

QC VISION

The Official Quarterly Newsletter of Abdominal Core Health Quality Collaborative



WHAT'S IN OUR LATEST ISSUE:

- **Highlights from the 2022 ACHQC QI Summit**
- **2022 ACHQC Resident & Fellow Research Grant**
- **2021 ACHQC Annual Report**
- **Patient Long Term Follow Up**
- **QC Core Insights**

HIGHLIGHTS FROM THE 2022 ACHQC QI SUMMIT

Thank you to all who attended the annual ACHQC Quality Improvement Summit in March! We received great feedback after the meeting and are looking forward to hosting the next QI Summit in March 2023. For those unable to attend, we have assembled a list of key points from each session available on the ACHQC website's QI Summit page [HERE](#), along with many of the presentations.

SESSION 1

Abdominal Core Health: It's Not Just a Name, It's Our Future

- o The concept is receiving wider adoption
- o Abdominal Core Health emphasizes the natural relationships inherent to the core musculature
- o Starting a Center for Abdominal Core Health has advantages over a Hernia Center
- o The minimum operational activities for a Center for Abdominal Core Health include marketing and referral management
- o An untapped area of research exists to see if hernia repair can improve pelvic floor function and/or pulmonary function
- o 43% of federal grants involve the ACHQC and/or the concept of Abdominal Core Health
- o Increasing preoperative physical activity can reduce overall postoperative 30 day complications



SESSION 2

Improving Pain Management (Opioid Task Force)

- o Tracking your individual opioid use data can lead to meaningful change
- o The goal may not be complete elimination of opioids, rather, a reduction in use to the minimum needed in your practice
- o In addition to ambulatory operations, opioid reduction can be instituted for abdominal wall reconstruction



Dr. Arielle Perez

SESSION 3

Getting the Most Out of the ACHQC Registry: Tips From the Data Integration Committee

- o The ACHQC user interface can provide users with a wealth of real-time information
- o Risk adjusted information is available with your current login, anytime
- o The drilldown function can help identify patients with specific complications for quality improvement
- o Continuous enhancements to the user interface can make data entry easier

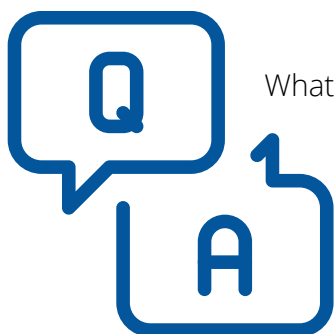


Dr. Jeremy Warren

SESSION 4

Perioperative Optimization: A Data Driven Approach

- o Risk factors previously considered to negatively impact wound outcomes may not have as large an impact as originally thought
- o Increasing values of HbA1c are not correlated with wound complications in diabetic patients
- o Diabetic patients should be optimized as much as possible but withholding hernia repair if not completely optimized may not be necessary
- o Performing abdominal wall reconstruction in active smokers does not increase SSIs but does increase SSOs. These SSOs do not require additional interventions
- o Eliminating preoperative chlorhexidine does not result in increased wound events in ventral hernia repair
- o Patient optimization to minimize wound risk should consider all the pertinent factors prior to eliminating individual risk factor modification
- o Ileus continues to be a sizable problem after abdominal wall reconstruction



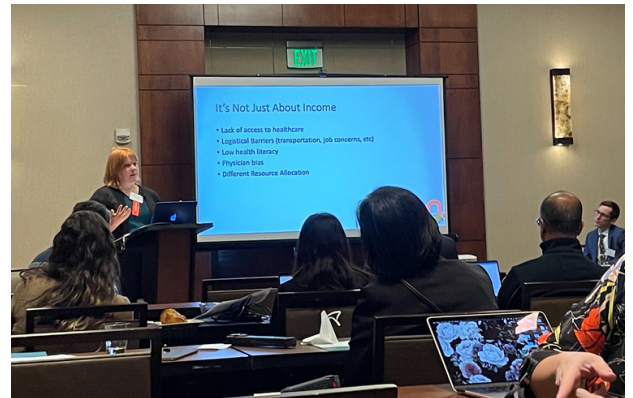
What was your main priority for attending the QI Summit?

"Meeting the ACHQC members in person, exchanging information and understanding the scope of the research and all the activities the ACHQC is leading."

SESSION 5

Health Disparities: Understanding and Improving Diverse Patient Experiences

- o Veterans are a specific high-risk population who often undergo hernia repair with high-risk presentations
- o Geographic location analysis can be performed in the QC to help identify distance related factors that lead to negative outcomes
- o The distress communities index has been successfully linked to QC data and can help identify socioeconomic factors contributing to negative outcomes
- o More distressed communities utilize the emergency room at higher rates after ventral hernia repair
- o Increased barriers to care are evident in more distressed communities, leading to worse outcomes after ventral hernia repair
- o Covid 19-related cancellation rates for elective hernia repair did not vary by socioeconomic status



Dr. Courtney Collins

SESSION 6

Inguinal Hernia

- o There is renewed interest in the Shouldice repair
- o Appropriate patient selection and meticulous technique can result in good outcomes with a Shouldice repair
- o Robotic assisted inguinal hernia repair during prostatectomy can be safe and effectively performed
- o The Minimal Clinical Important Difference was established for common patient reported outcomes tools used in the ACHQC and were defined by a Delphi process
- o There is ample opportunity to provide higher levels of evidence for epigastric and umbilical hernia repair approaches utilizing the ACHQC



Dr. Micki Reinhorn

SESSION 7

The Data Dilemma: Where Are We Getting Our Data and How Do We Use It to Improve Our Own Outcomes? (Breakouts – Social Media, RCTs, Registry, Retrospective Data and Analysis)

- o Social media was seen as a potential way to increase the positive effects of our collaborative and engage other surgeons outside of the collaborative to become more involved
- o Randomized controlled trials were identified as a key element of our collaborative and should be used as one tool to identify best practices
- o Registry data continues to be important and should be analyzed to identify trends in hernia surgery and their association with outcomes

SESSION 8

Unique Hernia Situations: Using Real World Data to Guide Our Practice

- o An algorithm for lateral abdominal wall hernias was described with special attention to patient positioning and incision location
- o Long term outcomes of patients undergoing complex abdominal wall reconstruction after TRAM and DIEP flaps were described. These reconstructions provide durable repairs, but patient reported bulging was common and should be discussed preoperatively to set reasonable expectations
- o Rectus diastasis repairs can provide improvement in abdominal core function. Identifying the right patient and the most appropriate procedure remain areas of needed investigation

SESSION 9

Post-Marker Surveillance: Panel Discussion

- o The ACHQC can play a pivotal role in redefining post market surveillance for medical devices in the hernia space
- o A unique patient perspective was provided from the Patient Engagement and Advocacy Committee on future opportunities for the ACHQC
- o A detailed description of the current post market surveillance approach in Europe was reviewed, including how this can be used to model the ACHQC's approach



Dr. Ben Poulouse



Ludovic Bouré

SESSION 10

Hot Off the Press: Outcomes from the Most Recent Embedded Clinical Trials

- o The initial results of the ORREO trial comparing robotic versus open retromuscular hernia repairs was presented. Early results show no differences in the composite outcome of wound morbidity, complications, and length of stay. Overall, there was a 1-day difference in LOS favoring the robotic approach
- o The RINSE trial comparing antibiotic irrigation versus saline irrigation revealed no improvement in wound morbidity with the antibiotic wash
- o The Robotic eTEP versus Robotic IPOM trial reported initial results with no improvement in patient reported pain, narcotic usage, or length of stay with the robotic eTEP repair. The robotic eTEP repair resulted in increased cost and mental workload for the surgeon



Dr. Steven Schneeberger

SESSION 11

Learning from Our High Performers: Parastomal Hernia Repair

- o Parastomal hernia repair remains a challenging operation with relatively poor long-term outcomes and is understudied
- o Both laparoscopic, robotic and open parastomal repairs have merit and should be used on a case-by-case basis, based on surgical expertise, parastomal defect, and complexity of potential midline hernias



Dr. Stephen McNatt



Dr. Whitney Webb



Dr. Jeremy Warren

2022 ACHQC RESIDENT & FELLOW RESEARCH GRANT

Congratulations to the 2022 ACHQC Resident & Fellow Research Grant recipient, Delaney Ding! Delaney is a MD-PhD student at the University of Florida College of Medicine and mentored by Dr. Mazen Al-Mansour.

Delaney will present "*Assessing the Impact of Individual Risk Factors in Predicting Surgical Outcomes of Ventral Hernia Repair: An Analysis Using the ACHQC Database*" at the 2023 ACHQC Quality Improvement Summit.

2021 ACHQC ANNUAL REPORT

In 2021, our country and our communities continued to be challenged by the persistence of the COVID-19 pandemic but through it all, thanks to your dedication and support, the ACHQC remained resilient and focused on our mission of enhancing patient care. We are pleased to release our 2021 Annual Report which highlights our growth and strategy of engagement and outreach which allowed us to stay connected throughout the year.

 [VIEW THE REPORT HERE](#)

Thank you for your commitment to our efforts as a Collaborative. We've come a long way and are excited about what lies ahead in 2022.

YOUR PATIENT LONG TERM FOLLOW UP IS NEEDED!

One of the main goals of the ACHQC is to have a rich dataset containing both short and long term follow up of our patients. We've done a great job with short term (30 day postop) follow up, and now need your help with long term (>1 year after surgery) follow up. The ACHQC is now accepting long term follow up assessments for hernia recurrence and wound events based on Electronic Medical Record lookup. Valid forms of follow up include an abdominal physical examination performed and documented by a credentialed healthcare provider that doesn't need to be a surgeon or someone on the surgical team. Also, a radiographic study that evaluates the site of the hernia repair (CT, MR, or US) can also be used as follow up.

The information can easily be recorded in the 'Additional Follow Up' Tab after selecting a patient:



To identify a patient who may be eligible for long term follow up, simply go to the patient view and click on the 'Go to end of list' arrow at the very bottom right of the screen:



This will take you to the earliest patients entered in your list.

Please refer to this tip sheet linked below for step-by-step instructions on how to record this type of clinical long term follow up. For more detail about this process, please refer to the ACHQC policy and procedure for Long Term Clinical Follow Up.

[!\[\]\(e1d6102fe77919492c04879c8450f1f5_img.jpg\) VIEW THE TIP SHEET HERE](#)

[!\[\]\(73002692dd5e7a64e60946be3158e719_img.jpg\) VIEW THE POLICY & PROCEDURE](#)

Frequently Asked Questions:

Can I do this type of follow up right now with my patients?

Yes! You can do this right now. On average, it takes about 2-4 minutes per patient to look them up in the EMR and complete the Additional Follow Up tab in the ACHQC interface. Most practices complete this follow up in batches - 50, or 100 patients at a time a few times throughout the year. This will allow you to capture long term recurrence rates for both ventral hernia and inguinal hernia patients.

Can I capture long term follow up for ventral and inguinal hernia patients with this?

Yes. This type of long term follow up can be completed for both ventral and inguinal hernia patients. The clinical follow up includes assessments for recurrence, surgical site occurrences, other major complications, and opioid use.

Will the ACHQC ask us to obtain long term follow up on specific patients?

Yes. The ACHQC’s targeted Focus on Follow Up plan will periodically have interest in increasing completion of long term follow up for specific products or procedures. An email will be sent to you if your patients qualify for one of these specific follow up efforts.

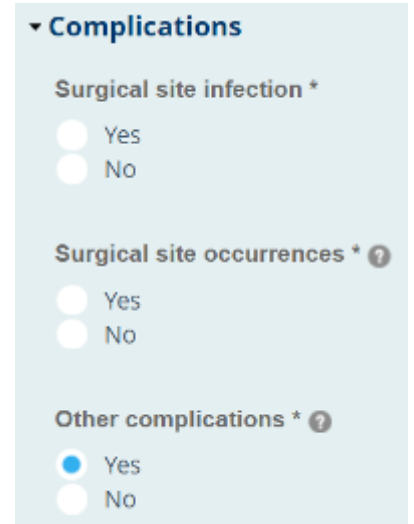
Should we still enter patient reported outcome (PRO) information?

Yes. You should still capture and enter PRO information as you can in your practice.

What if I discover that a patient has died?

Correctly capturing when someone has died is a two step process:

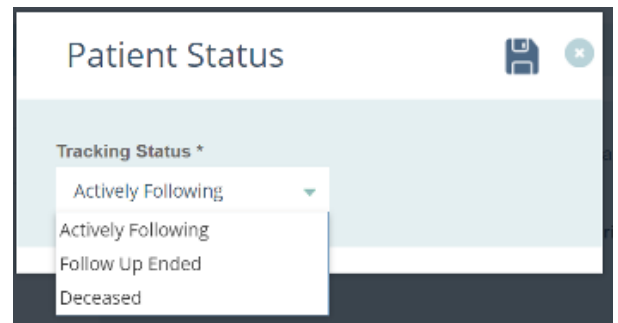
1). Indicate that the patient has died by clicking in the Other Complications section:



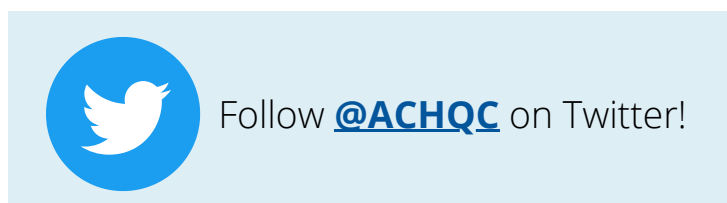
2). Change the status of the patient by clicking on the ‘Status’ hyperlink at the top of the page:

Status : **Actively Following**

After selecting that the patient is 'Deceased', enter the date and cause of death, if known.



It is important that the status of the patient is changed to 'Deceased' as this will end automatic and targeted PRO follow up.



QC CORE INSIGHTS

We are excited to announce that the new ACHQC "Core Insights" Lecture Series for 2022-2023 will be hosted by the ACHQC Resident/Fellow committee. This committee is composed of residents and fellows across the US and Canada who have an interest in complex hernia management. This group has developed a curriculum to focus on fundamental and advanced topics within the specialty of Abdominal Wall Reconstruction. Key landmark papers and current literature, including ACHQC-driven data for each topic will be discussed. Two to three high-quality articles have been selected for review and critical evaluation during each session. Content-experts who are faculty members of the ACHQC will moderate each session for an interactive, high-level, educational experience for all viewers. Each session will be recorded and posted on the ACHQC website for future viewing. We are excited for this opportunity to dive deeper into the advancing topics of Abdominal Wall Reconstruction with content-experts and would like to invite residents, fellows, and faculty members from programs across the country to join for these interactive sessions!

Upcoming Schedule:

MONDAY, MAY 9TH, 2022 - 8:00PM ET

Abdominal Wall Anatomy: Truly Understanding and Applying It

 [RSVP HERE](#)

 [VIEW SESSION MATERIALS](#)

MONDAY, JUNE 13TH, 2022 - 8:00PM ET

Open Inguinal Hernias: Classification, Options, Data

 [RSVP HERE](#)

 [VIEW SESSION MATERIALS](#)

MONDAY, JULY 11TH, 2022 - 8:00PM ET

MIS Inguinal Hernias: Better Than Open Repairs?

 [RSVP HERE](#)

 [VIEW SESSION MATERIALS](#)

Visit the QC Core Insights homepage [HERE](#) for more information on each session.

THANK YOU TO OUR FOUNDATION PARTNERS

