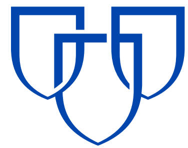


MAYO CLINIC
HEALTH SYSTEM

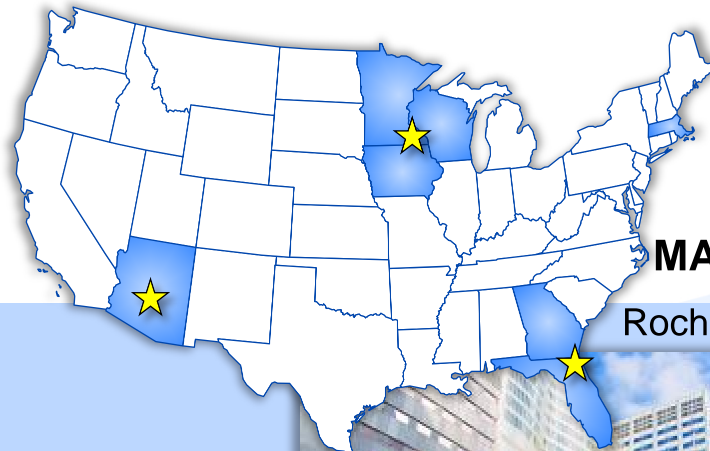
Hope and Healing

The Surgeon as Surgical Champion

Surgical Site Infection Summit III Symposium
Madison, WI

Michael Roskos M.D.
General Surgeon

Mayo Clinic Today*



MAIN CAMPUSES

Rochester, Minnesota

6 STATES

5 SCHOOLS

59,500 EMPLOYEES

Phoenix/ Scottsdale, Arizona

1.3 million UNIQUE PATIENTS
from every state
& 143 countries

$9.8 billion ENTERPRISE REVENUE
all income reinvested

Jacksonville, Florida

*Massachusetts employees work at Mayo Medical Labs New England.
Statistics current as of year-end 2014

Mayo Clinic Health System

Minnesota
Wisconsin
Iowa

Rice Lake
Barron
Cameron
Chetek
Bloomer
Glenwood City
Colfax
Chippewa Falls
Menomonie
Eau Claire
Ellsworth
Elmwood
Belle Plaine
New Prague
Mondovi
Osseo
Cannon Falls
Red Wing
Le Sueur
Montgomery
Lake City
Wabasha
Alma
St. Peter
Faribault
Arcadia
Springfield
Mankato
Waterville
Kenyon
Zumbrota
Lamberton
Lake Crystal
Plainview
Owatonna
Janesville
Waseca
Rochester
Holmen
Sparta
Tomah
St. James
Onalaska
Blooming Prairie
New Richland
La Crescent
La Crosse
Truman
Trimont
Wells
Alden
Austin
Fairmont
Caledonia
Sherburn
Blue Earth
Kiester
Albert Lea
Adams
LeRoy
Lake Mills
Armstrong
Decorah
Waukon
Charles City
Prairie du Chien

- Clinic
- Hospital and Clinic
- Management Services Agreement
- Physician Services Agreement

The colors on the map represent locations which operate under the same regional management structure.

www.mayoclinichealthsystem.org

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Mayo Clinic Health System Stats

Communities 65

Physicians 1,000

Allied health Staff14,000

Mayo Clinic Health System-Franciscan Healthcare

Communities 11

Physicians 203

Allied health staff, 2,566

Surgeries 8,500

Patients 100,000

Surgical Site Infection Summit III

The Surgeon as the <u>Surgeon</u> <u>Champion</u>
My version

This is one time when all who participate gets a medal because **<u>our patients are the true winners</u>**…

Introduction

- Recap briefly “cost” of SSI
- Challenges of Implementing evidence based strategies/bundles
- Define the surgeon champion and roles
- Engaging the Preventionist
- Identify the surgical champion at “home”

What is my story?

- Moved back to La Crosse 1999
- Not a leader
- Not an academician
- Quiet person “minding my own business”
- Just wanted to be a surgeon
- I wanted to take care of patients

Leadership roles & Assignments

- Cancer committee Chair
- Trauma director
- Developed our hospital wide preoperative risk assessment model
- Resisted teaching Mayo Rochester surgical residents
- Department chair

Getting awarded is not always rewarding

- I won several surgical resident teaching awards
- I got burned out and "QUIT"

To get back extra time into every day

- I said NO a lot
- Eliminated all administrative duties

Saying Yes to becoming a Change Agent

- Assistant program director for the Mayo surgical residency rural track based in Rochester
- NSQIP surgical champion of the entire surgical services
- I am nothing special if I can teach and improve surgical quality… Anybody Can.

Understanding the Scope and “cost” of SSI

- 30 million operations a year 2-3 % will develop a SSI
- SSI most common hospital acquired infection in surgery pts.
- LOS increased 2-4 days
- Mortality increased 2 to 11 fold
- $2000-$14000/SSI
- 50% preventable

Goal →Chasing Zero

- Every Surgeon, department , intuition health system should aspire to decreasing their SSI to lowest possible number

- Lowest decile (NSQIP)
- 5% CRS
- <1% class I and II wounds

Evidence Based Guidelines/Bundles

Definition: Structured way of improving the process of care and patient outcomes

- Small straightforward set of evidence based practices (no controversy, no debate Level 1)
- Every patient every time
- Power is in the accountability and focus
  - Process with built in compliance
- Why are they not used?

Misperception becomes practice reality

- Disagreement on problem/data.
  - We do not have a problem
  - Why would we need to change?
- We don't have the people to make changes
- Its going to cost too much
- Lack Engagement, Lack of "buy in"
  - Stakeholders not involved
- Poor design (too many elements)
- Bundle not "right" for the institution

Institutional challenge
Engagement & Agreement

- .Know your current state.
  - What is the process
  - Identify stakeholders in the process
  - Know the data
- Find the problem/problems (root cause)vs treat the problem (high SSI rate)
- Which guidelines/bundle are chosen and how are they applied?

Facts & Conclusion of SSI Reduction Efforts

- Facts:
  - Numerous elements contribute to SSI development
  - Relative contribution of each element to SSI development is unknown
  - The influence of each element to SSI development is not constant
  - SSI occurrence for an individual patient is unpredictable
- Conclusion
  - No single intervention will have a significant impact on SSI
  - The optimal approach is to consistently apply multiple interventions

The Role of Complexity in Changing SSI Outcomes

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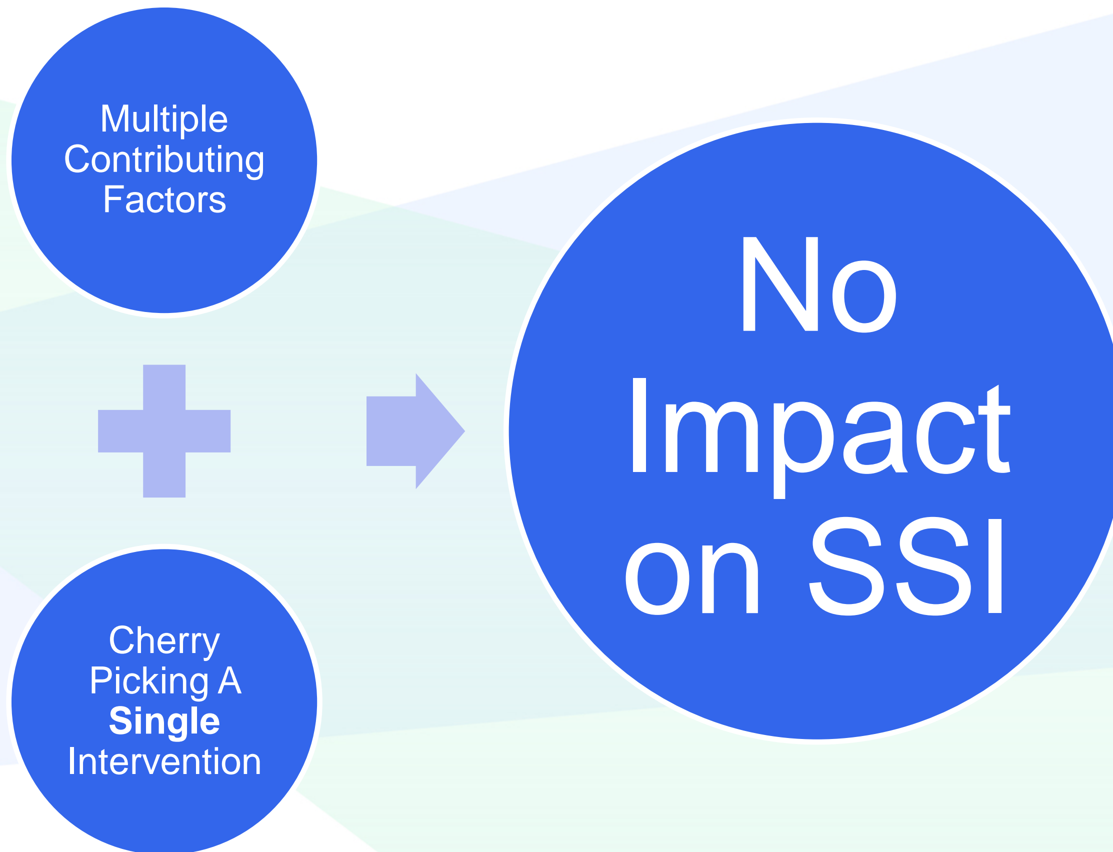
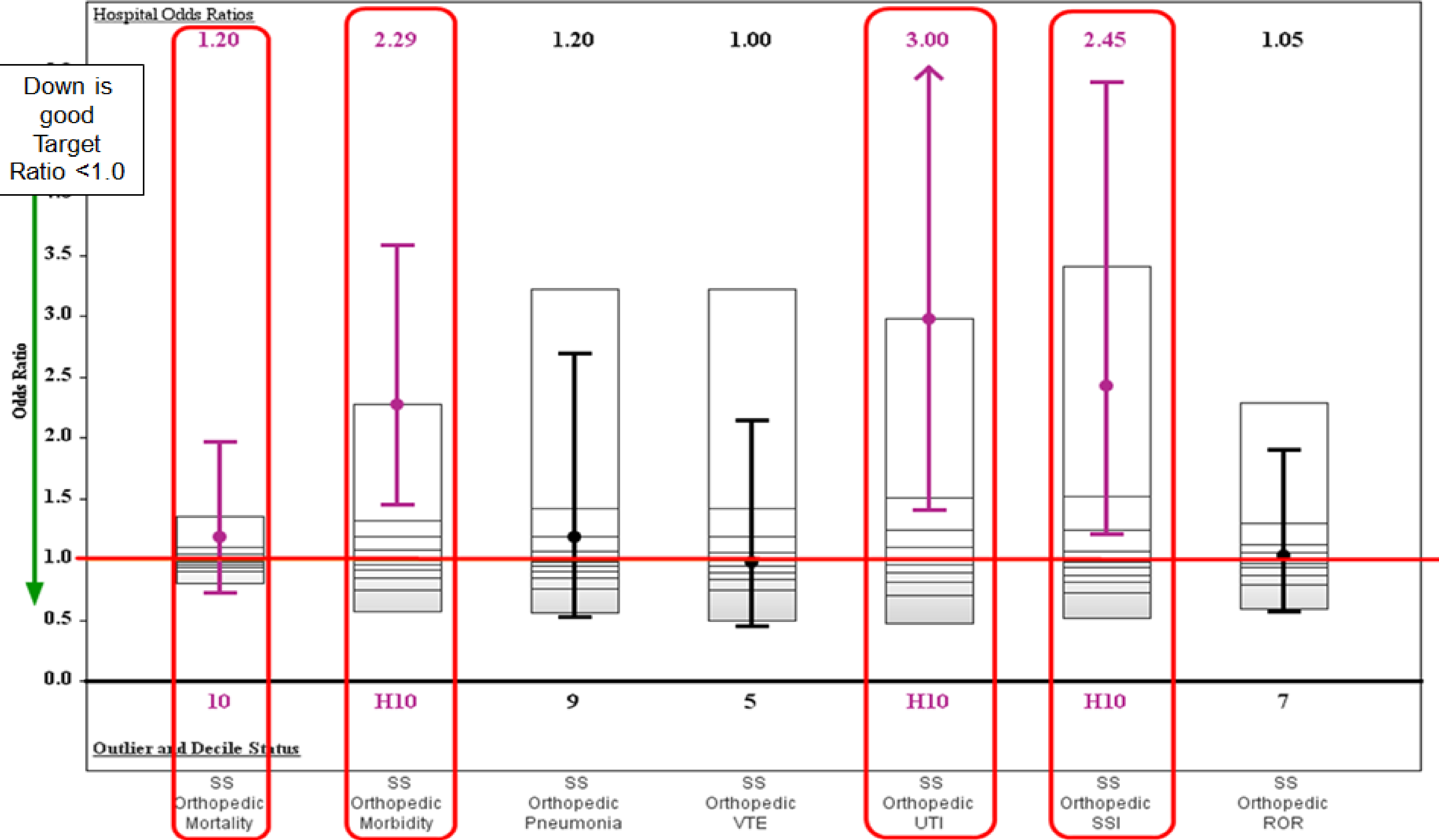


Improvement Through Agreement & Engagement

Here's what worked for us

- Introduce the data plan (credible and actionable) to stakeholders…
  - We chose NSQIP and accept its advantages and short comings
- Share department data in the benchmarked peer group

NSQIP SAR Results Orthopedic Cases



Internal Desire To Change
Picking the right guideline/bundle

- What does Mayo do? What does Dr. Cima do?
  - Instant credibility
  - Networked within in the health system with other surgical champions
- Plan for change
  - Integrated change management i.e. LEAN, QI resource
- Re evaluate/maintain change, continuous improvement

Now What? How do you get providers to follow evidence based guidelines and a bundle?

- Always provide resources to help (busy schedule)
- Stakeholders decide root cause vs guideline/bundle
- Adapt change (comfortable/reliable source) Agreement is crucial
- An Attitude of "*Let's go do it* " vs "You go do it"

How is this going to get done?

- Surgical Champion
  - We can be the ones that lead.
- Change is hard
  - Acknowledge this fact
- Expect set backs and “barriers”
  - Our goal is engagement & agreement

With Change Comes Challenges.
Example of "setback" Email Oct 14, 2015

- This is what we've figured out so far:
- This order cannot simply be implemented as a "EMR Standard Order." It must go through a process to be integrated into the ortho order set (if this is what we want to do). In order to do this, the following steps must be taken:
- 1) Proposed order must be approved by the SWWI Orderset Team.
- 2) The proposed order must be sent to Local Rep ASAP so she can get it on the Nov. 12 agenda. In an effort to expedite the process, she could attempt to get an "e-vote" from the members if the proposed order could be given to her in the next couple days.
- 3) Pending approval by SWWI Team, the order would then need to be approved by the MCHS Orthopedic Council (meets twice monthly on 1st and 3rd Wednesday). We will need to be prepared (using a SBAR communication) to justify the need for this change (i.e. A safety or regulatory need).

Surgical Champion (SC) A Credible Leader

- Surgeon preferred not mandatory
- Unifies the interests of administrators and patients and everybody in between (providers, techs, SPD etc..)
- Bridges the gaps… DATA, knowledge, personnel, process, politics,
- The SC doesn’t know everything but knows who and where to go to get answers
- Understands the process (Pre-op, Intra-op, and Postop)
- Understands stakeholders and who they are

A very important stakeholder is the ID Preventionist (IDP)

1. Team based engagement (Surgical team & IDP)
2. Surgeon Champions bridge Gaps by connecting resources
3. Crucial stake holder experts in their field
4. Meaningful dialogue, review data, and data sources
5. Root cause analysis & Solution discussion (bundles)
6. Attend M/M

- At out institution will actively seek their input, they are not as likely to come looking to be part of the team.

Surgery Champion… Captain of the ship

- Critical of this statement (surgeon is blamed for SSI)… its as much <u>about the process,</u> as it is about the person.
- A surgeon champion cannot institute meaningful change by him/herself
- Our team of 6 for SSI will be:
  1. Medical director,
  2. Clinical nurse specialists,
  3. QI Specialist A-3 expert,
  4. Clinical nurse reviewers (2),
  5. ID Preventionist
  6. Surgeon Champion.
- Depending on the issue: I will include other stakeholders or experts from the OR, SPD, ICU, surgery Floor etc…

Qualities of Surgical Champion

- Persistent self confident
- Comfortable interacting both formally meeting and informally in the “lounge”
- Network with other champions with a demonstrable passion for ID and SSI
- Established and comfortable interacting with every employee.
- Promotes a culture of safety while adhering to fiduciary responsibilities of the hospital

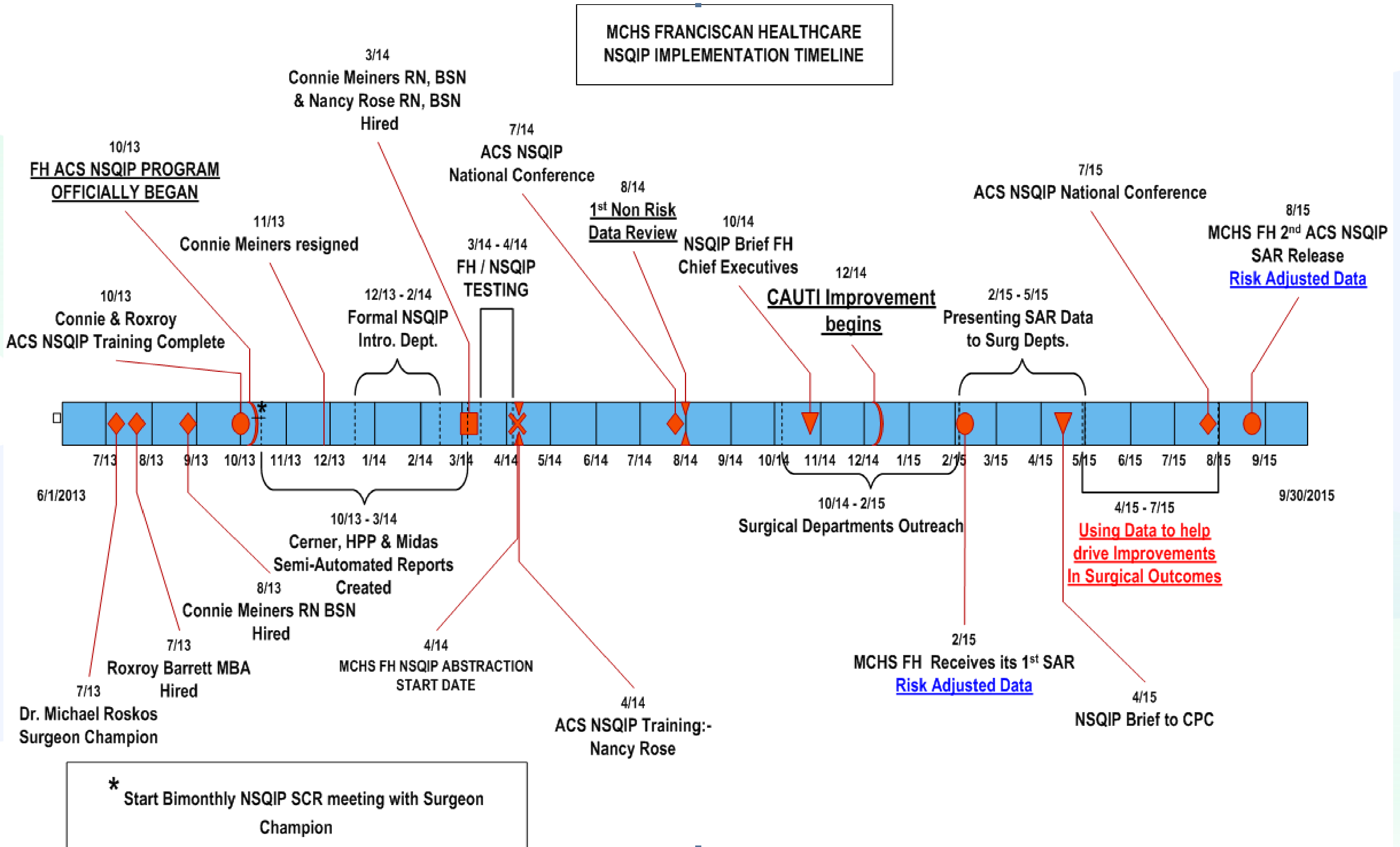
Identifying a surgeon champion

- May not be obvious
- May need some coaxing
- Interested in quality/data/NSQIP or other

Support your surgeon champion

- **Needs administrative and QI support**
- **Cannot be successful in a vacuum**

Engagement and Agreement takes time



Surgical Champion Pearls

Lessons Learned

- Ask… Be prepared to listen and take notes.
- Listen…direct feedback to the right people
- Learn people’s names and their stories
- Crucial conversations should be held in person or by phone not by text, snap chat or email

Summary

1. If I can be a surgeon champion anybody can
2. Good data is crucial (Quality Dept. or NSQIP)
3. Include stakeholders to define current processes and engagement for change
4. Focus on the process not the individual
5. Experts in change are crucial

Hope and Healing

The Needs of the Patient Come First- W.J. Mayo

Questions & Discussion

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