Improving Surgical Care: Stories from the Field

- Douglas Roberts, Grand Itasca Clinic and Hospital
- Rona Bleess, CentraCare Health System-Long Prairie
- Sheri Dodd, Hennepin County Medical Center

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.

Surgical Care Improvement Project (SCIP)
Antibiotic Selection Appropriate

Grand Itasca SCIP Outcomes, Cont.

Surgical Care Improvement Project (SCIP)
Appropriate Hair Removal
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
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

Issue/Problem

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

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

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
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

Antibiotics Prior to Incision

Performance Measurement and Improvement
Every Life Matters

www.stratishealth.org - 952-854-3306 – Bloomington, MN
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

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
Appropriate Hair Removal

Performance Measurement and Improvement

Every Life Matters

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.
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!

Tools

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

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
What Would You Recommend to Others?

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

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
Thank You!

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

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
Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.