



MSQOC

Michigan Surgical Quality Collaborative

2019 Quality Improvement Kick-off Webinars
Colectomy Care Pathway Project

2019 Colectomy Care Pathway Project

Agenda

- 16 Hospitals Participating!
- Review Project Requirements
- Care Pathway Reveal
- Creating your hospital's colectomy care pathway

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Project Requirements

- Collect the ERP tab! Not variables are part of the tracked compliance but all will be part of your hospital's care pathway.
- 80% compliance with preop, intraop and postop processes measures [60 points]
- 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]

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Project Requirements- Scoring

Scoring:

- Each deliverable will be scored as met/not met and total points tallied for a score/possible 100 possible points
- Implementation points will be added in the amount of 0-20 (increments of 5) based on the project narrative. These points will be added to total score.
- Blow us away with the effort you put into ERP tab completeness! Will serve you well if you need to score extra credit for any reason!!

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Tracked Process Measures for Compliance

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

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Closer look at antibiotics

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

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The antibiotic data collection...

- 2019 data collection has changed! Check the definition!
- Follow the 2019 variable definition:

Simply enter initial antibiotic(s) given within 2 hours prior to surgery start time and any redoses given through surgery end time.

- MSQC will determine compliance through our analytics for the most part...
 - If ASHP guidelines not followed, there needs to be a documented reason such as allergy or drug shortage to select exception
 - If the patient didn't receive intraoperative redosing and there is a documented reason then select exception

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- Use guide that outlines which connects the QI measures, variables, and what options count



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Preop		Intraop		Postop	
Measure	Numerator Criteria	Measure	Numerator Criteria	Measure	Numerator Criteria
Oral antibiotics with mechanical bowel prep <i>*Selecting exception will exclude case from denominator</i>	Tab: Preop Variable: Mechanical Bowel Prep Option: Yes > Were oral antibiotics ordered as part of the bowel prep? > Yes	Order of multimodal pain management	Tab: ERP Variable: Intraop Order - Use of Multimodal Pain Management Option: Multimodal pain management ordered Preop/Intraop > Yes	Order of multimodal pain management	Tab: ERP Variable: Postop Order - Use of Multimodal Pain Management Option: Multimodal pain management ordered Postop > Yes
Clear liquids until 2 hours before surgery <i>*Selecting exception will exclude case from denominator</i>	Tab: ERP Variable: Clear liquids between midnight and 2 hours prior to in room time Options: Yes	Redosing of prophylactic IV antibiotic(s) per ASHP guidelines <i>*If a patient didn't receive antibiotics before incision or wasn't due for redosing (surgery end time occurred before redosing interval) then the case will be excluded from the denominator. *If a patient didn't receive redosing due to a documented medical contraindication or other approved reason then select exception and the case will be excluded from the denominator.</i>	Tab: Prophylactic IV Antibiotics Variable: Prophylactic IV Antibiotics- Was the prophylactic IV antibiotic re-dosed during the primary operative procedure? Options: Yes > Enter dose, start date and time	Ambulation within 24 hours <i>*Selecting exception will exclude case from denominator</i>	Tab: ERP Variable: Ambulation once within the first 24 hours following surgery Option: Yes
Prophylactic IV antibiotic(s) per ASHP guidelines <i>*Selecting exception to prophylactic antibiotic(s) administered before incision OR appropriate antibiotic(s) weren't administered due to a shortage, allergy or other approved reason will exclude the case from the denominator</i>	Tab: Intraop and Prophylactic IV Antibiotic(s) Variable: Prophylactic IV Antibiotic(s) Options: Appropriate Antibiotic was administered per ASHP guidelines > Yes > Enter antibiotic(s) name, dose, start date and time			Solids within 48 hours <i>*Selecting exception will exclude case from denominator</i>	Tab: ERP Variable: Solids within the first 48 hours following surgery Option: Yes
CPT codes included in the project (denominator): 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44150, 44151, 44155, 44156, 44157, 44158, 44160, 44204, 44205, 44206, 44207, 44208, 44210, 44211, 44212.					
Elective cases only					

- If you aren't doing the data abstraction, make sure to talk with that person!

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The Pathway....

- A long process and continuous QI cycle
- Establishing a team and expand when needed
- Setup regular meetings
- Use the MSQC care pathway as a best practice template/guide to create your hospital's pathway
- All patients receiving the same best practice standardized care!

2019 QI Project Timeline

Q1

- Establish multidisciplinary team for colectomy QI and setup regular meetings
- Focus initial efforts on implementation on tracked QI project measures
- Plan out how to tackle care pathway review and develop your hospital's standardized pathway
- Baseline data upload to Box folder

Q2

- First data upload to Box folder
- Monitor project related measures for compliance
- Hold team meeting to review pathway for consensus and implementation
- Remember the end goal is for all patients to receive the same standardized care at your hospital
- Second data upload to Box folder

Q3

- Third data upload to Box folder
- Monitor project related measures for compliance
- Continue team meetings to develop standardized care pathway
- Fourth data upload to Box.com

Q4

- Fifth data upload to Box.com folder
- Monitor project related measures for compliance
- Continue team meetings to develop standardized care pathway- you should be almost there!
- Make sure to “sustain the gain”- QI is a continuous cycle! This is a big project and implementation of an entire pathway will take time.