

MSQC

Surgeon Engagement 2018 QII Project

Webinar
March 6, 2 p.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 problem(s) & a potential 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?
- Should you tackle the whole mess or break it down into pieces? (Hint: smaller pieces are better!)

Example: Surgeons at my hospital haven't accessed their surgeon specific reports yet this year. SSI rate is elevated and select surgeons are using betadine prep.

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 to introduce surgeons to surgeon specific reports. Consider having computer available for surgeons with a login to do so at meeting- double check each surgeons username before meeting via surgeon list. Implement order set for CHG intraop skin prep unless contraindicated for patient

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: Review surgeon list to see if account logins have increased. Track SSI measure in the workstation to evaluate if there is a decrease. Are surgeons who were using betadine prep now using CHG prep?

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?

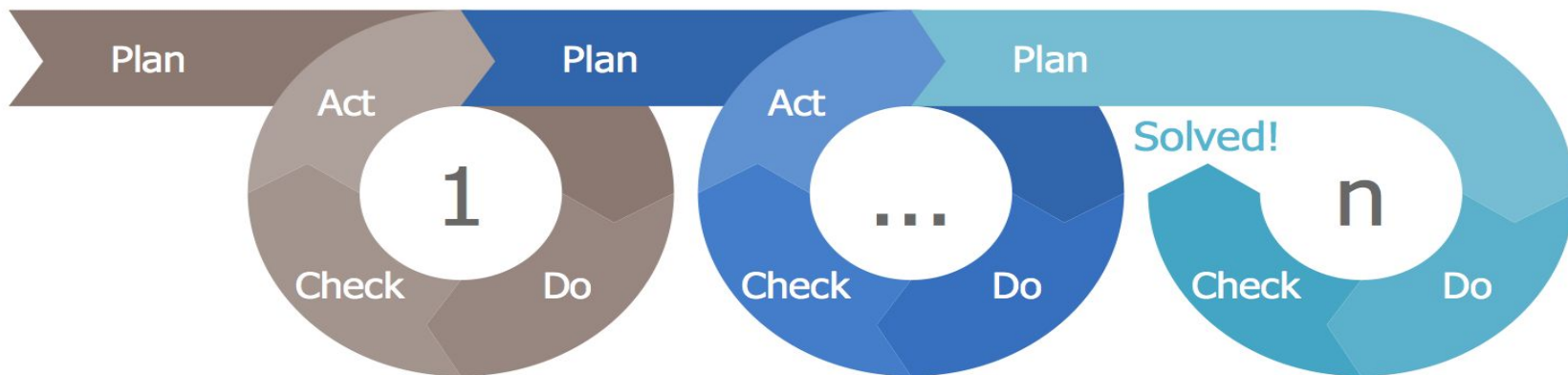
Example: Consider a 1:1 meeting with surgeon A who is having difficulty accessing surgeon specific reports. CHG prep is increasing but still a few outliers. Re-educate providers on importance of use. Monitor SSI rate.

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?

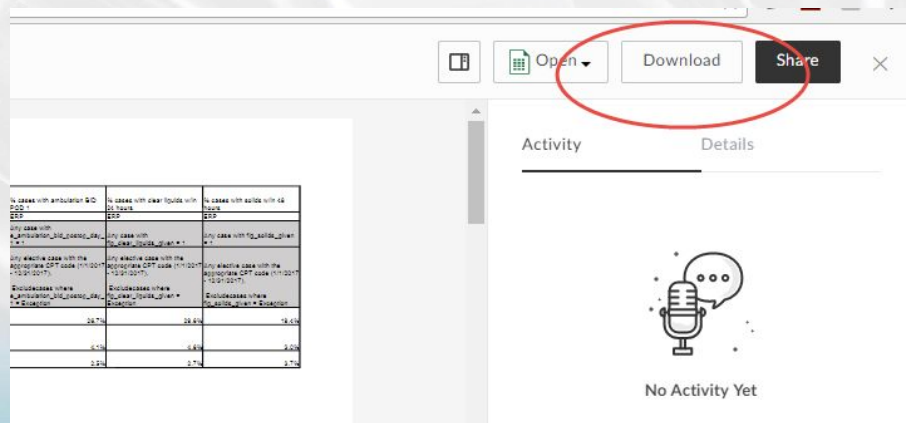


Tools to Use: Surgeon List

- What is Box?
- Receive and download files
- What does the surgeon list 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 document(s) and download (top right)
- Make changes and upload new version
 - Right click on name of document in box
 - click upload new version
 - select your document



Surgeon Engagement QI Tracking Sheet

Hospital Name:

Project: Surgeon Engagement

Population:

- 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 (10/1/2016 - 6/31/2017) | 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 | | | | | | | |

Surgeon Engagement QI Tracking Sheet

Quality Improvement Goals

Surgeon Specific Reporting

- Conduct and document one informational meeting to discuss the following topics with eligible surgeons* by March 31, 2018. [10 points]
 - How to request MSQC Reporting Access
 - The Surgeon Video Review Program
 - View hospital-level SSI rates and discuss practices affecting this rate to include:
 - Redosing of antibiotics if >4 hr. surgery time
 - CHG/alcohol based prep
 - Glove change at closing
 - Plan for end of the year follow-up meeting
- 90% of eligible surgeons signed up by December 1, 2018 [20 points]
- Participating surgeons access reports 2x/year [20 points]
- Conduct and document one post-implementation meeting to discuss the following topics with eligible surgeons by December 31, 2018. [10 points]
 - MSQC QI Project Performance: Access and Video Review results and feedback
 - View hospital-level SSI rates

Surgeon Engagement QI Tracking Sheet

Surgeon Video Review

90% of eligible surgeons^a complete a video upload and self-evaluation by December 1, 2018. [20 points]

- 10 peer reviews completed by each participating surgeon within the MSQC Surgeon Video Review application by December 31, 2018. [10 points]
- Encourage participation among participating surgeons in the MSQC Video Coaching Session taking place during the September 2018 MSQC Collaborative Meeting. At least 1 surgeon must attend this session for full points. [10 points]

Surgeon Specific Reporting

| | |
|----------------------------|--|
| 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> |
| Analyses/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> |

Surgeon Engagement QI Tracking Sheet

Surgeon Video Review

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Project Summary: Overall narrative:

Your Questions

- Video Uploads
- Surgeon attendance at video review session
 - Invitation from MSQC