

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

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# 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 [Ontario Surgical Quality Improvement Network](#) 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

Improved Surgical Outcomes

## 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:
  - 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 its 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:

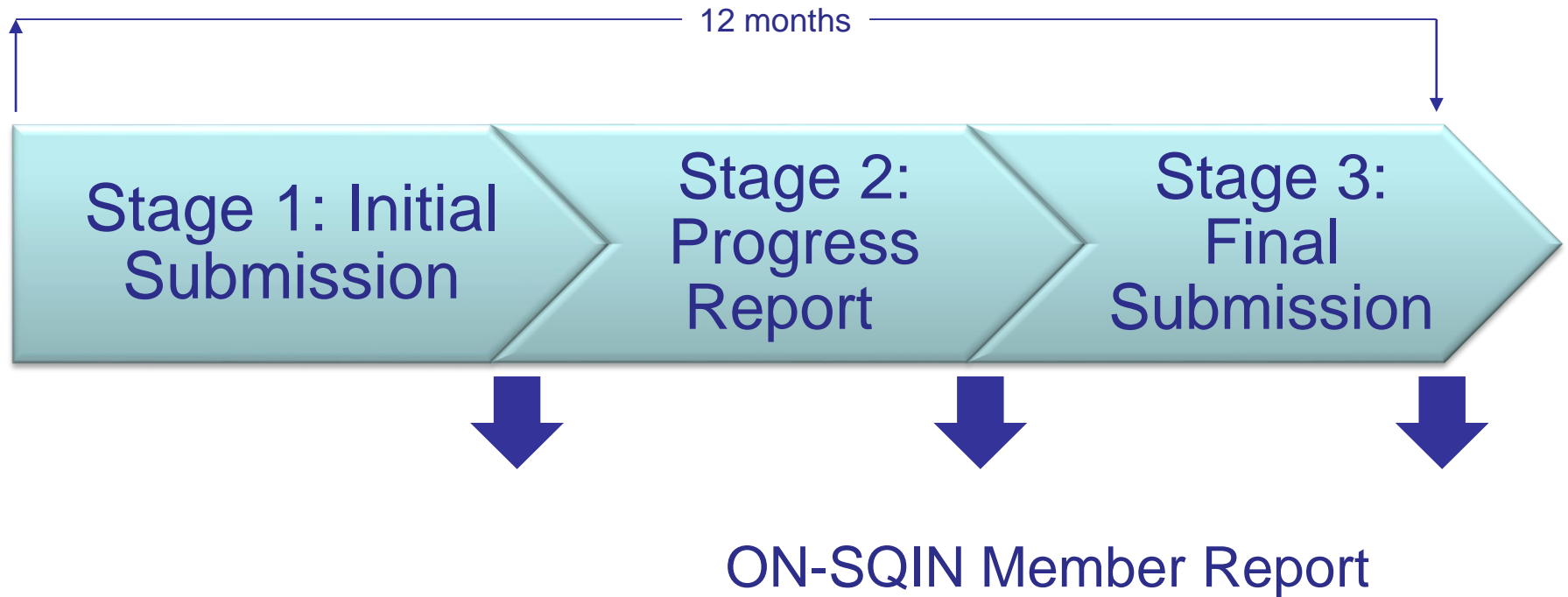
- Use high-quality clinical data from NSQIP
- Identify and facilitate the implementation of QI initiatives
- Track baseline data, change ideas, process measures and outcomes

# 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



# 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 dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Year End			Target Rationale	Planned improvement initiatives (Change Ideas)	Methods	Process Measures	Goal for Change Ideas	Comments: (ie why you chose this indicator)
					Baseline	Target	Performance						
SAMPLE Patient Safety	Reduce rates of postoperative Urinary Tract Infections (UTI)	Rate of urinary tract infections among patients (General Surgery, Orthopaedic Surgery (hip fractures, Neurosurgery and Vascular Surgery) submitted to NSQIP	% / Patients having General Surgery, Orthopaedic Surgery (hip fractures), Neurosurgery and Vascular Surgery	ACS NSQIP (National Surgical Quality Improvement Program of the American College of Surgeons) / Oct 2013- March 2014	3.33	1.7		ACS NSQIP (National Surgical Quality Improvement Program of the American College of Surgeons) benchmark. (or site specific target as determined by SQI team)	Improved compliance with sterile technique upon insertion.	Video and educational package to all Operating Room staff and house staff to reinforce sterile and "two person technique"	Random audits of Foley insertion practice.	220% improved compliance with evidence-NSQIP's based practices pertaining to insertion by March 16 2016	
	Reduce Rate of Surgical Site Infections (SSI)	Rate of SSIs (General Surgery, Orthopaedic Surgery (knee athroplasty)	%/Patients having knee athroplasty	University of Michigan Health System 2013	1.7	1		National Average according to National Healthcare Surveillance Network (NHSN)	Ensure appropriate antibiotics are given to the patient at the right time	Safer Healthcare Now information package distributed to team and discussed at QI meeting.	Antibiotics given within an hour of operation	100% of all knee replacement athroplasty patients given appropriate antibiotics within one hour prior to surgery	To reach national average

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

# 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 3<sup>rd</sup> tab in the surgical\_workplan\_template\_&\_progress\_report.xls.

	<b>Priority Indicator</b>	<b>Baseline as stated in Workplan</b>	<b>Target as stated SQIP Workplan</b>	<b>Progress to date</b>	<b>Comments</b>
letting the Progress Report	State the name and definition of the indicator listed in 2015/16 SQIP.	State the performance associated with the indicator that <i>Same as on Workplan</i> SQIP.	State the performance goal that was included in the 2015/16 SQIP. The stated performance goal indicates the outcomes that the team expected it would be able to achieve by the	For each of the indicators listed, state the team's current level of performance associated with the priority indicator.	Describe how the SQIP was implemented for each indicator. Please consider the following topics when 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



**Ontario**

Health Quality Ontario

# 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.

Hospital Name	Change Ideas													Contact (QI team lead or main contact)					
	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 re-dosing	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 Surlinet)	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)
Hospital A				✓	✓					✓									Dr. A <a href="mailto:drahospitala@abchospital.ca">drahospitala@abchospital.ca</a>
Hospital B	✓				✓	✓					✓	✓		✓			✓		Dr. B <a href="mailto:drahospitala@abchospital.ca">drahospitala@abchospital.ca</a>
Hospital C		✓		✓													✓		Dr. C <a href="mailto:drahospitala@abchospital.ca">drahospitala@abchospital.ca</a>

# 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

Mina

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- Home
- 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](mailto:NSQIP@hqontario.ca).



### INITIATIVES

Home > Initiatives > Overview

#### OVERVIEW

MEMBERS OF THE ONTARIO SURGICAL QUALITY IMPROVEMENT NETWORK

IDEAS INTRODUCTORY QUALITY IMPROVEMENT PROGRAM

IHI OPEN SCHOOL

IERAS PROGRAM

SURGICAL QUALITY IMPROVEMENT PLANS

### Overview

The National Surgical Quality Improvement Program (NSQIP) is an international program to measure and improve surgical care. Health Quality Ontario is bringing NSQIP to Ontario to provide high quality clinical data, combine it with an improvement program designed to reduce surgical complications, improve patient outcomes, and decrease the cost of delivery.

Applicable in academic, community, and hospital settings, NSQIP-ON is Ontario's version of the American College of Surgeons' National Surgical Quality Improvement Program (ACS NSQIP), a non-profit, non-controlled program.

### DOCUMENT LIBRARY

Home > Document Library

Folder	Name
Document Exchange	
CUSP-Data Collaborative Workshop - Ma	
ERAS documents	
Expression of Interest	
Member Shared -Quality Improvement	
On-boarding Package - cohort 1	
On-Boarding Package Cohort 2	
Surgical Champion	
Surgical Clinical Reviewer	
Surgical Quality Conference - Nov 2015	
Surgical Quality Improvement Plans	
	Surgical Quality Improvement Plan - Guidanc
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### Tools and Resources

- Health Quality Ontario's Quality Compass
- Health Quality Ontario's Quality Improvement Framework
- Comprehensive Unit-Based Safety Program (CUSP)
- Surgical Safety Checklist
- Ventilator-Associated Pneumonia (VAP)
- Surgical Site Infections
- Central Line-Associated Bloodstream Infection (CLABSI)
- Urinary Tract Infection
- Venous Thromboembolism (VTE)
- Best Practice in General Surgery (BPIGS)

# 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

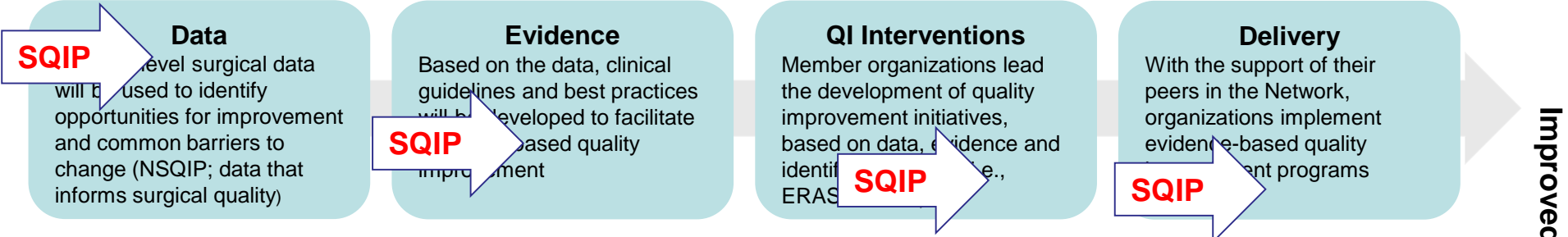


# Ontario Surgical Quality Improvement Network

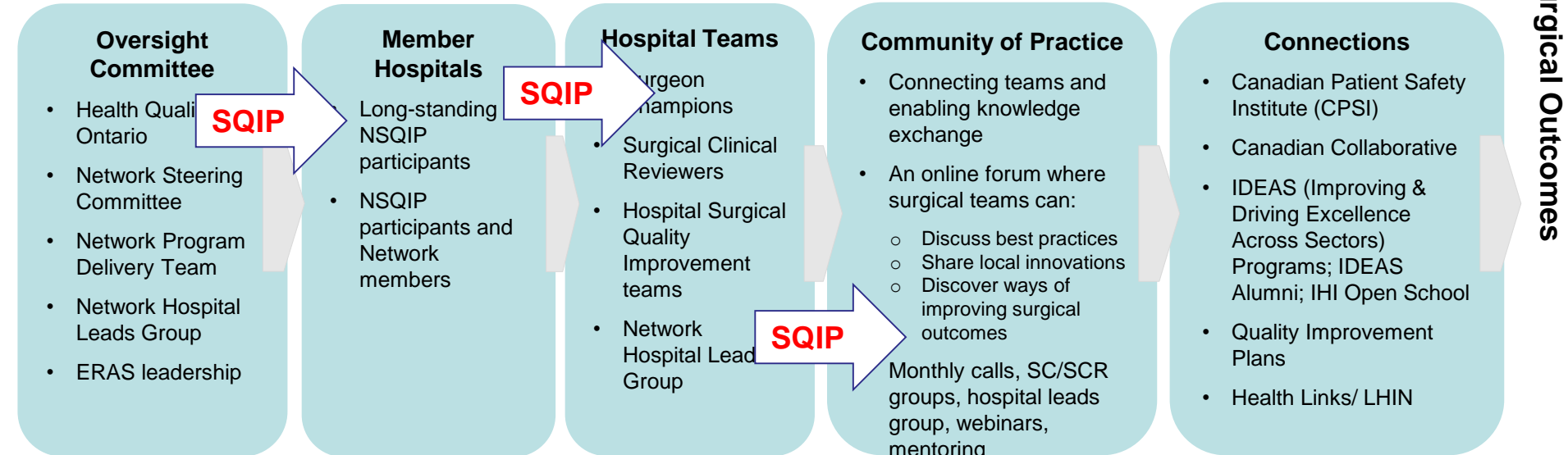
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## How does it work?



## Who is involved?





# Ontario Surgical Quality Conference

**SAVE THE DATE**

**November 4, 2016**

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