

| Project Overview |
|---|
| <p>Problem Statement: During the Spring 2023 SEVSG Regional Meeting, the region was at 33.5% overall for PVI Claudication ABI/Toe Pressure – the lowest of all VQI regions. After a robust discussion, it was decided that this needed to become a regional QI project.</p> <p>The acquisition of Ankle Brachial Index (ABI) studies prior to peripheral vascular interventions is below expected benchmarks for Hospital X performing these interventions. According to AHA/ACC guidelines, an ABI should be conducted on patients presenting with risk factors for PAD so that therapeutic interventions known to diminish their increased risk of myocardial infarction (MI), stroke, and death may be offered.</p> <p>The Hospital X SVS ABI rates are lower than national SVS rates. The 2022 Hospital X rate was % with the VQI regional rate comparison at 33.5% and VQI national rate at 69.4%.</p> |
| <p>Goal: Hospital X will improve rate of pre-procedural ABI testing to % by June 30, 2024.</p> |
| <p>Scope: This project will include patients undergoing Peripheral Vascular Interventions at Hospital X for 7/1/2023-6/30/2024.</p> |
| <p>Deliverable(s):</p> <ol style="list-style-type: none"> 1. Provide education to staff regarding ABI studies and current performance with benchmarks. 2. Develop monthly reporting process to providers with individual and group rates . 3. Meet with Vascular team to discuss adding ABI to the pre-procedure testing. 4. Report data monthly for 1 year and audit cases to evaluate effectiveness of education, identify challenges and need for potential changes. 5. Develop EPIC/Cerner smart phrases and integrate these into the EHR’s 6. Create OP Note template 7. Communication for all stakeholders on the importance of ABI’s versus ultrasound 8. Friendly competition among groups 9. Develop system on how to obtain studies outside of center 10. Collaborate with abstractors, insurance coders, various stakeholders on how to code for reimbursement concerns regarding studies |

Resources Required:

1. Educational material
2. IT department
3. EPIC champions
4. Insurance coders
5. Various Stakeholders input
6. Auditors

| Key Metrics | Milestones |
|-------------|------------|
|-------------|------------|

| Outcome Metrics | Milestone / Description: | Date (mm/yy): |
|---|---|--------------------|
| Improvement on the percentage of patients receiving testing prior to their procedure | Complete 'QI Project Overview' | 6/2023 |
| | Confirm baseline outcome metric | 8/2023 |
| | Identify root cause / hypothesis | 8/2023 |
| | Identify potential improvement(s) | 10/2023 |
| | Implement improvement(s) | 12/2023 |
| Process Metrics: Making sure to obtain testing done at Hospital X on transfer patients. | Evaluate progress & confirm action plan | 6/2024 and ongoing |
| VQI data | | |
| Smart phrase utilization | | |

| 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 | Milestones |
|-------------|------------|
|-------------|------------|

| Outcome Metrics: | Milestone / Description: | Date: |
|--|---|--------------|
| “How will you know the project is successful?” e.g., LOS, surgical site infections | Complete ‘QI Project Overview’ | Month 1 |
| Process Metrics: | Confirm baseline outcome metric | Month 2 |
| “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 | 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: | Clinical Sponsor: |
| Sponsor: | Process Owner: |

SEVSG Regional QI PROJECT CHARTER

Project Leader:

Team Members:

| Task Name | Responsible | Planned | | | Actual Start | Actual Finish | % Complete |
|--|-------------|------------|-------------|----------------|--------------|---------------|------------|
| | | Start Date | Finish Date | Duration (wks) | | | |
| Initiate Project | | | | 0.0 | | | 0% |
| Draft charter | | | | 0.0 | | | 100% |
| Interview stakeholders to understand process/issues | | | | 0.0 | | | 0% |
| Identify team members and process owners | | | | 0.0 | | | 0% |
| Define meeting schedule (team, process owner, sponsor, exec) | | | | 0.0 | | | 0% |
| Hold project kickoff | | | | 0.0 | | | 0% |
| Confirm charter | | | | 0.0 | | | 0% |
| Confirm Baseline | | | | 0.0 | | | 0% |
| Identify metrics needed | | | | 0.0 | | | 0% |
| Create data collection plan for needed metrics | | | | 0.0 | | | 0% |
| Collect baseline measurements | | | | 0.0 | | | 0% |
| Create current state process map | | | | 0.0 | | | 0% |
| Create communication plan | | | | 0.0 | | | 0% |
| Identify Root Cause | | | | 0.0 | | | 0% |
| Create detailed process map | | | | 0.0 | | | 0% |
| Confirm process map | | | | 0.0 | | | 0% |
| Perform data analysis | | | | 0.0 | | | 0% |
| Perform root cause analysis | | | | 0.0 | | | 0% |
| Identify and validate areas of opportunity | | | | 0.0 | | | 0% |
| Develop Solution & Implement | | | | 0.0 | | | 0% |
| Generate potential interventions | | | | 0.0 | | | 0% |
| Prioritize/select interventions | | | | 0.0 | | | 0% |
| Define future state process | | | | 0.0 | | | 0% |
| Determine gaps between current and future state | | | | 0.0 | | | 0% |
| Create intervention implementation plan | | | | 0.0 | | | 0% |
| Pilot interventions | | | | 0.0 | | | 0% |
| Assess and modify interventions as needed | | | | 0.0 | | | 0% |
| Evaluation | | | | 0.0 | | | 0% |
| Develop monitoring process to track metrics | | | | 0.0 | | | 0% |
| Create Evaluation/Action plan | | | | 0.0 | | | 0% |
| Review with sponsors | | | | 0.0 | | | 0% |
| Transition full ownership to process owner | | | | 0.0 | | | 0% |

