



**Quality Improvement Implementation
Site Directed Measure
Project Time Period: 1/1/2023 – 12/31/2023**

Background: Review of the MSQC dashboard to identify quality improvement opportunities brings to light that, for major outcomes measures, there is not an area that makes sense for ALL sites to collectively work on. The collaborative has done amazing work to improve the surgical outcomes across the state of Michigan. Every hospital, however, has at least one outcome that can be improved at the site or system level. In order to address these gaps, each MSQC site will have the opportunity to work on a specific surgical outcome that needs improvement. This will give sites the opportunity to continue working on quality improvement initiatives that may have already started, but still need improvement. Also, it allows sites to align this work with other collaborative initiatives. Sites will review their surgical outcomes data and declare what they will be working on in 2023 to the MSQC coordinating center.

Project Goal and Summary: Sites will choose an outcome measure to focus on from the outcomes listed below:

1. ED visits related to surgery
2. 30-day readmission related to surgery
3. 30-day reoperation related to surgery
4. Sepsis
5. SSI
6. Pneumonia
7. UTI
8. VTE

Reports for monitoring all these measures are available on the Workstation reports dashboard. Choosing a baseline timeframe of 2019-2022 YTD will provide a good perspective and should offset pandemic-related influence on the data, but baseline data will be based on 2022 year alone. Ranking reports show individual site performance compared to the collaborative, which allows identification of measures that have opportunities for improvement. Trend reports allow identification of measures which are negatively trending (getting worse) over time and that may be improved with quality improvement.

Guidance for choosing the site-directed outcome measure:

1. It must be one of the measures listed above. Keep in mind, the site will be tasked with directing the work to improve the outcome selected.
2. It must be based on MSQC 2023-eligible procedure group(s), not including breast or vascular surgeries.
3. There must be room for performance improvement, since the measure will be scored on percentage of improvement.

4. The poorer performance and/or negatively trending outcome will take precedence if there are a combination of positive/negative trends and/or lower/higher performance.
5. If the site already has an internal QI project focusing on one of the identified measures, it can dovetail those internal efforts with their MSQC measure selection.
6. The site must provide a brief justification of their measure selection rationale to MSQC via a Qualtrics link due by December 19th
7. If selecting a measure proves problematic due to having a small number of options, small denominators, etc., MSQC will weigh in and assist the site in the selection process.
8. MSQC will grant final approval on the measure that is chosen.
9. The MSQC Dashboard will be used to monitor and score your final performance.

Keep these guidelines in mind as you review the Dashboard reports. The SCQR, who is familiar with the variable definitions, should work with their quality department’s point of contact, Surgeon Champion, and other team members, to make the best determination on the site-directed measure. If you need a refresher on navigating the dashboard reports, please see the “MSQC User Guide – Data Entry and Reports” document available in the Workstation Resources.

QI Implementation Goals and Requirements: The baseline for the site directed measures will be based on 2022 completed cases--this baseline which will be run the week of January 16th after MSQC approval of the site directed measure has gone out. The site directed measure is based on unadjusted rates because the site will be comparing their own data over time. Performance will be measured on all completed 2023 cases the week of January 15, 2024, when final projects are turned in.

Scoring will be based on the percentage of improvement listed below.

7	20	Site Directed Measure: Sites choose a measure they are performing above/below MSQC threshold or needs improvement by December 19, 2022. Sites will choose an outcome measure such as SSI rate, Sepsis rate, pneumonia, readmissions, reoperations, ED visit rate, UTI, VTE	
		Demonstrate $\geq 10\%$ improvement in performance	20
		Demonstrate $\geq 7.5\%$ improvement in performance	15
		Demonstrate $\geq 5\%$ improvement in performance	10
		Demonstrate $\geq 2.5\%$ improvement in performance	5

Implementation Guidance:

- Gather your key stakeholders
- Discuss the goals of the project
- Discuss what needs to be implemented to achieve the improvement goals
- Determine the steps that will need to occur to achieve the goals
- Track the meetings, emails and communications that take place and write up a summary of project year to submit with the final project submission.

Monitoring workstation reports monthly is recommended. Reporting the progress out to the team regularly will help to keep them engaged. Track the progress on the tracking sheet and turn in with the final project submission.

Submit the 2023 Site Directed Measure Summary along with the 2023 QI Summary to the MSQC Coordinating Center no later than January 16, 2024.

Implementation Points: An additional 0-5 implementation points may be granted based on the details of the project narrative, tracking log and analysis, to be added to achieve the maximum of 20 points.