

2018 Quality Improvement Project Kick Off

Opioid Prescribing

December 5, 2018, 1 p.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

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
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

Opioid Prescribing Project - Implementation Requirements

1. Choose at least one patient population:
 - Appendectomy
 - Cholecystectomy
 - Colectomy
 - Hernia Repair
 - Hysterectomy
2. Establish a baseline using 2017 MSQC data:
 - Average # pills prescribed post-surgery
 - Average # pills taken at time of follow up

Scoring

Project Scoring:

Measure 6, Option C: Reduce Postoperative Opioid Prescribing	Point Value
Select a revised prescribing target	30
Capture discharge opioid prescription in workstation for 100%	20
Demonstrate 90% compliance with opioid prescribing target	20
80% of selected population has complete 30-day Pain/Opioid assessment	20
80% of selected population has email address entered for 90-day PRO	10

PI Scorecard:

= 100 points possible

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 - 12/31/2018)	
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 need to be made
- ▶ Review baseline data

Implementation

- ▶ Have a meeting to determine your new prescribing target!
- ▶ Launch new prescriber education materials/protocols for reduced opioid prescribing
- ▶ Launch new patient education materials/protocols for
 - ▶ Postoperative pain management and expectations
 - ▶ Multimodal pain management

Implementation - Data Collection

Variable(s):	Includes:
Pain Tab	Collect entire tab for 80% of population
Opioid Tab	Collect entire tab for 80% of population
Discharge Opioid Prescription Tab: Opioid Use	Collect the following for 100% of population <ul style="list-style-type: none">- Opioid Type- Opioid Dose & Unit- Opioid Quantity Prescribed
Email Address Tab: Demographics	Collect email address for 80% of population
Preoperative Opioid Use Tab: Preop Risk Factors	

Implementation - Results

- ▶ MSQC will provide regular data downloads to an 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

Data Download Example

Population	LOS Rate	ED Visit Rate	Readmission Rate	Average # pills prescribed (Norco/Tylenol 3/Tramadol)	Average # pills taken (Norco/Tylenol 3/Tramadol)	Average # pills prescribed (Oxycodone)	Average # pills taken (Oxycodone)	% cases with discharge opioid prescription captured	% cases with complete pain/opioid tabs	% cases with email address captured
Appendectomy										
Cholecystectomy										
Colectomy (Lap)										
Colectomy (Open)										
Hernia Repair (Major)										
Hernia Repair (Minor)										
Hysterectomy (Vaginal)										
Hysterectomy (Lap)										
Hysterectomy (Abdominal)										

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

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:

- ▶ Prescribing Recs: opioidprescribing.info/
- ▶ Provider Info: michigan-open.org/provider-resources/
- ▶ Patient Info: michigan-open.org/patient-resources/
- ▶ [2018 MSQC Pain and Opioid Definitions](#)
- ▶ [Project Tracking Sheet](#)
- ▶ [How to track your outcome measure](#)
- ▶ [Directions for accessing Box](#)