

## What Are Abstractors Doing At Successful MSSIC Sites?

1. They have bi-weekly meetings with their Administrative Lead to discuss MSSIC information from the Coordinating Center, barriers, QI team updates and progress toward initiatives, outcomes data, case volume, due dates, and status of abstraction deadlines and PRO returns.
2. They meet with their Surgeon Champion(s) monthly. Abstractors make an appointment, prepare an agenda to keep the meeting on track, and stick to the time allotted for the meeting (30 minutes is typical). Agenda items should include the following: outcomes data, data trends over time, QI team updates (barriers and progress toward plan implementation and goals), any issues that the abstractor is encountering, items of pertinence discussed on Abstractor calls. Successful abstractors gain engagement by doing deep dives into adverse event cases regarding their current QI projects and the other high priority measures. The “fall out” case findings should be shared and discussed with your Surgeon Champion as you look for actionable items for improvement. For example: If the previous month you had 3 SSIs, you would do a deep dive into those cases to present your findings to your surgeon champion.

What do you look at when performing a deep dive?

- General: gender, age, date of admission and surgery, LOS, discharge disposition, comorbidities.
- Surgical details: procedure performed, EBL, length of surgery, antibiotics (pre, intra, post-op), any noted surgical complications (durotomy, etc.)
- Other: pertinent labs or cultures, POD first ambulated
- Were they readmitted? If so, why?
- Was there a return to OR? If so, why?
- Reason adverse event qualified as such (i.e., foley catheter reinserted after 3 straight caths, SSI definition met by X, Y and Z..., readmitted for post-op ileus, readmitted for Health Care Acquired PNM).

This facilitates discussion with your surgeon champion to develop or alter your current process improvement initiatives. Finally, many successful abstractors take samples of documentation that they are encountering to ask for education regarding the specific terminology and OR procedures seen.

3. They present monthly MSSIC data and Quality Improvement Initiative progress and barriers at hospital wide Quality meetings and Ortho and Neuro Spine meetings.
4. They participate in multi-disciplinary spine teams to stay abreast on current trends that are occurring on the spine patient unit and with the front-line patient care team. This gains buy-in and support for MSSIC QI initiatives and is a basic Lean principle: Go to where the work takes place, talk to the people who do the work, and show them respect.
5. They educate the front line nurses and other personnel about MSSIC: background, purpose, goals, QI Initiatives, state-wide and site specific data.
6. They work closely with leadership and mid-level providers on the Ortho and Neuro spine floors.
7. If the site has more than one abstractor, quarterly peer review of each other’s abstraction facilitates discussion on MSSIC definitions, spine knowledge, and sources of truth.
8. They keep in contact with the Coordinating Center. They send questions, concerns communicate changes at their site, and stay actively engaged.