

# Establishing a Hernia Program

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## KEYWORDS

- Hernia program • Hernia repair • Hernia outcomes • Hernia value

## KEY POINTS

- Hernia Programs should be inclusive, center around teamwork, and be voluntary.
- Continuous quality improvement through collaboration is a principal concept of a Hernia Program.
- The mission should center on improving the quality and value of care delivered to hernia patients.

## INTRODUCTION

Despite the fact that hernia surgery comprises one of the most common operations performed by general surgeons, the field remains one with little consistency or guidelines for best practices and operative approaches. One major reason for this is that hernia surgery tends to have less interest from academics, resulting in limited resources for research funding, inadequate long-term follow-up, and an underappreciation for patient-centered outcomes. One potential method of countering these challenges is to establish an institutional Hernia Program. Hernia Programs are gaining in popularity; however, there will always be room for more programs and growth within each program.

## DEFINING A HERNIA PROGRAM

The blueprint for establishing a Hernia Program is one more of internal direction than architectural. More is gained with motivation than with a brick-and-mortar building. More is achieved with desire than with an extensive network of administrative assistants or physician extenders. In essence, a Hernia Program only requires commitment and an interest in improving patient outcomes.

Six key concepts define a Hernia Program. The single most important concept that establishes the foundation for a Hernia Program is that a Hernia Program is distinct from a "Center of Excellence." Centers of Excellence have traditionally been designed to drive the care of a disease to a single area with higher volumes, more resources,

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and a theoretic improvement in outcomes.<sup>1</sup> The “Center of Excellence” model of providing care is exclusive and can be punitive toward centers without a designation. This model is not realistic for hernia surgery because of the sheer volume of hernia operations performed as well as the variability in the complexity of hernias. Any general surgeon should perform most hernias. Thus, a Hernia Program is the opposite of a “Center of Excellence”; it is meant to be inclusive, with the goal of all participants in the program working collaboratively to identify strengths and improve on each other’s weaknesses. This model ultimately improves the performance of those in the program, reduces cost, and delivers the most value to patients.

The second concept builds on the inclusive nature of a Hernia Program, and it is teamwork. Hernia Programs are meant to encourage all participants to work together to improve the delivery of care to hernia patients. If you are looking to start a Hernia Program to make yourself better than your partner or to put the neighboring hospital out of business, you have completely missed the point. Members of a program should work as a team to achieve the common goal of betterment of the end product for the consumer, not betterment of self.

The next concept gets at one of the main roots of a Hernia Program. It is the idea of continuous quality improvement. Continuous quality improvement is the process of reflection for a system. Within every system, we should be asking ourselves questions that drive improvement: “Is this the most efficient way to complete this process?” and “What happens when we change our approach?” It requires engagement and belief in the process so that strengths and weaknesses are not only identified but also acted upon. Identified strengths should be implemented system-wide, and weakness should be abandoned. After changes are made, the cycle repeats, asking again, “How can we improve?”

The fourth concept defining a Hernia Program is that it should be voluntary. All those who have the desire to participate in a Hernia Program should be allowed to; however, the key words here are desire and participation. Forcible participation leads to insincerity, which clouds opportunities for continuous quality improvement. Providing members of your hospital with a Hernia Program gives them the opportunity to improve the delivery of hernia care in your system; however, if individuals do not participate, they should then be excluded from the program because success is so heavily dependent upon active participation by all members.

Hernia Programs should serve as stewards of information to both patients and other providers who are looking to improve the delivery of hernia care. As such, education is the fifth component of a Hernia Program. The door should always be open to accepting and providing feedback. Staying current with the literature allows a program to implement new techniques and perioperative management strategies to improve the hernia care provided.

The final concept that defines a Hernia Program is research. It is important to recognize that research does not necessarily mean publishing outcomes in the highest-level journals. The Merriam-Webster’s Dictionary defines research as “the investigation or experimentation aimed at the discovery and interpretation of facts, revision of accepted theories or laws in the light of new facts, or practical application of such new or revised theories or laws”. As such, being a Hernia Program means pushing ourselves to test and review current hernia practices to establish new standards for the field. Importantly, this should be conducted in a controlled and organized fashion rather than haphazardly experimenting within the field. Sharing results with others completes the process and can be achieved through conversation, presentations, or publication.

Collectively, these 6 concepts provide the foundation for a Hernia Program and its mission. As with all businesses and corporations, institutional Hernia Programs should have a mission statement. Our program’s mission statement is as follows:

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