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Charters 101

October 14, 2021

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Director of Quality, SVS PSO

Agenda

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- Review of starting a QI project
- QI model resources
- Blank charter form
- Charter resources
- Putting it all together
- Submitting a charter

STARTING a QI PROJECT

Identifying a QI Project

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Use your VQI reports

- Bi-annual reports (Spring and Fall)
- Center Opportunity Profile for Improvement (COPI) reports
  - Center level
  - Physician level
- Analytics engine reports
- SVS guidelines and recommendations

Starting a QI Project

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Identify Team members

- Project lead
- Project sponsor
- Quality expert
- Front line staff
- Stakeholders

Starting a QI Project

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Three dimensions of quality defined by HRSA

- Structure
- Process
- Outcome

Starting a QI Project

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What are the desired improvements?

- Relevant and specific
- Measurable
- Accurate and achievable
- Feasible and timely
- Realistic

Selecting a QI Model

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- Use a single model or combination
- Categorize and identify potential changes
- Already been proven effective
- Provides guidance on approach to change
- Improves quality care

QI Models

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- Variety of QI Models
- Select one or combination best suits project
- Care model
- Lean model
- Model for Improvement (PDSA)
- FADE
- Six Sigma or Lean Six Sigma

QI Model Resources

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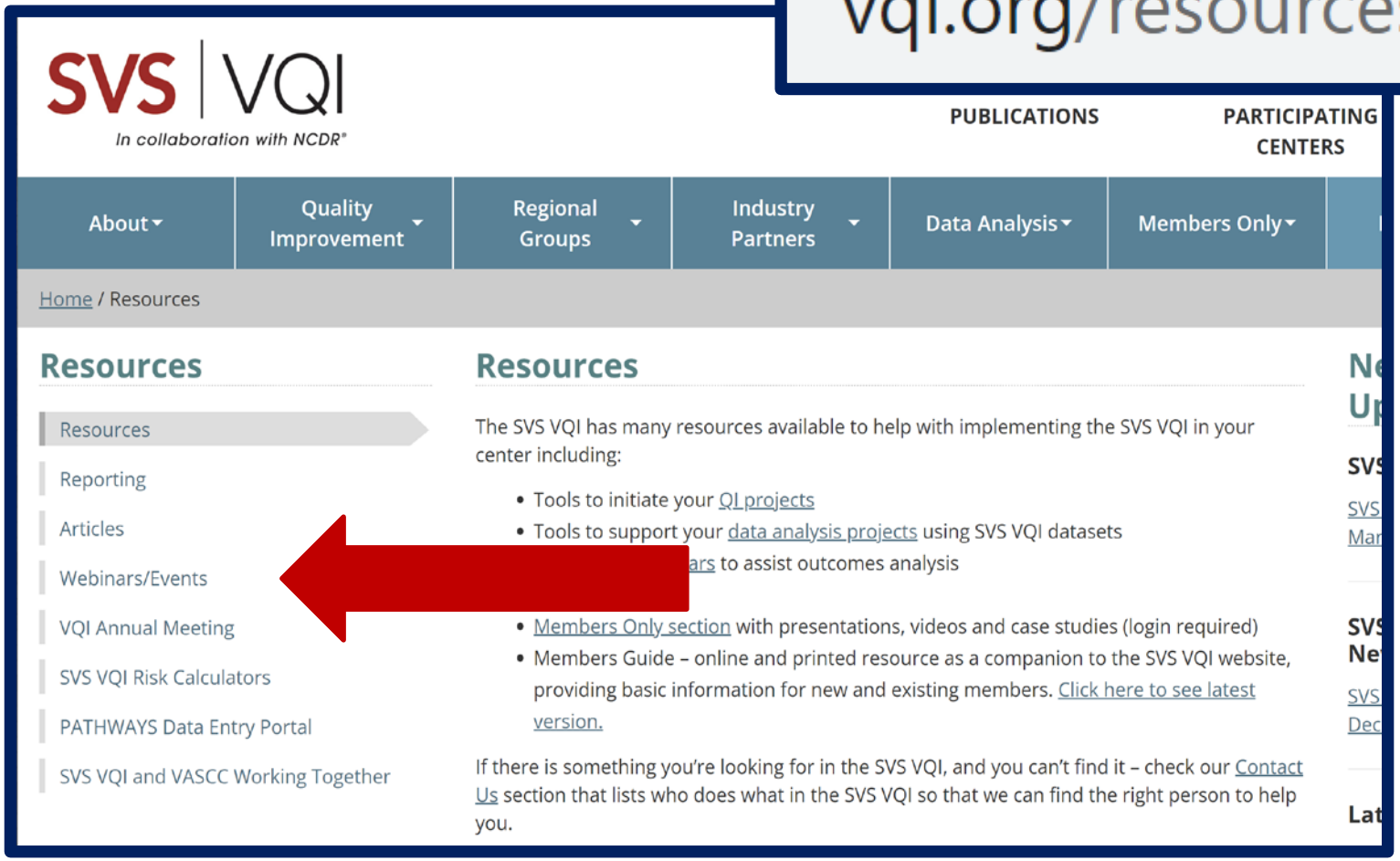
vqi.org/resources/



QI Model Resources

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Webinar Recordings for Quality Improvement

SVS PSO Webinar – How to Start a QI Project and 2021 Participation Awards

SVS PSO QI Webinar – 2020 Participation Award Update and PDSA Worksheet

SVS PSO Quality Webinar: Regional Quality Improvement Projects in Northern California Vascular Study Group – Strategies for Success (9/6/2020)

Starting a QI Project (March 2020)

Wrapping up a QI Project (December 2019)

QI Webinar – Long-Term Follow Up Success Stories and Tools

How to Start a Quality Improvement Project (February 2019)

How to Wrap Up a QI Project and the Participation Awards (November 2018)

QI and LTFU – SNOOPP and EVAR LTFU (May 2018)

How to avoid a Medicare penalty payment in 2019 and 2020 (February 2018)

Discharge Medications: Reaching and Sustaining our Goal of 100% (February 2017)

Quality Improvement Charter

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Project Overview		
Problem Statement:		
Goal:		
Scope:		
Deliverable(s):		
Resources Required (including data sources):		
Key Metrics	**Milestones**	
Outcome Metrics: **Process Metrics:**	**Milestone / Description:**	**Date (mm/yy):**
Team Members		
Exec Sponsor:	**Clinical Sponsor**:	
Sponsor:	**Process Owner**:	
Project Leader:	**Team Members**:	

Quality Improvement Charter

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Project Overview

Problem Statement:
"What is wrong with our current process? Why do we care?"
- create a statement that is specific, measurable, and relevant; include data or use placeholders until you get the data

Goal:
"What specifically do we want to achieve as measured by X, and when do we want to achieve it?
- e.g., "Reduce LOS by 0.5 days for elective EVAR patients by the 4th quarter."

Scope:
"For this project: (1) What areas will we improve and over what time period will we do the improvement? (2) What are the limitations of resources?)"
- e.g., "This project will include Surgical units, not Medicine units, for the first two quarters of the fiscal year."

Deliverable(s):
"What new processes will we deliver in order to achieve our goals?"

Resources Required:
"What people, materials, and/or finances will be needed to conduct the project? Who must be kept informed?"

Key Metrics

Outcome Metrics:
"How will you know the project is successful?"
e.g., LOS, surgical site infections

Process Metrics:
"How will you ensure the interventions you implement are being completed?"
e.g., % pts on progressive care unit, % discharged patients on statins and anti-platelets Rx

Milestones

Milestone / Description:	Date:
Complete 'QI Project Overview'	Month 1
Confirm baseline outcome metric	Month 2
Identify root cause / hypothesis	Month 3
Identify potential improvement(s)	Month 4
Implement improvement(s)	Month 4-5
Evaluate progress & confirm action plan	Month 6

Team Members

Exec Sponsor:
Sponsor:
Project Leader:
Clinical Sponsor:
Process Owner:
Team Members:

SVS Society for Vascular Surgery | American Venous Forum | m2s | Society for Vascular Medicine | VASA | SVU Society for Vascular Ultrasound

Charter Resources

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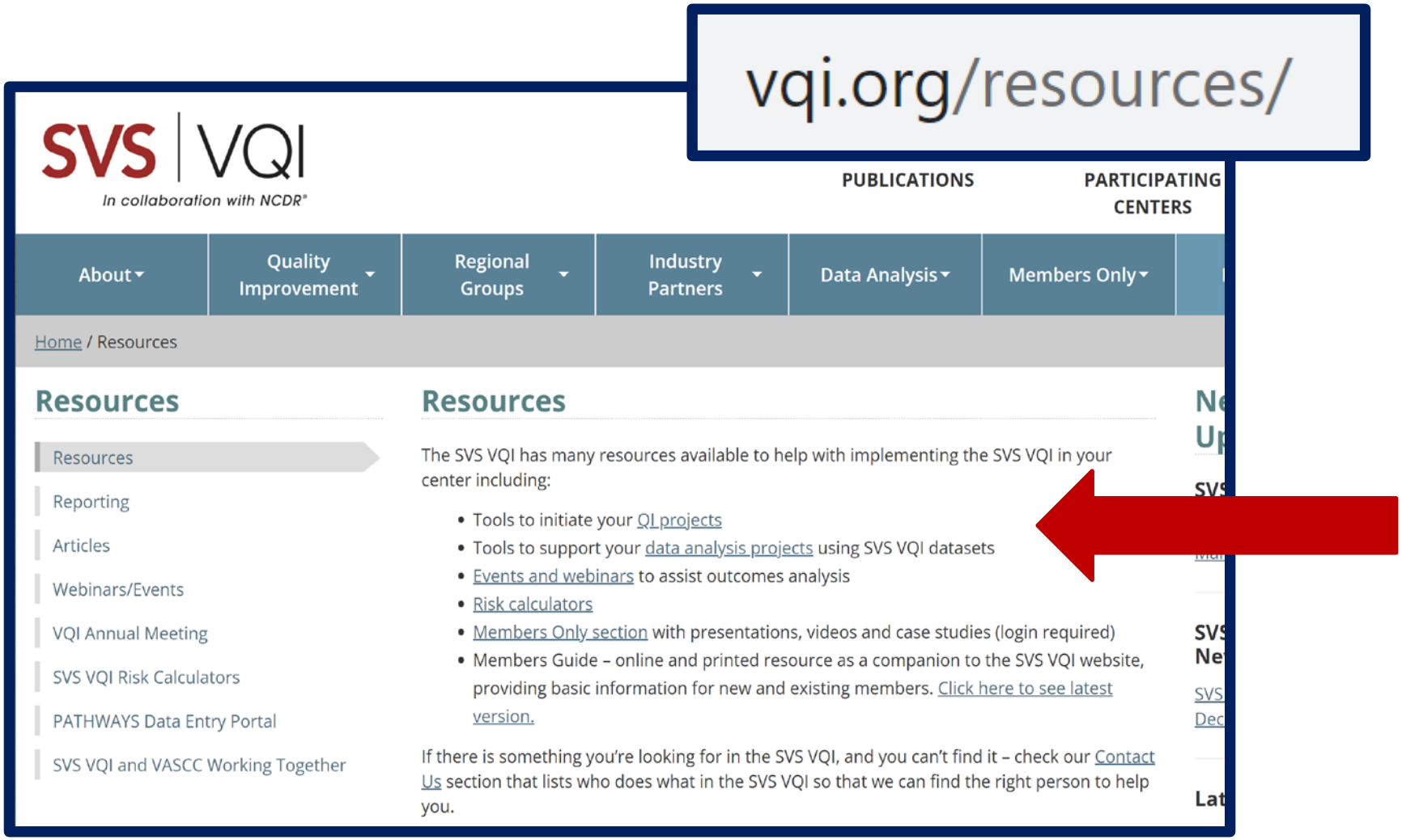
vqi.org/resources/



Charter Resources

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vqi.org/quality-improvement/

SVS Society for Vascular Surgery | American Venous Forum | m2s | Society for Vascular Medicine | VASA | SVU

Charter Resources – Coming Soon

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vqi.org/quality-improvement/

- Blank Charter
- Clinical Sample Charters
- DC Medication Sample Charters
- Documentation Sample Charters
- LTFU Sample Charters
- Hashtag Information

Additional Charter Resources

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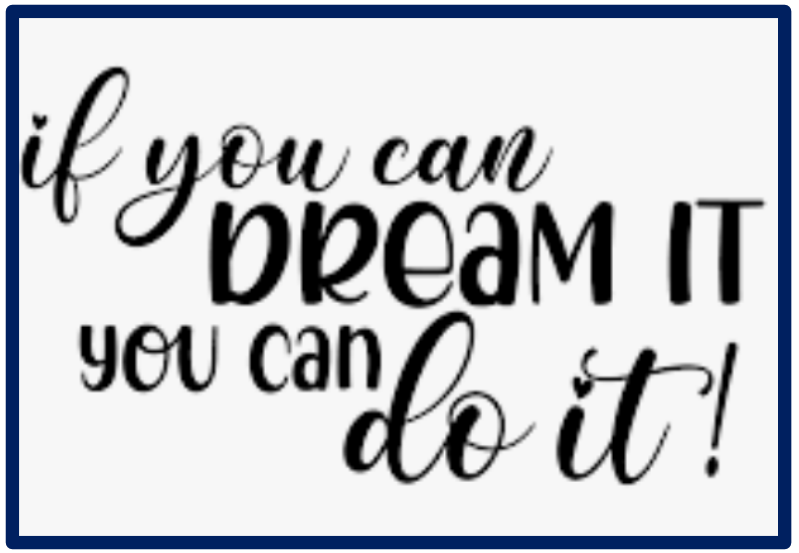
- www.vqi.org
- Data abstractors
- Data managers
- Quarterly committee meetings
  - LTFU and Documentation (10/20/2021 1pm ET)
  - DC Meds and Clinical (10/27/2021 1pm ET)
- Webinars
- Annual meetings
- Myself bwymer@svspso.org

Recap – Where are We?



- Identified project
- Identified team
- Identified QI model(s)
- Reviewed blank charter
- Reviewed charter resources
  - Ongoing
- Prepared to write and submit charter

Quality Improvement Charter

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Project Overview		
Problem Statement:		
Goal:		
Scope:		
Deliverable(s):		
Resources Required (including data sources):		
Key Metrics	**Milestones**	
Outcome Metrics: **Process Metrics:**	**Milestone / Description:**	**Date (mm/yy):**
Team Members		
Exec Sponsor:	**Clinical Sponsor**:	
Sponsor:	**Process Owner**:	
Project Leader:	**Team Members**:	

Goal, Resources, and Team Members

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- Goal

  "Reduce the loss of long-term follow up in 2018 by 50%. (Bring at least 80 patients back for monitoring)."

- Resources

  Team of general surgery residents involved in the QI project

  Support from clinic team to send follow up letters

  Epic analytics to track subsequent visits

- Team Members

  Executive Sponsor – CNO

  Clinical Sponsor – Dr. Chair

  Sponsor – Dr. Physician Champion

  Process Owner – Clinic Team

  Project Leader – Data Manager

  Team Members – GS Residents, Analytics

Problem Statement

- Be clear and concise
- Be specific
- Measurable
- Be relevant

- Example:

"There is inadequate follow up among patients with peripheral artery disease (PAD) who have undergone lower extremity revascularization at xxxxx center. Using VQI data, a review of all patients who had lower extremity revascularization for PAD in 2018 demonstrated that 29% (N=161) of patients were lost to follow up and did not have one year follow up (9 – 21 months window). VQI data demonstrates that loss to follow up after revascularization for PAD is associated with increased mortality."

Scope

- Scope
  - What areas do you want to improve and consider over what timeframe?
  - Example

"This project will include patients undergoing lower extremity revascularization within the xxxxxx center care areas. The project will require participation from vascular specialists performing lower extremity revascularization (open and endovascular) including vascular surgery, interventional cardiology, and interventional radiology, inpatient and outpatient physician extenders, EPIC clinical support, and administrative/scheduling reinforcements."

Deliverables

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- Deliverables
  - What new processes will you need to deliver in order to achieve your goal?
  - Examples

1. MD Project Leader will address all physicians performing lower extremity revascularization regarding appropriate follow up
2. MD Project leader and project members will contact all those lost to follow up via telephone to identify barriers to follow up (e.g. socioeconomic factors, geographic factors, different vascular provider, etc).
3. All patients lost to follow up with receive formal letter draft by the MD Project Leader requesting follow up appointment as appropriate.
4. Survey results will be analyzed to identify key factor contributing to loss of follow up.
5. Results will be analyzed in 3-4 months to identify the percent of patients who were initially lost to follow up who have returned to be seen by their vascular specialist.
6. Outcomes of patients will be tracked after following up to assess for recurrence of symptoms, compliance with medical therapy, results of imaging, and necessary reinterventions
7. Effort (time) in trying to reach patients will be tracked by the QI team
8. Epic analytics will track clinic visits, imaging, procedures, and downstream revenue generated from decreasing lost to follow up

Key Metrics

- Outcome Metrics
  - How will you know the project is successful?
    1. Identify factors associated with loss to follow up
    2. Follow up rates among those lost to follow up
    3. Follow up rates among those with PAD after revascularization
- Process Metrics
  - How will you ensure the implemented interventions are being completed?
    1. Telephone calls to those lost to follow up and mailed letters
    2. Quarterly performance report to clinical teams

Milestones

- Make sure to give yourself enough time
- This can roll into another year
- Be specific with target dates

Milestone / Description:	Date
Complete QI Project Overview	10/2019
Confirm baseline outcome metric	10/2019
Identify root cause/hypothesis	11/2019
Implement Deliverables	11/2019
Evaluate progress	03/2020
Project completion	03/2020

Review and Submit Your Charter

- Review your charter
  - Meet with your team for a final review
  - Make edits/updates
  - Finalize
- Submit your charter
  - Submit to bwymer@svspso.org
- Participation Points
  - One charter per center per year = 2 participation points
  - Feel free to submit more than one charter BUT only receive credit for one charter per year per center

Helpful Hints

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- Feel free to use same charter for multiple centers
- Must submit one charter per center
- Don’t strive for 100%, make it attainable
- Start small, consider 5-10% difference
- Use your resources – there are multiple
- When in doubt, ask

Questions?