

Quality Improvement Implementation, Option A: Colectomy Care Pathway
Project Time Period: 1/1/2019 - 12/1/2019

Summary:

The focus of this project is to work toward the development and implementation of a care pathway to improve care of patients undergoing elective colectomy surgery. Using widely accepted clinical practice guidelines as a starting point, hospitals will develop their own colectomy care pathway. We hope that this project will inspire multidisciplinary discussions to standardize, document and drive best practice at each hospital to improve patient care.

QI Implementation Requirements:

For elective colectomy patients, in addition to MSQC core data collection, participating hospitals should collect the complete ERP variable set. Points for implementation of the QI program will be awarded on a prorated basis. Partial points will be awarded based upon actual performance. The maximum allowable points for each deliverable are listed in brackets.

QI Implementation Goals

Implement all of the following process measures for elective colectomy patients as in Table A1 and specified below:

Table A1

Preoperative	Intraoperative	Postoperative
Oral antibiotics with mechanical bowel prep	Redosing of prophylactic IV antibiotic(s) per ASHP guidelines	Multimodal pain management within 24 hours
Clear liquids until 2 hours before surgery	Multimodal pain management	Ambulation within 24 hours
Prophylactic IV antibiotic(s) per ASHP guidelines		Solids provided within 48 hours

- Demonstrate 80% compliance with the identified **preoperative measures** [20 points]
 - Patients will complete oral antibiotics with mechanical bowel preparation protocol.
 - [Suggested MSQC Bowel Prep Protocol](#)
 - Patients will be allowed to consume clear liquids until 2 hours prior to surgery.
 - Patients will receive appropriate prophylactic IV antibiotic(s) selection and administration within 60 minutes of surgery start time per the [American Society of Health System Pharmacists \(ASHP\) Clinical Practice Guidelines for colorectal surgery](#) as specified in Table A2 below.

Exceptions to this measure:

- If there is an alteration in antibiotic administration from Table A2 due to an *allergy contraindication, limited supply, or other situations in which an alteration is required (e.g. antibiotic resistance)*, it must be *documented* that the patient is receiving an alternative antibiotic(s) with the specific indication.

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Table A2

ASHP Antibiotic Recommendations for Colorectal Surgery	Initial Dose Administered within 60 minutes of surgery start time
Option 1 Cefazolin AND Metronidazole	2g IV if pt <120kg 3g IV if pt ≥120kg 500mg IV
Option 2 Cefoxitin	2g IV
Option 3 Cefotetan	2g IV
Option 4 Ertapenem	1g IV
The entire Clinical Practice Guidelines from the American Society of Healthcare Pharmacists can be viewed here .	

- Demonstrate 80% compliance with the identified **intraoperative measures** [20 points]
 - Initial prophylactic IV antibiotic(s) administered will be redosed within the appropriate time as specified in the [ASHP Clinical Practice Guidelines](#).
 - Patients will receive intraoperative multimodal analgesia with at least 2 non-opioid agents.
- Demonstrate 80% compliance with the identified **postoperative measures** [20 points]
 - Patients will be ordered postoperative multimodal analgesia with at least 2 non-opioid agents within the first 24 hours following surgery.
 - Patients will ambulate at least once within the first 24 hours following surgery.
 - Patients will have solid food provided within the first 48 hours following surgery.
- Conduct and document at least one multidisciplinary meeting that includes surgeons, nurses, quality, pharmacy and other relevant staff to discuss and establish a comprehensive colectomy care pathway **by March 30, 2019**. [20 points]
- Create a comprehensive colectomy care pathway that includes preoperative, intraoperative, postoperative, and post-discharge processes. Submit this colectomy care pathway to the MSQC Coordinating Center with 2019 project submission. [20 points]

Quality Improvement Initiative (QII): 2019 Options

Quality Improvement Implementation, Option B: Postoperative Opioid Prescribing Project Time Period: 1/1/2019 - 12/1/2019

Summary:

The focus of this project is to reduce the number of opioids prescribed by MSQC hospitals, prevent opioid diversion into the community, educate patients about pain management, and increase awareness of prescribed opioids. By focusing on a more evidence-based approach to prescribing and better patient education, we hope to improve the patient experience that is commonly impacted by postoperative pain.

QI Implementation Requirements:

For patients undergoing a procedure listed in table B1 below, in addition to MSQC core data collection, participating hospitals should collect the complete pain and opioid variable set. Points for implementation of the QI program will be awarded on a prorated basis. Partial points will be awarded based upon actual performance. The maximum allowable points for each deliverable are listed in brackets.

QI Implementation Goals

Implement all of the following process measures:

- 90% of patients having a procedure listed in Table B1 will receive the recommended amount of opioid (or less) at discharge, as identified by Michigan OPEN's current recommendation on January 1, 2019. [40 points]

Table B1

Procedure Types	Oral Morphine Equivalents (OMEs)	Hydrocodone (Norco) 5mg Codeine (Tylenol #3) 30mg Tramadol 50mg	Oxycodone 5mg Hydromorphone (Dilaudid) 2mg
Laparoscopic Appendectomy	75	15	10
Laparoscopic Cholecystectomy	75	15	10
Inguinal/Femoral Hernia Repair (open/laparoscopic)	75	15	10
Vaginal Hysterectomy	100	20	10
Laparoscopic Hysterectomy	125	25	15
Abdominal Hysterectomy	175	35	25

* This is the current Michigan OPEN recommendation and may be adjusted January 1, 2019. The MSQC Coordinating Center will communicate when the revised recommendations are released.

**Total OME will be calculated for the total discharge prescription for each patient to take into account different dosages, liquid medications, and multiple discharge opioid prescriptions provided. [See CDC guide on calculating OME.](#)

- 100% of patients have a complete discharge opioid prescription in the workstation. [15 points]
- 75% of patients have an email address for 90-day PRO assessment. [5 points]

Quality Improvement Initiative (QII): 2019 Options

- Conduct and document at least one multidisciplinary meeting that includes surgeons, nurses, quality, pharmacy and other relevant staff to discuss and establish a comprehensive pain management care pathway for two of the included procedure types **by March 30, 2019**. [20 points]
 - Discuss current prescribing practices and variation
 - Disseminate provider education and review new prescribing targets
 - Review patient education materials
- Create a comprehensive pain management care pathway that includes preoperative, intraoperative, postoperative, and post-discharge processes for two of the included procedure types. Submit this pain management pathway to the MSQC Coordinating Center with 2019 project submission. [20 points]