Developing a Successful Surgical Quality Improvement Program for ACS NSQIP Users

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Objectives

- Provide an opportunity for sharing successes and challenges our institutions have faced in the implementation of our Surgical Quality Improvement Programs
- Understand the importance of Leadership and Surgeon Engagement in a successful Surgical Quality Improvement Program
- Understand the importance of Teamwork in the provision of quality surgical care
- Understand how to utilize data to improve outcomes
- Share examples of surgical quality improvement projects
Objectives (Really)

- Reinforce that **NSQIP** is indeed, the National Surgical Quality Improvement Program not just “**NSODP**” the National Surgical Outcomes Data Program
- Recognize that you are all “NSQIP experts”
- We want to facilitate a conversation about what you do everyday, the good the bad and the ugly
- We want to provide an opportunity for networking, sharing, congratulating, and commiserating
- It’s more “what works and what doesn’t” then “how to”
- Potentially get things to add to the toolkit
Introductions

- Who are you....
  - Name
  - Position
  - Institution

“My NSQIP experience has been most like ____________________. (TV show or book)”
“My NSQIP experience has been most like ____________________. (TV show or book)"

- “Lost”
- “War and Peace”
- “Groundhogs Day”
- “Amazing Race”
- “The Three Stooges”
- “Lone Ranger”
- “The Rookies”
- “Let’s Make a Deal”
- “Survivor”

- “Mystery Theater”
- “Modern Family”
- “Seinfeld”
- “One Flew Over the Cuckoo’s Nest”
- “Lost in Space”
- “The Apprentice”
- “The Nightly News”
- “Prometheus Bound”
Leadership/Surgeon Engagement

Overview
Principles for Working with Physicians

- Identifying and working with the real leaders and early adopters
- Viewing physicians as partners in quality agenda
  - “The patient is the only customer”
- Running a meeting that’s meaningful to physicians – agenda, starts on time, short, action-oriented, follow-up, shows progress
- Identify and overcome physician barriers
  - Time, money, lack of understanding
- Provide support
  - Administrative time for project work
  - Assistant time
  - Evaluation time
Principles for Working with Physicians

- Involve them at the beginning, communicate prior to the start of a change
  - No surprises
- Listen to those that are resisting
  - Valid points
- Physicians are “data driven”; show them their numbers
  - Share data – even raw data
- Physicians are competitive so show them their colleagues and competitions’ numbers
  - Publicly reported data
- Celebrate and share successes
  - Newsletters, recognition, acknowledgement
Recommendations for Surgeons Champions

- Share your vision for improvement, influence wherever/whenever possible
- Be a partner not a prima donna
- Remember its “Our Team” not “My Team”
- Learn new knowledge competencies – PI, influence, science of reliability
- Take time to listen – and hear what’s really being said
- Be curious first……critical second
- How often does your CEO effectively “round” in the OR with surgeons, or talk with surgeons about the hospital safety and quality plan?
Have you had any Leadership Training, has it helped?
“I think our teamwork is good, engagement is good, but I don’t feel like I am an EFFECTIVE leader and implementer of change.”

“our wheels are turning but we are going nowhere”
“Actually, I am very very fortunate to work with the amazing Patch Dellinger and the amazing Dave Flum. As surgeon leaders they champion NSQIP and SCOAP in the Division and throughout the medical Center which has made my job so much easier. Having a couple of wonderful, well-respected, and responsive champions for this data has been so helpful.”
Can the SCR manage both data collection and process/quality improvement?
Do you have enough time to do your job?
“It is apparent that this is not a “part-time” job, but rather a “full-time” job; peaks and valleys of inertia/momentum….. I suspect more time is needed than what we are spending……what are typical meeting schedules, frequency, etc?…..”
“All of our General and Vascular surgeons are on-board with improving our data and volunteering time to work on this. But they, and I, have only so much time and energy to move things along. It’s not an attitude issue, it’s more of a timing issue.”
How does your Peer Review or M&M factor into your PI Plans? Is NSQIP data used as part of your Peer Review or M&M?
Have you been able to get buy-in or spread successful projects across units, specialties, hospitals?
Use of Checklists to Promote Teamwork and Communication
How Surgeons Act During the Checklist Matters

- The Team is looking to the surgeon for leadership: activate people by using their names.
- Surgeons should set the tone for the rest of the operation - make everyone feel safe.
- Tell the team what you are going to do, encourage team members to speak up, others will follow your patterns of communication.
- This is an opportunity to make the plan clear, answer questions, demonstrate openness and professionalism. Stop to debrief at the end of the case.
We may be very good at what we do…. but we are not perfect
Teamwork Climate

Average Score for Henry Ford Hospital: 35
75th Percentile: 81
50th Percentile: 67
25th Percentile: 52

Goal Zone

Danger Zone
HFH OR Team Testimonials:

- “I do not feel empowered to speak up”
- “I feel foolish when the surgeon takes the checklist from me and says ‘you are too slow’”
- “I feel humiliated when I am told to hurry up”
- “I feel like a disrespected part of the team when people talk while I am try to perform the checklist”
Is your surgical safety checklist effective?

How do you measure it’s effectiveness?
Checklists

- Surgeon needs to lead the checklist
  - Coach vs. Captain
  - Coach- no queens or kings in the OR
  - Pre-checklist to ensure everything is ready for the day

- Attending introduces everyone on the team and encourages every member on the team to speak up and promises to listen

- Nurse driven surgical safety checklists do not really work
Discussion

- Have you implemented any team training (TeamSTEPPS, CRM etc.)?

- If so was it good, bad or otherwise?
USING DATA IN YOUR IMPROVEMENT PROCESS
What do we have available?

- Your SAR
- Your raw NSQIP data
- Your source data
- Your other hospital resources
  - SCIP reporting
  - Core measures
  - Other registries
  - Quality process
NSQIP Dashboards

HFH General Surgery Respiratory Occurrence Rate NSQIP

General Surgery Respiratory Occurrence by Type vs NSQIP Average

HFH General Surgery Other Occurrence Rate NSQIP

General Surgery Other Occurrence by Type vs NSQIP Average

change definition of bleed
How do you present your SAR data? Direct PPT from ACS? Modified? If so how
Data Concerns

- Raw Data vs Risk adjusted
  - Fix based on raw data, but follow the adjusted long-term
- Raw data
  - Show improvements overtime with a control chart
  - Dashboards develop them to make sense
- Know the data and where it is coming from
- Make sure the surgeons understand the data and the metrics when presenting it
How and when do you use Surgeon Specific Reports?
“NSQIP reports are not as user friendly as we are accustomed to via Premier and thus dissemination of the data is more difficult. We are in the process of creating our own parallel reports, developed by in-house Quality Management Data Analysts, that are more valuable to the physician than the canned NSQIP reports.”
How do sites improve documentation practices?
Top 10 “Must Do’s”:
Successful Surgical Quality Improvement Programs

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 
9. 
10.
Top 10 “Must Do’s”: Successful Surgical Quality Improvement Programs

1. The C-suite must understand the importance of Surgical Quality as it relates to their reputation and bottom line. They must recognize the Surgeon as the “subject matter expert” and Leader of the Surgical Team. They must see and treat the Surgeon as a partner and appreciate the potential for mutual benefit. (Public Reporting, VBP, OPPE/FPPE)

10. Get Leadership Commitment
Top 10 “Must Do’s”: Successful Surgical Quality Improvement Programs

1.
2.
3.
4. With SCR/Nursing, Quality, Anesthesia, other Surgical Subspecialties and Support Services. Establish a “Shared Destiny”
5.
6.
7.
8.
9. Establish Buy-in, Collaboration, and Partnering
10. Get Leadership Commitment
Top 10 “Must Do’s”: Successful Surgical Quality Improvement Programs

1. Leadership Skills
2. Process Improvement Methodology
3. Team Training
4. Make it part of everyone’s curriculum – including the Residents
5. Educate about Quality
6. Establish Buy-in, Collaboration, and Partnering
7. Get Leadership Commitment
Top 10 “Must Do’s”: Successful Surgical Quality Improvement Programs

1. 
2. 
3. Beg, borrow, steal and only if necessary
4. buy what you need….
5. Tools, training, time…or people
6. 
7. Garner the necessary resources (time)
8. Educate about Quality
9. Establish Buy-in, Collaboration, and Partnering
10. Get Leadership Commitment
Top 10 “Must Do’s”:
Successful Surgical Quality Improvement Programs

1. 
2. 
3. 
4. 
5. 
6. Be Transparent/Share everything
7. Garner the necessary resources (time)
8. Educate about Quality
9. Establish Buy-in, Collaboration, and Partnering
10. Get Leadership Commitment
Top 10 “Must Do’s”: Successful Surgical Quality Improvement Programs

1. Use Data to drive and measure change
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4. Use Data to drive and measure change
5. Use Data to drive and measure change
6. Refine and adjudicate your data as needed
7. Educate about and understand your data
8. Distribute it widely and transparently
9. Use it to focus opportunity, not blame
10. Integrate it into all that you do
Top 10 “Must Do’s”: Successful Surgical Quality Improvement Programs

1. 
2. 
3. 
4. Influence Change
5. Use Data to drive and measure change
6. Be Transparent/Share everything
7. Garner the necessary resources (time)
8. Educate about Quality
9. Establish Buy-in, Collaboration, and Partnering
10. Get Leadership Commitment

Use Emotional Intelligence and Situational Awareness to know who can help you and how. Lead across silos.
Top 10 “Must Do’s”:
Successful Surgical Quality Improvement Programs

1. 
2. 
3. Incorporate Quality into everything you do
4. Influence Change
5. Use Data to drive and measure change
6. Be Transparent/Share everything
7. Garner the necessary resources (time)
8. Educate about Quality
9. Establish Buy-in, Collaboration, and Partnering
10. Get Leadership Commitment

• Patient Care
• Documentation
• Education (GME)
• M&M
• Strategic Planning
• Budgeting
Top 10 “Must Do’s”: Successful Surgical Quality Improvement Programs

1. See the “Big Picture”, Communicate the Vision
2. Incorporate Quality into everything you do
3. Influence Change
4. Use Data to drive and measure change
5. Be Transparent/Share everything
6. Garner the necessary resources (time)
7. Educate about Quality
8. Establish Buy-in, Collaboration, and Partnering
9. Get Leadership Commitment
10. Inspire Quality: “Because we can, we should”
Top 10 “Must Do’s”: Successful Surgical Quality Improvement Programs

1. Always put the patient first
2. See the “Big Picture”, Communicate the Vision
3. Incorporate Quality into everything you do
4. Influence Change
5. Use Data to drive and measure change
6. Be Transparent/Share everything
7. Garner the necessary resources (time)
8. Educate about Quality
9. Establish Buy-in, Collaboration, and Partnering
10. Get Leadership Commitment