

Advisory Board Minutes
Monday, May 23, 2022, 07:30-09:00

	Bramhall, John; HMC	X	Kumar, Anjali; WSU		Schmidt, Zeila; Armus
X	Capeheart, Raeann (Ann); Noridian	X	Kolios-Morris, Vickie; FHCQ	X	Thirlby, Richard; VMMC/FHCQ
	Christante, Dara; Prov Sacred Heart		Loewen, Jason; Confluence Health		Transue, Emily; Health Care Authority
	Feldman, Tim; Capital Med Ctr		Mendenhall, Patrick	X	Weir, Ginny; FHCQ
	Fisher, Nancy; CMS	X	Nguyen, Thien; Overlake	X	GUEST: Amir Bastawrous, Swedish
	Flum, Dave; UW Medicine		Painter, Ian, FHCQ	X	GUEST: Jeannie Collins-Brandon FHCQ
	Frankhouse, Joe; Legacy Good Sam		Porter, Allison; Skagit Valley		
	Gifford, Jonathan; Grays Harbor		Quade, Samantha; Prov. Everett		
	Goldin, Adam; Seattle Children's		Rashidi, Laila; MultiCare Health Sys.		
X	Halpin, Valerie; Legacy Good Sam	X	Rush Jr, Robert; PH St. Joseph; Chair		
	Helton, Scott; Virginia Mason		Simianu, Vlad (Val); Virginia Mason		

I. Welcome, Introductions, Minutes

Quorum met.

March 2022 Advisory Board meeting minutes approved.

II. Revisiting Strategic Planning and Next Steps

Rob Rush, SCOAP Advisory Board Chair, outlined the Foundation for Health Care Quality strengths and the organization's strategic priorities: equity lens, life-course perspective, growing impact, and involving those with lived experience. Dr. Rush then reviewed the initial work that had been done at the prior meeting around strategic planning and current goals—including the context map and the SWOT analysis, the discussion on SCOAP's competitive advantage, and the draft purpose statement with an end goal today of moving from big themes to strategic priorities.

The current draft purpose statement notes, *"Surgical COAP is a regional quality improvement collaborative that leverages physician leadership and clinical data to establish and promote best practices and address inequity in surgical care and outcomes."* Our purpose is to support all hospitals and clinicians in achieving the highest levels of patient care and outcomes. Discussion ensued around the topic of inequity within the purpose statement. Work and time need to be put into it. It may be that we continue to move forward in this area rather than giving a false impression of expertise in this area. The phrase around inequity could come out of the purpose statement and turn into a strategic priority until such time that the group feels it resonates within the program's purpose. The purpose statement needs to be what we're currently doing now (and in the recent past); we may decide to make a vision statement in addition to this to say we will focus on inequity as a priority.

Dr. Rush proceeded to review the customer need and perception. Points to ponder include the following: Are we doing the right things? Are there unmet needs that SCOAP can address? Are there things we're doing now that hospitals would find valuable if they knew about them? Are there things we should stop doing? What is our capacity to do more?

SCOAP's competitive advantage is noted that "SCOAP creates a neutral, collaborative, inclusive and nimble environment for transforming care." SCOAP is grassroots-formed and has the ability to flex with the collaborative's needs. SCOAP has the potential to transform care; it's not just a data

registry, not just information pushed out to sites, but we can make change happen by adjusting quickly. This is what sets SCOAP apart from its competitors.

The group was asked to choose the top draft strategic priorities that came out of the conversation. The results are as follows (priorities ranked by number):

Statewide QI initiative	<ul style="list-style-type: none"> ▪ Identify and promote best practices to eliminate clinically relevant variation (1) ▪ Identify and eliminate inequities in surgical care and outcomes for all patient populations (3) ▪ Increase collaboration across the region through targeted, aligned regional initiatives (5)
Helping sites do internal QI	<ul style="list-style-type: none"> ▪ Engage and empower surgeons to lead QI efforts (3) ▪ Establish QI structures and tools to mitigate existing QI burdens on clinical teams (3)
Data Capture	<ul style="list-style-type: none"> ▪ Explore alternative methods for capturing data (6)
Data Analytics	<ul style="list-style-type: none"> ▪ Build partnerships to support data sharing and analysis (7) ▪ Increase analysis and utilization of data to produce actionable reports for hospitals and physicians, and to support research and publication (8)
Membership	<ul style="list-style-type: none"> ▪ Increase membership (9)

It may be an option to also look at these priorities through the following three lenses:

- 1) USING DATA AT SITE - Quality Improvement – internal site quality improvement structure
 - a. Identify champion at each site/engage and empower surgeons to lead QI efforts
 - b. Establish QI structures and tools to mitigate existing QI burdens on clinical teams
- 2) INITIATIVES STATEWIDE - Initiatives - Build a collaborative structure around clinically relevant initiatives
- 3) DATA IN - Streamline data capture
 - a. Alternative methods for capturing data
 - b. Partnerships to support data sharing and analysis

The strategic priorities will inform the program direction for the next 2-3 years.

III. SCOAP Activities – QI/Research Opportunities

Vickie and Rick provided the group with an update on several projects—Risk Adjustment, the Normothermia deep dive (to be sent out to sites shortly), SBO and other projects. Rick Thirlby reviewed the normothermia slides being sent out as well as the initial SBO work with the group.

IV. Planning for the Surgical and Spine COAP Annual Meeting

The SCOAP and Spine COAP Annual Meeting will be held on June 16 of this year, 2 hours in length, to be held virtually with the SCOAP group. CMEs and CNEs are approved. The Annual Meeting will continue the themes presented in early 2022, with examples in the prior projects as noted. Be sure to register and attend!

V. Action Items/Agenda for Next Meeting

- a. Adopt/vote on new purpose statement (remove inequity?)
- b. Strategic priorities to be drafted and presented at the next meeting.

VI. Meeting Adjourned at 8:46 AM.