

# ISQIC Newsletter

## Summer 2018 Issue 40



### Announcements and Updates

#### ISQICdata.org

On **Monday, June 4<sup>th</sup>** ISQICdata.org will be down for scheduled server maintenance. Server maintenance will begin in the morning at approximately 7:00am and will run through the evening. Access to ISQICdata.org including the portal for entering cases, will not be available during this time.

#### Spring 2018 Benchmarking Reports

The Coordinating Center released our Spring 2018 ISQIC benchmarking reports which will display your hospital's performance in comparison to other participating hospitals in Illinois. The report includes cases abstracted from July 1, 2016 to June 30, 2017. You will also see your hospital's adherence for all of the ISQIC process measures you have been abstracting (Postoperative Composite VTE, Appropriateness of Blood Transfusions, Perioperative Glycemic Control, SSI Reduction Bundle) compared to the state. Please contact us at [info@isqic.org](mailto:info@isqic.org) for any questions about these reports.

#### Opioid Reduction

##### Opioid Reduction Resources

Due to the increasing number of requests to share and more broadly circulate our opioid reduction resources, we have now added many of those resources to [isqic.org](http://isqic.org) where they can be accessed without logging into [isqicdata.org](http://isqicdata.org). On the newly designed [Opioid Reduction Initiatives page](#) you will find access to webinars and additional resources that can easily be shared with others at your hospital.

##### Opioid Prescribing Process Measures

We are happy to announce we will be making available opioid prescribing process measures. These process measures will be used to determine whether patients undergoing surgical procedures received best practices with regard to opioid prescribing at discharge. All of the measures will be able to be abstracted from the EMR. Reports will be given to hospitals to show how they are performing in regards to these measures and include hospital-comparative reports, hospital-specific reports, and provider-specific reports. In addition to the reports, the following key metrics will also be reported to hospitals: number of pills per prescription, number of pills prescribed per procedure, and the percent of prescriptions below, at, or above ISQIC-defined prescribing guidelines per procedure. We are beginning to pilot these process measures and expect to have them available for use later this year. We hope that all ISQIC hospitals will participate in abstracting these measures.

##### Opioid Webinar 6 – National Drug Take Back Day

We are planning to hold a National Drug Take Back Day webinar focusing on lessons learned and looking ahead to the next Take Back Day on October 27th, 2018. The webinar will be held this summer (date and time coming soon). If you have any ideas for upcoming webinar topics or questions you would like to be addressed during the webinars, please contact Shelby Parilla ([sparilla@isqic.org](mailto:sparilla@isqic.org)).

##### The Opioid Research Institute – OPIOID WATCH

The goal of the Opioid Research Institute is to build a community of leaders in public health, academia, government, pharma manufacturing and distribution, litigators, treatment, first responders, and any people who can find consensus on how to effectively combat the crisis. They recently launched a new web-based resource called OPIOID WATCH which provides a unique, valuable, and concise source of information about our nation's #1 health crisis. Please visit [www.opioidinstitute.org](http://www.opioidinstitute.org), and sign up on the home page for the free OPIOID WATCH newsletter, offering news and commentary about the crisis – including developments in treatment, recovery, regulation, legislation, litigation, and research.

## Upcoming Events

### ACS Quality and Safety Conference - July 21-24, 2018, Orlando, FL

The 2018 Quality and Safety Conference will take place July 21–24 at the Hyatt Regency Orlando, in Orlando, FL. Please visit the conference website [here](#) for additional details about travel, hotel accommodations, conference objectives, or for information about this year’s keynote speaker. Please be reminded that hospitals are required to provide funding for the SC (or designee) and SCR to attend a national ACS NSQIP meeting once per year (per Exhibit D of the ACS NSQIP Hospital Participation Agreement).

#### ➤ ISCR Pre-Conference Session

Enhanced Recovery Effecting Change and Charting a New Course in Surgical Care  
Friday, July 20, 2018  
9:00am-4:30pm

#### ➤ ISQIC Happy Hour Reception

Cuba Libre Restaurant, 9101 International Drive (8 minute walk from hotel)  
Sunday, July 22, 2018  
6:00pm-8:00 pm

Registration for the reception and the collaborative lunch will be emailed to you in the next couple of weeks.

#### ➤ ISQIC Collaborative Lunch

Monday, July 23, 2018  
11:30am- 1:00pm

Be sure to sign up for the collaborative lunch during the meeting registration.



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](mailto:info@isqic.org)



#### Rush Oak Park Hospital

Rush Oak Park Hospital went live with their enhanced recovery protocol in November 2017. As part of their implementation strategy they developed standardized pre-, intra-, and post- operative order sets that were available to clinicians via Epic. Since roll out, SCR Karen Svab has monitored adherence to the protocol using a checklist. Karen’s use of the checklist was valuable not only to identify areas for improvement but also to avoid patient safety events. On at least one occasion, while using the checklist, Karen determined that internal medicine doctors had incorrectly ordered morphine for an enhanced recovery patient. Surgeon champion Dr. Keith Monson used this incident as an opportunity to reeducate on the enhanced recovery protocol at a Rush Oak Park Medical Staff meeting. He also published an article in the medical staff newsletter to emphasize their institutional commitment to the enhanced recovery protocol.

The team at Rush Oak Park have been able to use situations when the protocol wasn’t followed as opportunities to identify drivers of non-compliance and refine implementation. Another incident occurred where a patient in the ICU overnight had their enhanced recovery protocol orders discontinued and Karen took the opportunity to bring this to the attention of the ICU staff. It was determined that there were opportunities to improve documentation and their ISQIC team began working with individual surgical teams to get them onboard. Their approach included both one on one education about the order sets and presentations at regular meetings to educate the staff and faculty about putting in order sets. They sought to better understand what nurses think when morphine or other prescriptions are written outside of the protocol and whether nurses feel empowered to question this. The team also debriefs and conducts drill downs after each case. Karen facilitates these discussions but uses this time to let the team identify what went well and what could be improved. By continual monitoring, tracking, and reinforcing educational resources, the Rush Oak Park team is committed to better patient outcomes and are proud to have zero surgical site infections since implementing the bundle!