American College of Surgeons
National Surgical Quality Improvement Program

Semiannual Report

Dates of Surgery: January 1, 2008 – December 31, 2008

(HMC - June 25, 2008 – December 31, 2008)

Harrison Medical Center

Program Overview

- ACS NSQIP is a data-driven, risk-adjusted, outcomes-based surgical quality improvement program.
- Benefits of participation include:
  - Identifying quality improvement targets
  - Improving patient care and outcomes
  - Decreasing institutional healthcare costs

Additional Program Benefits

Maintenance of Certification (MOC) for Surgeons

- The American Board of Surgery has stated that participation in ACS NSQIP satisfies the requirement for surgeons to be compliant with MOC, Part IV.

Joint Commission Recognition on Quality Check Website

- The Joint Commission awards ACS NSQIP hospitals a Merit Badge on their Quality Check public website.

History of the ACS NSQIP

- Originated in the Veterans Health Administration and has been operational since 1991
- In 2001, ACS received funding to implement NSQIP pilot program in private sector hospitals.
- In 2004, ACS expanded the program to additional private sector hospitals.
- Participation
  - Nation-wide – 266
  - Washington State – 3
    - UWMC
    - HMC
    - MAMC

Quality Improvement Process

ACS NSQIP

1. Hospitals abstract data.
2. Data are analyzed by ACS NSQIP.
3. Data are reported back to hospitals.
4. Hospitals act on their data.
5. Hospitals monitor interventions with data.

Program Overview

- Systematic Sampling Process
- Inclusion/Exclusion Criteria
- General Vascular
- Multispecialty (Gen, Ortho, GYN, Vasc, Uro, ENT, Plastic, Thoracic, Neuro, Cardiac
- Outcomes assessed at 30 days
- Highly standardized and validated data definitions
- Intense Surgical Clinical Reviewer training, continuing education, and support
- 135 total variables collected

Data Collection

- Preoperative data
- Intraoperative data
- Postoperative data
- Real-Time Benchmarking
- Semiannual Reports
- Participant Use Files
  - # of cases in the database - 1180667

Utilizing Hospital Outcomes for Quality Improvement

ACS NSQIP

- First Semi-Annual Report
  - 1/1/2008 – 12/31/2008 = 549 pts (7/1/2008)
  - Received – July 2009
  - SSI Rate – As expected (1.20 O/E)
- Second Semi-Annual Report
  - 7/1/2008 – 6/30/2009 = 1607
  - Received – Mar 2010
  - SSI Rate – As expected (1.04 O/E)
- All hospitals have an opportunity to improve care.
  - Even hospitals with "Exemplary" or "As Expected" outcomes can benefit from quality improvement efforts.
- Quality improvement is a multi-disciplinary effort.
  - Collaboration with quality management, hospital administration, and clinical providers from all specialties promotes success.

Utilizing Hospital Outcomes for Quality Improvement

- Utilize resources available from the ACS NSQIP secure website
  - Best Practices Case Studies
  - Best Practices Guidelines
    - Prevention of Catheter-Associated Urinary Tract Infections
    - Prevention and Treatment of Venous Thrombo-embolism
    - Prevention and Assessment of Intravascular Catheter-Related Bloodstream Infections
    - ***Prevention of Surgical Site Infections***

- Monitor the impact of quality improvement initiatives and disseminate those achievements.
  - All of health care benefits when best practices are identified and shared.

Utilizing Hospital Outcomes for Quality Improvement

- Present data to Medical Staff
- Identify areas for improvement
- Use best practice resources to develop improvement approaches
  - SSI Best Practice Guidelines
- Implement improvement process
- Monitor compliance to identified elements of the process
- Evaluate progress
- Make adjustments for improvement process as required

SSI Improvement Process Bundle

Pre-op

- Patient Related
  - ✓ D/C all forms of tobacco use at least 30 days preop when possible
  - ✓ Identify DM and Pre DM by performing HbA1C on patients.

Intra-op

- Provider Related
  - ✓ Use impervious gowns and drapes on all colo-rectal cases
  - ✓ Re-dose prophylactic antibiotics as indicated during long cases

Post-op

- Patient Related
  - ✓ Wash hands before and after any contact with surgical site.
  - ✓ Occlusive dressing 48h, then use aseptic technique when working with surgical wounds.

Perioperative

- Patient Related
  - ✓ Maintain Normothermia