



ISQIC Newsletter

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SINCE SEPTEMBER 2017

51

Hospitals in
ISQIC

21

Hospitals in
ISCR+

29

Hospitals
abstracting
SSI
Reduction
Bundle

24

Hospitals
abstracting
VTE process
measures

94

Percent of
hospitals
reporting
improved
safety culture

43,836

Number of
cases
entered into
ISQICdata.org

Collaborative Enrollment

September 2017 marks the beginning of the 4th year of ISQIC. Though ISQIC is the largest collaborative in ACS NSQIP, we are continuing to grow. Hospitals throughout the state have recognized the high-quality work taking place at ISQIC hospitals, and we are pleased to report that additional hospitals are joining ISQIC, while only 3 have withdrawn!

ISQIC would like to recognize our hospitals for the amazing work that goes into our quality improvement efforts. We would like to share lessons learned that may be useful throughout the collaborative in our "In the Spotlight" section. If you would like to share your story, please email the Coordinating Center at info@isqic.org!



Northwestern Medicine Lake Forest Hospital

The ISQIC Team at Lake Forest Hospital (Tami Gilbert and Dr. James Frydman) recently showcased their journey to improvement at their hospital's Quality Improvement Day! Post-surgical venous thromboembolism (VTE) can result in sudden death, but Tami and the Lake Forest Team are committed to preventing these incidents through their project to improve VTE prophylaxis provision. At Lake Forest in 2015, postoperatively, there were 6 VTE cases out of 1680 cases total. By reviewing their data from the ISQIC Composite VTE Prophylaxis process measure and conducting chart audits they determined that about 50% of the patients did not receive chemoprophylaxis postoperatively. They shared the result with the surgeons, hospitalists, and nurses, who all then partnered together with the goal of improving compliance to the bundle, including making changes to various order sets. By working together, NM Lake Forest made their surgical quality better by reducing their VTE rate and achieving 1st decile on their NSQIP SAR.

Year 4 CQIP: Improving Surgical Care and Recovery (ISCR+)

We hope that all ISQIC hospitals have signed up for ISCR to abstract the process measures and have access to all the ISCR resources. More information about how to sign up and access the ISCR portal can be found on the ISCR website (<https://qi.facs.org/iscr/>). The ISCR team recently released their variables to hospitals that have completed the enrollment process and those can also be accessed using the portal. Hospitals who have notified the coordinating center that they will participate in ISCR+ should have received the Readiness Assessment Tool (RAT) for each hospital's ISCR Core Team to complete together. This tool will help your team organize your ERP plan, identify resource needs in a systematic fashion, and identify areas that may need strengthening as you begin the implementation process. Once we receive your responses we can compile the results and share them with you all so we can identify people to work with and learn from (i.e., if you want to do IV lidocaine postop, you can look at this combined list to see who else is doing IV lidocaine already and reach out for their protocols and to hear their experiences). Completed RATs should be submitted to Lindsey Kreutzer lkreutzer@isqic.org. You may also contact Lindsey Kreutzer for more information about your hospital's ISCR+ enrollment.

Announcements and Updates

SAVE THE DATE—ISQIC Annual Meeting

January 19, 2018, NIU Naperville Conference Center, Naperville, IL

ISQIC Opioid Stewardship Webinar

November 16, 2017 4:00pm

Final Progress Reports and Validation Documents

Thank you to all of our large hospitals for completing the year 3 final progress report and uploading the required validation documents. The information you provided will help us to deliver detailed and robust data to BCBSIL about progress on your individual projects and how it led to significant improvements over the first three years of collaborative. Your responses will also help us to better tailor our programs in the future.

Access to Process Measures

Based on the data you provided on the final progress reports, we will be making adjustments to our process measures platform. If your hospital has decided to discontinue collecting any of the process measures in Year 4, you will have 2-3 weeks to download your data from ISQICdata.org. After November 30th, data for discontinued measures will no longer be available.

Year 3 Stipends for Mentors and Surgeon Champions

We are beginning to process stipends for year 3. Surgeon Mentors and Surgeon Champions will be contacted by our financial assistant with the required paperwork in order to process the payment. Please email the coordinating center with any questions about payments for year 3.

Procedure Selection in NSQIP

Some hospitals have asked for more guidance on how to determine the procedures to target in NSQIP for the coming year. Hospitals who have selected the procedure-targeted option are able to determine which procedures they feel are a priority from NSQIP's list of over 30 potential procedures to target. Institutions typically target high-priority programs, complex cases, and areas of known/suspected concern. Please contact the coordinating center if you would like more information about selecting targeted procedures. **This selection must typically be reported to the ACS by mid-December.**

Safety Attitudes Questionnaire (SAQ) Report

The SAQ gauges each hospital's teamwork and safety climate, physician engagement, perceptions of management, and the role of the hospital's Surgeon Champion. The initial survey and data were made into reports and disseminated to individual hospitals. Hospitals who participated in the follow-up Safety Attitudes Questionnaire will receive a report in the next couple of weeks containing their hospital's responses for the most recent survey, and we will show how that compares to your 2015 survey results. This report will allow hospitals to determine how their surgical safety culture climate has changed over the first three years of participation in ISQIC.