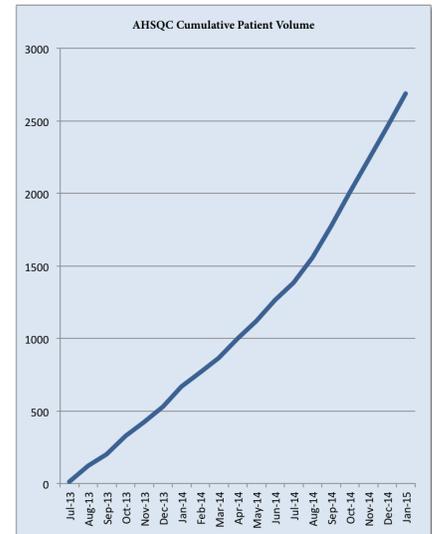


## MESSAGE FROM THE AHSQC MEDICAL DIRECTOR

As the Medical Director of the Americas Hernia Society Quality Collaborative, I would like to congratulate the nearly 100 surgeons and over 40 centers participating in the AHSQC for their commitment to quality improvement. This initiative now contains data on nearly 3,000 patients undergoing hernia surgery. This robust data source now provides an opportunity to answer some of the key questions that have plagued hernia surgery for decades. It is with great pride that I share with you our first newsletter highlighting many of the successes that you all have been so instrumental in achieving. The excitement that this endeavor has unleashed is palpable. Our first year was largely based on fine-tuning the database and providing real time analytics for you. We are now ready to operationalize the quality improvement efforts for this collaborative. I would like to take this opportunity to thank each of you for all of your tremendous efforts to make this project such a successful endeavor.

-Mike Rosen, MD



powered by 



**2817** Enrolled Patients  
**84** Participating Surgeons

## MISSION STATEMENT

To provide health care professionals real-time information for maximizing value in hernia care. The AHSQC fulfills the Americas Hernia Society mission of providing quality for patients, quality for surgeons, and quality for payers and providers.

## GOALS FOR 2015

### Quality Improvement (QI) Goal

Based on input from the AHSQC meeting at the ACS in 2014, our QI goal for 2015 is to reduce 30 day readmissions related to ventral hernia repair. Our current overall readmission rate for the collaborative is 7%. Our team will be contacting you about patients who have been readmitted. We are going to ask about the reasons for the readmission; part of the power of a collaborative is to go back to surgeons and surgical teams to find this type of information in hopes of improving quality of care.

### Follow Up Goal

We are revamping our follow up procedures to enable multiple ways of entering patient reported outcome information. You will soon be able to enter this information directly during your clinical interactions with patients, by phone or by email. Long term follow up is critical for the success of the collaborative. We encourage you and your teams to use the most convenient method to obtain this. If you do not routinely see patients back on a long term basis, phone follow up or email follow up will work. Phone follow up relies on your teams calling patients and entering information, email follow up relies on having a valid email address entered into the system. The email field will remain unlocked so you can change/update email addresses as needed. We had a great suggestion by some of our AHSQC members who encourage patients without email addresses to sign up for any of the available free email services.

## EVENTS AND HEADLINES

### **AHSQC Meeting ACS 2014**

The 2nd Semiannual AHSQC meeting took place in conjunction with the 2014 Clinical Congress in San Francisco, CA. We had 75 participants in attendance during this engaging informative session.

Please welcome our new AHSQC Coordinator, Privacy and Security Officer, Shelby Dunstan.

## UPCOMING DATES

### **Quarter 1 Collaborative Web Meeting**

The AHSQC Q1 Web Conference will take place on March 2, 2015 at 6pm MTN / 8pm EST. Login information will be sent in a separate email.

### **EHS Milan Meeting**

The 1st World Conference on Abdominal Wall Hernia Surgery will be held in Milan, Italy at the MIC Plus Congress Center from April 25th to April 29th of 2015. The AHSQC session will be held Monday, April 27th, time TBA.

## **2015 AHSQC FOUNDATION PARTNERS**



Thank you for your involvement in the Americas Hernia Society Quality Collaborative (AHSQC). We appreciate your support and dedication in making this collaborative a success!

## **AHSQC COMMITTEES**

### **AHSQC Publications and Data Use Committee**

The twofold goals of the publications and data use committee are to approve dissemination of information using AHSQC data and to ensure fair and unbiased access to AHSQC data within the framework of AHSQC publications and data use committee protocols.

### **AHSQC Data Definitions Committee**

The data definitions committee has three goals: to develop and refine data elements within the AHSQC, to maintain an up to date and complete data dictionary, and to ensure compliance of data definitions with accepted terminology and standards across both the AHSQC and other quality improvement efforts such as ACS NSQIP.

## **DATABASE UPDATES**

You should now enter information about ALL of your ventral hernia patients including umbilical, epigastric, Spigelian, lumbar, incisional, and parastomal hernias.

The revised follow up procedures will take effect in a couple of months. We will send an email to the collaborative as a reminder when this happens.

As a reminder, follow up STOPS when one of four conditions are met:

- 1.) Hernia recurrence (enter details in follow up)
- 2.) Complete mesh removal (patients still eligible for follow up if partial mesh removal performed)
- 3.) Patient and surgeon both change institutions (if a surgeon changes institution and follow up is to occur with a partner, please notify the AHSQC at [shelby@americanherniasociety.org](mailto:shelby@americanherniasociety.org))
- 4.) Patient death (record in follow up)

## **SURGICAL COACHING**

In an attempt to provide additional benefit to our members, we would like to see who would be interested in participating in an educational endeavor through the collaborative involving surgical coaching. These sessions could focus on a variety of technical, non-technical, and cognitive skills in hernia surgery and will basically be tailored to provide the most benefit to the participants.

If you would like additional information on Surgical Coaching, please send an email to [shelby@americanherniasociety.org](mailto:shelby@americanherniasociety.org)

## **SURGEON REPORTS**

We are developing surgeon reports that will summarize your outcomes compared to the collaborative for multiple measures. These will be emailed to participating surgeons. Please remember that you can view many of your results and outcomes directly on the website at [www.ahsqc.org](http://www.ahsqc.org).

## **DID YOU KNOW?**

- You can download data from any reporting graph by double clicking on the graph and clicking the spreadsheet icon.
- You can drill-down to find patients with a particular complication by double clicking the bar graph on any reporting measure.
- Participation in the AHSQC fulfills American Board of Surgery Maintenance of Certification Part IV.