

**MSQC 2021 Colorectal Cancer Surgical Quality Project: Kickoff Webinar**

**Q&A from January 26, 2021 Session**

Question	Answer
So CRC tab will also open on Urgent emergent cases? And we can fill in if we want?	CRC Tab is enabled for all surgical priorities, when included CPT code is entered along with included ICD-10 code. Just like currently, abstract the variables for all CRC cases. Only the elective CRC cases will be included in the QI project.
Have you considered that the measurement period ends less than 30 days before the project summary is due?	We will be including all completed cases in the final measurement, which may not include cases through the end of the year if they are not completed.
Does care pathway have to be separate for colon or rectal cancer or should address both?	It can be combined or separate, whatever would work best at your hospital.
Is it an acceptable work product to have care pathway to focus on all the measures, or just the ones they need to focus on/improve?	From the baseline date, hospitals have some measures they are doing well at and some need more work. The hospital can focus on the measures which need work since most hospitals are already doing most of the measures. The pathway should include all the measures since it shows what the standard of care is for colorectal cancer patients, not only of certain processes. The pathway can highlight the measures being focused on as a way to call those out.
We would love a Source Data Export Colorectal definitions/parameters document as soon as possible as we are already compiling our baseline data- and we would need an update if there are changes to the Source data download for our IT analysts if Arbormetrics makes changes. Problem- we may not have gathered some data- previously- so we don't know where our problems are.	<p>Please see the <a href="#">one-page reference sheet</a> which includes exactly what is included in each measure.</p> <p>Please see the reports guide for how to pull your project data until the reports have been updated in the workstation in the Spring.</p> <p>All sites will have baseline data available before the measurement period starts in April.</p>
For Preop staging test, Yes to documentation in the medical record of a staging test for the primary tumor having been performed preoperatively, but only the test results (not the type of test itself) are noted by the clinician count?	“Preop Staging <u>Test</u> ” is a requirement of the project. As long as one of the four “Yes” options are selected, you would get credit for the measure. One of the Yes options includes “a staging test for the primary tumor having been performed preoperatively, but only the test results (not the type of test itself) are noted by the clinician.”
Ostomy site marking: don't have explicit site marked for their cases. Is it OK if they look for terms in the OP note re: “attention given to the planned ostomy site”, is this adequate evidence?	Terms in op note like ‘selected/chosen/planned/intended’ ostomy site are acceptable to answer Yes. Many times the marking is performed in preop by surgeon and does not necessarily need to be documented by ostomy nurse.
TME grading: if pathologist does not put Grade 1, Grade 2, but are instead using terms such as mesorectal intact, does this count for the measure? They make references to whether it is “intact” or “complete”, but they do not specifically include the terminology of “grade”.	<p>Complete, near complete, and incomplete are acceptable terminology. If you don't see a number grade or this terminology, please send path report to DHL.</p> <p>Dr. Hendren has a TME grading template for pathologists that can be requested.</p>

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<p>One of our CRC surgeons said it's very rare to have more than 12 lymph nodes after the patient had chemo/radiation... how can I respond to them regarding that variable?</p>	<p>From Dr. Hendren: This is a valid concern. There are fewer nodes in mesorectum after rectal cancer is treated with radiation, but national experts on the topic agree more nodes can be found by pathologists if they search for them. Sometimes surgeons will need to ask pathologists to look again, but some cases there just won't be &gt; 12 no matter how hard a pathologist looks. There are no exclusions, but this is why the goal for postop measures is not 100% (it's 60%).</p>
<p>Oral antibiotics/MBP: If mechanical bowel prep is "Yes", but oral antibiotics is "No", does this fail the measure?</p>	<p>If oral antibiotics are not administered with mechanical bowel prep, no credit will be given for the measure.</p>
<p>This call is very helpful. Can we ask how many hospitals are participating in the Colorectal Cancer Project this year? Will there be some update calls with questions and challenges to share information? Also- will there be a FAQ following this meeting?</p>	<p>There are 8 sites participating in the CRC QI project.</p> <p>If there are more questions about the project thru DHL we can compile them and send them out to the group.</p> <p>Is there any interest in having a listserve specific to the CRC project (like SCQR Forum)? If so, let MSQC know and we can set something up.</p>
<p>Baseline data compilation: They are taking preop measures, breaking out each individual measure, looking at numerator and denominator, adding it up, and coming up with an overall rate. Is this how the measure is calculated? Does each individual measure have to meet the goal in the measure category, or do all category numerators and denominators get added together, and then a score is calculated? Example: Preop has 5 measures. If I am at 85% or greater compliance at 4 out of the 5, but one remaining measure is below 75% , what happens with my score?</p>	<p>We will be adding all the numerators and all the denominators within the preop, intraop, postop measures to calculate compliance. The measures with more patients would have a higher weight and may benefit the score.</p> <p>Example: Intraop measures, goal is 80%</p> <ul style="list-style-type: none"> <li>• Mesorectal excision performed = 20/25 patients met the measure (80%)</li> <li>• ≥12 lymph nodes = 60/75 met the measure (80%)</li> <li>• Intraop use of multimodal pain management = 72/75 patients met the measure (96%)</li> </ul> <p>= 152/175 patients met the measures = 86.9%, the goal is met</p>
<p>Slide #6 – shows % equal to or greater than to get points for the intraop MM? The document I have shows the top tier is 75%, but slide #6 shows 60% Change in scorecard percentage? Which measure was affected?</p>	<p>The collaborative wide measure (in P4P scorecard) was updated on the website on 1/15. The goal was reduced from ≥ 75% to ≥ 60% after analysis of completed cases through 1/7/2021. The baseline is 44%.</p>