

2018 Quality Improvement Project Kick Off

Enhanced Recovery Project

December 5, 2018, 11 a.m.

Today's Agenda:

- ▶ Review the Performance Index Scorecard and breakdown of QII project points
- ▶ Kickoff
 - ▶ Assemble your project team
 - ▶ Hold a kick-off meeting
- ▶ Implementation
 - ▶ Make process changes
 - ▶ Measure your results
 - ▶ Check and adjust

Performance Index Scorecard

- 100 points total
 - 30% Participation
 - 70% Performance

Participation - 30%

2018 Michigan Surgical Quality Collaborative (MSQC) Collaborative Quality Initiative Performance Index Scorecard			
Measure #	Weight	Measure Description	Points
1	8	Collaborative Meeting (3) - Surgical Clinical Quality Reviewer (SCQR)	
		3 meetings	8
		2 meetings	4
		1 meeting	2
		0 meetings	0
2	8	Collaborative Meeting (3) - Surgeon Champion	
		3 meetings	8
		2 meetings	4
		1 meeting	2
		0 meetings	0

3	4	Conference Calls (3) - SCQR	
		3 calls	4
		2 calls	2
		1 call	1
4	4	Conference Calls (3) - Surgeon Champion	
		3 calls	4
		2 calls	2
		1 call	1
		0 calls	0
5	6	Accuracy and Completeness of Data	
		Certification Exam OR Inter-rater Reliability Audit	
		Passes the SCQR Certification Exam with score \geq 90%, or IRR with score \geq 95%	2
		Thirty Day Follow Up (1/1/2018 - 12/1/2018)	
		30-day follow up rate \geq 80%	4

Performance - 70%

6	50	Site Specific Quality Improvement Initiative (QII)¹ QI Implementation scores will be prorated based on specific deliverables, see Scoresheet in Attachment 1. (1/1/2018 - 12/1/2018)	
		Scores ≥ 94 points on selected QI implementation project	50
		Scores 74-93 points on selected QI implementation project	45
		Scores 50-73 points on selected QI implementation project	40
		Scores 1-49 points on selected QI implementation project	20
		No implementation	0
7	20	Outcome Measure² (1/1/2018 - 12/1/2018)	
		Demonstrate ≥ 10% reduction	20
		Demonstrate 7.5 - 9.99% reduction	15
		Demonstrate 5 - 7.49% reduction	10
		Demonstrate 2.5 - 4.99% reduction	5
		Demonstrate <2.5% reduction	0

Enhanced Recovery Project – Implementation Requirements

1. Choose at least one patient population:
 - Elective Colectomy
 - Elective Hysterectomy
 - Elective General Surgery
2. Implement the Process Measures

Preop	Intraop	Postop
<p>Preoperative Education</p> <ul style="list-style-type: none">• Diet• Exercise• Pain <p>Clear liquids until 2 hours before surgery</p>	<p>Multimodal Pain Management</p>	<p>Multimodal Pain Management</p> <p>Ambulation within 24 hours</p> <p>Ambulation BID POD 1</p> <p>Clear liquids within 24 hours</p> <p>Solids within 48 hours</p>

Scoring

Project Scoring:

Measure 6, Option D: Enhanced Recovery	Point Value
Capture the ERP tab for 100% of selected population	20
Demonstrate 80% compliance with identified preop measures	20
Demonstrate 80% compliance with identified intraop measures	20
Demonstrate 80% compliance with identified postop measures	20
Demonstrate staff engagement (submit meeting minutes)	10
Submit order set, protocol or patient education materials	10

= 100 points possible

PI Scorecard:

Site Specific Quality Improvement Initiative (QII) ¹ QI Implementation scores will be prorated based on specific deliverables, see Scoresheet in Attachment 1 (1/1/2018 - 12/1/2018)	
Scores ≥ 94 points on selected QI implementation project	50
Scores 74-93 points on selected QI implementation project	45
Scores 50-73 points on selected QI implementation project	40
Scores 1-49 points on selected QI implementation project	20
No implementation	0



Calculating your Outcomes Measure

Baseline: 10/1/2015 - 5/31/2017

Intervention: 1/1/2018 - 12/1/2018

Note: Intervention period has been revised to more closely reflect the implementation period!

Calculate: Baseline rate 7.2% - Measured rate 6.6% = 0.6
 $0.6/7.2 = 8.3\%$ reduction

Outcome Measure ² (1/1/2018 - 12/1/2018)	
Demonstrate $\geq 10\%$ reduction	20
Demonstrate 7.5 - 9.99% reduction	15
Demonstrate 5 - 7.49% reduction	10
Demonstrate 2.5 - 4.99% reduction	5
Demonstrate $<2.5\%$ reduction	0



Project Kickoff

- ▶ Identify team
- ▶ Hold kick-off meeting
- ▶ Understand current work flow and processes
- ▶ Identify where changes will be made
- ▶ Review baseline data

Implementation

- ▶ Launch new patient education materials/protocols for
 - ▶ Preoperative education on diet, nutrition, and pain
 - ▶ Clear liquids through two hours pre-op
- ▶ Implement new order sets for intraop pain management
- ▶ Create postop order sets for diet, pain management, and ambulation
- ▶ Ensure documentation is in place for accurate capture of variables

Implementation - Data Collection

Preop	
Measure	Variable/Options Required for Credit
Preoperative education Diet Exercise Pain	<p>Tab: ERP</p> <p>Variable: Preadmission Counseling/Teaching</p> <p>Option: Yes -> Nutrition/Diet, Pedometer/ Exercise Program, AND Postoperative expectations</p>
Clear liquids until 2 hours before surgery	<p>Tab: ERP</p> <p>Variable: Clear liquids between midnight and 2 hours prior to in room time</p> <p>Option: Yes</p> <p><small>*Selecting exception will exclude case from denominator</small></p>

Intraop

Measure

Variable/Options Required for Credit

Use of Multimodal pain management

Tab: ERP

Variable: Intraoperative use of multimodal pain management

Option: Yes

Postop

Measure*	Variable/Options Required for Credit
Order of multimodal pain management	Tab: ERP Variable: Order of Postoperative Multimodal Pain Management Option: Yes
Ambulation within 24 hours	Tab: ERP Variable: Ambulation once within the first 24 hours following surgery Option: Yes <small>*Selecting exception will exclude case from denominator</small>
Ambulation BID POD 1	Tab: ERP Variable: Ambulation BID POD #1 Option: Yes <small>*Selecting exception will exclude case from denominator</small>



Postop, continued

<p>Clear liquids within 24 hours</p>	<p>Tab: ERP</p> <p>Variable: Clear liquids within the first 24 hours following surgery</p> <p>Option: Yes</p> <p>*Selecting exception will exclude case from denominator</p>
<p>Solids within 48 Hours</p>	<p>Tab: ERP</p> <p>Variable: Solids within the first 48 hours following surgery</p> <p>Option: Yes</p> <p>*Selecting exception will exclude case from denominator</p>

Implementation - Results

- ▶ MSQC will provide regular data downloads to a Box for your hospital
 - ▶ Data will be provided at these intervals:
 - ▶ Baseline - no later than 1/31/18
 - ▶ April
 - ▶ July
 - ▶ October
 - ▶ January - use this data to write the narrative report, due in March, 2019
 - ▶ April, 2019 - final data based on locked cases through December 1, 2018, will be submitted to you with preliminary score.

Population	LOS Rate	ED Visit Rate	Readmission Rate	% cases with diet preop education	% cases with exercise preop education	% cases with pain preop education	% cases with clear liquids until 2 hours before surgery
Tab in workstation:				ERP	ERP	ERP	ERP
Elective Colectomy							
Elective General Surgery							
Elective Hysterectomy							

Population	% cases with use of intraop multimodal pain management	% cases with postop order of multimodal pain management	% cases with ambulation w/in 24 hours	% cases with ambulation BID POD 1	% cases with clear liquids w/in 24 hours	% cases with solids w/in 48 hours
Tab in workstation:	ERP	ERP	ERP	ERP	ERP	ERP
Elective Colectomy						
Elective General Surgery						
Elective Hysterectomy						

Implementation - Tracking your Results

- ▶ Track progress on Project Tracking Sheet throughout the year
 - ▶ Also located in your Box
 - ▶ Will reduce the work required at year end
 - ▶ Track numbers but also your activities
- ▶ Periodically review your team's progress and make adjustments as needed
- ▶ Compare notes with other sites

**2018 ERP QII Project
Tracking and Reporting Form**

Hospital Name:

Project: Enhanced Recovery

Population:

- Elective Colectomy
- Elective Hysterectomy
- Elective General Surgery (excludes vascular and hysterectomy)

Target Outcome:

Team Members & their role in the project:

Person Responsible for Submitting this Report:

Outcome Measure	Baseline Rate (10/1/2015 - 5/31/2017)	Goal Rate (10% reduction from baseline)	Cumulative Rate 1	Cumulative Rate 2	Cumulative Rate 3	Cumulative Rate 4	Overall Rate (1/1/2018 -12/1/2018)
LOS							
ED Visit							
Readmission							

Quality Improvement Goals

- Capture the ERP tab in the workstation for 100% of the selected population [20 points]
- For your selected patient population:
 - Demonstrate 80% compliance with the identified ERP pre op measures [20 points]
 - Demonstrate 80% compliance with the identified ERP intra op measures [20 points]
 - Demonstrate 80% compliance with the identified ERP postop measures [20 points]
- Submit meeting minutes to demonstrate staff engagement [10 points]
- Submit order set, protocol, or patient education materials [10 points]

Successes	<i>Please describe, in detail, what changes you implemented (or attempted to implement) that were successful. Why do you think they were successful, what were the critical elements that made these steps work?</i>
Barriers/challenges	<i>What roadblocks did you encounter along the way? What things made your project difficult to implement?</i>
Analysis/Next Steps	<i>Overall, would you say the changes you implemented as part of your 2018 QII project were successful? Why or why not? What are your plans for continuing this work? Were the results what you expected or were there surprises? How would you change things in the future?</i>

Resources:

- ▶ MSQC ERP toolkit- located on website under Quality Improvement Resources
- ▶ [Directions on accessing Box](#)
- ▶ [QI Project tracking sheet](#)
- ▶ [Variable definitions](#)
- ▶ [Tracking outcome measure](#)
- ▶ [Variables/options required](#)