

# SVS PSO CASE STUDIES

## Improving Physician Performance with VQI Data: A Regional Approach to Transparency PLUS Execution



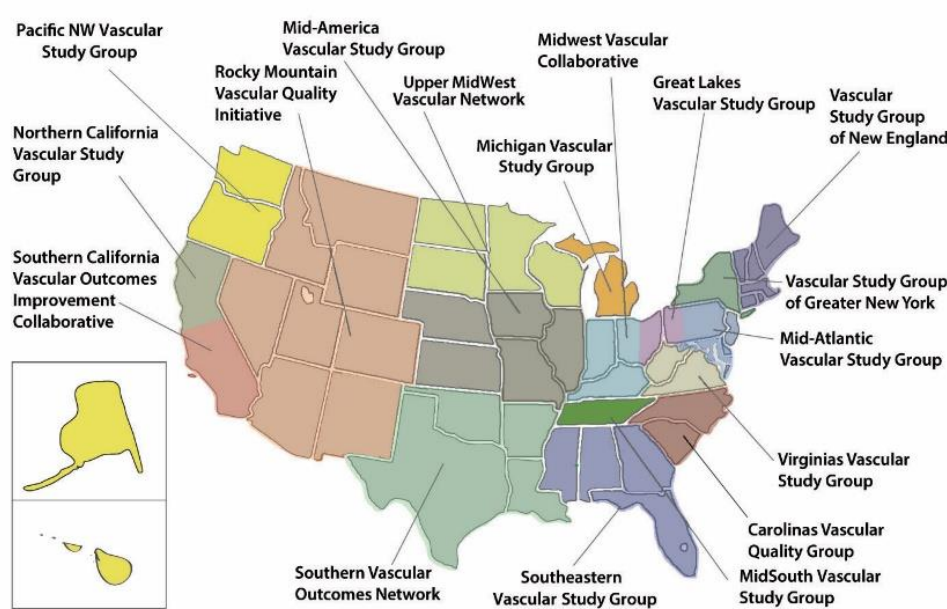
### Organization and Team Members

The **Carolinan Vascular Quality Group** is a voluntary cooperative group of vascular disease specialists in North Carolina and South Carolina dedicated to improving outcomes and advancing the care of vascular patients. The group includes Vascular Surgeons, Vascular Medicine physicians, nurses, epidemiologists, scientists, and research personnel. The Carolinas Vascular Group is part of the Society for Vascular Surgery Vascular Quality Initiative (VQI), a national network of regional vascular quality improvement groups collecting common core datasets to pool information that will lead to improved patient care.

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### VQI Vision and Membership

*The VQI vision is delivering the same high quality of care to every patient at every site in the hands of every provider.*



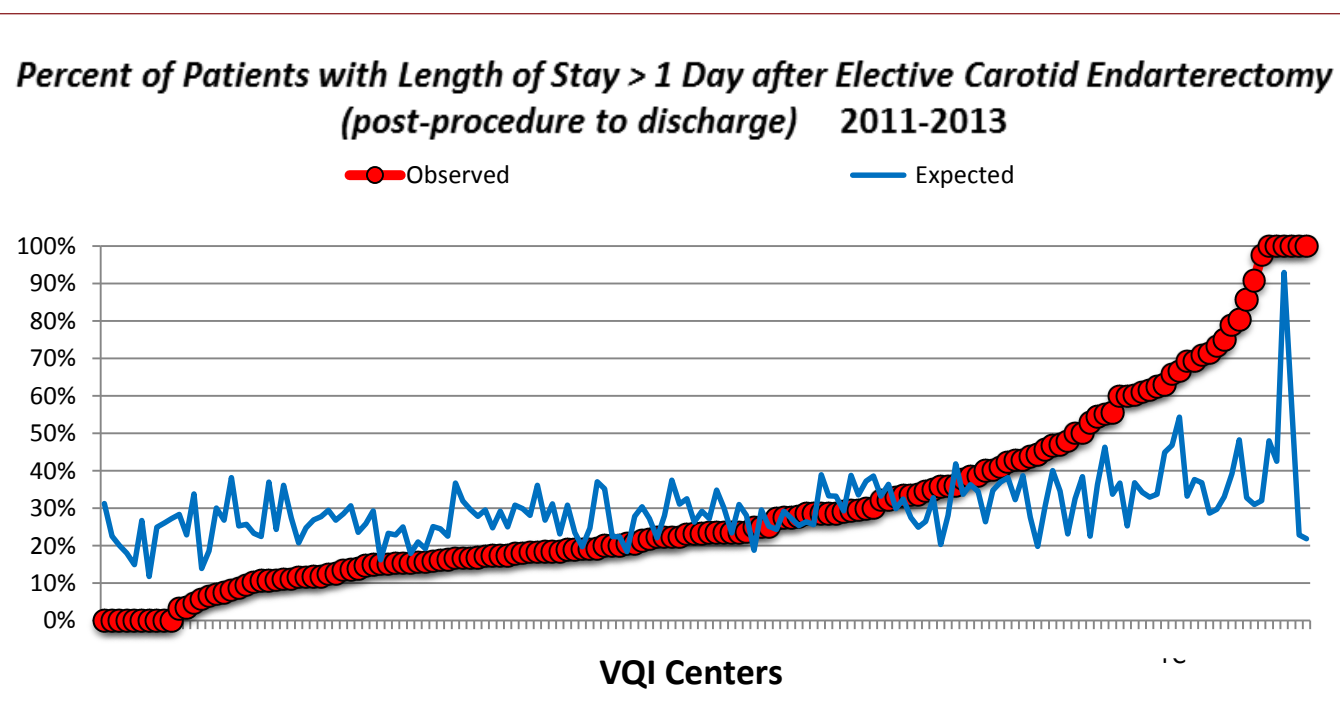
### Hypothesis

VQI data can be used to support the VQI vision and deliver better patient outcomes. Data can be used effectively to address challenges to improving physician performance, including:

- Identifying a problem and reliably defining it
- Identifying and assessing best practices
- Suggesting explicit steps toward solving the problem
- Providing a means for tracking progress and ensuring transparency

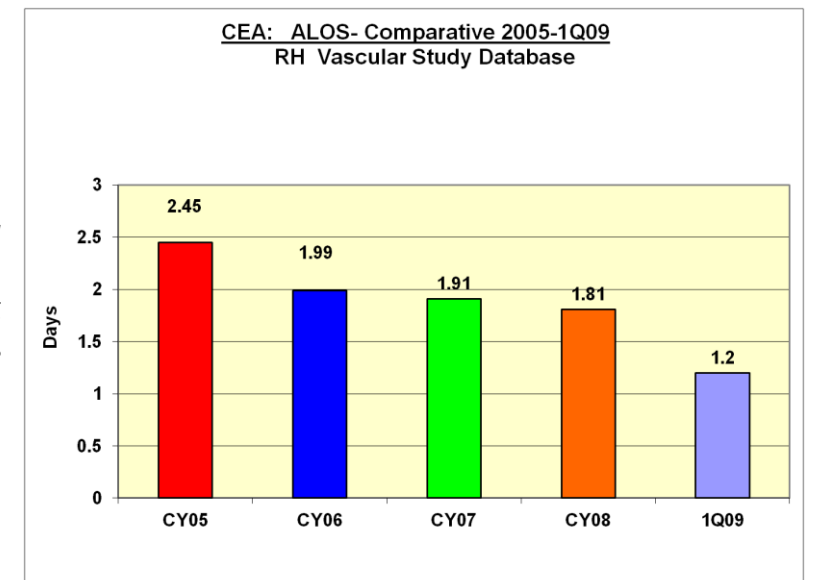
### An Example: Defining a Regional Problem

Length of Stay (LOS) is a measure of care efficiency. Because physicians determine when a patient is discharged, they have a major influence on a patient's LOS. Physicians had a major responsibility for the higher than expect LOS after elective Carotid Endarterectomy surgery at VQI Centers in 2013. This VQI data was used to define and highlight the problem, where the observed length of stay is higher than the expected rate.



### Identification and Assessment of Best Practices

*After identifying the LOS problem, the next step was to use VQI data to identify a Best Practice site. VQI data demonstrated a 50% reduction in LOS at one VQI hospital.*



The Best Practice VQI hospital demonstrated a reduction in length of stay for patients undergoing CEA by following these procedures:

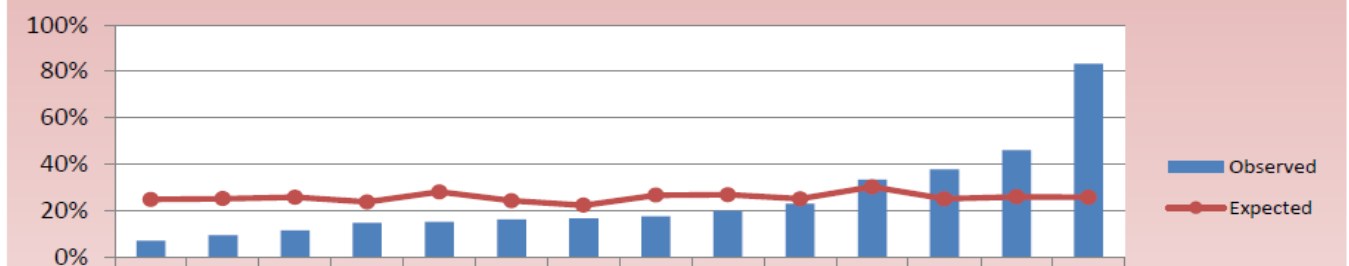
- The patient (and family) were given an explicit message that routine CEAs are discharged by noon on the first post-op day
- No routine discharge to the ICU (four-hour recovery area)
- No Foley catheters (Use pre-op IV Antibiotics and patient voids during pre-op)
- Judicious intra-operative use of IV fluids

### Success Factors: Transparency

During Carolinas Vascular Quality Group regional meetings, VQI data were used to inform discussions about LOS problems and practices related to CEA:

- higher performers talked about successful practices that led to lower LOS
- some physicians indicated that they were having trouble releasing certain types of patients within a day
- physicians discussed approaches to managing this type of patient or condition

### CEA LOS >1 Day by Center in Your Region (2015)



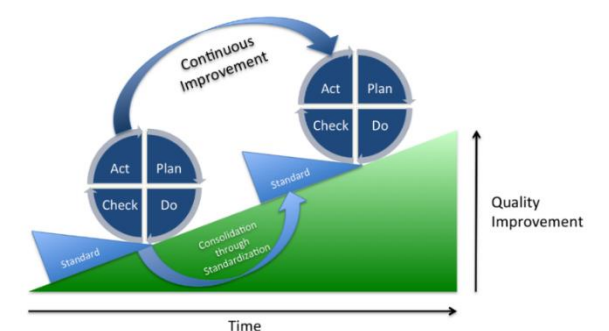
**Carotid Endarterectomy Percentage of Patients with Length of Stay > 1 Day 2015, elective procedures, excluding prior ipsilateral CEA, concomitant CABG, proximal endovascular or other arterial operation, in hospital death with LOS <= 1 day, procedures done on weekends or not done on admission day. The graph indicates that observed rates were now lower than the expected rates for most centers in the region.**

### Success Factors: Execution

With best practices identified that might address the LOS problem and deliver better outcomes, activities and VQI data focused on execution. *Continuous quality improvement* was supported by Plan-Do-Check-Act strategies:

**PDCA activities supported continuous improvement:**

- Team members were identified
- Effective strategy was determined
- Actions supporting strategy were implemented
- VQI data tracked progress accurately and continuously



### KEY TAKE AWAYS

1. Improving quality is NOT only data transparency but also involves the active processes to change delivery of the outcome.
2. The same principles of change apply to practices, regions and individuals.
3. The new SVS VQI QI Guidelines should help to advance skills.