FOUNDATION FOR Health Care Quality

SURGICAL CARE OUTCOMES ASSESSMENT PROGRAM (SCOAP)

Advisory Board Minutes

Monday, September 26, 2022, 07:30-09:00

	Bramhall, John; HMC	X	Halpin, Valerie; Legacy Good Sam		Quade, Samantha; Prov. Everett
	Capeheart, Raeann (Ann); Noridian		Helton, Scott; Virginia Mason		Rashidi, Laila; MultiCare Health Sys.
	Christante, Dara; Prov Sacred Heart	X	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
			Loewen, Jason; Confluence Health	X	Schmidt, Zeila; Armus
	Flum, Dave; UW Medicine		Mendenhall, Patrick	X	Thirlby, Richard; VMMC/FHCQ
X	Frankhouse, Joe; Legacy Good Sam	X	Nguyen, Thien; Overlake	X	Transue, Emily; Health Care Authority
X	Gifford, Jonathan; Grays Harbor	X	Painter, Ian, FHCQ	X	Weir, Ginny; FHCQ
	Goldin, Adam; Seattle Children's		Porter, Allison; Skagit Valley		Wolfe, Ashby; CMD

I. Welcome, Introductions, Minutes

Quorum met.

July 2022 Advisory Board meeting minutes were approved.

II. SCOAP Governance/Bylaws Review

Vickie A. Kolios reviewed the proposed 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 (MCs), Medical Director, program staff. It was also noted that the composition of the management committee would be up to 20 members, with two-thirds clinicians. Voting members were also redefined: a) board-certified clinician; b) non-clinician as leader in a pertinent area or service (QI Director, OR Director, Service Line Manager); c) patient and/or family advocate(s); d) other relevant stakeholders. Additional changes included renewable 2-year terms for MC members; 2-year terms for Chair, Vice Chair; quorum for motions: attendance by half of all MC voting members plus one; quorum for actions pertaining to participation status actions noted as a simple majority vote plus one; and an attendance requirement. Joe Frankhouse motioned to approve the updated bylaws; Valerie Halpin seconded and the motion carried.

III. Enhanced Recovery after Surgery

One of the proposed strategies for advancing SCOAP includes the opportunity to identify and lead a collaborative, targeted quality improvement initiative promoting clinical best practice to eliminate clinically relevant variation and inequity. SCOAP's competitive advantage was shelled out from the strategic planning completed this past summer: to create a neutral, collaborative, inclusive environment for transforming care. The problem to solve: emergency rooms are full, hospitals are full, and access to good surgery decreases. How can SCOAP best transform this? It was suggested that SCOAP (and Spine COAP) use ERAS to do so. According to Dr. Mika Sinanan, "ERAS is a collection of clinical management principles focused on pre-, intra-, and post-procedural care to mitigate or reduce the physiological disruptions of anesthesia, procedures and medications, to reduce pain, and to accelerate recovery back to normal nutrition and activity." Why does ERAS meet our mission and vision? Access to safe surgery decreases when hospitals are full. A well-functioning ERAS program increases access by reducing Length of Stay (LOS), is easy to measure (processes map well to outcomes (e.g., LOS, Re-admit rate, Antibiotic administration, surgical site infection (SSI))). Regionally and nationally, there is currently in-flux in terms of stability and

variation. ERAS also meets value-based care mandates set by payers. Care teams need to own the approach and careful planning is needed. Rick Thirlby proceeded to review the SCOAP and Spine COAP ERAS scores and how they impacted outcomes. It was suggested that a review of the weighting of carbohydrate loading be reviewed. Can we come up with a more specific score with statistical support and come up with a rating score for each of the elements as compared to outcomes, especially LOS and complications. Ian Painter has been tasked with this review of individual vs joint effects on outcomes. Risk adjustment would be great to incorporate in some fashion. For instance, stoma vs no stoma would make a difference. Joe Frankhouse suggested using something as simple as the use of the ASA class that would be easy to implement.

One challenge for current sites is in the set up for discharge and follow up postoperatively. ERAS helps but we need to recognize that there are many moving parts that can impact capacity. Readmission rates may also be impacted but this may be out of scope for this project.

Valerie Halpin noted that bariatrics is doing multimodal nonnarcotic pain analgesia preoperatively but not carbohydrate loading as they have concerns regarding operating on the stomach and a population with high GERD, diabetes, and gastroparesis (all contraindications to inclusion in early ERAS randomized trials). Thien Nguyen noted that he and his partners may be willing to try looking into the carbohydrate loading and refined measures for those patients discharging same- vs next-day. It may be hard to measure the effects. We do have good data on intraoperative glucose levels but may not on those discharging the next morning; it may be dependent on hospital site and surgeon. Hypotheses to address: what is the frequency of use of carbohydrate loading and relationship between carbohydrate loading and intraoperative and postoperative glycemic control? Need to review literature and data on the topic. SCOAP has good data on glucose control and insulin usage. The team will work to update the euglycemia deep dive completed several years ago and send out as a supplemental report.

IV. SCOAP Activities – QI/Research Opportunities

Vickie and Rick provided the group with an update on several projects—the Normothermia deep dive that Val Simianu and Kenley Unruh are working to write up and submit, as well as the small bowel obstruction project, risk adjustment and other projects. For SBO, we're trying to understand the effects of the medical service admission and the treatment type—medically managed or surgically and comparing the effects on outcomes. Ian and the group continue the validation of the risk adjustment. Vickie will follow up with Thien Nguyen and Valerie Halpin regarding the bariatric project initially discussed last month.

V. Action Items/Agenda for Next Meeting

a. Dr. Mika Sinanan to be invited to the next Management Committee meeting.
b. ERAS will be written up as a plan/initiative and work continues with it on the back end with those interested.
c. Vickie will follow up with Thien Nguyen and Valerie Halpin regarding the bariatric project initially discussed last month.
d. Vickie will follow up with Laila Rashidi regarding the outpatient colectomies being done with Multicare.
e. MC committee members need to send names and contact information of their schedulers to Vickie.

VI. Meeting Adjourned at 8:25 AM.