MidAtlantic Regional QI PROJECT CHARTER

SVS | PSO
PATIENT SAFETY ORGANIZATION

Project Overview

Problem Statement: During the Spring 2023 MidAtlantic Regional Meeting, the region was at 45.7% overall for CEA SYMP LOS > 1 Day as compared to VQI at 42.2%. In addition, the region was at 18.3% overall for EVAR LOS > 2 Days as compared to VQI at 15.3%. After a robust discussion, it was decided that LOS needed to become a regional QI project.

Prolonged LOS results in increased costs and improper resource utilization for centers.

Hospital X CEA/EVAR LOS rates are higher than national VQI rates. The 2022 Hospital X rate was % with the VQI regional rate comparison at 45.7%/18.3% and VQI national rate at 42.2%/15.3%. (Please complete and select which registry your center will focus on).

Goal: Hospital X will improve rate of CEA SYMP/EVAR LOS by 5% by June 30, 2024.

Scope: This project will include patients undergoing CEA/EVAR Interventions at Hospital X for 7/1/2023-6/30/2024.

Deliverable(s):
1. Provide education to staff regarding LOS and current performance with benchmarks.
2. Develop monthly reporting process to providers with individual and group rates.
3. Review and document trends and discuss barriers at monthly meetings
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 decreasing LOS
8. Friendly competition among groups
9. Develop system/algorithm on decreasing LOS
10. Data can be taken to hospital administrators to demonstrate how often patients may be staying for case management/social reasons and impacting costs accordingly.
11. Develop ROI strategies for LOS based on center characteristics

Resources Required:

1. Educational material
2. IT department
3. EPIC champions
4. Insurance coders
5. Various Stakeholders input
6. Auditors – outcome review
7. Appropriate discharge planning prior to admission

Key Metrics	Milestones	
Outcome Metrics	**Milestone / Description:**	**Date (mm/yy):**
Decrease post-op LOS by 5%	Complete 'QI Project Overview'	6/2023
	Confirm baseline outcome metric	8/2023
	Identify root cause / hypothesis	8/2023
Process Metrics:	Identify potential improvement(s)	10/2023
Making sure to begin D/C planning from admission	Implement improvement(s)	12/2023
VQI data	Evaluate progress & confirm action plan	6/2024 and ongoing
Smart phrase utilization		
CEA/EVAR pathway development and adherence		

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?"	Complete 'QI Project Overview'	Month 1
e.g., LOS, surgical site infections	Confirm baseline outcome metric	Month 2
Process Metrics:	Identify root cause / hypothesis	Month 3
"How will you ensure the interventions you implement are being completed?"	Identify potential improvement(s)	Month 4
e.g., % pts on progressive care unit, % discharged patients on statins and anti-platelets Rx	Implement improvement(s)	Month 4-5
	Evaluate progress & confirm action plan	Month 6

Team Members	
Exec Sponsor:	**Clinical Sponsor**:
Sponsor:	**Process Owner**:
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Task Name	Responsible	Planned Start Date	Finish Date	Duration (wks)	Actual Start	Actual Finish	% Complete
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%