Charters 101

October 14, 2021
Betsy Wymer, DNP, RN, RN-BC
Director of Quality, SVS PSO
Agenda

- 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

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

Identify Team members

- Project lead
- Project sponsor
- Quality expert
- Front line staff
- Stakeholders
Starting a QI Project

Three dimensions of quality defined by HRSA

- Structure
- Process
- Outcome
Starting a QI Project

What are the desired improvements?

• Relevant and specific
• Measurable
• Accurate and achievable
• Feasible and timely
• Realistic
Selecting a QI Model

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

The SVS VQI has many resources available to help with implementing the SVS VQI in your center including:

- Tools to initiate your QI projects
- Tools to support your data analysis projects using SVS VQI datasets
- Members to assist outcomes analysis

- Members Only section with presentations, videos and case studies (login required)
- Members Guide – online and printed resource as a companion to the SVS VQI website, providing basic information for new and existing members. Click here to see latest version.

If there is something you're looking for in the SVS VQI, and you can't find it – check our Contact Us section that lists who does what in the SVS VQI so that we can find the right person to help you.
QI Model Resources

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

## Project Overview

### Problem Statement:

### Goal:

### Scope:

### Deliverable(s):

### Resources Required (including data sources):

## Key Metrics

### Outcome Metrics:

### Process Metrics:

## Milestones

### Milestone / Description:

### Date (mm/yy):

## Team Members

### Exec Sponsor: Clinical Sponsor:

### Sponsor: Process Owner:

### Project Leader: Team Members:
## 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

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<thead>
<tr>
<th>Milestone / Description</th>
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<tbody>
<tr>
<td>Complete ‘QI Project Overview’</td>
<td>Month 1</td>
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<tr>
<td>Confirm baseline outcome metric</td>
<td>Month 2</td>
</tr>
<tr>
<td>Identify root cause / hypothesis</td>
<td>Month 3</td>
</tr>
<tr>
<td>Identify potential improvement(s)</td>
<td>Month 4</td>
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<tr>
<td>Implement improvement(s)</td>
<td>Month 4-5</td>
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<td>Evaluate progress &amp; confirm action plan</td>
<td>Month 6</td>
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## Team Members

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Charter Resources

The SVS VQI has many resources available to help with implementing the SVS VQI in your center including:

- Tools to initiate your [QI projects](#)
- Tools to support your [data analysis projects](#) using SVS VQI datasets
- [Events and webinars](#) to assist outcomes analysis
- [Risk calculators](#)
- [Members Only section](#) with presentations, videos and case studies (login required)
- Members Guide – online and printed resource as a companion to the SVS VQI website, providing basic information for new and existing members. [Click here to see latest version.](#)

If there is something you’re looking for in the SVS VQI, and you can’t find it – check our [Contact Us](#) section that lists who does what in the SVS VQI so that we can find the right person to help you.
The SVS PSO encourages centers to submit quality SVS VQI data. This process has helped the SVS to develop initiatives and facilitate networking opportunities. Whether or not they have data to submit, the SVS PSO will aggregate data and share best practices.

The SVS PSO also provides resources to assist SVS centers:

- **QI Project Guide** and **National Initiative Supplement** foundation and step-by-step guidance to assist centers. The **QI Project Guide** is designed to assist centers at any stage of the QI process.

**Participation Awards**

**Members Only**
Charter Resources – Coming Soon

vqi.org/quality-improvement/

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

• [www.vqi.org](http://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](mailto:bwymer@svspso.org)
Recap – Where are We?

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

## Project Overview

### Problem Statement:

### Goal:

### Scope:

### Deliverable(s):

### Resources Required (including data sources):

## Key Metrics

### Outcome Metrics:

### Process Metrics:

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Goal, Resources, and Team Members

• 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
Sponsor – Dr. Physician Champion
Project Leader – Data Manager

Clinical Sponsor – Dr. Chair
Process Owner – Clinic Team
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
  – 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
  – 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

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<tr>
<td>Evaluate progress</td>
<td>03/2020</td>
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<tr>
<td>Project completion</td>
<td>03/2020</td>
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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

- 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?