

Advisory Board Minutes
Monday, July 25, 2022, 07:30-09:00

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

I. Welcome, Introductions, Minutes

Quorum met.

May 2022 Advisory Board meeting minutes approved.

II. Bylaws Preview

Vickie A. Kolios reviewed the suggested changes to the SCOAP Advisory Board bylaws. The main reason for the revision is to align with the Foundation's other clinical outcomes assessment programs. The main changes include a naming change from Advisory Board to Management Committee and role clarification for FHCQ, COAP Management Committees, Medical Director, program staff. Additional proposed changes will be reviewed at the September meeting.

III. Finalizing Surgical COAP Strategies, Tactics

Rob Rush, SCOAP Advisory Board Chair, reviewed the strategic planning cycle that SCOAP has been going through recently. He 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, the proposed purpose statement and proposed strategic priorities, with an end goal today of moving from the finalized strategic priorities to tactics to achieve them.

As a part of the FHCQ, it's important that SCOAP aligns with the overarching organization's strategic vision. Core strengths include applying clinical data, collaborative discussions, developing community standards, and educating the community. Strategies to achieve each of these visions include applying an equity lens to build shared accountability for progress, using a life-course perspective to improve quality in both episodic and longitudinal care delivery, growing our impact through membership, engagement, participation, and people served by our initiatives, and involving those with lived experience in improvement processes to center delivery of care on the patient.

Dr. Rush proceeded to review a series of contexts of the environment we live in—including healthcare trends, political factors, economic climate, technology factors, customer needs, and the competitive market. He also noted quite a bit of opportunity for SCOAP based on the SWOT analysis that was completed. One way to focus efforts would be to have a shared purpose.

The current draft purpose/vision statement notes, *“Surgical COAP is a regional quality improvement collaborative that leverages physician leadership and clinical data to establish and promote best practices and will 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.”*

While addressing healthcare inequity has not yet been a focus, but the group believes it is important. Discussion ensued around the topic of inequity within the purpose statement. The purpose statement can be about where we want to be, not necessarily where we are currently. We will revisit the purpose statement.

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.

In the last May meeting, 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)

A set of proposed strategies and tactics were presented to the group for discussion:

Strategy	Tactic
Identify and lead collaborative, targeted quality improvement initiative promoting clinical best practice to eliminate clinically relevant variation and inequity	Determine relevant clinical topic
	How...
Engage and empower surgeons to lead QI efforts within sites	Identify surgeon champion at each site
	Develop QI tools to mitigate existing QI burdens on clinical teams
	Examples of QI structures to replicate
Decrease data abstraction burden	IT support for flat file extraction
	In-house abstraction
Provide actionable reports for hospitals and physicians	Build partnerships to support data sharing and analysis
	PowerBI...
	Staff communication with sites

Discussion ensued around the specific strategies, realizing that these are all within the scope of SCOAP. Further discussion ensued regarding each of the four strategies. For the clinically relevant variation and inequity piece, associate medical directors will be surveyed regarding topics, data collection and specific ideas. Next, we discussed the engagement and empowerment of surgeons, one way being to identify surgeon champions at each site and help them understand their own stakeholders at each of their hospitals. Dr. Rush agreed to help lead this project and then move to improved engagement between high and low performers. Tactics are open to other ideas as well.

IV. SCOAP Activities – QI/Research Opportunities

Vickie and Rick provided the group with an update on several projects—Risk Adjustment, the Normothermia deep dive, SBO and other projects. For risk adjustment, it may be opportune to look at a new risk adjustment model for bariatrics; Vickie will reach out to Thien Nguyen and Valerie Halpin. The Normothermia deep dive has been sent out to sites and it would be great to use it as a trial balloon to accomplish what Dr. Rush referenced regarding the strategies and tactics discussed earlier. We continue to delve into the SBO data and review.

V. Action Items/Agenda for Next Meeting

- a. Solicit feedback on the proposed strategies and tactics, specifically on the first two: 1) Identify and lead collaborative, targeted quality improvement initiative promoting clinical best practice to eliminate clinically relevant variation and inequity, and 2) Engage and empower surgeons to lead QI efforts within sites
- b. Vickie to reach out to Dr. Nguyen and Dr. Halpin to work on collaboration of sites so that they can help facilitate.

VI. Meeting Adjourned at 8:30 AM.