**MSQC 2025 Frailty QI Project Summary and Tracking Report**

| **Facility Name:** | **[Insert Facility Name Here]** |
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| **Report Submitted By:** | **[Enter Name of Report Submitter]** |

**Frailty QI Project Overview**

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| Goal 1. Complete Frailty tab for all eligible cases |
| Goal 2. Multidisciplinary Team (9 points total/ 3 points each)1. Kickoff meeting before March 31st, 2025
2. Two additional meetings before December 1st 2025
 |
| Goal 3. Use of Frailty tool for preoperative frailty screening (10 points total) |
| Goal 4. Conversation between surgeon and patient/caregivers occurs for > 75% of patients who screen frail or prefrail (8 points)  |
| Goal 5. Patient /caregiver goals for surgery are documented for>75% of patients who are screened as frail or prefrail (8 points) |
| Goal 6. Provide preoperatively patient and/or caregiver education (10 points) |
| Goal 7. Submit the 2025 Frailty Project QI Summary by January 16, 2026. |

**Collaborative Wide Measure Overview**

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| **Collaborative Wide Measure\*: Preop Optimization for elective abdominal hernia surgery:**• Reduce rate of persons with body mass index (BMI) ≥ 40kg/m2 undergoing elective surgery to < 11.5% or 10% relative reduction compared to 10/1/2024 to 9/30/2025 collaborative rate• Reduce rate of persons with active tobacco use undergoing elective surgery to < 14%. or 10% relative reduction compared to 10/1/2024 to 9/30/2025 collaborative rate |

**Hospital Wide Measure Overview**

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| **Hospital Wide Measure\*: Preop Optimization for elective abdominal hernia surgery:**• Reduce rate of persons with body mass index (BMI) ≥ 40kg/m2 undergoing elective surgery to < 11.5% or 10% relative reduction compared to 10/1/2024 to 9/30/2025 hospital rate• Reduce rate of persons with active tobacco use undergoing elective surgery to < 14%. or 10% relative reduction compared to 10/1/2024 to 9/30/2025 hospital rate |

**Additional QI Project Requirements Overview**

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| **Collaborative Meetings (3 offered) – Surgical Clinical Quality Reviewer (SCQR)** |
| **Collaborative Meetings (3 offered) – Surgeon Champion (SC)** |
| **Conference Calls (3 offered) – SCQR** |
| **SCQR Participation/Engagement** (Participate in at least one MSQC activity listed in the supplement document) |
| **SC Participation/Engagement** (Participate in at least one MSQC activity listed in the supplement document) |
| **Completeness of Data*** Sampled and incomplete cases ≤ 0.5% total volume
* Case Abstraction Audit (if applicable)
* 30-day follow-up rate ≥ 80% for 4 quarters (October 1, 2024 to September 30, 2025)
 |
| **Complete documentation of designated cancer variables** (CRC, Breast, Whipple, Thyroid) > 90% |

**QI Implementation Goals and Requirements (45 points total)**

*Continuing Sites(surgeons)*: Measurement Period 1/1/2025 – 12/31/2025 (OR dates)

*New Sites(surgeons):* Measurement Period 4/1/2025-12/31/2025 (OR dates)

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| Preoperative Measures | *Date:* | *Date:* | *Date:* | *Date:* | *Date:* | *Date:* | *Date:* | *Date:* | *Date:* | *Date:* |
| **Use of Frailty Tool** for preoperative frailty screening in ≥ 75% of eligible patients (10 points). *New Sites will distribute and implement a frailty screening tool that will be completed during the preoperative planning period and be completed prior to the final decision to proceed with surgery on all elective surgery* |  |  |  |  |  |  |  |  |  |  |
| **A conversation** between surgeon and patient/caregivers occurs for ≥ 75% of patients who screened as frail or pre-frail (8 points). *The discussion will occur during the surgical planning process by a surgeon or an appropriate healthcare professional designee acting on behalf of the surgeon. This guided discussion and an attestation statement in the medical record are required and ensure that a conversation of the risks and benefits has taken place with the patient and/or caregivers.*  |  |  |  |  |  |  |  |  |  |  |
| **Patient/caregiver goals for surgery** are documented for ≥ 75% of patients who screened as frail or pre-frail (8 points). |  |  |  |  |  |  |  |  |  |  |
| **Provide preoperative patient and/or caregiver education** to ≥ 75% of patients who screen frail or pre-frail (positive for frailty). (10 points) \*Measurement period 4/1/2025-12/31/2025  |  |  |  |  |  |  |  |  |  |  |

**Collaborative Wide Measure Tracking**

Preop Optimization for elective abdominal hernia surgery

* Included CPT codes: Abdominal Hernia CPT codes (same CPT codes that enable hernia tab)
	+ Is CPT code the primary procedure = Yes
* Surgical Priority = Elective
* Disseminated Cancer = No or null

**Measurement Period**: 1/1/2025- 12/31/2025 (cases in Workstation marked Complete (incl. follow-up) as of 1/15/2025 when the final data is pulled)

**Scoring**: points awarded depends on collaborative-wide performance (not individual hospital performance)

Meet both measures 10 points.

Meet one measure 5 points.

No measures met 0 points.

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| • Reduce rate of persons with body mass index (BMI) ≥ 40kg/m2 undergoing elective abdominal hernia surgery to <11.5%. or 10% relative reduction | • Reduce rate of persons with active tobacco use undergoing elective surgery to < 14%. Or 10% relative reduction  |
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| **Performance Tracking Grid** *(for your own use; you are not required to track your data here)* |
| **Tracking Time Period** | **Your Hospital Rate (%)** | **MSQC Rate (%)** | **MSQC Cumulative Rate (%)** |
| *Example: Jan 2024* | *10%* | *20%* | *15%* |
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| **Performance Tracking Grid** *(for your own use; you are not required to track your data here)* |
| **Tracking Time Period** | **Your Hospital Rate (%)** | **MSQC Rate (%)** | **MSQC Cumulative Rate (%)** |
| *Example: Jan 2024* | *10%* | *20%* | *15%* |
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**Hospital Wide Measure Tracking**

Preop Optimization for elective abdominal hernia surgery

* Included CPT codes: Abdominal Hernia CPT codes (same CPT codes that enable hernia tab)
	+ Is CPT code the primary procedure = Yes
* Surgical Priority = Elective
* Disseminated Cancer = No or null

**Measurement Period**: 1/1/2025- 12/31/2025 (cases in Workstation marked Complete (incl. follow-up) as of 1/15/2025 when the final data is pulled)

**Scoring**: points awarded depends on hospital-wide performance (not collaborative performance)

Meet both measures 10 points.

Meet one measure 5 points.

No measures met 0 points.

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| • Reduce rate of persons with body mass index (BMI) ≥ 40kg/m2 undergoing elective abdominal hernia surgery to <11.5%. or 10% relative reduction | • Reduce rate of persons with active tobacco use undergoing elective surgery to < 14%. Or 10% relative reduction  |
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| **Performance Tracking Grid** *(for your own use; you are not required to track your data here)* |
| **Tracking Time Period** | **Your Hospital Rate (%)** | **MSQC Rate (%)** | **MSQC Cumulative Rate (%)** |
| *Example: Jan 2024* | *10%* | *20%* | *15%* |
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| **Performance Tracking Grid** *(for your own use; you are not required to track your data here)* |
| **Tracking Time Period** | **Your Hospital Rate (%)** | **MSQC Rate (%)** | **MSQC Cumulative Rate (%)** |
| *Example: Jan 2024* | *10%* | *20%* | *15%* |
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**Multidisciplinary Meetings held by March 31, 2025 (10 points total)**

**Documentation of Meeting: Enter information below. Attach relevant documents with report submission.**

| **Meeting Requirements** | **Meeting Information/Minutes** |
| --- | --- |
| **a.** Participating hospitals will form a multidisciplinary team to review baseline data, guide quality improvement plans, and implement the care pathway. The multidisciplinary team should include the surgeon champion, other surgeons, nursing, patient navigator, and others as relevant. **b**. Hold a kickoff multidisciplinary meeting before March 31, 2025, Meeting minutes/ notes, including attendees, must be submitted to the coordinating center with the final project submission**. (4 points).** |  |
| c. Two (2) additional multidisciplinary meetings (minimally) before December 1, 2025, which include a review of hernia data**(3 points each).** |  |

**Complete the Frailty QI Project Summary Report**

**Due to the MSQC Coordinating Center by January 16, 2026. Attach relevant documents with report submission.**

| **Category** | **Activity/Category Details** |
| --- | --- |
| **Activities:**Examples (not all-inclusive):Dates; meetings; materials developed; preop education materials; communications with multidisciplinary team members; any teaching done with staff; frailty tool implementation, implementation of patient and caregiver goal, patient and caregiver education |  |
| **Successes:**Example questions:What has your hospital improved on?What are you most proud of? |  |
| **Barriers/challenges**Example questions:What prevented you from improving more?What would you like to see changed? |  |
| **Analysis/Next Steps**Example questions:What is the next step in your quality improvement efforts?What are your hospital’s plans going forward with these changes? |  |

**Additional QI Project Requirements**

Meeting Attendance SCQR Call Attendance

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|  | Surgeon Champion (who attended?) | SCQR(who attended?) |  |  | SCQR (who attended?) |
| April 11 |  |  |  | February 6 |  |
| September 12  |  |  |  | August 7 |  |
| December 12 |  |  |  | November 6 |  |

**Complete documentation of designated cancer variables**

**Measurement period:** 1/1/2025 - 12/31/2025 (cases in Workstation marked Complete (incl. follow-up) as of 1/17/2026 when the final data is pulled)

**Scoring:** > 90% Overall Measure Rate = 5 points, < 90% = 0 points

[Additional documentation](https://www.msqc.org/_files/ugd/f7f0b1_9f98ccef11e9438f9ade59d56bb575b5.pdf) islocated on the 2025 Quality Initiatives page of the MSQC website. Your hospital report is available monthly in Dropbox.

Use of the tracking table below is optional, you do not need to submit these numbers to MSQC.

| **Tracking Time Period** | **Colorectal Cancer (CRC)** | **Breast Cancer** | **Whipple Cancer** | **Thyroid Cancer** | **Overall Measureⱡ** |
| --- | --- | --- | --- | --- | --- |
| Num | Denom | Rate % | Num | Denom | Rate % | Num | Denom | Rate % | Num | Denom | Rate % | **Num** | **Denom** | **Rate %** |
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ⱡOverall Measure Calculation: **add all Numerators** (CRC + Breast + Whipple + Thyroid ) **÷ add all Denominators** (CRC + Breast + Whipple + Thyroid)

### **SCQR Participation/Engagement Activity**

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| Attach relevant documents with the submission or embed them here. Activity Description (does not include attending MSQC Collaborative meetings or SCQR conference calls): |

See this document for qualifying activities and requirements: [MSQC Participation/Engagement Supplemental Documentation](https://www.msqc.org/_files/ugd/d5fc0a_afdfdecaddd24f4eada12de70910cd00.pdf)

### **Surgeon Champion Participation/Engagement Activity**

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| Attach relevant documents with the submission or embed them here. Activity Description (does not include attending MSQC Collaborative meetings): |

See this document for qualifying activities and requirements: [MSQC Participation/Engagement Supplemental Documentation](https://www.msqc.org/_files/ugd/d5fc0a_afdfdecaddd24f4eada12de70910cd00.pdf)