

May 2025

## QUICK UPDATES

### April Meeting Recap

There were 280 attendees between MSQC and ASPIRE. Slides are available in the Workstation Resources.

### Participation

Wondering if your site is getting credit for meetings and SCQR calls? Check Workstation Resources for the tracking spreadsheet. You need your 2 digit SiteID which was sent in an email.

### QI Reports

QI reports are now available in your 2025 Dropbox folder. You also have a Breast and CRC report whether you are participating in those projects or not.

### Data Cleaning

A couple of times a year we will add a report to Dropbox for data cleaning. Verify the data entry, correct, and request to unlock case if necessary. Fill out the [attestation form](#) after verification/correction.



### Happy Nurses Week!!

This week, we celebrated all nurses — and that includes those whose impact happens behind the scenes.

Thank you for using your clinical expertise to drive better outcomes, safer systems, and smarter care. While most of us no longer work at the bedside, the work we do touches every patient by shaping the standards, ensuring accuracy, and continuously pushing healthcare forward.

Your dedication to detail, quality, and improvement is the backbone of better care — and we see you, appreciate you, and celebrate your essential role.

Thank you for everything you do.



## DEFINITIONS

### Mini Case Studies (answers on next page)

1. Patient was discharged to SNF, but there was a Norco prescription given to the patient. How do I answer the Opioid prescription?
2. No Foley was placed during surgery. The patient had a Foley placed after surgery in the ICU where they went for chest pain. How would you answer *Was a new (not chronic) indwelling urinary catheter placed during the perioperative period?*
3. A robotic ascending colectomy with creation of an ileostomy was performed (no anastomosis). Resection was from distal terminal ileum to the distal transverse colon. What is the CPT code?

### OR Times

There has interestingly been a large uptick in this question from several hospitals: How do I enter Procedure Finish Time and Patient Out of Room time if the Anesthesia Record and Intraop Nursing record report it as the same time?

The workstation is set up not to accept the same times because it is unrealistic that when the dressing is placed and the patient leaves the room are the exact same time. After the dressing is placed, the patient often still needs to be extubated and moved to the bed before leaving the room.

If you encounter this situation, notify the anesthesia manager and OR educator/manager and try to find out why those times were documented. If the correct times are not able to be determined, the only thing you can do is to enter the out of room time one minute later than surgery end time.

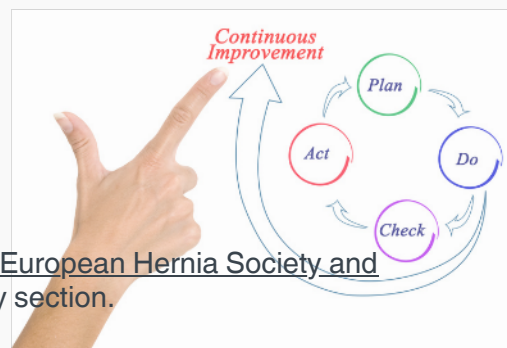
## QUALITY IMPROVEMENT

### **Collaborative Wide Measure and Hospital Wide Measure:**

- baseline period is 10/1/23 – 9/30/24
- measurement period is 10/1/24 – 9/30/25

Recommendations come from this resource:

- Guidelines for treatment of umbilical and epigastric hernias from the European Hernia Society and America's Hernia Society. (2020). See KQ 4/Optimization for surgery section.



### **Smoking Cessation Resources:**

- HBOM: Tobacco Cessation Posters | Tobacco Cessation Resources
- MSQC Smoking Cessation Toolkit
- A literature review for why this is best practice is available; please reach out to request this.

### **BMI <40 Resource:**

- Costs Associated With Modifiable Risk Factors in Ventral and Incisional Hernia Repair. (2019). Uses MSQC data.

## PROs FAQs! (FAQ document coming soon)

- If you enter a Follow Up Date <30 days postop, you will see the pop-up message below. It is a soft stop/warning message, it triggers you to double-check that you entered it correctly. It still saves the tab when you select save and doesn't affect follow up rate.

**Double-check that the date is on or after POD 30 (unless the patient expired on or prior to POD 30).**

- If you enter anything in the PRO 30 day tab, the patient cannot respond. You do not need to save the tab to save the case. Do not enter anything in the tab if patient does not respond.
- If you answer 'Yes' to clinical follow up question, the text and email PRO will be stopped. You can change the answer to No and PRO will be sent (this will change in 2026 to trigger based on attempt for follow up).

### **MSQC Update Form**

Use this link to do any of the following:

- change contact information or hospital name
- register for SCQR training
- add a physician to the Workstation (for abstraction purposes only)
- request to edit locked cases
- request a delegate to attend an MSQC meeting or SCQR conference call
- sign data cleaning attestation form

## Mini Case Studies Answers

1. This patient was discharged to SNF, not home. If patient not d/c to home or not d/c by POD 30, answer *patient not discharged to home or not discharged by POD 30*, even if it looks like there was an opioid prescribed.
2. The use of indwelling catheters are captured if placed anytime from 30 days before surgery (only if still present during the surgery), placed intraoperatively, or anytime in the 30 days after surgery. Answer *After OR out of room time*
3. 44238. Partial colectomy with ostomy (which is not a Hartmann's) is listed in Appendix B. Remember, "ileocolostomy" is not an ostomy, it is an anastomosis between the ileum and colon and this patient didn't have an anastomosis.

Save  
the  
Dates

### 2025

- 8/7 - SCQR Conference Call
- 9/12 - MSQC Meeting - Schoolcraft College
- 11/6 - SCQR Conference Call
- 12/12 - MSQC Meeting - Virtual

### 2026 Meetings

- 3/13 - Crowne Plaza Lansing
- June TBD - SCQR Training Day
- 10/3 - (1<sup>st</sup> combo with MBSC)- Suburban Collection Showplace
- 12/11 - Virtual