

Development of Clinical Operating Guides (COGs) by the Clinical Variation Team at Jefferson Health

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Background

- Problem Statement:** Variation in utilization and provision of care are associated with racial disparities in outcomes and overall survival.¹ Hospital mergers represent an opportunity to reduce variation through collaboration and reduction in care variation.² Jefferson Health has undergone multiple acquisitions and mergers, and opportunities exist to standardize processes and improve outcomes for high volume surgical procedures across the Enterprise.
- Project AIM:** Create a multidisciplinary clinical variation team to develop Enterprise clinical operating guides (COGs) for high-volume surgical procedures with the goal of creating three COGs by June 2022 for use by all surgical care team members.

Baseline Metrics

- Three high-volume procedure groups targeted:
 - Appendectomy / Cholecystectomy (ACS / General Surgery)
 - Lobectomy (Thoracic)
 - Lower Extremity Bypass (Vascular)
- Multiple stakeholders engaged from four campuses:
 - Center City/Methodist
 - Jefferson Abington Hospital
 - Jefferson Northeast
 - Jefferson New Jersey
- Stakeholders included:
 - Surgical Attendings
 - Surgical Residents
 - Emergency Medicine Physicians
 - Nursing Staff
 - OR Staff
 - Quality and Safety Leadership
- Collaborative stakeholder meetings held within each specialty to identify clinical variation using a Guideline Decision Matrix. (Figure 1)

Guideline Decision Making Matrix

#	Description	Center City	Abington	Northeast	New Jersey	DECISION (Adopt / Not Adopt)
1						
2						
3						
4						
7						
8						

Figure 1. Guideline Decision Making Matrix

Interventions

- The PDSA cycle of the intervention is shown in the representative diagram below (Figure 2)

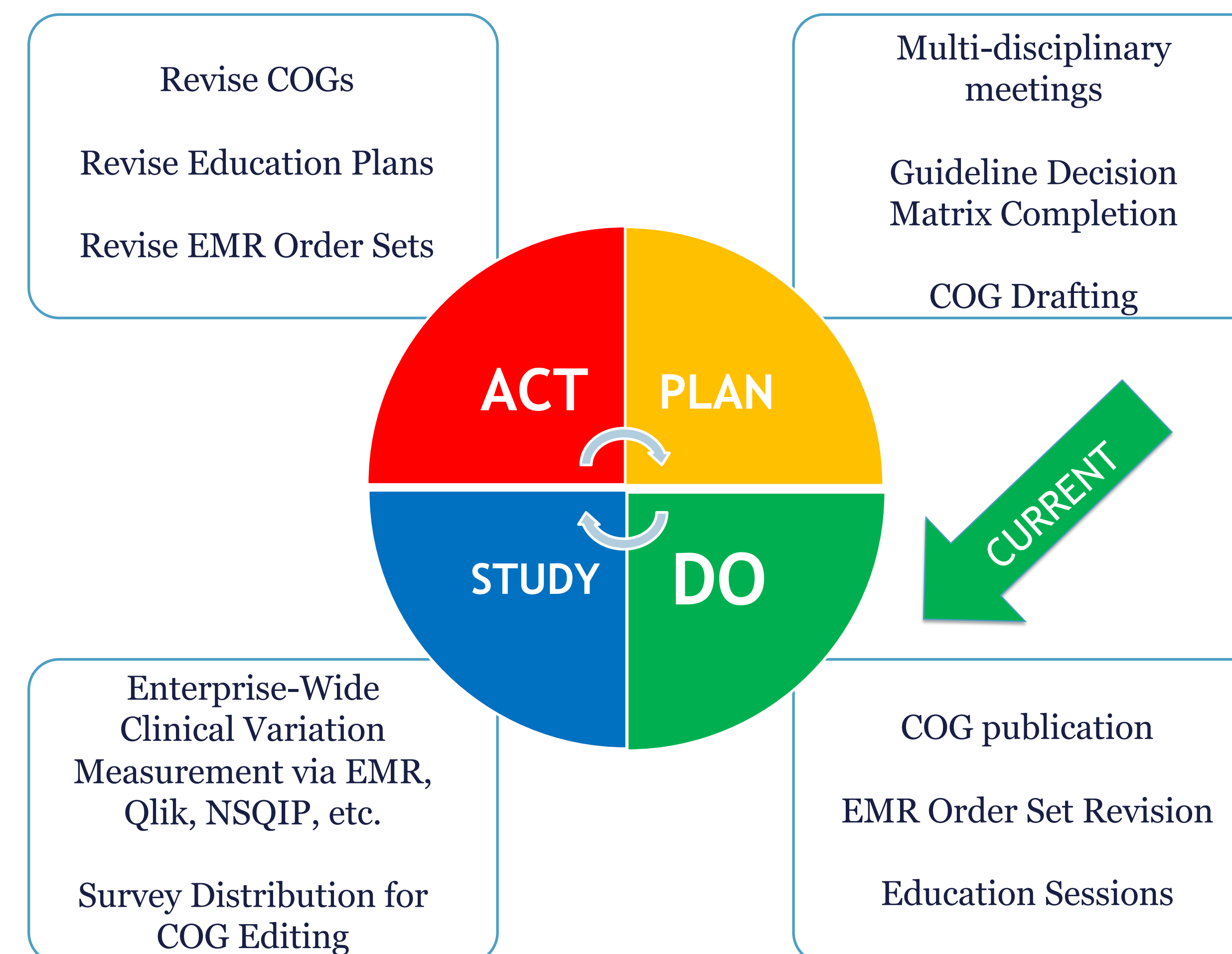


Figure 2. PDSA Cycle for Intervention

- Currently, three COGs have been drafted and published with educational sessions being implemented. A representative image of the appendectomy/cholecystectomy COG is shown below (Figure 3)

The screenshot shows a clinical operating guide for Appendectomy & Cholecystectomy. Key sections include:

- Preoperative Order Set/Smart Phrases:** IP J SUR General Appendectomy / Cholecystectomy Pre-op.
- Nursing Intervention:** Patient Positioning, IP J Emergency Appendectomy Recovery, IP J Emergency Gallbladder Surgery Recovery.
- Medications:** Surgical Prophylaxis Antibiotics (Cefazolin, Vancomycin, Clindamycin), VTE Prophylaxis (Enoxaparin, Low-dose Aspirin), Pain Management (Morphine, Fentanyl, Oxycodone).
- Antiemetic:** Ondansetron 4 mg IV/PO.

Figure 3. Appendectomy/Cholecystectomy COG

Challenges and Lessons Learned

- Agreement across all hospitals in a large health care system is difficult, but possible!
- Standardization of practices is essential to eliminate the possibility of disparate care
- Use of best evidence to guide decision making is critical
- Measuring compliance and analyzing outcomes will facilitate COG optimization

Future Directions

- Measure impact of standardization process on three target procedures utilizing OnPoint dashboard metrics (Figure 4)

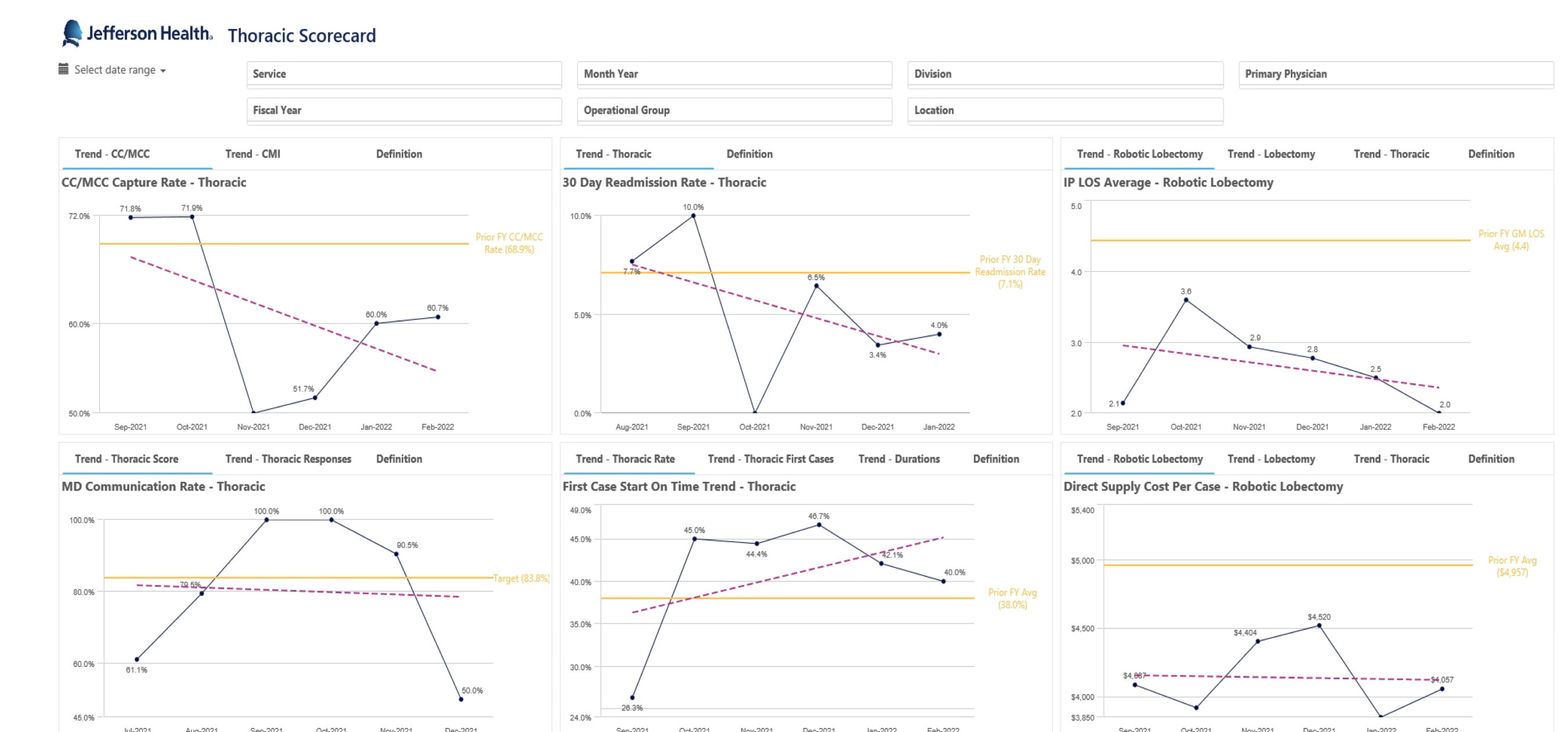


Figure 4. Example of an OnPoint dashboard for high-volume thoracic procedures

- Study and Revise 3 existing COGs
 - Continual process, COGs are living and breathing documents
- Generate COGs for other high-volume procedures in other departments

Linkage to Healthcare Disparities

- Standardization of care across a large hospital systems may address gaps in care provision and utilization in racially disparate population.
- Care pathways represent an opportunity to reduce these gaps and to provide optimal, evidence based care to all patients cared for in a large health system

References

- Ferguson D. <https://www.fiercehealthcare.com/healthcare/hospital-mergers-can-ultimately-benefit-patients-by-reducing-disparities-outcomes>
- Savitch et al. J Gastrointest Surg. 2021 Mar;25(3):581-592. doi: 10.1007/s11605-020-04653-z. Epub 2020 Jun 4.