Quality Improvement Implementation, Option A:
Increase Surgeon Engagement
Outcome Measure: SSI

Summary:
Surgeon Engagement is essential for the success of quality improvement programs within hospitals. This project is intended to improve surgeon participation in MSQC and specifically garner interest in improving processes related to SSI by using feedback on surgeon specific reporting and video review.

Selection Guidance:
This project is recommended for sites that have less than 50% of eligible surgeons participating in surgeon specific reports. To select this option, your site should perform and have the ability to record laparoscopic colectomy (CPT Codes: 44204, 44205, 44206, 44207, 44208, 44210, 44211, 44212).

QI Implementation Requirements:
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.

1. **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

2. **Surgeon Video Review**
   - 90% of eligible surgeons^ 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 Eligible Surgeons - Surgeons meeting the MSQC minimum volume requirement of 30 eligible cases in the database by Sep. 1 2017.
^ Video Review Eligible Surgeons - Any surgeon performing a laparoscopic colectomy procedure at the hospital before October 1, 2018.

Quality Improvement Implementation, Option B:
Reducing SSI
Outcome Measure: SSI

Summary:

Surgical site infections can lead to longer hospitalizations and higher cost per surgical episode, not to mention making recovery from surgery more arduous for the patient. This project is intended to reduce SSI rate in a selected patient population by implementing improvements in wound care and antibiotic compliance.

Selection Guidance:

This project is recommended for sites that have the following SSI rates for the identified patient population:

- SSI Total > 3.43% adj
- SSI Total, general surgery > 3.7% adj
- SSI Total, colectomy > 9.28% adj
- SSI Total, hysterectomy > 2.05% adj

QI Implementation Requirements:

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.

1. **Identify a Patient Population**

   Select one or more of the following MSQC eligible procedures to target for SSI:
   - Non-emergent Colectomy Patients
   - Non-emergent Hysterectomy Patients
   - Non-emergent General Surgery Patients (excludes Hysterectomy/Vascular)

2. **Establish a Process**

   Submit the following for your selected procedure(s):
   - Submit an order set/protocol that includes antibiotics
   - Establish a wound care process

3. **Implement the Process Measures**

   Implement all of the following process measures for your selected patient population:

Preop	Intraop	Postop
Prophylactic antibiotics within 120 minutes of incision, or documented exception CHG cloths/CHG bathing Preop teaching- wound care	Redosing of antibiotics if >4 hr surgery time/per protocol CHG/alcohol based prep Glove change at closing (colectomy only)	Antibiotics discontinued within 24 hrs postop per protocol Wound care teaching

4. **QI 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 material that includes postop wound care/preop CHG teaching [10 points]
   - Submit an order set/protocol that includes antibiotics [10 points]

Quality Improvement Implementation, Option C:
Reduce Postoperative Opioid Prescribing
Outcome Measure: Utilization (LOS, ED, Readmission)

Summary:
The focus of this project is to reduce the number of opioids prescribed in the state of Michigan, 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 decrease utilization measures commonly impacted by postoperative pain.

Selection Guidance:
This project is recommended for sites that have been collecting the Pain and Opioid tabs and Patient Reported Outcomes (PROs). Sites with patient email addresses will be most successful in this project.

QI Implementation Requirements:
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.

1. **Identify a Patient Population**
   Select one or more of the following eligible procedures* to target for reducing postoperative opioid prescribing:
   - Appendectomy
   - Cholecystectomy
   - Colectomy
   - Hernia Repair
   - Hysterectomy

2. **Establish a Baseline**
   Using 2017 MSQC data, review and submit the following for your selected procedure(s):
   - Baseline average # of pills prescribed post-surgery
   - Baseline average # of pills taken at 30 days post surgery

3. **Select a NEW Prescribing Target [30 POINTS]**
   Conduct and document one or more informational meeting(s) with relevant staff, nurses, surgeons and residents by April 30, 2018.
   - Review and discuss the following:
     ○ Current prescribing practices and patient use
     ○ Variation in prescribing practices across surgeons
     ○ MSQC Prescribing Recommendations (see table below)
   - Discuss patient education for:
     ○ Postoperative pain expectations

- ○ Postoperative use of multimodal pain management
- ○ Proper storage and disposal of opioid medications
- Set a reduced standard prescription (i.e. new prescribing target) for the selected procedure(s)

4. **QI Implementation Goals**
   - Capture the discharge opioid prescription in the workstation for 100% of the selected population [20 points]
   - 90% of the selected population receives the standard number of pills identified as the new prescribing target* [20 points]
   - 80% of the selected population has a complete 30-day Pain/Opioid assessment [20 points]
   - 80% of the selected population has an email address for 90-day PRO assessment [10 points]

*Eligible procedures are those with established MSQC evidence-based prescribing recommendations.

MSQC Prescribing Recommendations

www.opioidprescribing.info

Recommendations were based on patient-reported data from MSQC and published studies. Recommended amounts meet or exceed self-reported use of 75% of patients. Previous studies have shown that when patients are prescribed fewer pills, they consume fewer pills with no changes in pain or satisfaction scores. Many patients use 0-5 pills. Recommendations are for patients with no preoperative opioid use. For patients taking opioids preoperatively, prescribers are encouraged to use their best judgement.

Quality Improvement Implementation, Option D:
Enhanced Recovery
Outcome Measure: Utilization (LOS, ED, Readmission)

<u>**Summary:**</u>
This project aims to get patients in optimal health before surgery, as well as moving and eating sooner after surgery. Through these efforts we hope to improve utilization, reduce complications and improve patient outcomes.

<u>**Selection Guidance:**</u>
This project is recommended for sites that have the LOS indicated below for the identified patient population:
- LOS > 4.69 days
- LOS, colectomy > 8.13 days
- LOS, hysterectomy > 1.92 days
- LOS, general surgery > 5.18 days

<u>**QI Implementation Requirements:**</u>
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.

1. **Identify a Patient Population**
   Select one or more of the following MSQC eligible procedures to target for Enhanced Recovery
   - Elective Colectomy Patients
   - Elective Hysterectomy Patients
   - Elective General Surgery Patients (excludes Hysterectomy/Vascular)

2. **Implement the Process Measures**
   Implement all of the following process measures for your selected patient population:

Preop	Intraop	Postop
Preoperative Education ● Diet ● Exercise ● Pain Clear liquids until 2 hours before surgery	Multimodal Pain Management	Multimodal Pain Management Ambulation within 24 hours Ambulation BID POD 1 Clear liquids within 24 hours Solids within 48 hours

3. **QI Implementation Goals**
   - Capture the ERP tab in the workstation for 100% of the selected population [20 points]
   - For your selected patient population:
     - Demonstrate 80% compliance with the identified ERP pre op measures [20 points]
     - Demonstrate 80% compliance with the identified ERP intra op measures [20 points]
     - Demonstrate 80% compliance with the identified ERP postop measures [20 points]
   - Submit meeting minutes to demonstrate staff engagement [10 points]
   - Submit order set, protocol, or patient education materials [10 points]