

# MBSC VBR Reports

\*\*\*VBR Reports can now be found on the MBSC Website “real time”\*\*\*

## Measure 1: ED Visit Rates

### Best Practices Associated with Lower ED Visit Rates

- Patient education on lower acuity alternatives to the ED (clinic, PCP, Urgent Care, infusion centers, etc.)
- 24-hour help line for patients with questions and concerns, provided in an easy to access form that can be carried on their person (wristband, wallet card, etc.)
- Establish a standardized protocol for assessing and directing patient calls
- Provide patients with a pathway of steps to take should they have an urgent concern
- Periodic team review of ED visits
- Phone call within 48-72 hours (24 hours if possible)

## Measure 2: One-Year Follow-Up Rates

### Best Practices Associated with Higher Follow-Up Rates

- Handing out survey to patients at 1-year follow-up appointments
- Surgeon involvement – making completion of the 1-year patient survey a priority
- Reminding patients about survey at 1-year follow-up visit
- Stressing importance of survey completion when presenting study to patient at baseline

## Measure 3: Average MME prescribing

### Best Practices Associated with Lower MME Rates

- Completing transversus abdominis plane block (TAP Block) preoperatively (<https://www.youtube.com/watch?v=FXscJNlOrcw>)
- Multi-modal analgesia (Acetaminophen, NSAIDS, muscle relaxers, etc.)
- Patient counseling prior to surgery
- Adhering to the Michigan Opioid Prescribing Engagement Network (MOPEN) prescribing recommendations (<https://michigan-open.org/prescribing-recommendations/>)
- Reviewing evidence based opioid solutions at <https://opioids.umich.edu>

## Measure 4: Post-discharge VTE prophylaxis compliance rate

### Best Practices Associated with Higher Rates of Post-discharge VTE Compliance

- Please use the Online VTE Risk Calculator. The Online VTE Calculator can be found on the MBSC Website at or is available for free download in the Apple and Google Play stores.

