

MSQC

SSI 2018 QII Project

Webinar

March 6, 10 a.m.

Today's Agenda:

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

Why does QI matter?

- It's the right thing for your patients
- Your hospital earns an incentive 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 is in your
hospital's best interest!**

So... how do you do it?

Quality Improvement 101: PDCA

- Plan: Identify a problem and propose a solution
- Do: Implement the solution
- Check: Evaluate data to determine if solution is successful
- Act: 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

- Where does the data show an issue?
- What can change to improve the problem?

Example: My hospital's SSI rates are on the rise for colectomies. It seems like we are struggling with appropriate antibiotic use and redosing.

Do: Implement the solution

- Work with team members to *change* something
- Use data to convince stakeholders of the problem
- Use your own knowledge + other experts/organizations to identify solution

Example: Hold a meeting with surgeons, residents, PA/NPs, nurses, etc. to develop an antibiotic order set. Look at other organizations (ASHP, UpToDate, other MSQC hospitals) for guidance on best practice.

Check: Evaluate your data

- Did it work? What does the data say?
- Do people hate it?
- How are your outcomes?
- Can it be sustained?

Example: Did anyone follow the order set? If not, are there certain people that need to be targeted for intervention? If people did follow the order set, did you achieve the results you are looking for?

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?

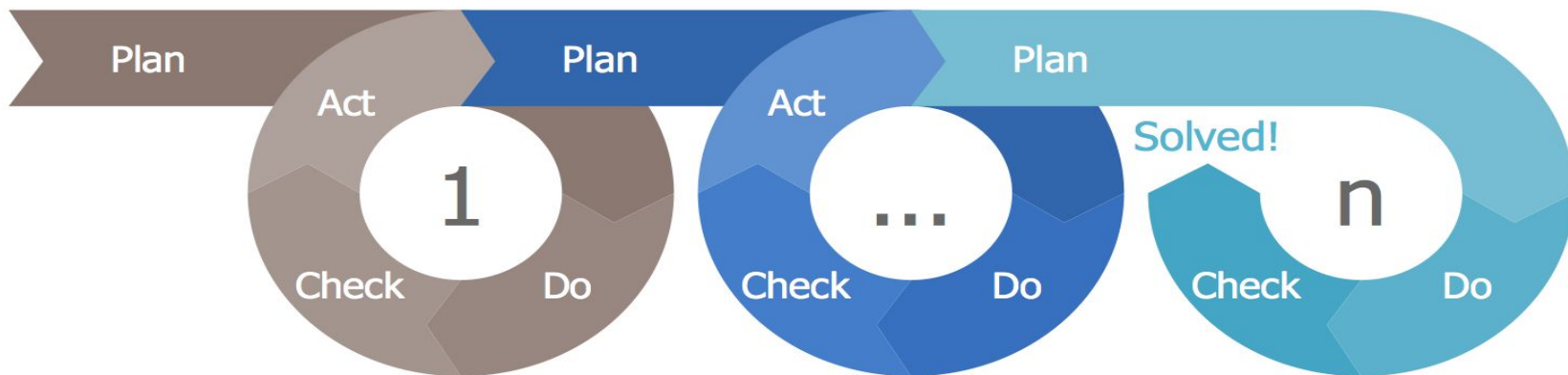
Example: The data showed that initial antibiotics are regularly being prescribed, but redosing per protocol is still under the target. Re-educate providers on the protocol.

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?



Tools to Use: DATA

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

SSI QI Tracking Sheet

Hospital Name:

Project: SSI

Population:

- Non-emergent Colectomy
- Non-emergent Hysterectomy
- Non-emergent 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)
SSI							

Quality Improvement Implementation Goals

- Capture the elements in the workstation for 100% of the selected population [20 points]
- For your selected patient population:
 - Demonstrate 80% compliance with identified SSI preop process measures [20 points]
 - Demonstrate 80% compliance with identified SSI intraop process measures [20 points]
 - Demonstrate 80% compliance with identified SSI postop process measures [20 points]
- Submit patient education materials that includes preoperative showering/bathing and wound care teaching [10 points]
- Submit an order set/protocol that includes antibiotics [10 points]

SSI QI Tracking Sheet

Preop Process Measures

	Data Location	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)
Prophylactic antibiotics within 120 minutes of incision, or documented exception	Prophylactic IV Antibiotics tab		80%					
Preoperative showering/bathing	Preop Processes		80%					
Preoperative wound care teaching	ERP tab		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>							

SSI QI Tracking Sheet

Intraop Process Measures

	Location	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)
Redosing of antibiotics per hospital protocol or MSQC recommendation	Prophylactic IV Antibiotics tab		80%					
CHG/alcohol based prep	Surgery Factors tab		80%					
Glove change at closing (colectomy only)	Surgery Factors tab		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	<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>							

SSI QI Tracking Sheet

Postop Process Measures

	Location	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)
Antibiotics discontinued within 24 hrs postop per protocol	Prophylactic IV Antibiotics tab		80%					
Wound care teaching	ERP tab		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	<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 QI 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>							

SSI Data in Box

	% 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 stick prep - Isopropyl Alcohol	% cases with glove change	% cases with antibiotics discontinued w/in 24 hours	% of cases with postop wound care teaching
Tab	Prophylactic IV Antibiotics	Preop Process	ERP	Prophylactic IV Antibiotics	Surgery Factors	Surgery Factors	Prophylactic IV Antibiotics	ERP
Numerator	Any case with antibiotic_administered = 1	Any case with Preoperative Showering/Bathing = Yes	Any case with e_preadmit_counseling_type = 7	Any case with 'was this antibiotic redosed?' = Yes	Any case where skin_antiseptics = 3, 4, or 6	Any case where flg_new_implements_at_close = 1	Any case with 'was this antibiotic discontinued within 24 hours' = Yes	Any case where 'Postop Teaching' = wound care
Denominator	Any elective or urgent case with the appropriate CPT code (1/1/2017 - 12/31/2017). Exclude cases with Antibiotic_exception = 1	Any elective or urgent case with the appropriate CPT code (1/1/2017 - 12/31/2017). Exclude cases with Preoperative Showering/Bathing = Exception	Any elective or urgent case with the appropriate CPT Code (1/1/2017 - 12/31/2017). Exclude urgent cases	Any elective or urgent case with the appropriate CPT code (1/1/2017 - 12/31/2017). Exclude: - cases with Antibiotic_exception = Yes - cases with 'was this antibiotic redosed?' = Exception	Any elective or urgent case with the appropriate CPT code (1/1/2017 - 12/31/2017).	Any elective or urgent case with the appropriate CPT code (1/1/2017 - 12/31/2017). Exclude cases where flg_new_implements_at_close = 2 Exclude cases laparoscopic/robotic cases with intracorporeal anastomosis	Any elective or urgent case with the appropriate CPT code (1/1/2017 - 12/31/2017). Exclude: - cases with Antibiotic_exception = Yes - cases with 'was this antibiotic redosed?' = Exception - cases with 'was this antibiotic discontinued within 24 hours' = Exception	Any elective or urgent case with the appropriate CPT code (1/1/2017 - 12/31/2017). Exclude cases with discharge status expired, medical facility hospice, short-term hospital for inpatient care, or still in hospital > 30 days
Non-emergent Colectomy	99.0%	0.0%	0.0%	0.0%	90.8%	0.0%	0.0%	0.0%
Non-emergent General Surgery	92.0%	0.0%	0.0%	0.0%	86.6%	0.0%	0.0%	0.0%
Non-emergent Hysterectomy	99.1%	0.0%	0.0%	0.0%	78.8%	0.0%	0.0%	0.0%

SSI Variables/Options Required

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Preop		Intraop		Postop	
Measure	Variable/ Option Required for Credit	Measure	Variable/ Option Required for Credit	Measure	Variable/ Option Required for Credit
Prophylactic antibiotics within 120 minutes of incision *MSQC will exclude cases with "Exception" from this measure	Tab: Prophylactic IV Antibiotics Variable: Prophylactic IV Antibiotics Option: Exception: No -> Antibiotics Administered: Yes -> enter all initial doses and subsequent redoses	Redosing of antibiotics per hospital protocol or MSQC recommendation *MSQC will exclude cases with "Exception" from this measure	Tab: Prophylactic IV Antibiotics Variable: Prophylactic IV Antibiotics- Redosing of Antibiotic Option: Yes	Antibiotics discontinued within 24 hrs postop *MSQC will exclude cases with "Exception" from this measure	Tab: Prophylactic IV Antibiotics Variable: Prophylactic IV Antibiotics- Discontinuation within 24 hours Option: Yes
Preoperative showering/bathing	Tab: Preop Processes Variable: Preoperative Showering/Bathing Options: Yes- Elective: Shower/bath completed prior to hospital arrival. Urgent: Shower/bath completed prior to patient in room time	CHG/alcohol based prep	Tab: Surgery Factors Variable: Skin Antisepsis/Skin Prep Options: Chlorhexidine with alcohol, Iodine with alcohol stick prep, OR Isopropyl alcohol		
Preoperative wound care teaching *MSQC will exclude urgent cases from this measure	Tab: ERP Variable: Preadmission Counseling/Teaching Option: Yes -> Wound care teaching *Answer variable for elective cases only	Glove change at closing (colectomy cases only) *MSQC will exclude laparoscopic/robotic case with an intracorporeal anastomosis from this measure	Tab: Surgery Factors Variable: Instruments, gloves and/or gowns changed at closing Option: Yes *Answer variable for every colectomy case. *Also answer intra/ extracorporeal anastomosis for laparoscopic/robotic colectomy cases	Wound care teaching *MSQC will exclude patients with specified discharge statuses from this measure	Tab: ERP Variable: Postoperative Counseling/Teaching Option: Wound Care *If the patient didn't receive wound care teaching or discharge status is expired, medical facility hospice, short-term hospital for inpatient care, or still in hospital >30 days from the measure, leave the variable unanswered.

Your Questions

- Revised definitions
- Data abstraction
- Other concerns