Implemented Changes- What & Why?

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Disclosures

• Education: Intuitive Surgical, Inc.
• Research grant: W.L. Gore & Associates, Inc.
ACHQC Data Integration Committee

Committee Co-Chairs: Clayton Petro, Jeremy Warren
Committee Members: Rockson Liu, Bryan Ellis, Rebecca Petersen

Mission: *Improve usability and ROI for surgeons entering data into the QC*
Goals

• Evaluate current QC data entry workflow

• Identify areas for improved efficiency
  • Fewer clicks
  • Decrease need to reference EMR

• Identify important data NOT currently captured
BMI

• Moved to “pre-op evaluation” from common operative details
• less referencing EMR when in OR
• Goal of mobile entry
Increasing efficiency of data entry

Anesthetic consolidated to single entry

- No additional clicking
- Capture more techniques
Increasing efficiency of data entry

Operative Details-Ventral

- Build pre-selected procedure templates (auto-population) for common hernia repairs

- Eliminate numerous additional clicks for portions of procedures that are universally performed
Increasing efficiency of data entry

**Operation - Ventral**

- Open VHR with TAR
- Robotic retromuscular VHR
- Laparoscopic IPOM
- Robotic IPOM

* Potentially expand to other procedures in the future*
Robotic IPOM:

14-15 clicks
### Lap IPOM:

14-15 clicks

<table>
<thead>
<tr>
<th>Prophylactic IV antibiotic received within one hour prior to surgical incision *</th>
<th>Robotic Platform *</th>
<th>Subcutaneous flaps raised *</th>
<th>Primary abdominal access *</th>
<th>Mesh used *</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
<td><strong>Yes</strong></td>
<td><strong>Yes</strong></td>
<td><strong>Open cut down</strong></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td><strong>No</strong></td>
<td><strong>No</strong></td>
<td><strong>No</strong></td>
<td><strong>Veress-blind trocar</strong></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Veress-optical trocar</strong></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Optical trocar</strong></td>
<td><strong>No</strong></td>
</tr>
</tbody>
</table>

**Type of mesh one fixation** *
- Sutures
- Tacks
- Adhesives
- Staples

**Shape one location (PRIMARY MESH USED FOR REPAIR) * **
- Onlay
- Inlay
- Sublay

**Mesh one sublay placement * **
- Sublay Retrorectus or Retromuscular
- Sublay Preperitoneal

**Myofascial Release * **
- Yes
- No

**Chemical Component Separation * **
- Yes
- No

**Wound Closure Technique (select all that apply): **
- Closed (staples, sutures, adhesives, strip/s)
- Wet to Dry Packing or Wicks
- Negative Pressure Wound Therapy
- Microlyte Matrix™ (Braided Biosciences)

**Drains used * **
- Yes
- No
### Prophylactic IV Antibiotic Received Within One Hour Prior to Surgical Incision *

- Yes
- No

### Fascial Closure of Hernia *

- Yes
- No

### Wound Closure Technique (Select All That Apply): *
- Closed (staples, sutures, adhesives, strips)
- Wet to Dry Packing or Wicks
- Negative Pressure Wound Therapy
- Microlyte Matrix™ (Imbed Biosciences)

### Operative Approach *
- Open
- Laparoscopic
- Robotic
- Laparoscopic-assisted
- MIS convert to open
- Robotic-assisted

### Prophylactic IV Antibiotic Received Within One Hour Prior to Surgical Incision *

- Yes
- No

### Fascial Closure of Hernia *

- Yes
- No

### Wound Closure Technique (Select All That Apply): *
- Closed (staples, sutures, adhesives, strips)
- Wet to Dry Packing or Wicks
- Negative Pressure Wound Therapy
- Microlyte Matrix™ (Imbed Biosciences)
### Robotic RM:

<table>
<thead>
<tr>
<th>Prophylactic IV antibiotic received within one hour prior to surgical incision *</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mesh used *</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Mesh Positioning System Used *</td>
<td>Medtronic AccuMesh™ Positioning System</td>
<td>Bard Echo PS™ Positioning System</td>
</tr>
<tr>
<td>Number of meshes used *</td>
<td>One Mesh</td>
<td>Two Meshes</td>
</tr>
<tr>
<td>Mesh one location (PRIMARY MESH USED FOR REPAIR) *</td>
<td>Onlay</td>
<td>Inlay</td>
</tr>
<tr>
<td>Mesh one sublay placement *</td>
<td>✓ Sublay Retrorectus or Retromuscular</td>
<td>Sublay Preperitoneal</td>
</tr>
<tr>
<td>Mesh one name *</td>
<td>Choose only one</td>
<td></td>
</tr>
<tr>
<td>Mesh one fixation *</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Myofascial Release *</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Laterality (Post Rectus Sheath Incision) *</td>
<td>Unilateral</td>
<td>Bilateral</td>
</tr>
<tr>
<td>Chemical Component Separation *</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Wound Closure Technique (select all that apply): *</td>
<td>Closed (staples, sutures, adhesives, strips)</td>
<td>Wet to Dry Packing or Wicks</td>
</tr>
<tr>
<td>Laterality (Transversus abdominis) *</td>
<td>Unilateral</td>
<td>Bilateral</td>
</tr>
<tr>
<td>Drains used *</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Capture new important data

• eTEP technique

Additional field to capture eTEP

• Previously no way to discern from eTEP vs. trans-abdominal approach
Capture new important data

- Addition of prophylaxis incisional and parastomal

<table>
<thead>
<tr>
<th>Abdominal Core Surgery Procedure Category (check all that apply) *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incisional</td>
</tr>
<tr>
<td>Parastomal</td>
</tr>
<tr>
<td>Epigastric (primary ventral)</td>
</tr>
<tr>
<td>Umbilical (primary ventral)</td>
</tr>
<tr>
<td>Lumbar</td>
</tr>
<tr>
<td>Spigelian</td>
</tr>
<tr>
<td>Diastasis Recti</td>
</tr>
<tr>
<td>Hernia Prophylaxis: Incisional</td>
</tr>
<tr>
<td>Hernia Prophylaxis: Parastomal</td>
</tr>
</tbody>
</table>

ACHQC
ABDOMINAL CORE HEALTH QUALITY COLLABORATIVE
Mobile entry

• App versus mobile friendly entry site
Thank you