

## MSQC 2022 QI Project Tips

- All QI project documents are posted on the [2022 Quality Initiatives page](#) of the MSQC website.
- Measurement period for nearly all measures is 1/1/2022 – 12/31/2022. Data pulled for calculating the QI measures must be marked as Complete in the Workstation.
- Implement processes necessary for QI measures as soon as possible. This will provide you with more time to monitor and make necessary adjustments based on your performance.
- Sites will monitor their own QI performance on demand using the Workstation dashboard reports. ([See list of measures and report locations](#) at the end of this document.)
- Consistent and timely abstraction workflow is critical for project success. Reviewing cases as close to POD 30 as possible allows you to:
  - take advantage of obtaining the most timely QI measure performance data. Since only completed cases are included in Dashboard reports, if you abstract closer to the lock date, you will not have adequate time to adjust processes and then monitor again for improvement before the project period ends.
  - leverage the Workstation automated PRO survey distribution via patient email to assist in receiving earlier and more frequent returns on the PRO survey, and, therefore, closing out the follow-up process.
- All 2022 cases marked as Complete in the Workstation as of 1/16/2023 will be used to calculate final project performance. For example, completing cases at 45 days after the operation date means that when data is pulled on 1/16/2023 for final QI performance, it will include surgeries through 12/2/2022. If you are abstracting close to the lock date, your performance will be based on cases through September, which means that any gains you achieved during the remainder of the year (Oct, Nov, Dec) will not be reflected in your project score. See additional abstraction timeframe examples in the table below.

POD of case completion	Case dates represented in 1/16/2023 data pull
30	1/1/2022 – 12/17/2022
45	1/1/2022 – 12/2/2022
60	1/1/2022 – 11/17/2022
75	1/1/2022 – 11/2/2022
90	1/1/2022 – 10/18/2022
105	1/1/2022 – 10/3/2022
120	1/1/2022 – 9/18/2022

General Project Timeline	
Date	Activity
December 2021	<ul style="list-style-type: none"> <li>• Review 2022 project options and declare your site’s selection by December 17, 2021. Sites choosing hysterectomy project must designate a project surgeon champion.</li> <li>• Compile 2021 QI Project Summary for submission to MSQC no later than 1/17/2022.</li> <li>• Get the required multi-disciplinary meeting scheduled on attendee calendars</li> </ul>

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Date	Activity
December 2021 – January 2022	<ul style="list-style-type: none"> <li>Review your baseline (2021) performance on project quality measures to identify areas of concern.</li> <li>Host the meeting as soon as possible (early January is preferable, to provide sufficient time for implementing project work).</li> </ul>
January 2022	<p>Measurement Period begins 1/1/2022</p> <ul style="list-style-type: none"> <li>1/17/2022 – deadline to submit your completed 2021 QI Project Summary to MSQC.</li> <li>Hysterectomy and hernia: review standardized documentation requirements for your QI project and modify documentation templates as necessary.</li> </ul>
January – February 2022	<ul style="list-style-type: none"> <li>Hold multidisciplinary meeting; <ul style="list-style-type: none"> <li>share new project requirements, baseline performance, areas of concern.</li> <li>team will identify and implement process improvements necessary to improve performance and meet other project requirements.</li> </ul> </li> <li>Roll out project to stakeholders and inform of project requirements – surgeons, nursing, etc.</li> <li>Maintain or catch up on case abstraction; close out 2021 cases as soon as possible so site can begin abstracting 2022 cases as close to POD 30 as possible</li> </ul>
February 2022	<p>Develop and implement processes for:</p> <ul style="list-style-type: none"> <li>regularly reviewing project performance and reporting progress to stakeholders</li> <li>regularly identifying, reviewing, and tracking of SSI and cases with return to ED related to surgery.</li> <li>monitoring and reviewing hysterectomy benign surgical specimen pathology (hysterectomy project).</li> </ul>
March 2022	<ul style="list-style-type: none"> <li>Site should be abstracting 2022 cases.</li> <li>2021 case abstraction should be complete.</li> <li>Pull final 2022 baseline data (from 2021 completed cases)</li> </ul>
March – April 2022	<ul style="list-style-type: none"> <li>Should have January and February, possibly March cases abstracted in the Workstation.</li> <li>Monitor your abstraction progress to ensure that no incomplete cases lock out.</li> </ul>

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General Project Timeline	
Date	Activity
Ongoing	<ul style="list-style-type: none"><li>• Review project performance data; keep stakeholders informed.</li><li>• Determine if processes need to be revised; make adjustments and follow up to determine effectiveness.</li><li>• Keep Project Tracking Sheet up to date.</li><li>• Maintain abstraction workflow volume so site is reviewing cases no later than 90 days.</li><li>• Regularly check for incomplete cases that are nearing the lock date, and complete the case review before that date.</li><li>• Maintain tracking and review of project cases with SSI or Return to ED Related To Surgery.</li><li>• Monitor 30-day follow-up compliance (threshold <math>\geq</math> 80% per calendar quarter)</li><li>• Regularly-scheduled meetings with multidisciplinary group to review project performance, identify gaps, and modify processes as needed.</li></ul>
January 2023	The 2022 QI project report is due to MSQC no later than 1/16/2023.

QI Project Monitoring Reports	
Measure	Report
Workstation Dashboard	
All projects: Preop, Intraop, and Postop measures	Procedure-Specific QI Dashboard in Workstation: Colorectal Cancer; Hysterectomy 2021 QI; and Abdominal Hernia.
Returns to ED related to surgery (all projects)	<ol style="list-style-type: none"> <li>1. Workstation Reports &gt; Dashboard Summary &gt; Utilization graph &gt; ED Visit (%).</li> <li>2. Set filters: <ol style="list-style-type: none"> <li>a. Specialty = Hysterectomy; or General Surgery &gt; Hernia Repair; or General Surgery &gt; Colectomy and Proctectomy (will need to perform this process twice, once for each procedure group)</li> <li>b. Emergent = Elective for hysterectomy and CRC; or All for Hernia Repair</li> <li>c. Period = time frame you want</li> </ol> </li> <li>3. Once report refreshes from filter updates, click on your site's blue bar in the graph.</li> <li>4. When the numerator number appears on the page header, click on it to generate a case list of all cases that returned to the ED.</li> <li>5. Verify if case is included in QI project: <ol style="list-style-type: none"> <li>a. Hysterectomy – all cases listed</li> <li>b. Abdominal Hernia – open Surgical Profile tab to determine if Principal Procedure CPT matches <a href="#">the list of codes included in the project</a> (excludes inguinal and femoral hernias)</li> <li>c. CRC: determine if case meets <a href="#">CRC eligibility requirements</a></li> </ol> </li> <li>6. Open case to the Postop Events tab to determine if: <ol style="list-style-type: none"> <li>a. Event Type = ED</li> <li>b. Was visit likely related to principal procedure = Yes</li> <li>c. Can scroll through cases to identify those that require further review.</li> </ol> </li> <li>7. Rather than scrolling through cases, run a Source Data Export file from the Case List that includes the pertinent fields from the Surgical Profile, Postop Events tab, and any other variables you want to review.</li> </ol>
Surgical site infections (all projects)	<ol style="list-style-type: none"> <li>1. Workstation Reports &gt; Dashboard Summary &gt; SSI/Sepsis graph &gt; SSI (All)</li> <li>2. Set filters: <ol style="list-style-type: none"> <li>a. Specialty = Hysterectomy; or General Surgery &gt; Hernia Repair; or General Surgery &gt; Colectomy and Proctectomy (will need to perform this process twice, once for each procedure group)</li> <li>b. Emergent = Elective for hysterectomy and CRC; or All for Hernia Repair</li> <li>c. Period = time frame you want</li> </ol> </li> <li>3. Once report refreshes from filter updates, click on your site's blue bar in the graph.</li> <li>4. When the numerator number appears on the page header, click on it to generate a case list of all cases with SSI.</li> <li>5. Verify if case is included in QI project: <ol style="list-style-type: none"> <li>a. Hysterectomy – all cases listed</li> </ol> </li> </ol>

QI Project Monitoring Reports	
Measure	Report
	<ul style="list-style-type: none"> <li>b. Abdominal Hernia – open Surgical Profile tab to determine if Principal Procedure CPT matches <a href="#">the list of codes included in the project</a> (excludes inguinal and femoral hernias)</li> <li>c. CRC: determine if case meets <a href="#">CRC eligibility requirements</a></li> </ul> <ul style="list-style-type: none"> <li>6. Can scroll through cases to identify those that require further review.</li> <li>7. Rather than scrolling through cases, run a Source Data Export file from the Case List that includes the pertinent fields from the Surgical Profile, Postop Occurrences tab, and any other variables you want to review.</li> </ul>
Collaborative-wide measure: OME Excess	<ul style="list-style-type: none"> <li>1. Workstation Reports &gt; Opioid Prescribing Dashboard</li> <li>2. Set filters: <ul style="list-style-type: none"> <li>a. Procedure Group = All MSQC Cases</li> <li>b. Emergent = All</li> <li>c. Sample Group = Core MSQC Sample Only (excludes Oversampled Cases; filter not yet released. New filter will be put into production with 2022 programming updates)</li> <li>d. Period = time frame you want</li> </ul> </li> <li>3. Select “Average OME excess” measure in the measure grid to obtain the OME excess data (the report defaults to “Average # of pills prescribed”, so make sure that you have the correct measure selected)</li> <li>4. This is a collaborative-wide measure, so points will be awarded based on the “MSQC-All” performance (the green bar on the graph). You can see your own site’s performance in the blue bar on the graph.</li> <li>5. If you wish to see OME excess case outliers for your site: <ul style="list-style-type: none"> <li>a. Click on the blue bar in the graph so the detail numbers appear in the page header.</li> <li>b. Click on the Data Points number to generate a case list (Data Points is the denominator number).</li> <li>c. Run the Advanced Export file of the cases, and select the pertinent fields from the Identifiers, Pain &amp; Opioid tabs and any other variables you want to review.</li> <li>d. This report will show the actual OME <u>excess</u> for the case, which is the OME prescribed minus the OME consumed (in other words, the amount of OME that is left over in the prescription).</li> <li>e. For reference, the OME in 10 tablets of 5 mg oxycodone is 75 OME.</li> <li>f. If you see outliers, double-check that there are no errors in the abstraction. Pay close attention to liquid opioids, since those tend to be challenging to abstract.</li> <li>g. This report will not show you the values of the opioid prescription variables (type, unit, dose, prescribed). To see this information, you will either need to open the case in the Workstation or run a Source Data Export.</li> </ul> </li> </ul>
30-day follow up compliance	<ul style="list-style-type: none"> <li>1. Workstation Reports &gt; 30 Day Follow-Up</li> <li>2. Set filters: <ul style="list-style-type: none"> <li>a. Period = time period you want</li> <li>b. Trending Interval = Quarterly</li> <li>c. Sample Group = Core MSQC Sample Only</li> </ul> </li> <li>3. This report includes Sampled cases with Complete Status = Yes</li> </ul>

QI Project Monitoring Reports	
Measure	Report
Sampled and incomplete cases	<p>Workstation Case List, set filters for:</p> <ol style="list-style-type: none"> <li>1. Year (2022 for 2022 cases; 2021 for Q4 2021 cases)</li> <li>2. Case Status = Sampled</li> <li>3. Complete Status = No</li> <li>4. Look for cases with Procedure Date from the calendar quarter(s) you are monitoring that have a Lock Date prior to the current date</li> </ol>
Colorectal Cancer positive margins	<ol style="list-style-type: none"> <li>1. Workstation Reports &gt; Colorectal Cancer</li> <li>2. Set filters:               <ol style="list-style-type: none"> <li>a. Report Measures = Pathology Factors</li> <li>b. Colorectal Cancer Type = All Cancer</li> <li>c. Emergent = Elective</li> <li>d. Period = time frame you want</li> </ol> </li> <li>3. Once report refreshes from filter updates, select “Positive Margin Rate” from the list of measures.</li> <li>4. Click on your site’s blue bar in the graph.</li> <li>5. When the numerator number appears on the page header, click on it to generate a case list of all cases with positive margins.</li> </ol>
Hysterectomy benign pathology case denominator	<ol style="list-style-type: none"> <li>1. If you identify a uterine surgical specimen with benign pathology*, verify if the case was performed for Indications for Procedure variable options of:               <ol style="list-style-type: none"> <li>a. #6 – Adenomyosis, chronic pelvic pain, endometriosis</li> <li>b. #7 – Abnormal uterine bleeding, uterine fibroids</li> </ol> </li> <li>2. If yes, then the case should be reviewed. If not, the case is excluded.</li> <li>3. To identify a denominator that includes all of these cases, you can run a Source Data Export (SDE)** from Workstation, and include Indications for Procedure field to identify eligible cases.</li> <li>4. Workstation Reports &gt; Hysterectomy 2021 QI</li> <li>5. Set filters:               <ol style="list-style-type: none"> <li>a. Hysterectomy Type = All</li> <li>b. Elective = Elective</li> <li>c. Period = time period you want</li> </ol> </li> <li>6. Select Preop – Alt. treatments offered/tried/declined measure</li> <li>7. Select the blue bar on the graph, which will then display the measure denominator in the page header.</li> <li>8. When the denominator number appears on the page header, click on it to generate a case list. Running a SDE on this case list and including the Indications for Procedure field will allow you to identify just the cases in variable option groups of:               <ol style="list-style-type: none"> <li>a. Adenomyosis, chronic pelvic pain, endometriosis</li> <li>b. Abnormal uterine bleeding, uterine fibroids</li> </ol> </li> <li>9. Review the SDE output file to determine the # of cases with Indication variable options containing only #6 and/or #7. (If any variable option # other than 6 or 7 appears on a case, then that case is excluded).</li> </ol> <p>*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.).</p> <p>**Written instructions on how to run the SDE are located <a href="#">here</a>. A walkthrough of how to use the SDE functionality is shown in <a href="#">this video</a> from 56:10 – 1:00:14.</p>

QI Project Monitoring Reports	
Measure	Report
Hysterectomy surgical approach algorithm	<p>The Hysterectomy Overview report will provide a breakdown of hysterectomy surgical approaches.</p> <ol style="list-style-type: none"> <li>1. Workstation Reports &gt; Hysterectomy Overview</li> <li>2. Set filters:               <ol style="list-style-type: none"> <li>a. Cancer = No Cancer (filter not yet released. New filter will be put into production with 2022 programming updates)</li> <li>b. Sample Group = Core MSQC Sample Only (excludes Oversampled Cases; filter not yet released. New filter will be put into production with 2022 programming updates)</li> <li>c. Period = time frame you want</li> </ol> </li> <li>3. Report stratifies cases based on surgical approach</li> </ol> 