

# 2018 Quality Improvement Project Kick Off

SSI Project

December 5, 2018, 9 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

# 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	<b>Collaborative Meeting (3) - Surgical Clinical Quality Reviewer (SCQR)</b>	
		3 meetings	8
		2 meetings	4
		1 meeting	2
		0 meetings	0
2	8	<b>Collaborative Meeting (3) - Surgeon Champion</b>	
		3 meetings	8
		2 meetings	4
		1 meeting	2
		0 meetings	0

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

# Performance - 70%

6	50	<b>Site Specific Quality Improvement Initiative (QII)<sup>1</sup></b> 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	<b>Outcome Measure<sup>2</sup> (1/1/2018 - 12/1/2018)</b>	
		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

# Surgical Site Infection- Implementation Requirements

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

Preop	Intraop	Postop
Prophylactic antibiotics within 120 minutes of incision, or documented exception	Redosing of antibiotics per hospital protocol or MSQC recommendation	Antibiotics discontinued within 24 hrs. postop per protocol
Preoperative showering/bathing	CHG/alcohol based prep	Wound care teaching
Preoperative wound care teaching	Glove change at closing (colectomy only)	



# Scoring

## Project Scoring:

Measure 6, Option B: Reducing Surgical Site Infections	Point Value
Capture workstation elements for 100% of selected population	20
Demonstrate 80% compliance with identified SSI prep process measures	20
Demonstrate 80% compliance with intraop process measures	20
Demonstrate 80% compliance with postop process measures	20
Submit patient education material	10
Submit order set	10

## PI Scorecard:

= 100 points possible

Site Specific Quality Improvement Initiative (QII) <sup>1</sup> QI Implementation scores will be prorated based on specific deliverables, see Scoresheet in Attachment 1. (1/1/2018 - 12/1/2018)	
Scores $\geq$ 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 <sup>2</sup> (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

- ▶ Preoperative Clinic
  - ▶ Showering/bathing protocol
  - ▶ Verbal and written wound care instruction- ensure documentation available to capture
- ▶ Preop/Surgeon/Anesthesia/OR staff
  - ▶ Ensure documentation of preop shower
  - ▶ Antibiotic protocols
  - ▶ Skin prep
  - ▶ Glove change at closing for colectomy surgery
- ▶ PACU/Postop Surgical Floor
  - ▶ Ensure documentation available to capture that patient receives verbal and written instruction for wound care

# Implementation - Data Collection

Preop	
Measure	Variable/Option Required for Credit
Prophylactic antibiotics within 120 minutes of incision	<p>Tab: Prophylactic IV Antibiotics</p> <p>Variable: Prophylactic IV Antibiotics</p> <p>Option: Exception: No -&gt; Antibiotics Administered: Yes</p> <p><small>*Selecting exception will exclude case from denominator</small></p>
Preoperative showering/bathing	<p>Tab: Preop Processes</p> <p>Variable: Preoperative Showering/Bathing</p> <p>Options: Yes</p>
Preoperative wound care teaching	<p>Tab: ERP</p> <p>Variable: Preadmission Counseling/Teaching</p> <p>Option: Yes -&gt; Wound care teaching</p>

## Intraop

Measure	Variable/Option Required for Credit
Redosing of antibiotics per hospital protocol or MSQC recommendation	<p>Tab: Prophylactic IV Antibiotics</p> <p>Variable: Prophylactic IV Antibiotics-Redosing of Antibiotic</p> <p>Option: Yes</p> <p>*Selecting exception will exclude case from denominator</p>
CHG/alcohol based prep	<p>Tab: Surgery Factors</p> <p>Variable: Skin Antisepsis/Skin Prep</p> <p>Options: Chlorhexidine with alcohol, Iodine with alcohol stick prep, OR Isopropyl alcohol</p>
Glove change at closing	<p>Tab: Surgery Factors</p> <p>Variable: Instruments, gloves and/or gowns changed at closing</p> <p>Option: Yes</p> <p>*Selecting exception will exclude the case from the denominator</p>

## Postop

### Measure

### Variable/Option Required for Credit

Antibiotics discontinued within 24 hrs. postop

Tab: Prophylactic IV Antibiotics

Variable: Prophylactic IV Antibiotics-Discontinuation within 24 hours

Option: Yes

\*Selecting exception will exclude case from denominator

Wound care teaching

Tab: ERP

Variable: Postoperative Counseling/Teaching

Option: Wound Care

# 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	SSI Rate	% cases with prophylactic antibiotics within 120 minutes of incision	% cases with preoperative showering/bathing	% cases with preoperative wound care teaching	% cases with redosed antibiotic	% of cases with one of the following skin preps: - CHG w/alc - Iodine w/alc - Isopropyl Alcohol	% cases with glove change	% cases with antibiotics discontinued w/in 24 hours	% of cases with postop wound care teaching
Tab in workstation:		Prophylactic IV Antibiotics	Preop Process	ERP	Prophylactic IV Antibiotics	Surgery Factors	Surgery Factors	Prophylactic IV Antibiotics	ERP
Non-emergent Colectomy									
Non-emergent General Surgery									
Non-emergent 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



<b>Successes</b>	<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>
<b>Barriers/challenges</b>	<i>What roadblocks did you encounter along the way? What things made your project difficult to implement?</i>
<b>Analysis/Next Steps</b>	<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 SSI Toolkit- located on website under Quality Improvement Resources
- ▶ [Antibiotic Re-dosing Recommendations](#)
- ▶ [Info on accessing Box](#)
- ▶ [Tracking outcome measure](#)
- ▶ [QI project tracking sheet](#)
- ▶ [SSI variables for process measures](#)
- ▶ [Variable/options required for credit](#)