A Focus on Rural Surgical Quality Initiatives

Jill Ties, MD

Co-Chair SCW Rural Task Force

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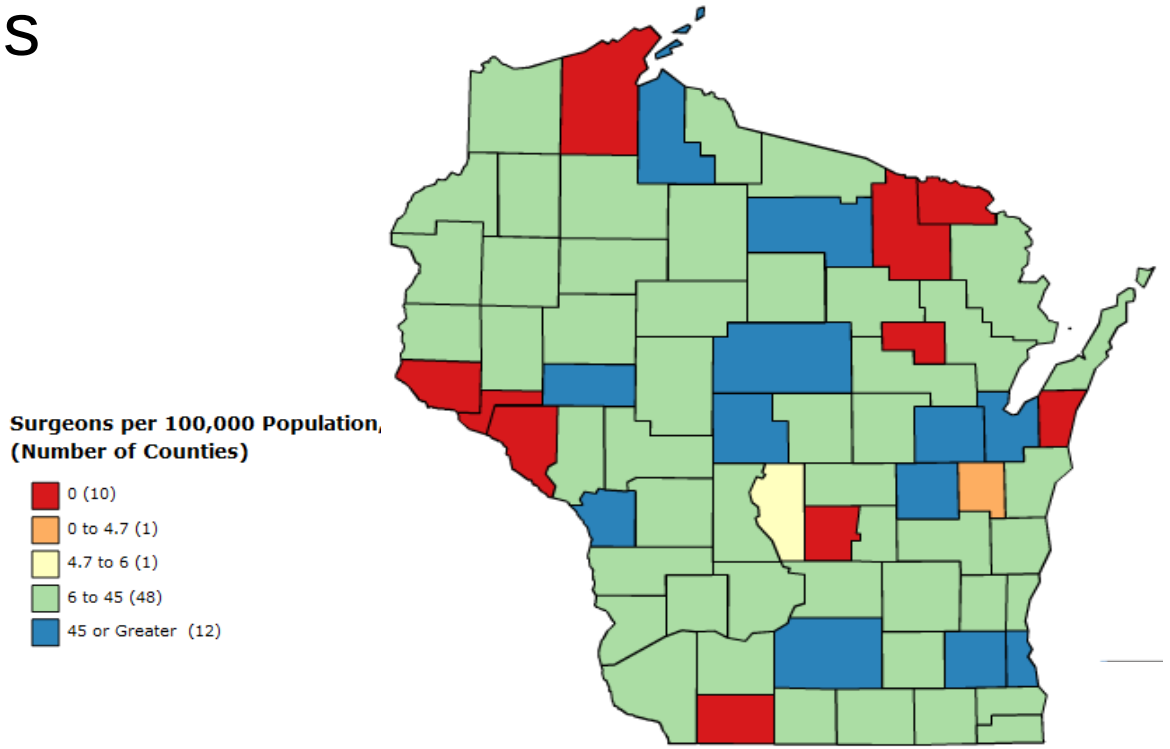
SCW Rural Focus

- Rural state = Quality improvement efforts must not exacerbate health inequities
  - 65% of counties rural (47/72)
  - 14% (10) no surgeons[1]
  - 28% (20) fewer than 20 surgeons per 100,000 pop[2]



1. The American College of Surgeons Health Policy Research Institute, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Data Source: AMA Physician Masterfile, effective date October 2011; Census 2010, US Census Bureau. Data include non-federal, non-resident, clinically active physicians less than 80 years old. For more information on classification of specialties, see http://www.acshpri.org/atlas/loadflash.php?s=102

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Quality Challenges unique to rural surgery

- Often lone surgeons/small groups
- Patients can be sicker/more reluctant to seek care
- Challenges associated with transfer
- Challenges associated with case volume/diversity
- Concern that quality/outcomes data may be used to push for centralization of surgical care

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Next Steps for Rural Task Force

- Recruit Members
- Identify Priorities (vote today!)
- Launch initiatives and collaborative learning network
- Develop and disseminate rural focused performance reports at surgeon and hospital level

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Commission on Cancer

Caprice Greenberg, MD
Director, Surgical Collaborative of Wisconsin

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CoC Quality Improvement Activities/Requirements

- Part of the obtaining or maintaining CoC accreditation is meeting certain standards. Two of these standards are:
  - **Standard 4.7 Studies of Quality**
  - **Standard 4.8 Quality Improvements**

- In line with the goals of the CoC, the SCW Breast Re-Excision Quality Initiative can be used to meet these standards. If you are part of a CoC accredited program, participation and receipt of your SCW Benchmarked Performance Reports that include institutional re-excision rates could be used for Standard 4.7 as a study of quality. Being a part of the SCW Breast Quality Initiative and using the SCW Performance reports to assess change could be used to meet Standard 4.8.

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Improving disposal of unused opioids post-operatively

Tudor Borza, MD, MS

SCW Member Meeting

July 18, 2019

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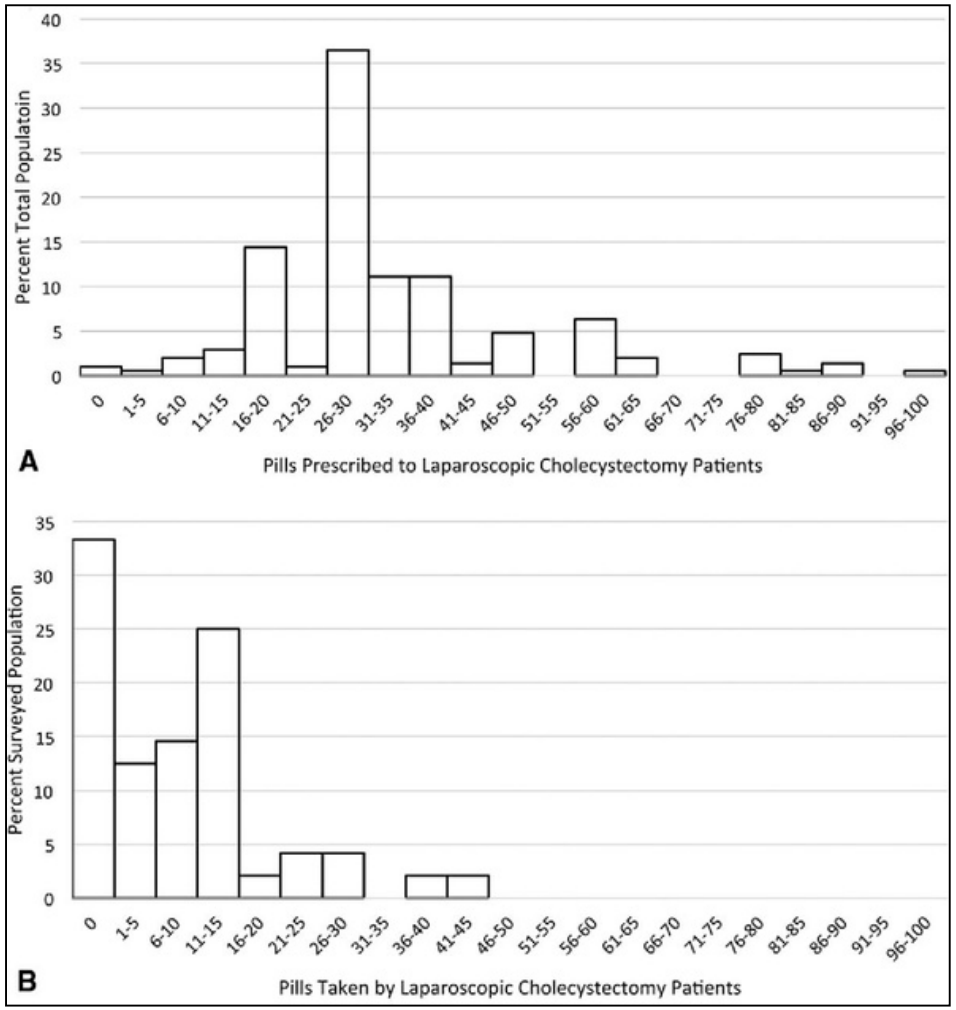
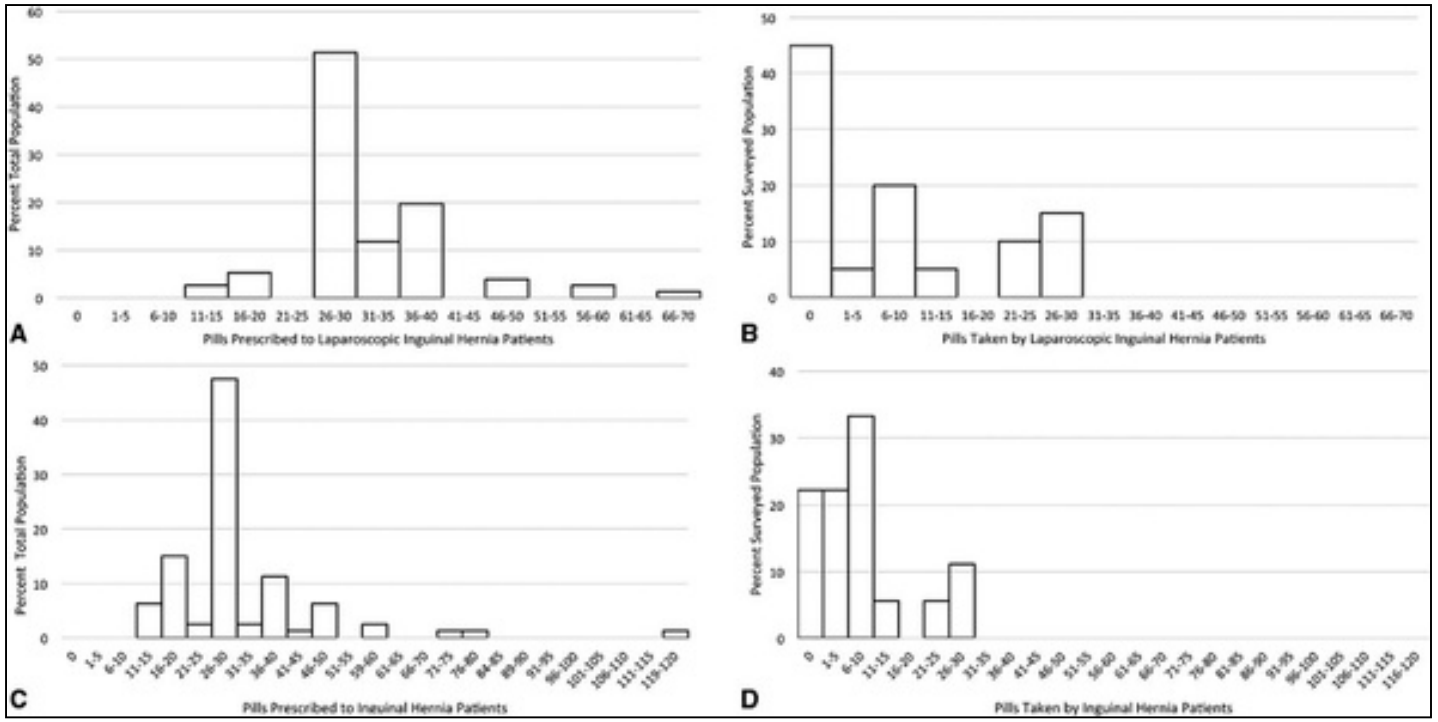
Overprescribing common post-operatively





Annals of Surgery. 265(4):709-714, April 2017.

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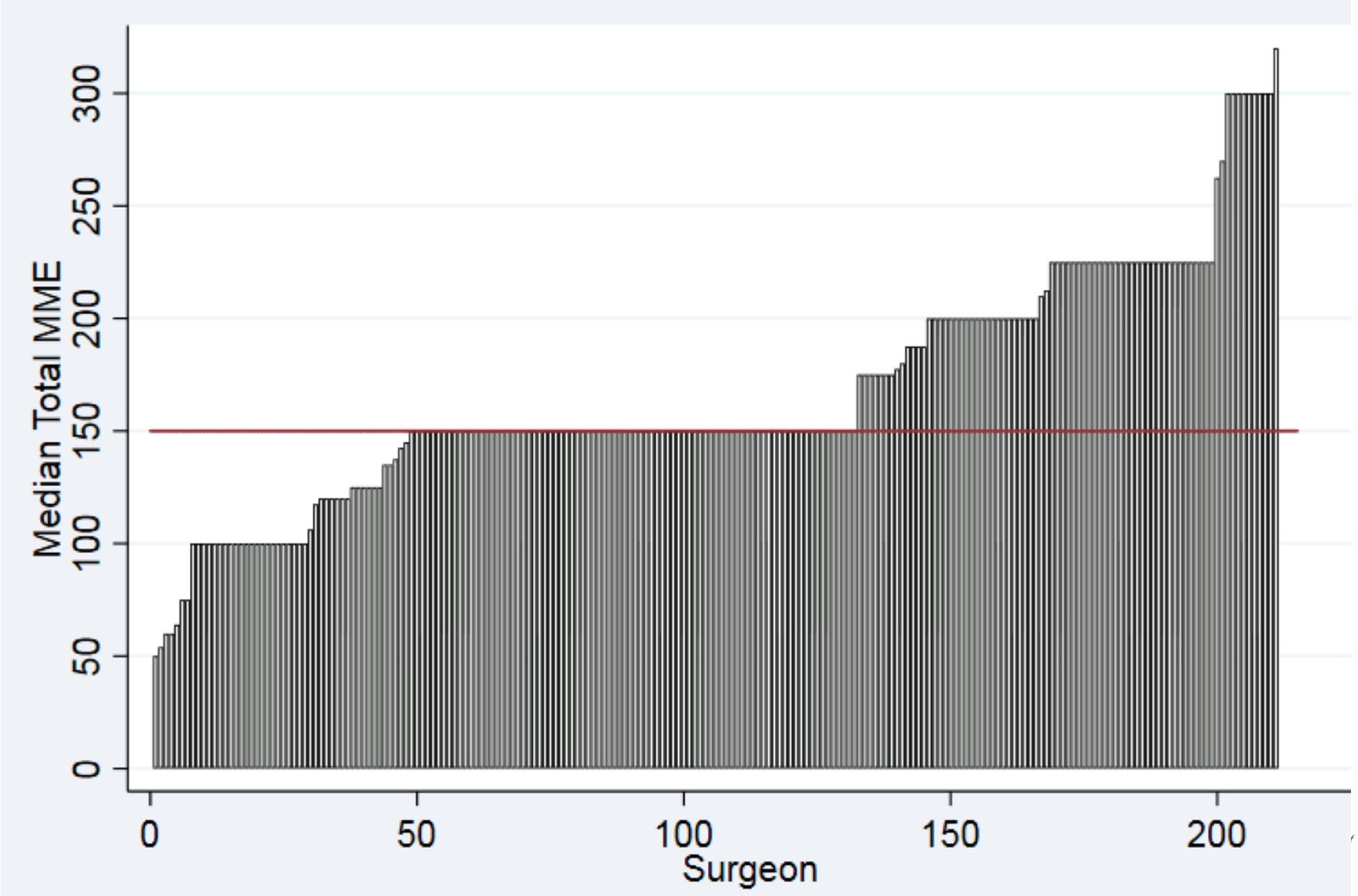
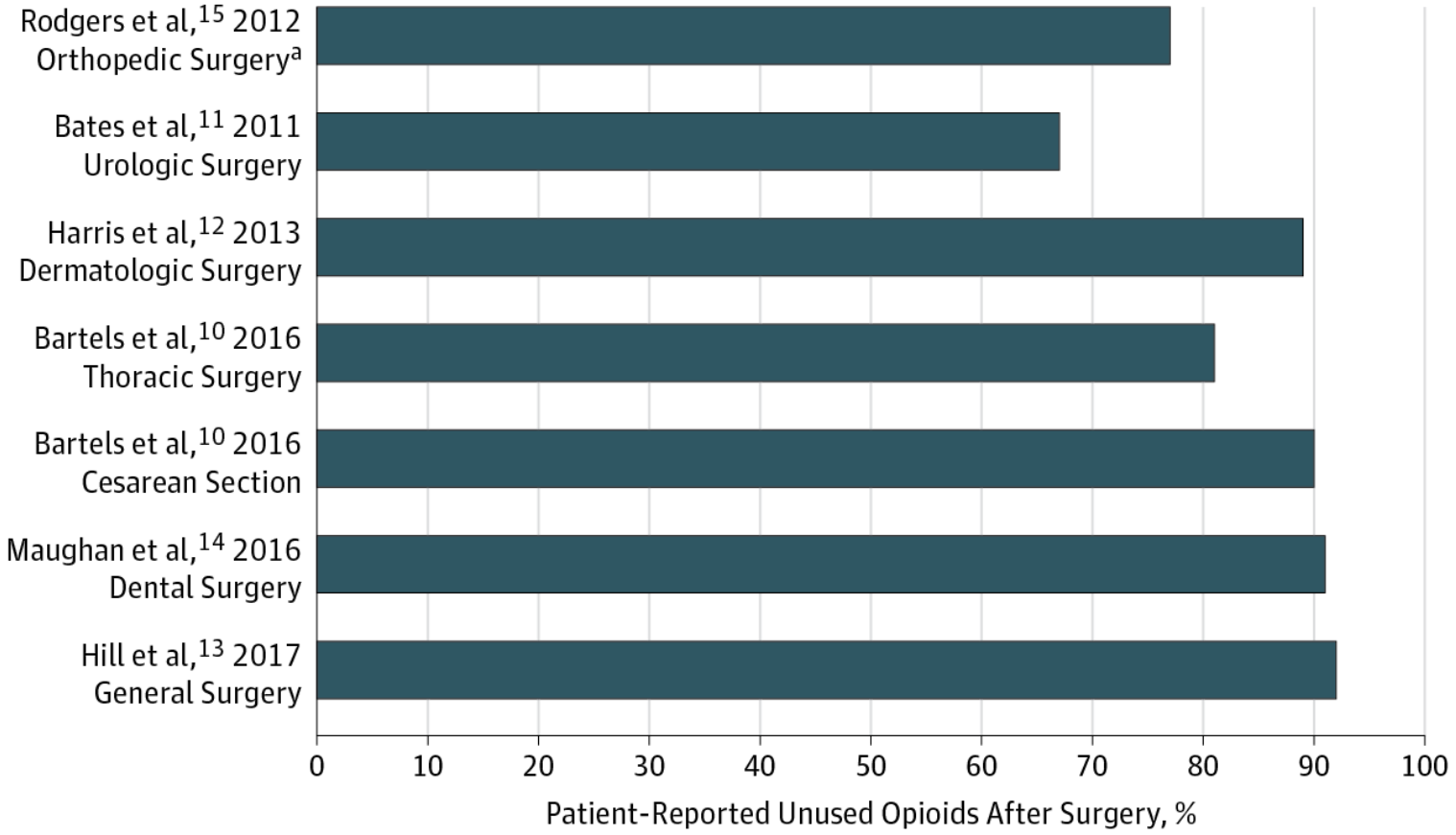
Wisconsin data with similar picture

- Median dose prescribed was 30 tablets of Norco
- Patients likely use <10



Systematic review demonstrates majority of opioids unused



JAMA Surg. 2017;152(11):1066-1071.

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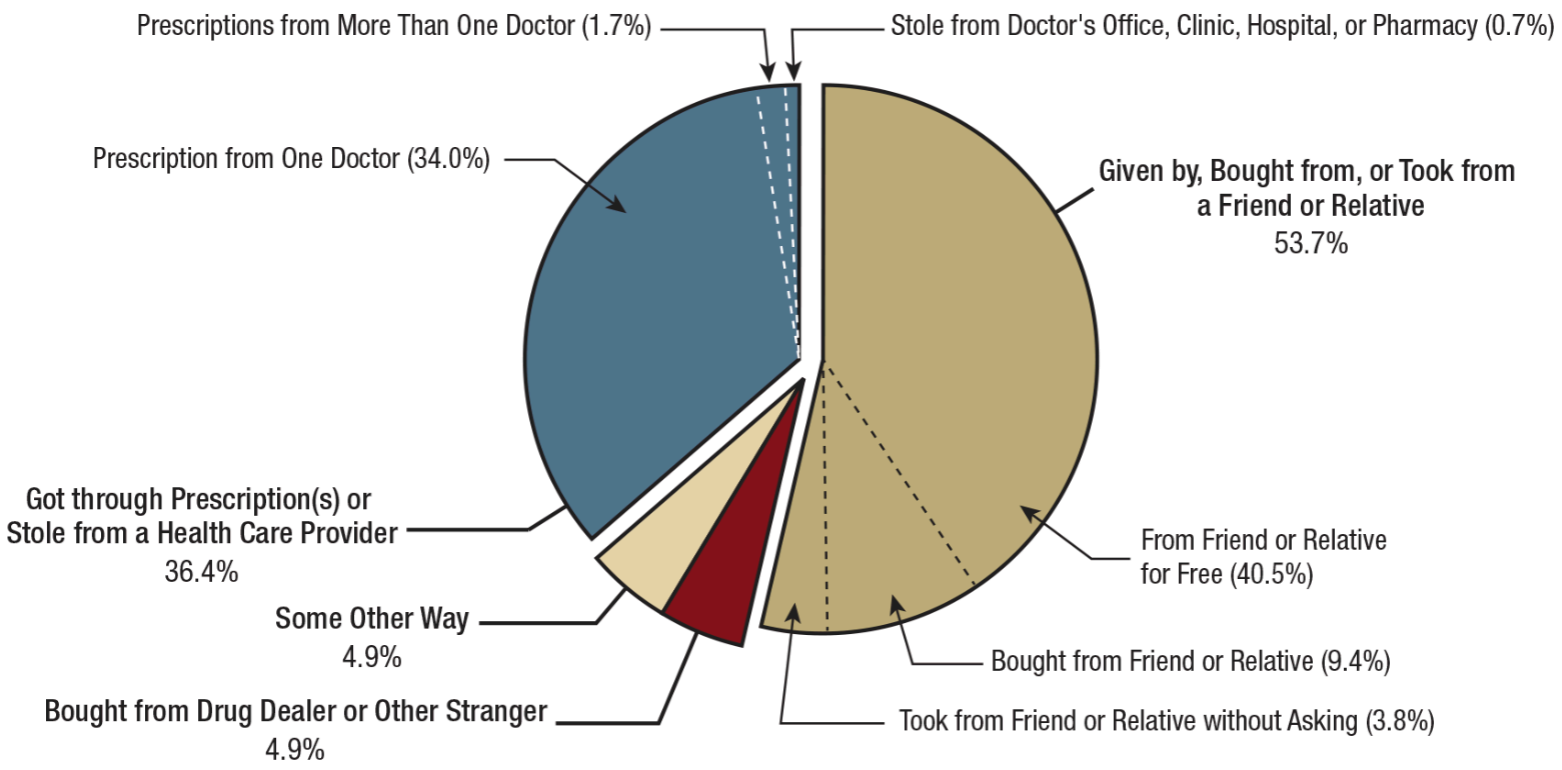
90% of opioids abused originate from physician prescriptions

Figure 24. Source Where Pain Relievers Were Obtained for Most Recent Misuse among People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year: Percentages, 2015



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Note: The percentages do not add to 100 percent due to rounding.
Note: Respondents with unknown data for the Source for Most Recent Misuse or who reported Some Other Way but did not specify a valid way were excluded.

SAMHSA: https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR2-2015/NSDUH-FFR2-2015.htm#fig24

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- Disposal of unused opioids rare
- Educational interventions with limited effect
- Providing activated charcoal disposal bag increased disposal by 3.8 fold

Table. Participant Characteristics and Outcomes by Group

Postoperative Opioid Disposal	No. (%)			*P* Value
	Usual Care	Educational Pamphlet	Activated Charcoal Bag	
No.	63	75	70	
Self-reported opioid disposal 4-6 wk after surgical procedure	18 (28.6)	25 (33.3)	40 (57.1)	.001
Preoperative characteristics				
Age, mean (SD), y	46.92 (14.91)	46.00 (15.22)	45.10 (15.13)	.79
Female sex	40 (63.5)	54 (72.0)	45 (64.3)	.49
White race/ethnicity	52 (82.5)	70 (93.3)	61 (87.1)	.15
Surgical service				
Gynecology	4 (6.4)	8 (10.7)	9 (12.9)	.44
Plastic	13 (20.6)	14 (18.7)	10 (14.3)	
Orthopedic	22 (34.9)	28 (37.3)	24 (34.2)	
Oncology	7 (11.1)	12 (16.0)	11 (15.7)	
Otolaryngology	8 (12.7)	8 (10.7)	3 (4.3)	
Other	9 (14.3)	5 (6.7)	13 (18.6)	
Disposal method				
No.	18	25	40	<.001
In home				
Garbage	2 (11.1)	1 (4.0)	0	
Garbage after mixing with unpalatable substance	2 (11.1)	5 (20.0)	2 (5.0)	
Activated charcoal bag	0	0	35 (87.5)	
Flushed down the toilet	3 (16.7)	5 (20.0)	2 (5.0)	
Out of home				
Law enforcement	5 (27.8)	5 (20.0)	0	
Authorized pharmacy or hospital	4 (22.2)	6 (24.0)	1 (2.5)	
Take-back drive	0	1 (4.0)	0	
Other[a]	2 (11.1)	2 (8.0)	0	

JAMA Surg. 2019;154(6):558-561. doi:10.1001/jamasurg.2019.0155

Activated Charcoal Disposal bags

- Easy to use in home
- Inexpensive
- Environmentally safe

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Pilot project funded by Wisconsin Department of Health Services

- GOAL to determine feasibility of distributing disposal bag in surgical clinics and use by surgical patients
- DHS provided funding to purchase and distribute disposal bags
- Plan to pilot use of bags in 3 surgical practices
  - LOOKING for 1 more volunteer
- Anticipate distribution of bags with pre-operative materials
- Measure disposal and use of bags post-operatively
- Interviews with surgeons and clinic staff to determine optimal way to implement intervention

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Future directions

- Identify several workflow options for implementation of intervention in surgical clinics
- Scale intervention to involve all SCW member sites
- Increase safe disposal of unused opioids in Wisconsin

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SPOTS

Safer **P**rescribing of **O**pioids after **T**rauma and **S**urgery

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Department of Surgery
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Wisconsin Department of Health Services

SCRTAC

SCWIHERC
South Central Wisconsin Healthcare Emergency Readiness Coalition

A COLLABORATIVE COLLABORATION

A Department of Health Services Grant to:

- South Central Wisconsin Healthcare Emergency Readiness Coalition (SCWIHERC)
- South Central Regional Trauma Advisory Council (SCRTAC)

Who engaged:

- The Surgical Collaborative of Wisconsin
- The Kohler Lab

A FIXED TERM, DEFINED PROJECT

Seven monthly sessions

- An hour a month.
- ~15-20 minutes didactic presentation followed by a conversation, over Zoom.
- Free opioid CME, both live and enduring
- Targeted at the different people who prescribe opioids for injuries and trauma
  - Introduction to the opioid crisis
  - Emergency providers
  - Pediatric subspecialties
  - Prescribing for chronic opioid users
  - Adult Trauma and Acute Care Surgery
  - Pre-hospital
  - Primary care

“WOULD YOU LIKE MORE MONEY?”

Two enduring projects:

- Saferopioids.com
  - Best practices for opioid prescribing and pain medication use
  - A portal for SCW opioid best practices and expertise
  - A durable landing spot for SPOTS presentations
  - A resource for patients and community members
- Pediatric Prescribing CME
  - 17% of patients under 12 or under 18 having tonsillectomy/adenoidectomy get codeine or tramadol.
  - Should be 0%
  - Free 0.25 CME, taking no more than 15 minutes

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PEDIATRIC SURGICAL CARE INITIATIVE: DISSEMINATING THE BEST AND SAFEST PRACTICES FOR CHILDREN IN WISCONSIN

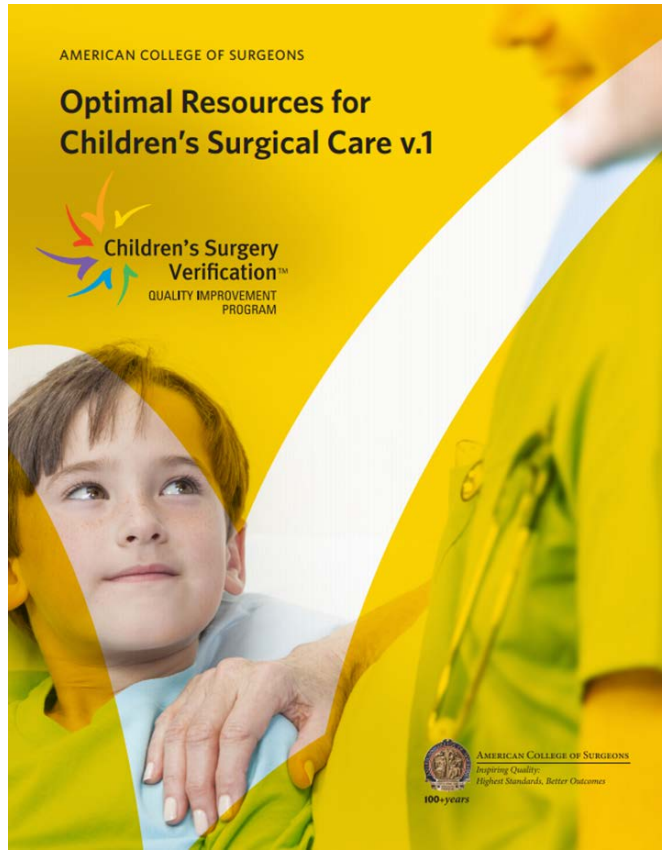
Jonathan E. Kohler, MD
University of Wisconsin

John Densmore, MD
Medical College of Wisconsin

CHILDREN'S SURGICAL VERIFICATION

- Cooperative and formalized relationships between surgical centers to match children's needs to hospital resources

- Rural hospitals should have access for consultation from larger children's centers



FIRST UP: UMBILICAL HERNIAS

Among the most common operations performed on children

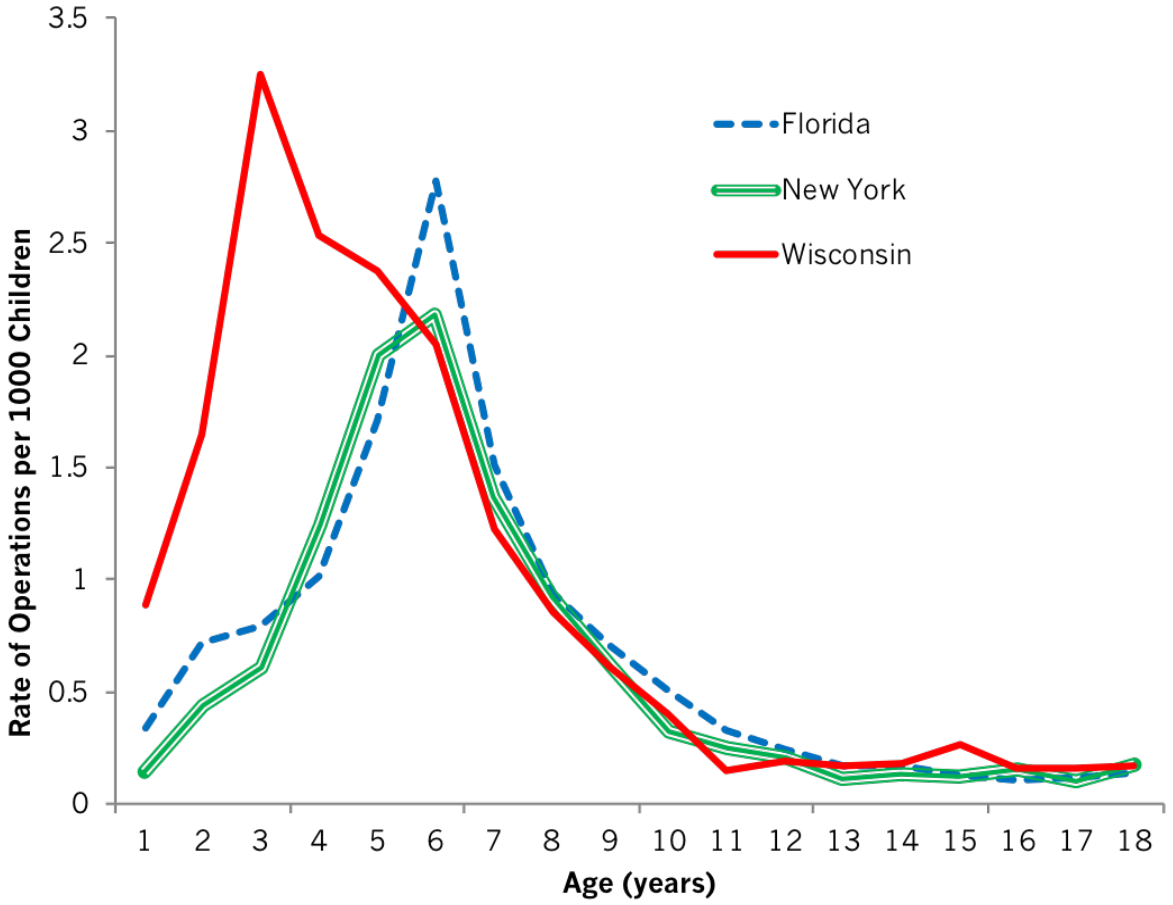
Performed safely by many general surgeons in children's home communities

But it turns out there is a lot of variation in care for this common condition

Starting in the Fall: SPOTS-style hour-long collaborative learning sessions

- Led by pediatric surgeons from CHW and AFCH
- Free CME
- Goals:
  - Learn from each other
  - Keep children in their communities when we can, know the people we're sending them to when we can't.

AGE VARIATION BY STATE – WHA GIVES US A WAY TO FOLLOW THIS IN WISCONSIN



SCW/WHIO DATA: OPIOIDS IN KIDS GETTING SIMPLE OPERATIONS

	Tympanostomy & Myringotomy	Circumcision	Closed Reduction Percutaneous Pinning, Elbow	Laparoscopic Appendectomy	Tonsillectomy/ Adenoidectomy	Umbilical Hernia Repair
Number of Cases	8346	29,365	479	1,707	2,188	659
Percent Opioids Fills n(%)	787 (9.4%)	773 (2.6%)	363 (75.8%)	1034 (60.6%)	1546 (70.7%)	367 (55.7%)
Percent with Second Fill (within 30 days)	5.6%	3.1%	11.3%	6.1%	10.2%	1.9%
Mean Age (SD)	3.4 (3.0)	0.1 (1.1)	5.8 (2.4)	12.0 (3.5)	8.4 (4.6)	5.2 (3.5)
Median Age (IQR)	2 (1-5)	0 (0-0)	6 (4-7)	12 (10-15)	7 (4-13)	4 (3-7)

	Tympanostomy & Myringotomy	Circumcision	Closed Reduction Percutaneous Pinning, Elbow	Laparoscopic Appendectomy	Tonsillectomy/ Adenoidectomy	Umbilical Hernia Repair
Codeine	9.5%	15.5%	10.7%	11.4%	**3.5%**	4.4%
Hydrocodone	33.6%	12.3%	21.8%	45.7%	50.7%	12.5%
Hydromorphone	0.0%	0.0%	0.3%	0.1%	0.0%	0.0%
Meperidine	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%
Methadone	0.4%	1.2%	0.0%	0.1%	0.0%	0.0%
Morphine LA	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%
Morphine SA	1.0%	1.6%	0.0%	0.5%	0.1%	0.8%
Oxycodone SA	54.5%	69.0%	66.9%	41.2%	45.2%	82.3%
Tramadol SA	1.0%	0.4%	0.0%	1.1%	0.5%	0.0%