

AIM & BACKGROUND

AIM STATEMENT

Decrease the time it takes to process Enhanced Recovery After Surgery (ERAS) data for reporting from a baseline of 40 hours/month by 95% to 2 hours/month by June 1, 2021.

TEAM MEMBERS

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FACILITY

Methodist Dallas Medical Center (MDMC)

BACKGROUND

The prior process for collecting ERAS data was not service-line specific nor did it include the most recent ERAS guidelines. The data that was collected had potential for error due to manual calculation and had to be cleaned in a lengthy process every month in order to create meaningful reports. The goal of this project was to increase the specificity and accuracy of the data while cutting down on time spent on report generation while using this information improve ERAS patient outcomes.

IMPROVEMENT METHODOLOGY

123 PDSA

TIMELINE

Project Start Date: July 27, 2020
Pilot Start Date: September 28, 2020
Project Implementation Date: January 22, 2021
Project End Date: June 1, 2021

MEASURE

BASELINE MEASURE

40 hours/month to develop reports for the ERAS Steering Committee

LIST OF MEASURES

Process Measures:

- Length of time to generate monthly reports
- Number of data inaccuracies

Outcome Measures:

- Number of possible metrics viewed by steering committee
- Percentage of surgery-specific questions
- Percentage adherence to ERAS guidelines

Balancing Measures:

- Time taken to abstract a procedure case

RESULTS

- Reduction of time to create reporting from 40 hours/month to instantaneously with data refresh
- Standard data collection allows current performance to be used in process improvement comparisons
- Flexible data collection as ERAS guidelines and organizational needs change
- Ability to collect more specific data in a shorter time period
- Data is more consistently accurate and standardized
- Information sharing amongst ERAS Steering Committee is significantly more informative and allows for data-driven decision making

CHANGES

CHANGES TESTED

- Acquisition of tracking software through ERAS Society
- Collection of data in a shared Excel spreadsheet
- Use of Pivot Tables and Slicer to build reports
- Creation of an automatic MME Calculator
- Standardizing data collection through dropdowns
- Standardizing data collection through Excel conditional formatting
- Coded flexibility to change questions over time
- Reduction of collected POD for MME data
- Removal of questions when a standard is consistently met
- Presentation of questions in a manner that matches Epic data
- Automatically calculated responses for specific metrics (LOS, MME, Age, etc.)
- Enforcing mechanism to avoid blank questions
- Prevention of duplicated MHDs through multiple data checks

SUSTAINABILITY

NEXT STEPS

- Using abstractor feedback, continue to develop ways to further ensure that data is accurate
- Implement neurosurgery into the tracker and reporting, with more types to follow
- Expand tool to other campuses

OWNERSHIP

Sue Bruce owns the ERAS Tracker, Dashboard, and Database for MDMC and is trained on how to update, remove, change, and improve the service line questions.

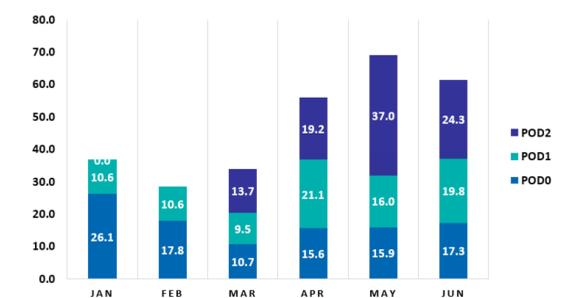
HARDWIRING

Data checks and hardwiring are built into the use of the tool and consistently updated with abstractor feedback.

KEY LEARNINGS

- Being consistent with national guidelines required more data to be collected and allows for comparison with other hospitals
- With proper UX/UI design, work can be more efficient for abstractors (can avoid writing the data on paper)
- Development of flexible coding properties requires significant forethought and planning
- Importance of data standardization to measure current progress and establish internal benchmarks
- Importance of having a technically competent product owner for sustainability
- Stakeholder collaboration is necessary when developing ERAS questions and upgrading the tracker tool with quality of life improvements

AVERAGE MME/POD (ORTHO, Q1-Q2 2021)



LOS (DAYS) (ORTHO, Q1-Q2 2021)



REFERENCES/ACKNOWLEDGEMENTS

- Dr. Gulden, Executive Champion
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- ERAS ALIF Workgroup
- Orthopedic physicians and neurosurgeons participating in the ERAS program
- Pharmacy