NATIONAL SURGICAL QUALITY IMPROVEMENT PROGRAM (NSQIP)

Getting Started

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Overview

- Surgical Clinical Reviewer (SCR)

- Initial Resources /Point of Contacts

- 135+ variables per surgical case abstracted

- Systematic sampling process

- 8-day pull cycle

- Program inclusion

- Challenges at Madigan Army Medical Center

Surgical Case Reviewer (SCR)

- SCR Role:
- Critical to success of NSQIP program
- Reliable ID of surgical patients
- Meeting caseload requirements per year
- Accurate and timely entry of data
- Working effectively with hospital staff
- Coordinates with hospital QA programs

SEEK and FIND Solutions or Find Those Who Can

- SEEK : Initial Important Contacts
- NSQIP Surgeon Champion
- IT personnel/ EMR strategic personnel
- Patient Administration Department /Med Records
- Surgeon Subspecialty Department heads
- Operating Room Administrator
- Financial /Billing Department
- Surgical Report Transcription Administrator
- Contact other NSQIP SCR's in your region (mentoring)

FIND: Each case has 135+ potential variables (preop-intraop-postop)
- Locate variable answers in chart / EMR
- Build missing variables in Standing Orders / EMR

Data Collection Process

8 day pull cycle: Important steps for success

- IT /OR Administrator: Access to pull selected cases from the OR completed case list through NSQIP logic program by CPT code.

- PAD/Med Record for access into electronic data (such as ICD9/ CPT codes) and obtaining a paper record.

- EMR Guru(s) build variables into both inpatient/outpatient electronic records

Challenges

- Military culture: Frequent transfer and deployment of staff.
- Military surgeons code by MEPRS not CPT codes for billing. (NSQIP is CPT code driven)
- Surgeon introduction to culture of CPT coding.
- Surgeon lack of understanding or enthusiasm for QA programs.
- Creation of CPT 'Pick List' of common procedures done at MAMC for 10 subspecialties.
- Operating Room staff inservice in CPT coding and wound classification.
- Required permission and later greater access to PAD/Med Record EMR.
- Required permission and access to medical transcription program.

Challenges Cont'd

- ICD9/ CPT coding learning curve .

- Surgeons need continued exposure to NSQIP goals / objectives (out of sight- out of mind).

- Current M & M format does not coincide with NSQIP occurrences.

- Struggle with timely completion of abstracted cases within a 40 hour work week.

- Winning the trust of the surgeons (want anonymity) and focus on system issues.

Conclusion

- NSQIP was created by surgeons for surgeons!!

- Measure surgical outcomes to compare to national averages for 30 day mortality and morbidity.

- Complements other process improvement programs (SCOAP, SCIP, ORXY)

- Improve surgical quality through the measurement, analysis, and use of the risk adjusted surgical data.

- Surgical Case Reviewer is key to success!

QUESTIONS??

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