MBSC VBR Best Practices

How to Use this Document

- Review measures and best practices at regular QI meetings
- Monitor performance over time and adjust workflows as needed

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.)
- Ensure access to program or surgeon contact information by keeping wrist band, wallet card, informational magnet or similar resource in a readily accessible place
- Establish a standardized protocol for assessing and triaging patient calls
- Provide clear discharge instructions outlining when to call vs. when to seek emergency care
- Routinely review ED visits to identify common drivers and implement targeted interventions

Measure 2: Readmission or Reoperation for Gallbladder Disease

Best Practices Associated with Lower Readmissions or Reoperations for Gallbladder Disease

- Recommend prescribing Ursodiol 300mg BID for 6 months post-operatively for patients with an intact gallbladder

Measure 3: Post-discharge VTE Prophylaxis Compliance Rate

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

- Utilize the recommendations from the MBSC Weigh the Odds VTE Risk Calculator. It is available for free to download in the Apple and Google Play stores.
- Audit cases where prophylaxis was not aligned with calculator recommendations

Measure 4: Non-Medical Drivers of Health Screening

Best Practices Associated with Higher Rates of NMDH Screening

- Make screening part of the standard required workflow
- Assign clear ownership of responsibility (i.e. one person is responsible every time MA, RN, etc.)

Measure 5: Smoking Cessation Treatment

Best Practices Associated with Higher Rates of Smoking Cessation Treatment offered

- Make smoking status assessment and treatment offering a required step at every patient visit
- Utilize smoking cessation resources provided at the MBSC tri-annual meetings