

Quality Improvement Implementation
Project Time Period: 1/1/2020 - 12/31/2020

Summary:

For the past several years MSQC has worked closely with Michigan OPEN to reduce the number of opioids prescribed after surgery. We have included opioid prescribing QII projects in our P4P program for both 2018 and 2019, which have proven successful in decreasing prescribing over and above the improvements that followed the dissemination of the recommendations to the collaborative.

Simultaneously, MSQC has been focused on the development and implementation of care pathways for surgical procedures. Each of the care pathways that have been developed to date (minor hernia, cholecystectomy, colectomy, and hysterectomy) have included similar elements of pain management, which are vital to supporting the practice of reduced opioid prescribing.

Michigan OPEN monitors the Patient Reported Outcomes (PROS) data collected from patients at 30 and 90 days postop, in order to monitor that prescribing recommendations have not been lowered to the point that they have had a detrimental effect on patient's pain and patient satisfaction scores.

QI Implementation Requirements:

In 2020 each hospital will be asked to identify two procedures for which an MSQC care pathway has been developed, and then undertake a "rapid improvement QI implementation cycle" focused on improving the following for those two procedures:

- Preoperative pain management teaching (elective cases only)
- Pre/intraop multimodal pain management (all surgical priority)
- Postop multimodal pain management (all surgical priority)
- Postop pain management teaching (all surgical priority)

The implementation cycle will last approximately six months, encompassing the first half of calendar year 2020. Hospitals will be asked to review their 2019 performance on the four performance measures for the two procedures chosen, and design an intervention aimed at improving their performance in at least three areas in which they are underperforming.

For sites who focused on the Colectomy Care Pathway project in 2019, work can continue to focus on this pathway, with specific effort devoted to the measures above, with sites choosing one additional procedure to add.

For those sites who created pain management pathways as part of their 2019 Opioid prescribing project, this work will be a continuation of that process, now implementing steps identified to be part of those pain pathways.

Throughout the year the site will be expected to monitor their performance on patient reported pain and patient satisfaction scores as reported on the 30-day PROs responses.

QI Implementation Goals - 100 total points

Improve the following process measures for the two procedures chosen by the site:

- Close the gap between prescribing at 90% the Michigan OPEN target for each procedure chosen, and baseline performance from quarters 2-3, 2019 to quarters 2-3, 2020 [20 points]
 - If site is at 90% goal during quarters 2-3 of 2019 (90%) for prescribing at the Michigan OPEN recommendations for all surgical procedures included in the project (minor hernia, cholecystectomy, colectomy, and hysterectomy), maintain prescribing at this level through quarters 2-3 of 2020.
- 100% of patients (all procedures) will have a complete discharge opioid prescription in the workstation. [10 points]
- For 2-3 third quarter, 2020, reach 80% compliance on the targeted performance metrics, for the targeted procedures [10 points each measure, total 40]:
 - Preoperative pain management teaching (elective cases only)
 - pre/intraop multimodal pain management (all surgical priority)
 - Postop multimodal pain management (all surgical priority)
 - Postop pain management teaching (all surgical priority)
- Maintain or improve surgical site pain scores reported at 30 day postop, during quarters 2-3, for patients in both procedure groups of focus [10 points each group = 20 points].
- Complete project report that includes preop and post op education materials to address pain management teaching; document order set and/or the practice model for providing intraop pain management [10 points].

Measure Details:	Preoperative Pain Mgt. Teaching	Use of Multimodal pain management	Order of multimodal pain mgt	Postop pain mgt. teaching
	Tab: ERP Variable: Preadmission Counseling/Teaching Option: Yes -> Pain Management	Tab: ERP Variable: Intraoperative use of multimodal pain management Option: Yes	Tab: ERP Variable: Order of Postoperative Multimodal Pain Management Option: Yes	Tab: ERP Variable: Postop Teaching Option: Yes -> Pain Management