The Challenge of Achieving Patient Safety in Bariatric Surgery: the MBSAQIP Program Collaboratives to Accelerate QI

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Chair, Committee on Metabolic and Bariatric Surgery
Currently 725 programs
Includes both Accreditation and QIP
TIMELINE for Implementation of Outcomes Based Standards 2012/2013

- **Unification of ASMBS and ACS Program to form MBSAQIP**  
  April 1, 2012

- **Committees Formed**  
  June

- **Deadline for All Programs to be entering data**  
  July 29

- **New Standards Developed/Public Comment in August**  
  Finalized by Sept 1

- **Develop Infrastructure to support new standards Including manual**  
  Sept - Dec

- **Begin Site Visits under new standards**  
  Jan 2013
The Role of Accreditation

- Accreditation is like a snapshot: it assures that on a specific day you meet the criteria.
- It serves the purpose of encouraging the hospital to commit the proper resources to the program.
- It is “commercially” important for the hospital reimbursement so the hospital is more likely to put resources into it.
- In and of itself it does not guarantee quality but it is the foundation for quality.
- The most important part of the accreditation is the accurate entry of data into the database.
Improved Accreditation

- All surgeons have to be reporting data
- Surgeons will need to collaborate with the facility so that the facility can get the long term data, the bariatric coordinator can facilitate that process
- Data auditing will be by a trained Bariatric Surgery Clinical Reviewer (may be the same person as the NSQIP SCR)
The Metabolic and Bariatric Surgery Committee

- New standards require that every hospital establish this committee
- Leadership provided by Bariatric Surgery Medical Director who is the designated “surgeon champion” for the Bariatric program
- Bariatric Surgery Clinical Reviewer is a key member of the committee
- MBSC is responsible for reviewing the data, communicating with surgeons (all of whom are on the committee) about adverse events, providing program feedback and leading continuous quality improvement
Quality Improvement

- Based on reliable evidence
- A culture of accountability
- A culture of leadership
- A culture that embraces change that will improve patient safety
- A continuous process not an event
Collaborative

- Primary Collaborative
  - the surgeons in your specialty within your hospital or hospital system
- Secondary Collaborative
  - the surgeons in your state or a larger collaborative of hospitals within your network/ACO or Clinical Integration Team
- Tertiary Collaborative
  - any group of facilities the committee chooses to belong to that helps them achieve improved patient outcomes in like programs for example rural programs or low volume programs
The Goals of the Collaborative

- To share data, build trust and improve collegiality with peers and staff colleagues
- To add intensity to achieve good outcomes to your every day work as surgeons/BSCR’s/ coordinators
- To connect the data to the patient and make the changes necessary to improve the patient’s experience and outcome
Leading and Managing Organizational Change

- Change management has a long history – Dr. Lewin 1940
- Planning phase is 60% of the work
- Change needs to be structured, proactive and coordinated
- Need to have the right team with a core of “true believers” assembled to address change

Stages
- “Unfreezing”
- Transition
- “Freezing” or hard wiring change

Nestor Esnaola, MD,MPh and Kate Atchley, PhD
Leading and Managing Organizational Change Primer
Steps in Organizational Change

- Understand the need for Change
  - External Drivers of Change – Patient Experience Scores/Public reporting of outcomes
  - Internal Drivers of Change – Cut supply cost
  - Data from MBSAQIP Data Registry
  - The most important drivers may be patient care issues identified by team members or patient experience information
  - Any member of the MBS, or team, staff on unit or others may bring up issues that need to be addressed
- Look for the root cause
- Non-blaming, safe environment
- Once the goal is defined need to ensure that key stakeholders are on board with the process
Build the Guiding Change Team

- Change agent or leader may be the BSMD or may be another member of the team
- Always working in a team approach
- Map the people involved in the change process to see where you think they stand, interview if necessary
  - Champions (10%)
  - Helpers (10%)
  - Bystanders (60%)
  - Resisters (20%)
Create a Vision and a Strategy for Change

- Clearly stated vision and goal
- Simple, tangible, attainable
- Should speak to the members of the team that are assembled – if it is something that doesn’t matter or they don’t care about then they won’t be “true believers”
- Part of the vision is to use each and every case to create a community and culture for change to promote shared ownership
Create a Sense of Urgency

- The business case has an audience – you need the buy in of the “C” suite
- Most of the people who will actually do the change are at the “bedside”
- Focus 90% of your effort here and create a sense of urgency
  - A “burning platform”
- Most of the this phase will depend on the energy the leaders of the change team bring to the project and the continuous effort to keep it in front of the people who need to change
  - Checklist/Antibiotics
Communicate the Vision and strategy for Change

- Don’t create panic
- Have a plan, execute it
- Change is threatening to those around the process and to those that feel they are excluded – take the time to explain the process “recruit the helpers”
- Example of the Town Halls
- “Walk the talk”
  - Sensitivity issues
  - Checklist
Empower Broad Based Action

- Every member of the team is involved in executing their part of the plan and they have ownership and accountability for it.
- Expect the best of everyone.
- Sit down with people who aren’t on board and talk with them, don’t alienate, you may need them for another project.
- Create an opportunity for continued dialogue so that they can come on board at some future time – don’t isolate them on the mountain where they can’t get down.
- Go to the people who can help you engineer the change to remove obstacles.
Generate Short Term Wins

- Some of the amazing projects that have been done require truly
- Match the effort to the problem – CPAP masks in PACU
- Not every project needs to have such complicated structure
Exploit Gains to Produce More Change

- When something works celebrate it – committee “Christmas” meeting – great lunch everyone who chaired a project shares it and all teams are invited
- Can progressively tackle more ambitious projects as time goes along
- Make sure the “suits” know about your wins, maximize the role of the people on the ground who actually made it happen
- Promotes the “culture” of positive change management
Hardwire Change

- Implementing true change means making some type of structural changes that mean the process is protected and expected.
- The change isn’t complete until all the folks at the bedside do it automatically and it is an expected, normal behavior.
- Avoid situations where a new leader can arbitrarily change the system.
- Figure out a way to incorporate new information within the changed model to avoid having to do the “big” project again.
- Journal Club Example for order/protocol changes.
May 30, 2013 National MBASQIP Conference in Chicago in conjunction with the ASMBS Spring Event
“Knowing is not enough, we must apply.

Willing is not enough, we must do.”
-Goethe

Thank you