



Michigan Bariatric Surgery Collaborative (MBSC)

2023 Performance Index Scorecard

Measure Description

Measures #1: Improvement/Excellence in Grade 1 Complication Rate

This measure uses trended data over a three-year time period to determine if sites have had major improvement, moderate improvement/maintained their complication rate or have had no improvement or the rates of grade 1 complications have increased. Grade 1 complication rate calculates the percentage of patients who had a non-life-threatening complication with-in 30 days post-operatively of the bariatric surgery. Examples of these complications include, but are not limited to surgical site infection, anastomotic stricture, bleeding requiring blood transfusion less than 4 units or endoscopy, Pneumonia, hospital acquired infections of Clostridium Difficile and urinary tract infection, post-operative esophagogastroduodenoscopy (EGD), pancreatitis, thrush, ulcers and kidney stones.

Measures #2: Improvement/Excellence in Serious Complication Rate

This measure uses trended data over a three-year time period to determine if sites have had major improvement, moderate improvement/maintained their complication rate or have had no improvement or the rates of serious complications have increased. Serious complication rate calculates the percentage of patients who had a potentially life-threatening complications with-in 30 days post-operatively of the bariatric surgery. Examples of these complications include, but are not limited to: abdominal abscess requiring percutaneous drainage or reoperation, bowel obstruction requiring reoperation, leak requiring percutaneous drainage or reoperation, bleeding requiring transfusion >4 units, reoperation, or splenectomy, band-related problems requiring reoperation, respiratory failure requiring 2-7 days intubation, renal failure requiring in-hospital dialysis, wound infection/dehiscence requiring reoperation, and venous thromboembolism); and life-threatening complications associated with residual and lasting disability or death (myocardial infarction or cardiac arrest, renal failure requiring long-term dialysis, respiratory failure requiring >7 days intubation or tracheostomy, and death.

Measures #3: 1-Year Follow-up Rates

Patients are followed annually for years 1, 2, 3, 4 and 5 post-operatively following bariatric surgery through electronic and paper surveys. Improving first year follow-up rates through patient reported outcomes allows practitioners to learn what is most important to our patients. It also helps the collaborative to engage patients and track comorbidity resolution and learn of the common long-term outcomes.

Measures #4: Compliance with VTE prophylaxis- pre-operatively

The measure will identify the percentage of patients undergoing bariatric surgery who received Low Molecular Weight Heparin (LMWH) prior to the incision time. This metric helps to determine the appropriateness of resource utilization.

Measures #5: Compliance with VTE prophylaxis- post-operatively

The measure will identify the percentage of patients undergoing bariatric surgery who received Low Molecular Weight Heparin (LMWH) while hospitalized. This metric helps to determine the appropriateness of resource utilization.

Measures #6: Opioid Use- Opioid Prescriptions within 30 days (measured by MMEs)

This measure will help the collaborative to decrease the amount of opioids patients are prescribed at the time of discharge from their primary bariatric surgery operation. The collaborative must achieve greater than or equal to a 10% relative reduction in opioid use to receive maximum points for this measure.

****Collaborative wide measure and will be measured in MMEs

Measures #7: Opioid Use- Opioid Prescriptions within 30 days (measured by MMEs)

This measure will help the collaborative to decrease the amount of opioids patients are prescribed at the time of discharge from their primary bariatric surgery operation. The hospital must achieve greater than or equal to a 10% relative reduction in opioid use to receive maximum points for this measure.

****Hospital wide measure and will be measured in MMEs

Measures #8: ED Visits- not resulting in a readmission (“avoidable”)

This measure will help the collaborative to decrease the ED visits that do not result in a readmission within 30 days following bariatric surgery.

****Collaborative wide measure and will be measured in MMEs

Measures #9: Meeting Attendance- Surgeon

A bariatric surgeon must attend MBSC Collaborative Meetings for 2023.

***In order for a surgeon to earn meeting attendance credit for a hospital, they must complete 10 bariatric surgery cases at that hospital for the dates of 1/1/2023 to 12/31/2023

Scoring:

- Attends 3 out of 3 meetings receive all points
- Attends 2 out of 3 meeting receives partial points- needs improvement
- Attends fewer than 2 meetings receive no points- needs improvement

Measures #10: Meeting Attendance- Abstractor/Coordinator

A bariatric abstractor or coordinator must attend MBSC Collaborative Meetings for 2023.

Scoring:

- Attends 3 out of 3 meetings receive all points
- Attends 2 out of 3 meeting receives partial points- needs improvement
- Attends fewer than 2 meetings receive no points- needs improvement

Measures #11: Timely Monthly Data Submissions

Please refer to the MBSC Data Entry Deadlines document for the 2023 monthly deadlines.

In order for a hospital to be eligible for this measure, the hospital must achieve >90% on the 2023 yearly audit. If the hospital does not reach >90% for the yearly audit, the hospital will receive 0 points for this measure.

Measures #12: Consent Rate

Patients are invited to the follow-up portion of MBSC prior to receiving bariatric surgery. This measure calculates the percentage of patients who agree to receive surveys on their 1, 2, 3, 4 and 5th year anniversary dates of their bariatric surgery reporting weight loss, comorbidity resolution, quality of life and patient satisfaction.

Measures #13: Physician Engagement

MBSC bariatric surgeons must complete two of the engagement activities listed below in order to receive the maximum points available for the measure. Physician engagement is key to the collaborative culture in order for learning and improvement to occur.

***In order for a surgeon to earn points for a hospital, they must complete 10 bariatric surgery cases at that hospital for the dates of 1/1/2023 to 12/31/2023.

Below are the activities for this measure:

- Completing this activity, the MBSC surgeon will receive maximum points for this measure
 - Host a quality site visit
 - Present MBSC data at a national meeting
 - Be a lead author on an MBSC publication
- Completing the following activities, the MBSC surgeon will receive 1 activity point for each measure below completed
 - Committee participation- Examples of committee participation include Executive, Robotics and the Enhanced Recovery After Surgery (ERAS) Committee
 - MBSC survey response
 - Participate in a qualitative interview
 - Coauthor a paper using MBSC data
 - Participate in quality improvement initiatives (MPIRRE/FUTURE/MSHIELD/etc.)
 - Attend or present at a pre-meeting session (IH committee/surgeon skill/etc.) on the day of the MBSC tri-annual meeting
 - Present MBSC data at a MBSC tri-annual meeting
 - Attend quality site visit as a guest surgeon
- No participation in any of the above measures results in zero points