


MSQC

Enhanced Recovery 2018 QII Project

Webinar
March 8, 2 p.m.

Today's Agenda:

- Why the MSQC QII matters to your hospital (hint: )
- Quality Improvement 101- PDCA
- Data
 - Using Box to receive and download files
 - What's in the spreadsheet
 - Using workstation reports to see outcomes measures
- Your questions!

Reminders!!

- Mute your phone, don't put on hold
- To make the slides full screen click this icon



Why does QI matter?

- It's the right thing for your patients
- Your hospital earns a Pay for Performance payment for participating in CQIs like MSQC and performing well on the PI Index
- This pay for performance payment is over and above the FTE payment that supports the SCQR salary

Pay for Performance Example: Large Hospital

Annual BCBSM total billing = \$500M

- 5% (potential incentive) of \$500M = \$25M
- 44% (CQIs) of \$25M = \$11M
- This hospital participates in 10 CQIs = \$1.1M per CQI

In this example, the hospital could receive a \$1.1M incentive for full participation in MSQC!

Pay for Performance Example: Small Hospital

Annual BCBSM total billing = \$20M

- 5% (potential incentive) of \$20M = \$1M
- 44% (CQIs) of \$1M = \$440K

This hospital participates in 4 CQIs = \$110K per CQI

In this example, a small hospital could receive a \$110K incentive for full participation in MSQC!

- Performing well on the MSQC Performance Index earns money for your hospital
- Your QII project is worth 40 of a total 100 points, and the outcomes measure is worth an additional 20
- So... how do you make sure you earn full points on your QII project for 2018?

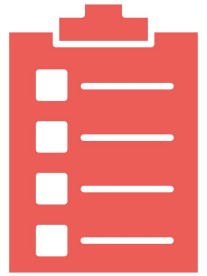


Quality Improvement 101: PDCA

- Plan: Identify a problem and propose a solution
- Do: Try the solution
- Check: Evaluate data to determine if solution is successful
- Act/Adjust: Make adjustments if things aren't quite working, change course, or take steps to ensure sustainability if the solution works.

Data tells us where we are, where we should head, and whether we got there on time!

Plan: Identify problem & possible solution

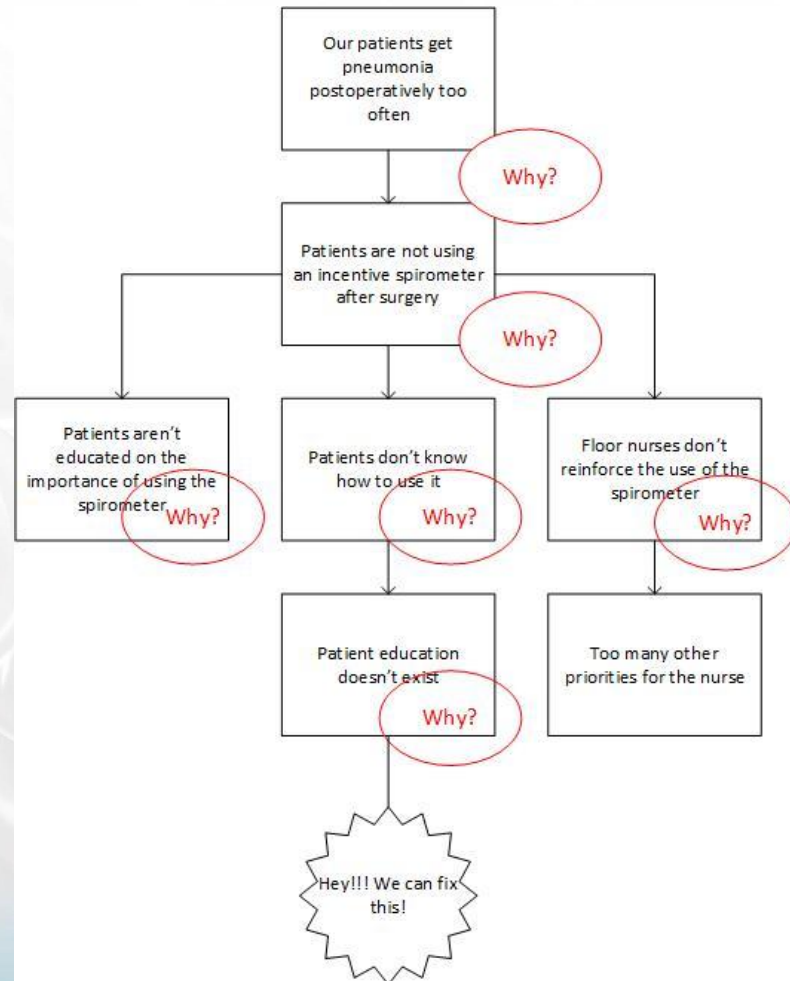


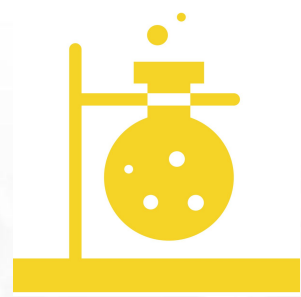
- Does the data suggest a problem to work on?
- What is the root cause of the problem? Ask why 5 times.
- Should you tackle the whole mess or break it down into pieces? (Hint: smaller pieces are better!)
- What can change to improve the problem?

Example: Post-op pneumonia rate is higher than the MSQC average

5 Whys.

How to break your problem down.





Do: Implement the solution

- Use data to convince stakeholders of the problem
- Propose a solution to address it
- Work with team members to make a *change*
- Use your expertise and consult with other experts/organizations to create the intervention

Example: Reach out to other ERP programs at MSQC hospitals. Collect examples of patient education materials to guide the development of your own.

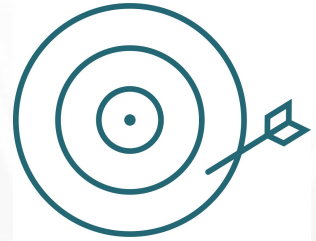
Check: Evaluate your impact



- Did it work? What does the data say?
- Do people hate it?
- How are your outcomes? Note: It may take time for process changes to affect outcomes, focus on process measures in the interim.
- Can it be sustained?

Example: How many patients received the new patient education materials? Have the floor nurses noticed more patients using the spirometer? What are patients reporting?

Act/Adjust to improve the project



- What needs to change based on your data review?
- How can you make these changes?
- Who needs to get on board?

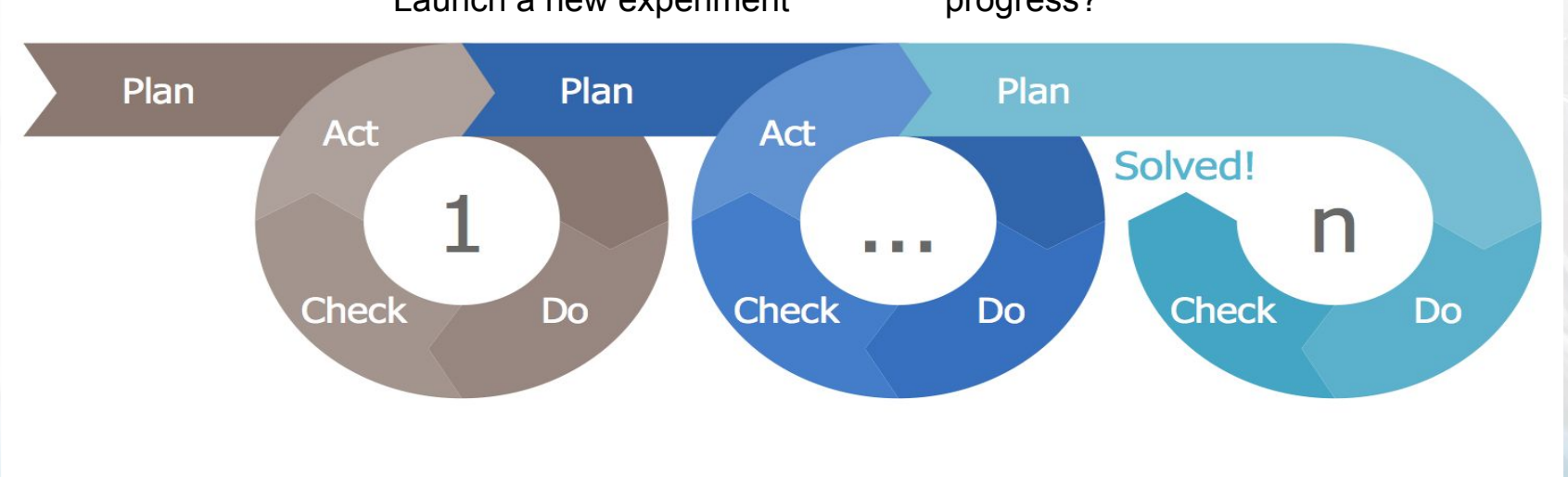
Example: Patients are trying to use the incentive spirometer, but still don't seem to have the hang of it. Maybe we should hand out the spirometer preop with the educational brochure.

You've done all that...now what?

Do it AGAIN!

Keep what worked,
change what didn't.
Launch a new experiment

Where are we now?
Did we make
progress?

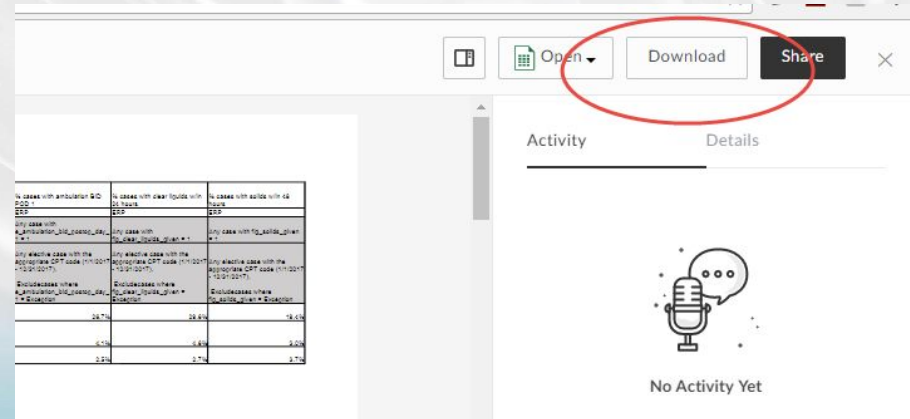


DATA

- What is Box?
- Receive and download files
- What do the spreadsheets include?
- Using workstation reports to see outcomes measures

Viewing your data & tracking progress

- Go to Box.com and sign in
- Share this folder with anyone who needs access
- View documents, download to modify (and see larger)
- Make changes and upload new version
 - Right click on name of document in box
 - click upload new version
 - select your document



Tracking Sheet

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]

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

Preop Process Measures

	Baseline Compliance Rate	Target Compliance Rate	Cumulative Rate 1	Cumulative Rate 2	Cumulative Rate 3	Cumulative Rate 4	Overall Rate (1/1/2018 - 12/1/2018)
Preop Education (diet, exercise, pain)		80%					
Clear Liquids until 2 hours before surgery		80%					
Steps to Implement	<i>Please indicate, in detail, what steps were necessary in order to implement each process measure listed above.</i>						
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>						

Process Measure - baseline rates

	% cases with diet preop education	% cases with exercise preop education	% cases with pain preop education	% cases with clear liquids until 2 hours before surgery	% cases with use of intraop multimodal pain management
Tab	ERP	ERP	ERP	ERP	ERP
Numerator	Any case with e_preadmit_counseling_type = 3	Any case with e_preadmit_counseling_type = 2	Any case with e_preadmit_counseling_type = 6	Any case with e_clear_liquids = 1	Any case with flg_intraop_pain_management = 1
Denominator	Any elective case with the appropriate CPT code (1/1/2017 - 12/31/2017).	Any elective case with the appropriate CPT code (1/1/2017 - 12/31/2017).	Any elective case with the appropriate CPT code (1/1/2017 - 12/31/2017).	Any elective case with the appropriate CPT code (1/1/2017 - 12/31/2017). Exclude cases where e_clear_liquids = Exception	Any elective case with the appropriate CPT code (1/1/2017 - 12/31/2017).
Elective Colectomy	26.7%	18.6%	25.8%	19.2%	27.0%
Elective General Surgery	3.9%	2.8%	3.9%	2.8%	4.0%
Elective Hysterectomy	1.2%	0.7%	1.8%	1.7%	3.1%

Your Questions



- Working with outside abstractors
- Multiple procedure groups
- Other concerns?