

## Improving Surgical Care: Stories from the Field

- Douglas Roberts, Grand Itasca Clinic and Hospital
- Rona Bleess, CentraCare Health System-Long Prairie
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## Breakout session goal

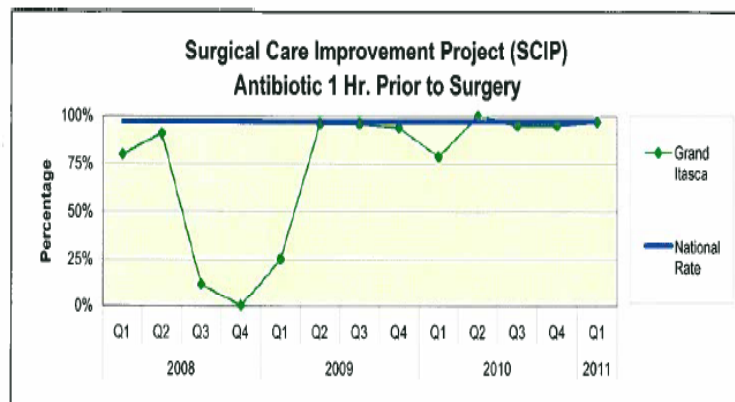
Use lessons learned and best-practices from hospitals that applied quality improvement and culture change strategies to improve the lives of those they serve



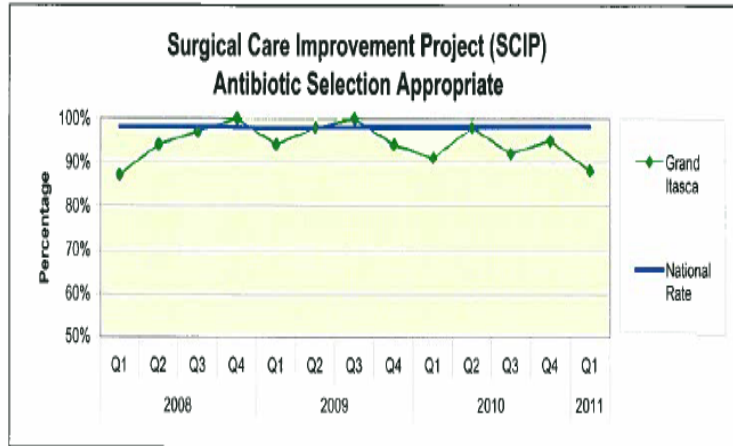
Douglas Roberts  
Grand Itasca Clinic and Hospital



## Grand Itasca SCIP Outcomes



## Grand Itasca SCIP Outcomes, Cont.



## Grand Itasca SCIP Outcomes, Cont.



## CENTRACARE HEALTH SYSTEM - Long Prairie

SCIP Project  
5/11/11

### Facility/Hospital Name

- Critical Access Hospital
- Long Prairie
- We do approx 550 surgical procedures/year
- Most of our surgeries are outpatient procedures

## Our Team



## Issue/Problem

- Our CART data was inconsistent
- The OR staff did not agree with the CART data



## Goal

- To provide the best possible surgical care to our patients
- To improve our surgery process



## Success Strategy

- We formed a SCIP team to analyze the CART data and to improve our results
- We meet monthly and reviewed OR procedures and documentation
- We were also in the process of our Epic implementation –made recommendations for order sets



## Pre-op Information

- We found that we had to give the right information to patients starting with their H&P
- We developed pre-op protocols
- This included lab work, which medications were to be discontinued before surgery & when



## Pre-op Information

- Involved the surgeons & family practice providers
- Involved the nurses doing the pre-op calls and the nurses doing the outpatient surgical admissions
- Developed patient teaching for each interaction



## Intra-operative Procedures

- Surgical site & time-out education for surgeons & OR staff
- CRNAs giving antibiotics
- Antibiotic order sets
- New warming equipment & protocols on use
- VTE protocols



## Documentation

- Epic implementation & access
- Need to start documentation with pre-op visit
- Team reviewed documentation



## Tools

- VTE protocol
- OR check list



## Barriers

- Time to get the team together
- Our first physician had to take a medical LOA
- Getting buy-in from the providers
- Changed anesthesia group



## What Would You Change?

- Set more realistic time expectations for the team
- Provide evidence based information to the nurses & providers earlier & more often



## What Would You Recommend to Others?

- Gather information and educate all involved from the beginning
- Take small steps
- Set realistic goals



## How Will You Sustain Your Improvements?

- Continue education for all involved
- Show staff how changing processes has improved our patient care
- Recruit more SCIP champions



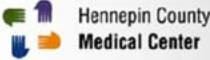
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# Hennepin County Medical Center Surgical Care Improvement Project May 11, 2011

Performance Measurement and Improvement

Every Life Matters




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## HCMC 2010 Statistics

- Operating Beds 477
- Discharges (2010) 20,990
- Surgeries 15,944
- Patient Days 117,272
- Clinic Visits 365,268
- ED visits 96,070
- Average daily census 321

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## Issue/Problem

- Two examples of SCIP work:
  - Antibiotic prior to incision
  - Hair removal

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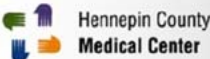


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## Goal or Aim

- Provide all recommended cares to every patient
- Achieve at least 95% compliance with our SCIP 1 and SCIP 6 measures

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## SCIP 1 Antibiotics Given One Hour Prior to Surgical Incision

- What: Timely Antibiotics prior to incision
- Why: Studies show timely use (one hour prior to incision) of antibiotics prior to incision decreased the risk of post operative infections
- How implemented: Met and communicated to providers and anesthesia the importance of providing timely antibiotics prior to the start of surgery. Transitioned during this time to EPIC and ensured that all order sets contained the defaulted recommended antibiotics. Anesthesia asked providers about antibiotics if not ordered

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## SCIP 1 Antibiotics Given One Hour Prior to Surgical Incision –con't

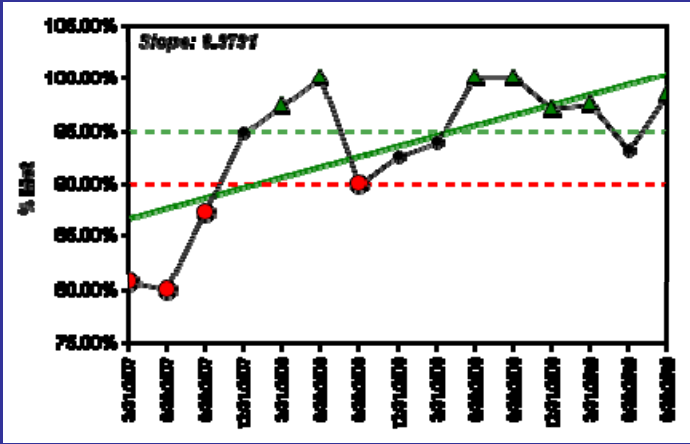
- How motivated staff: Provided continual updates to staff regarding our Core Measure outcomes from quarterly to now monthly feedback
- Barriers: Relied on memory prior to order set work, some providers requested medications that were not stocked in the OR areas, out of date paper order sheets were found in clinic settings
- Solutions: Discarded old paper order sheets from clinics, ensured pre op order sets included all appropriate antibiotic choices to meet the SCIP 1 measure

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## Antibiotics Prior to Incision



Month	% Met
September 2012	80.00%
October 2012	80.00%
November 2012	87.00%
December 2012	95.00%
January 2013	98.00%
February 2013	100.00%
March 2013	80.00%
April 2013	92.00%
May 2013	94.00%
June 2013	100.00%
July 2013	100.00%
August 2013	97.00%
September 2013	98.00%

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## SCIP 6 – Surgery Patients with Appropriate Hair Removal

- What: Appropriate Hair Removal prior to incision
- Why: Use of appropriate hair removal method decreases opportunity for unanticipated skin breaks which could inadvertently serve as a host for infectious microbes post operatively
- How implemented: Educated all surgery staff regarding appropriate methods, and why others more preferred, worked with EHR to modify documentation build in EPIC, hard stop built in EPIC for verification, removed items from OR that would prohibit successful outcomes for this measure

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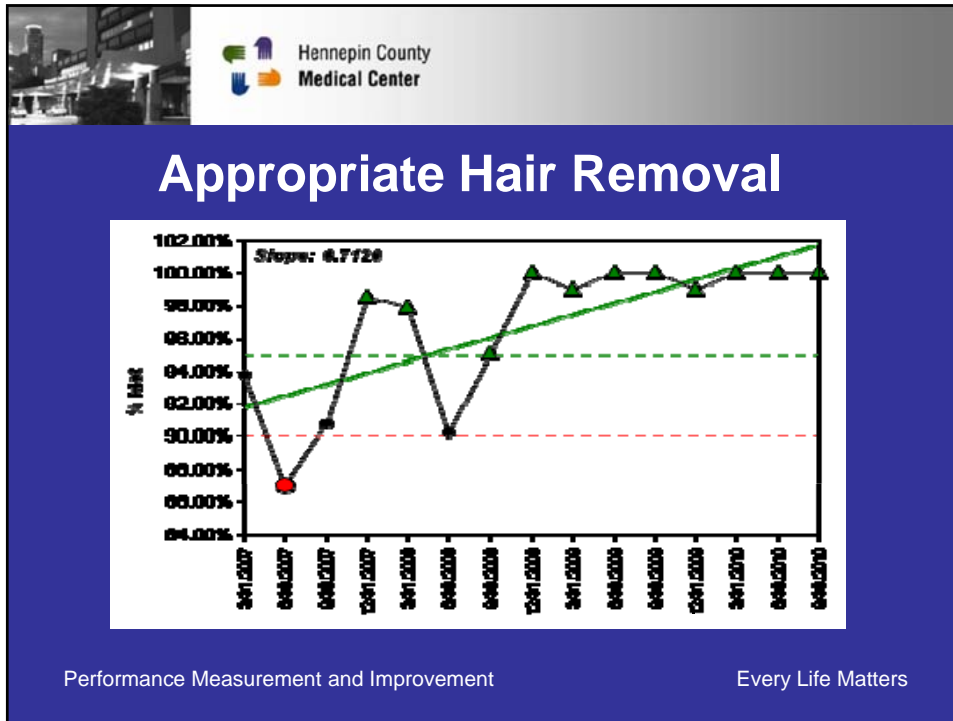


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## SCIP 6– Surgery Patients with Appropriate Hair Removal- con't

- How motivated staff: Monthly work group meetings to work through barriers to meeting the measure, continual feedback to all staff to cases that did not meet the measure
- Barriers: Circulation OR nurses inadvertently appeared to be marking whichever method was at the top of hair removal list
- Solutions: Rearranged hair removal methods in EPIC, made 'none' first option at top of list on surgical log

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- ### What Surprised You?
- Antibiotic prior to incision – continual need to review and remind staff. One quarter at 100% does not mean the work is done.
  - Sustainability is the key to meeting our goals and maintaining our scores.
- Performance Measurement and Improvement
- Every Life Matters




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## What Surprised You?

- Appropriate Hair Removal prior to incision – by changing the order of hair removal choices within our EMR documentation, we have maintained a high compliance to the measure. Make it easy for people to do the right thing!

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## Tools

- Organizational Dashboard – ability to see and trend performance overtime.
- EHR – increased accessibility to information and ability to capture data in a structured manner.

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## Barriers

- Three to Six month lag in information – difficult to provide feedback in timely manner
- Front Line Staff assigned many priorities
- Staffing turnover prohibits continual success
- Limited resources
- Change takes time

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## What Would You Change?

- Conduct concurrent reviews
- Questions currently being discussed:
  - Resources required, personnel, EPIC build, etc
  - How best to implement this process
  - Tools needed to ensure that all required items are included – i.e. checklist utilized

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## What Would You Recommend to Others?

- Physician and Clinical Champions
- Constant attention to performance – ‘keep the fire lit’
- Timely feedback to all staff

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## How Will You Sustain Your Improvements?

- Recognition
- Ongoing monitoring
- Attend any and all surgical staff meetings to keep teams informed of SCIP Core Measure progress

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## Thank You!

- For more information contact:
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- 612-873-7308
- Sheri.Dodd@hcmcd.org

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## Resources

- [www.medqic.org](http://www.medqic.org)
- [www.stratishealth.org](http://www.stratishealth.org)
- Stratis Health
  - Janelle Shearer
  - Phone (952) 853-8553
  - E-mail [jshearer@stratishealth.org](mailto:jshearer@stratishealth.org)



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