Quality Improvement Implementation, Option A: Hysterectomy Care Pathway

Project Time Period: 1/1/2021-12/31/2021

Summary: The focus of this project is to work toward the implementation of the MSQC Hysterectomy Care Pathway, improving the care of patients undergoing elective hysterectomy surgery. Based on widely accepted clinical practice guidelines, hospitals will implement the Hysterectomy Care Pathway, making adjustments to meet the practice needs at their site. We hope that this project will inspire multidisciplinary discussions to standardize, document and drive implementation of best practices at each hospital, ultimately improving Hysterectomy patient care.

QI Implementation Requirements: For elective hysterectomy patients, in addition to MSQC core data collection, participating hospitals will collect the variables outlined in this project. Hospitals will be required to ensure documentation of cases is complete with all the elements of best practices for hysterectomy patients. Hospitals will also need to describe their process for reviewing and monitoring uterine surgical specimens without pathology findings supporting the need for hysterectomy. * Identifying an OB/GYN surgeon champion for this QI project will also be required.

QI Implementation Goals: Implement/document all of the following steps for elective hysterectomy patients as specified below. Measurement period will be 4/1/2021 – 12/31/2021 (unless otherwise indicated).

Preoperative	Intraoperative	Postoperative
Preadmission teaching includes multimodal pain management	Intraoperative use of multimodal pain management	Order for multimodal pain management
Alternative treatments offered/ tried/ declined, or contraindications documented (if applicable)	Intraoperative nausea and vomiting prophylaxis for PONV	Discharge education includes pain management teaching
Glycemic control: • HgbA1C if diabetic • random blood sugar (if not diabetic)		
Appropriate antibiotics (see Table A)		

- Demonstrate 80% compliance with the **identified preoperative measures (10 points):**
    - Preadmission teaching that discusses expectations after surgery including multimodal pain management
    - Alternative treatments tried before undergoing a hysterectomy
    - HgbA1C for diabetics or random blood sugar for non-diabetic patients
    - Appropriate antibiotics (see Table A)

- Demonstrate 80% compliance with the **identified intraoperative measures (10 points):**
    - Intraoperative use of multimodal pain management
        - 2 or more non-opioid pain medications given
    - Intraoperative nausea and vomiting prophylaxis for PONV
        - 2 or more anti-emetics given

- Demonstrate 80% compliance with the **identified postoperative measures (10 points):**
    - Order for multimodal pain management
    - Discharge education includes multimodal pain management teaching

In addition, sites will be required to:

- Meet **M-OPEN opioid prescribing recommendations** for 90% of hysterectomy cases (measurement period 1/1/2021 – 12/31/2021) **(5 points)**

- Conduct and document at least one **multidisciplinary meeting by March 31, 2021** that includes OB/GYN physicians, nurses, quality, pharmacy and other relevant staff to discuss the Hysterectomy Care Pathway, create a plan to ensure complete documentation of hysterectomy cases and distribute/discuss the hysterectomy surgical approach algorithm. Submit documentation of the meeting to the MSQC Coordinating Center with the 2021 QI project submission. **(5 points)**

- Submit the hysterectomy **QI project summary report** using the MSQC report template (including the methods used to ensure completeness of medical record documentation, and process of uterine surgical specimen review) to the MSQC Coordinating Center by **January 17, 2022**. (**10 points**)
    - Create a plan for ensuring **completeness of documentation** in the medical record (H&P and OR note) at your hospital that includes:
        - Indications for hysterectomy
        - Alternatives offered / tried / declined before having surgery (if appropriate, in non-cancerous diagnoses)
        - Contraindications to any alternative treatments
        - Preoperative ultrasound/imaging findings (except for prolapse)
        - Planned surgical approach and rationale
    - Describe your hospital's **process for reviewing and monitoring uterine surgical specimens without pathology findings supporting the need for hysterectomy**. (*Guidance note: These cases are those with pathology findings (e.g. normal, unremarkable, physiologic, reactive, or of minor importance) amenable to medical or surgical treatment less invasive than hysterectomy. In general, these changes would rarely require hysterectomy to relieve a patient of symptoms.)

Table A

Appropriate IV Prophylactic Antibiotics for Hysterectomy (administered within 60 minutes before incision)
Cefazolin 2g (3 g if weight ≥120kg) **AND** metronidazole 500mg[1]
Cefazolin 2 g (3 g if weight ≥ 120 kg)[2]
Cefotetan 2 g[2]
Cefoxitin 2 g[2]
Ampicillin-sulbactam 3 g (ampicillin 2 g/sulbactam 1 g) [2,*] *Due to increasing resistance of Escherichia coli to fluoroquinolones and ampicillin–sulbactam, local population susceptibility profiles should be reviewed prior to use.
[1]Till SR, Morgan DM, Bazzi AA, et al. Reducing surgical site infections after hysterectomy: metronidazole plus cefazolin compared with cephalosporin alone. Am J Obstet Gynecol 2017;217:187.e1-11. https://www.ncbi.nlm.nih.gov/pubmed/28363438 [2]Bratzler DW, Dellinger EP, Olsen KM, et al. Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health-Syst Pharm. 2013; 70:195–283. The entire Clinical Practice Guidelines from the American Society of Healthcare Pharmacists can be viewed here MSQC Hysterectomy Care Pathway (2019)