

Quality Improvement Implementation, Option B: Abdominal Hernia Care Pathway

Project Time Period: 1/1/2022-12/31/2022

Summary: The focus of this project will continue to build upon the gains achieved with implementation of the MSQC Hernia Care Pathway in the 2021 project year. This work will continue to improve care of patients undergoing abdominal hernia surgery. Using widely accepted clinical practice guidelines as a starting point, hospitals will implement the care pathway and adjust to meet the practice needs at their hospital. The site will monitor performance to identify the need for process modifications and sustain improvement over time. We hope that this project will inspire multidisciplinary discussions to standardize, document and drive implementation of best practices at each hospital, ultimately improving patient care.

QI Implementation Requirements: For abdominal hernia repair patients, in addition to MSQC core data collection, participating hospitals should collect the complete hernia variable set. Hospitals will continue use of the standard documentation template for surgeon documentation/charting (Surgeon’s Operative Report), implemented during the 2021 project year.

Sites new to the project in 2022 will be required to implement a documentation template at their facility that includes all the elements of best practices, no later than June 30, 2022. Your facility will need to adopt a template format that works for your surgeons and with your EMR.

In addition, all sites will perform a separate review of abdominal hernia cases with SSI or unplanned return to ED related to surgery.

QI Implementation Goals: Implement steps to improve upon and monitor the process measures for abdominal hernia patients as specified below. Measurement Period will be the entire calendar year (1/1/2022 – 12/31/2022).

Preoperative	Intraoperative	Postoperative
Preadmission teaching includes multimodal pain management When applicable, documented patient education provided on: <ul style="list-style-type: none"> • Smoking cessation • Weight/obesity 	Hernia and mesh documentation: <ul style="list-style-type: none"> • Hernia measurements (length & width, or diameter) • Hernia location • Mesh measurements (length & width, or diameter) • Product name/product ID# • Brand/manufacturer • Placement location • Fixation technique/device 	Multimodal pain management <ul style="list-style-type: none"> • Postoperative <u>order</u> for multimodal pain management (2 or more non-opioid medications) if d/c on POD 0 • Postoperative <u>use</u> of multimodal pain management (2 or more non-opioid medications) if d/c ≥ POD 1
Glycemic Control: <ul style="list-style-type: none"> • HbA1c if diabetic • Random blood sugar (if not diabetic) 	Use of intraoperative multimodal pain management	Discharge education includes pain management teaching

Goal #1: Preoperative Goals (20 points total)

- **Goal 1a:** Preadmission teaching that discusses expectations after surgery including multimodal pain management $\geq 90\%$ **(5 points)**
- **Goal 1b:** Patient optimization discussion related to smoking cessation (if applicable) $\geq 80\%$ **(5 points)**
- **Goal 1c:** Patient optimization discussion related to weight/obesity (if applicable) $\geq 80\%$ **(5 points)**
- **Goal 1d:** HbA1c obtained for diabetics or random blood sugar obtained for non-diabetic patients $\geq 80\%$ **(5 points)**

Goal #2: Intraoperative Goals (10 points total)

- **Goal 2a:** Hernia and mesh documentation includes all of the following elements $\geq 90\%$ **(5 points):**
 - Hernia measurements (length & width, or diameter)
 - Hernia location
 - Mesh measurements (length & width, or diameter)
 - Product name/product ID#
 - Brand/manufacturer
 - Placement location
 - Fixation technique/device
- **Goal 2b:** Use of intraoperative multimodal pain management $\geq 90\%$ **(5 points)**

Goal #3: Postoperative Goals (15 points total)

- **Goal 3a:** Postoperative order for multimodal pain management (2 or more non-opioid medications) if discharged on POD zero $\geq 90\%$ **(5 points)**
- **Goal 3b:** Postoperative use of multimodal pain management (2 or more non-opioid medications) if discharged on or after POD one $\geq 90\%$ **(5 points)**
- **Goal 3c:** Discharge education includes multimodal pain management teaching $\geq 90\%$ **(5 points)**

Other Project Goals

- **Goal #4:** Your site will perform an internal quality review of each abdominal hernia case that has a postoperative SSI or a return to the ED related to the surgery, 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. **(5 points)**
- **Goal #5:** Implement/maintain/update a comprehensive template for standardized charting at your hospital, adjusting your implementation approach to achieve widespread adoption of the template. Carry-over project sites should review their adoption of the template implemented during 2021 and make necessary modifications to the template and/or implementation process to ensure widespread use. New project sites must implement the documentation template no later than June 30, 2022. The template must include the following documentation elements:
 - Preadmission teaching that was done
 - preadmission education
 - glycemic control
 - smoking cessation (if applicable)
 - weight loss discussion (if applicable)
 - Hernia documentation
 - Hernia occurrence (initial or recurrent)
 - Hernia type (reducible, incarcerated or strangulated)
 - Hernia location

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- Hernia measurements (length & width, or circumference)
 - Mesh documentation
 - mesh measurements (length & width, or circumference)
 - mesh placement location
 - mesh product name
 - mesh product ID
 - mesh product brand/manufacturer
 - mesh fixation technique/device
 - Myofascial/component release (if applicable)
- **Goal #6:** Submit a **QII Project Summary** on or before **January 16, 2023**, which includes a narrative and activity tracking of the steps to implementation of the Hernia Care Pathway, quality measures, SSI outcome measure, 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 QII Project Summary submission must also include the following, provided separately, or integrated within the Summary:

- All participating sites: Conduct at least one **multidisciplinary meeting** before **March 31, 2022**, that includes surgeons who perform hernia repair, nurses, quality specialists, anesthesia, pharmacy and other relevant staff to discuss and establish the Hernia Care Pathway, QI project measures, create/maintain a plan to ensure complete documentation of hernia repair cases, and establish a process to identify and review abdominal hernia cases with SSI or returns to ED related to surgery.
 - Project carry-over sites should use this opportunity to re-group, review prior year performance, and strategize how to sustain/improve performance. New project sites should use this opportunity to discuss how to implement the project. Meeting notes including attendees must be submitted.
 - Continuing sites: the meeting notes must also include analysis (PDCA, FMEA, RCA or other QI methodology) which was discussed by the team for all carry-over measures that did not meet the goals in 2021, and improvement strategies for 2022. Meeting notes including attendees must be submitted
- MSQC is committed to improving smoking cessation before surgery, please submit with your project the efforts your site has taken to increase the success of smoking cessation before surgery. Submit the materials that you are using for patient teaching and the process that is followed to identify smokers and connect them with cessation services.
- Include a summary of the findings from your site's internal quality review process of each abdominal hernia case with SSI or a return to ED related to the surgical procedure. (from Goal #4)
- Include an analysis on implementation/adoption of the hernia documentation template, and how the template or process was modified to achieve widespread adoption. The documentation template must also be submitted. (from Goal #5)

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CPT Codes included in the project:

49560	Repair initial incisional or ventral hernia; reducible.
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated.
49565	Repair recurrent incisional or ventral hernia; reducible.
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated.
49570	Repair epigastric hernia; reducible.
49572	Repair epigastric hernia; incarcerated or strangulated.
49585	Repair umbilical hernia, age 5 years or older; reducible.
49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated.
49590	Repair Spigelian hernia.
49652	Laparoscopy, surgical, repair, ventral, umbilical, Spigelian or epigastric hernia; reducible.
49653	Laparoscopy, surgical, repair, ventral, umbilical, Spigelian or epigastric hernia; incarcerated or strangulated.
49654	Laparoscopy, surgical, repair, incisional hernia; reducible.
49655	Laparoscopy, surgical, repair, incisional hernia; incarcerated or strangulated.
49656	Laparoscopy, surgical, repair, recurrent incisional hernia; reducible.
49657	Laparoscopy, surgical, repair, recurrent incisional hernia; incarcerated or strangulated