

Quality Improvement Implementation, Option F: Abdominal Hernia Surgeon Engagement
Project Time Period: 1/1/2025-12/31/2025

Summary: The focus of this project will continue to build upon the gains of the past MSQC hernia project and to garner the engagement of more hernia surgeons across the state of Michigan to increase the quality of care for hernia surgery patients.

QI Implementation Requirements: For abdominal hernia repair patients, in addition to MSQC core data collection, participating hospitals should collect the complete hernia variable tab. This should already be in practice but is essential for a successful project.

Surgeon Champion: Each site will designate a surgeon champion who performs hernia surgery to lead this project. The expectations are the surgeon lead will help the SCQR disseminate information at the hospital, be engaged with MSQC for the Hernia Surgery QI project, which may also include attending the 2025 MSQC Meetings pertaining to hernia surgery and the 2025 Hernia Summit.

Multidisciplinary team (10 points total):

- Participating hospitals will form a multidisciplinary team to discuss implementation of the risk communication tool. The multidisciplinary team should include the hernia surgeon champion, other surgeons who perform hernia surgery, nursing, patient navigator, IT to help with the dot phrase into the EMR.
- Hold a multidisciplinary meeting before March 29, 2025. Meeting notes, including attendees, must be submitted to the coordinating center with the final project submission. **(4 points)**.
- Two (2) additional multidisciplinary meetings (minimally) before December 1, 2025, which include a review of the implementation of the HERIOQ tool into practice **(3 points each=6 points)**.

QI Surgeon Goals:

- All hernia surgeons at your site will watch the training video **(10 points)**
- Have all your hernia surgeons start using the HerIOQ risk communication tool (Measurement starts 4/1/2025 cases) **(10 points)**–
 - This would be documented by a dot phrase that could be abstracted from the EMR like the preop optimization pathway. This will need to be built into the EMR which will take some time.
 - While waiting for the dot phrase to be built you will need to document in the preop note that the HerIOQ risk communication tool was used.

- The goal would be to integrate the HerOIQ risk communication tool into your practice.
 - ***The 2025 goal would be the use of the tool >50% of the time.***
- 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.

Submit a **QII Project Summary** on or before **January 16, 2026**, which includes a narrative and activity tracking of the steps to implementation, successes and barriers, and analysis and next steps (a template is available on MSQC website).

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