Using a Surgical Quality Improvement Plan to Bridge the Gap between Data and Improvement

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Dr. Timothy Jackson Mina Viscardi-Johnson



Session Objective:

Health Quality Ontario instituted the Surgical Quality Improvement Plan to support the Ontario Surgical Quality Improvement Network to systematically plan, test, measure and spread surgical quality improvements in response to data from ACS-NSQIP



Ontario Surgical Quality Improvement Network

The <u>Ontario Surgical Quality Improvement Network</u> is a community of hospitals committed to improving surgical care and patient safety. Participation in the Network will help to support surgical quality improvement in organizations and accelerate the achievement of long-term surgical quality improvement goals.

How does it work?

Data

Hospital-level surgical data will be used to identify opportunities for improvement and common barriers to change (NSQIP; data that informs surgical quality)

Evidence

Based on the data, clinical guidelines and best practices will be developed to facilitate evidence-based quality improvement

QI Interventions

Member organizations lead the development of quality improvement initiatives, based on data, evidence and identified priorities (i.e., ERAS, BPIGS)

Delivery

With the support of their peers in the Network, organizations implement evidence-based quality improvement programs

Who is involved?

Oversight Committee

- Health Quality Ontario
- Network Steering Committee
- Network Program Delivery Team
- Network Hospital Leads Group
- ERAS leadership

Member Hospitals

- Long-standing NSQIP participants
- NSQIP
 participants and
 Network
 members

Hospital Teams

- Surgeon Champions
- Surgical Clinical Reviewers
- Hospital Surgical Quality Improvement teams
- Network
 Hospital Leads
 Group

Community of Practice

- Connecting teams and enabling knowledge exchange
- An online forum where surgical teams can:
 - o Discuss best practices
 - Share local innovations
 - Discover ways of improving surgical outcomes
- Monthly calls, SC/SCR groups, hospital leads group, webinars, mentoring

Connections

- Canadian Patient Safety Institute (CPSI)
- Canadian Collaborative
- IDEAS (Improving & Driving Excellence Across Sectors) Programs; IDEAS Alumni; IHI Open School
- Quality Improvement Plans
- Health Links/ LHIN



NSQIP

A key aspect of participating in *ON-SQIN* is the implementation of the *American College of Surgeon's National Surgical Quality Improvement Program (NSQIP)*.

NSQIP is a validated, risk-adjusted, outcomes-based program to measure and improve the quality of surgical care. Pre-operative through 30-day postoperative data is collected on randomly assigned patients and used to calculate pre-operative risk factors, morbidity and mortality reports, rates of surgical site infection and other patient variable statistics.

NSQIP Ontario (NSQIP-ON), is the Ontario collaborative of NSQIP. It is designed to measure and improve the quality of surgical care provincially and is applicable in academic, community and rural hospital settings.



What is a Quality Improvement Plan?

- A formal, documented set of quality commitments that a health care organization makes to it's patients, staff and community to improve quality through focused targets and actions
- It's a blueprint for how an organization will strive to meet targets and is a cornerstone of the Excellent Care for All Act (ECFAA) which requires all public hospitals, interprofessional team-based primary care models, Community Care Access Centres, and long-term care homes in Ontario to complete and submit a QIP to Health Quality Ontario every year.

What is a Surgical Quality Improvement Plan?

ON-SQIN has adapted the QIP process to develop the Surgical Quality Improvement Plan exclusively for its teams to transform the high-quality clinical data extracted from NSQIP into opportunities for improvement.

Based on the *Model for Improvement*, *ON-SQIN* surgical teams were invited to develop and submit a SQIP to *ON-SQIN*, answering the following questions:

- What are we trying to accomplish?
- How will we know that changes are leading to improvement?
- What changes are we testing to improve surgical outcomes?



What is a Surgical Quality Improvement Plan?

An action-oriented approach that allows Surgical Network members to:

- Use high-quality clinical data from NSQIP
- Identify and facilitate the implementation of QI initiatives
- Track baseline data, change ideas, process measures and outcomes



Why Introduce a Surgical Quality Improvement Plan

- A place to capture the work being done to move the big "NSQIP dot"
- A communication tool to:
 - Ensure QI team has common understanding of the goal
 - Inform other key stakeholders, health care leaders and front line staff
- Collectively can provide insight into what is happening across the collaborative
- Opportunity for teams to identify and work together on common QI goals



Surgical Quality Improvement Plan Timelines



ON-SQIN Member Report



SQIP Development Process Stage 1 : Initial Submission

Teams were asked to:

- Use their own NSQIP data to capture current and/or baseline performance
- Identify one to three indicators that their teams identify as potential areas for improvement
- Set target values for the selected indicators and provide a rationale for the target
- Identify change ideas to be tested that focus on the areas of improvement
- Identify methods and process measures that can be used to quantify the impact of the change ideas



SQIP Workplan (template)

AIM		Measure						Change								
Quality	Objective	Measure/Indicator	Unit / Population	Source / Period	Baseline	Target	Year End Performance		Planned improvement initiatives (Change Ideas)	Goal for Change Ideas	Comments: (ie why you chose this indicator)					
SAMPLE Patient	Reduce rates of	Rate of urinary tract	% / Patients having	ACS NSQIP (National	3.33	1.7		ACS NSQ/P (National	Improved compliance	Video and	Random audits of Foley	≥20% improved compliance				
Safety	postoperative	infections among patients	General Surgery,	Surgical Quality				Surgical Quality	with sterile	educational	insertion practice.	with evidence- NSQIP's				
	Urinary Tract	(General Surgery,	Orthopaedic	Improvement				Improvement	technique upon	package to all		based practices pertaining				
	Infections (UTI)	Orthopaedic Surgery (hip	Surgery (hip	Program of the				Program of the	insertion.	Operating Room		to insertion by March 16				
		fractures, Neurosurgery	fractures)	American College of				American College of		staff and house		2016				
		and Vascular Surgery)	Neurosurgery and Surgeons) / Oct 20					Surgeons)		staff to reinforce						
		submitted to NSQIP	Vascular Surgery	March 2014				benchmark. (or site		sterile and "two						
								specific target as		person technique"						
								determined by SQI								
								team)								
	Reduce Rate of	Rate of SSIs (General	%/Patients having		1.7	1		National Average	Ensure appropriate	Safer Healthcare	Antibiotics given within	100% of all knee	To reach national			
	Surgical Site	Surgery, Orthopaedic	knee athroplasty	Health System 2013				according to National	antibiotics are given	Now information	an hour of operation	replacement athroplasty	average			
	Infections (SSI)	Surgery (knee athroplasty)						Healthcare	to the patient at the	package distributed to team and		patients given appropriate antibiotics within one hor				
								Surveillance	right time	discussed at QI		prior to surgery				
								Network (NHSN)		meeting.		hun ro sorgery				
								methors (minor)		ee.iiig.						

Teams were asked to enter their indicators, baseline data, targets, target rationale, change ideas, methods, process measures and goals for the process measures, along with any comments, into the SQIP Workplan template

SQIP Workplan Example

SQIP Workplan Template

Progress Report

Indicators & Change Ideas



www.HQOntario.ca

Stage 2: SQIP Progress Report

Completed 6 months after initial SQIP

To guide completion, teams were asked to reflect on:

- What did you learn about the root causes of the current performance?
- Were proposed change ideas implemented? Why or why not?
- Did the changes help you to achieve or surpass the target?
- What will your organization do to further improve on this indicator?
- What are the key lessons learned? And what now? What do we do?



Progress Report (template)

Surgical Quality Improvement Plans (SQIP): Progress Report for 2015/16

The following template has been provided to assist with completion of reporting on the progress of your organization's SQIP. Please review the information provided in the first row of the template which outlines the requirements for each reporting parameter. The Progress Report Template is the 3rd tab in the surgical_workplan_template_&_progress_report.xls.

	Priority Indicator	Baseline as stated in Workplan	Target as stated SQIP Workplan	Progress to date	Comments		
Report	State the name and definition of the indicato listed in	State the performance associated with the indicator that as on Workplan	State the performance goal that was included in the 2015/16 P. The stated formance goal	For each of the indicators listed, state the team's current level of performance associated with the	Describe how the SQIP was implemented for each indicator. Please consider the following topics when		
leting the Progress	2015/16 SQIP.	SQIP.	indicates the outcomes that the team expected it would be able to achieve by the	priority indicator.	completing this section: - What did you learn about the root causes of the current performance? - Were the proposed		



Stage 3: Year-end SQIP Submission

- 12 months following initial submission
- Continuous improvement with QI teams throughout year
- Complete "Year End Performance" column in SQIP workplan





Surgical Quality Improvement Plans SUMMARY REPORT

An Ontario Surgical Quality Improvement Network Programmatic Initiative January 28, 2016

For distribution to ON-SQIN members only

SQIP Summary Report

The purpose of the SQIP Summary Report is to:

- Provide information on the quality improvement work happening in ON-SQIN
- Connect teams working on similar quality improvement goals by sharing details of their quality improvement efforts
- Provide opportunities for members to learn, share and innovate

SQIP Summary Report

Provides a high level overview of the QI work currently taking place within ON-SQIN

Each subsection contains information that answers the following questions:

- Which hospitals are working on a common quality improvement goal?
- What areas are they targeting to improve in order to impact their surgical outcomes?
- What is the contact information for each site should sites want to connect with each other?



Teams can use this document to:

- Learn which hospitals have a shared focus on particular indicators
- Learn about relevant indicators and change ideas
- Learn about methods or change ideas
- Identify contacts with whom to connect and learn from the experiences others who have worked on similar projects.

								С	hang	ge Id	eas										
Hospital Name	Appropriate pre-operative hair removal Audit and feedback Chlorhexidine wipes night before and morning of surgery Develop/implement/modify standardized best practice order sets Ensure appropriate use of prophylactic antibiotics including redosing Glucose control Implement CUSP		Implement ERAS	Implement intra operative goal directed therapy	Implement standard protocols that include QBPs (i.e., surgical dressing protocol)	Incorporate Surgical Checklist	Normothermia Optimize documentation/data integrity (i.e., wound classification	using Surginet)	Optimize QI team (includes QI team development and role clarification)	Patient education and preparedness	Pre-operative bathing	Pre-operative patient hydration. Pulse lavage of subcutaneous tissues in open procedures with 2 L of	saline	Smoking cessation Staff/surgeon education (includes exploration understanding current	practices)	Sterile environment (includes hand hygiene)	Contact (QI team lead or main contact)				
Hospital A			✓	✓						✓		✓									Dr. A drahospitala@abchospital.ca
Hospital B	✓			✓	✓						✓	✓		✓				✓			Dr. B drahospitala@abchospital.ca
Hospital C		✓	✓																✓		Dr. C drahospitala@abchospital.ca



Surgical Quality Improvement Plan Tools and Resources

- Surgical QIP Guidance Documents
- Surgical QIP Work plan Template
- Surgical QIP Progress Report template
- Surgical QIP Webinars
- Surgical QIP Open Forums
- Site visits
- Summary Reports
- On-Line Platform
- Community of Practice



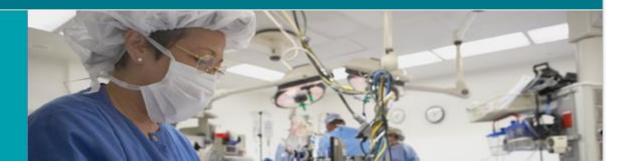
HQO QI Specialist Support

- Surgical QIP Webinars
- Surgical QIP Open Forums
- Site Visits
- Available for calls, emails anytime

SQIP Guidance Document

Surgical Quality Improvement Plans GUIDANCE DOCUMENT

An Ontario Surgical Quality Improvement Network Programmatic Initiative





ON-SQIN On-Line Platform

HEALTH QUALITY ONTARIO

Let's make our health system healthier



Home

Tools and Resources

Surgical Safety Checklist

Surgical Site Infections

Urinary Tract Infection

Venous Thromboembolism (VTE)

Best Practice in General Surgery (BPIGS)

Health Quality Ontario's Quality Compass

Ventilator- Associated Pneumonia (VAP)

Health Quality Ontario's Quality Improvement Framework

Comprehensive Unit-Based Safety Program (CUSP)

Central Line-Associated Bloodstream Infection (CLABSI)

Forum

Document Library

Calendar

Initiatives

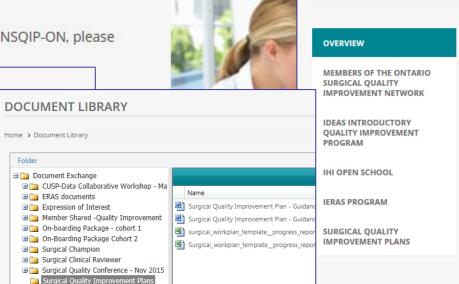
Tools and Resources

About

Welcome to the Ontario Surgical Quality Improvement Network

The Network is a forum in which surgical teams can discuss best practices, share local innovations, and discover ways of improving surgical care in Ontario.

If you have questions about the Network or NSQIP-ON, please contact NSQIP@hqontario.ca.



INITIATIVES

Home > Initiatives > Overview

Overview

The National Surgical Quality Imp Program (NSQIP) is an internation program to measure and improve surgical care. Health Quality Onta bringing NSQIP to Ontario to prov high quality clinical data, combine improvement program designed surgical complications, improve p outcomes, and decrease the cost delivery.

Applicable in academic, communi hospital settings, NSQIP-ON is On the American College of Surgeon' Quality Improvement Program (A

Benefits of SQIP – what teams are saying

- Working on SQIP together improved teamwork and communication within the Surgical QI team
- SQIP report is an excellent resource as teams continue to work on and identify new change ideas to achieve their targets and goals
- Can use their SQIP to show progress/efforts to advocate for greater support for NSQIP at their sites



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Ontario Surgical Quality Conference

SAVE THE DATE

November 4, 2016