6 |  |
| September 12  |  |  |  | August 7 |  |
| December 12 |  |  |  | November 6 |  |

**Complete documentation of designated cancer variables**

**Measurement period:** 1/1/2025 - 12/31/2025 (cases in Workstation marked Complete (incl. follow-up) as of 1/15/2025 when the final data is pulled)

**Scoring:** > 90% Overall Measure Rate = 5 points, < 90% = 0 points

[**Additional documentation**](https://www.msqc.org/_files/ugd/f7f0b1_9f98ccef11e9438f9ade59d56bb575b5.pdf) islocated on the 2025 Quality Initiatives page of MSQC website.

\*Use of this section is optional. You can track your progress using any method you prefer, and do not need to submit these numbers to MSQC at the end of the year. MSQC already has this data.

| **Time Period** | **Date Obtained** | **Colorectal Cancer (CRC)** | **Breast Cancer** | **Whipple Cancer** | **Thyroid Cancer** | **Overall Measureⱡ** |
| --- | --- | --- | --- | --- | --- | --- |
| Num | Denom | Rate % | Num | Denom | Rate % | Num | Denom | Rate % | Num | Denom | Rate % | **Num** | **Denom** | **Rate %** |
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**ⱡOverall Measure Calculation:** (CRC Num + Breast Num + Whipple Num + Thyroid Num) / (CRC Denom + Breast Denom + Whipple Denom + Thyroid Denom)

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| **Overall Measure Denominator: sum of all eligible:**Colorectal cancer cases + Whipple cancer cases + Breast cancer cases + Thyroid cancer cases | **Overall Measure Numerator:**Sum of all eligible denominator cases that have every designated cancer-specific variable present and documented in the patient’s medical record |

**SCQR Participation/Engagement Activity**

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| Attach relevant documents with the submission or embed them here. |

**Surgeon Champion Participation/Engagement Activity**

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| Attach relevant documents with the submission or embed them here. |