

MSQC 2022: Hysterectomy Care Pathway Measures Reference Sheet

Revised 3/15/2022

Collaborative Wide Measure

Measurement Period 1/1/2022 – 12/31/2022 (from Workstation Opioid Prescribing Dashboard report)

- Goal: Reduce excess oral morphine equivalent (OME) prescribing across all MSQC procedures (“lower is better” measure)*
 - ≤ 25.9 OME excess: 20 points
 - 26.0 – 26.6 OME excess: 15 points
 - 26.7 – 27.1 OME excess: 10 points
 - 27.2 – 27.4 OME excess: 5 points
 - > 27.4 OME excess: 0 points

*2021 baseline of 28.8 OME excess was calculated using 2021 surgery data available as of 1/18/2022.
- Population:
 - All MSQC-eligible procedures (as defined in 2022 Program Manual Appendix A), and
 - Discharge destination of Home, or Home with Home Health Care, and
 - Complete abstraction of discharge opioid prescription (including opioid type, unit, dose, and quantity prescribed), and
 - Number of doses taken (collected in 30-day PRO survey)

Goal #1: Preoperative Goals (5 points each, 30 points total). Measurement Period 1/1/2022 – 12/31/2022

Preoperative Measure (elective cases only)	Variable
1a. Preadmission teaching includes multimodal pain management ≥ 90%	ERP Tab: Pre-admission counseling/ teaching →Pain Management selected
1b. Documented patient education related to smoking* cessation ≥ 80% *includes cases where Tobacco Use within 1 month – Cigarette = “Yes”	ERP Tab: Pre-admission counseling/ teaching →Tobacco Cessation selected
1c. Documented patient education related to weight/obesity* ≥ 80% *includes cases where BMI ≥ 40	ERP Tab: Pre-admission counseling/ teaching →Weight Reduction selected
1d. Alternative treatments offered/ tried/ declined, or contraindications documented for specific diagnoses ≥ 90%. <ul style="list-style-type: none"> • Adenomyosis, chronic pelvic pain, endometriosis • Abnormal uterine bleeding, uterine fibroids • Prolapse • “Other, not listed above” option in “Indications for Procedure” variable 	Preop Tab: Alternative Treatments to Hysterectomy →Yes, or Methods discussed, but not specifically documented selected
1e. Glycemic control: HbA1c if diabetic* or RBS if at-risk** non-diabetic ≥ 80% *DM = Non-insulin or Insulin **Age ≥ 45 or BMI ≥ 30	Lab Values Tab →If diabetic, HbA1c value entered; if not diabetic, Fasting Blood Glucose or Blood Glucose or HbA1c value entered
1f. Appropriate antibiotic administered* ≥ 90% *Excludes cases with general Antibiotic measure Exception, or certain <i>Hysterectomy Care Pathway QI exception rationales</i> of: not an elective Hysterectomy or not a Hysterectomy Care Pathway QI Case; Allergy; Shortage; or Other MSQC-approved reason	Prophylactic IV Antibiotics Tab: Prophylactic Antibiotics administered before incision [Surgery Start Time]? →Yes, AND acceptable IV antibiotic regimen entered AND Administration Start Time is within 60 minutes prior to surgery start

Goal #2: Postoperative Goals (5 points each, 15 points total). Measurement Period 1/1/2022 – 12/31/2022

Postoperative Measure (elective cases only)	Variable (ERP Tab)
2a. Postoperative <u>order</u> for multimodal pain management (2 or more non-opioid medications) if discharged on POD 0 ≥ 90%	Postoperative Multimodal Pain Management <u>ordered</u> within the first 24 hours following surgery? →Yes selected
2b. Postoperative <u>use</u> of multimodal pain management (2 or more non-opioid medications) if discharged on or after POD 1 ≥ 90%	Postoperative Use of Multimodal Pain Management Types → all administered medications are abstracted (minimum of two medications entered)
2c. Discharge education includes multimodal pain management teaching* ≥ 90% *Discharge Destination equal to Home, or Home with Home Health Care	Postop Teaching/Counseling →Pain Management selected