The Surgeon as Surgical Champion

Surgical Site Infection Summit III Symposium
Madison, WI

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6 STATES

5 SCHOOLS

59,500 EMPLOYEES

1.3 million UNIQUE PATIENTS from every state & 143 countries

$9.8 billion ENTERPRISE REVENUE all income reinvested

*Massachusetts employees work at Mayo Medical Labs New England. Statistics current as of year-end 2014
Mayo Clinic Health System Stats
Communities 65
Physicians 1,000
Allied health Staff 14,000

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 **Surgeon Champion**

My version

This is one time when all who participate gets a medal because **our patients are the true winners**…
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
- It's 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

Multiple Contributing Factors + Cherry Picking A Single Intervention → No Impact on SSI
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

Subspecialties

10/01/13 - 09/30/14

302 Cases Reviewed in 8 months, Goal is 540 Cases/yr.

Site: 2235

Hospital Odds Ratios

1.20
2.29
1.20
1.00
3.00
2.45
1.05

Down is good
Target Ratio < 1.0

Outlier and Decile Status

SS Orthopedic Mortality
SS Orthopedic Morbidity
SS Orthopedic Pneumonia
SS Orthopedic VTE
SS Orthopedic UTI
SS Orthopedic SSI
SS Orthopedic ROR

10
H10
9
5
H10
H10
7

MAYO CLINIC
HEALTH SYSTEM
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 our 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)... it's as much *about the process*, 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

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

Questions & Discussion