I. **Purpose:** to provide guidelines to the Surgical Clinical Reviewer (SCR) for the complete follow-up of patients 30 days after the surgical operation.

II. **Policy:**

   a. The ACS NSQIP requires the reporting of mortality and morbidity data through to 30 days after the surgical procedure date on all cases entered into the Program. All reasonable attempts to obtain complete follow-up data will be made by the SCR.

   b. Cases entered into the ACS NSQIP will **not** be removed from the database if complete 30 day follow-up cannot be obtained. The SCR will document the incomplete follow-up on the ACS NSQIP website patient follow-up page.

   c. If follow-up remains incomplete after all reasonable attempts, the SCR should complete then save and exit the case, noting the number of days the patient was able to be followed, on the follow-up tab. Prior to the case’s lock date, the SCR should review the Social Security Death Index in an attempt to obtain 30-day mortality data on the patient. If follow-up is obtained, the SCR should edit the case and save it accordingly.

   d. Sites must consistently complete ‘full’ 30 day follow-up on a minimum of 80% of the cases submitted to the Program. Sites with complete 30 day follow-up rates of less than 80% will not be included in the Semiannual Report.

III. **Procedure:**

   a. The SCR will incorporate some or all of the strategies for obtaining follow-up data recommended in the ACS NSQIP Operations Manual as are feasible at your hospital.

   b. **Patients that have been discharged and have clinic follow-up visits at or beyond 30 days**

      i. Review the clinic note for documentation of postoperative occurrences. The documentation should include some reference to the assessed case or recent hospitalization. If this documentation is available, the SCR does not need to contact the patient directly for follow-up information.

   c. **Patients that remain in acute care at or beyond 30 days**

      i. Morbidity data should be collected through to 30 days postoperatively whereas mortality data will be tracked until the patient is discharged from the acute care setting.

      If the patient remains in acute care by the scheduled lock date for the case (the 120th day from the date of surgery), the SCR should enter the day before the lock date as the date of discharge from the hospital and transmit the case.

   d. **Patients that have been discharged and have clinic follow-up visits prior to 30 days**

      i. Often times the patient is seen in surgical clinic for follow-up with the surgeon in a time period of less than 30 days (usually one to three weeks postoperatively). In order to assure complete follow-up on these patients, a letter or phone call to the patient should be utilized.
1. A minimum of three attempts should be made to contact the patient, either by phone call or by sending a follow-up letter.

2. Any follow-up information obtained directly from the patient should, if possible and if reasonable, be verified with the physician.

3. If the initial attempt involves sending the letter, it is recommended to mail it out at approximately postoperative day 28. The SCR should wait until approximately postoperative day 45 for the return of the letter before initiating a second attempt at contact to allow time for patient completion and return. A third attempt at contact should be done if the patient is not heard from by the 55th postoperative day.

4. If unable to contact the patient by either the letter or phone call after the 55th postoperative day, the SCR should then utilize the Social Security Death Index (SSDI) and National Obituary Archives (NOA) databases to determine mortality. See Attachment A of this policy for details on how to perform SSDI and NOA database searches.

5. If the SCR is unable to obtain follow-up data, s/he should:
   a) report on the follow-up tab of the case form that s/he was unable to follow the patient for the full 30 days,
   b) indicate the number of days the patient was followed out to
   c) mark the case as ‘Complete’
   d) ‘Save and Exit Form’.

6. Prior to the case’s lock date, the SCR may produce a report from the ACS NSQIP Workstation listing the cases with incomplete follow-up and will search the hospital medical records as well as the SSDI and NOA websites in an attempt to obtain 30-day mortality data.
Searching the Social Security Death Index and National Obituary Archives databases

Social Security Death Index database:  http://ssdi.genealogy.rootsweb.com

a. Search Tips:
   i. Start off by searching with just the last name and perhaps one other fact (e.g. date of birth). It is best to start off with just a few facts and then add additional information if it is needed to narrow down the search results.
   ii. Social Security number – this may be the fastest way to search but there is great potential for typos and transposition of digits.
   iii. Utilize Soundex Search for possible misspellings.
   iv. Names with punctuation (e.g. D’Angelo), try searching without the punctuation (for example, D Angelo and DAngelo). All names with prefixes and suffices should be searched both with and without the space.
   v. First name field is searched by exact spelling only, so be sure to try other possibilities including alternative spellings, initials, middle names, etc.
   vi. Middle names are not usually included in the database. Even if the patient went by his/her middle name, check under their first name as well. In some cases, the first and middle names may both be included in the given name field.
   vii. An individual may have only a single name entered (either a first name or last name). You would be best off trying to narrow these down with other known facts such as birth date.
   viii. Married women may be listed under their maiden name so be sure to check that as well.
   ix. Titles such as military rank (Col.), Occupation (Dr.), Family Rank (Jr.), and Religious Order (Fr.) may be included with either the surname or the given name. There may be variations in the way the title was entered. For example, you may find Jr. with and without the period and placed after the surname with either a space or a comma (e.g. Smith, Jr or Smith Jr.).
   x. Birth date: field has three parts – birth date, month, and year. You may search on just one or any combination of these fields or search just one part.
   xi. Typos and transpositions of digits are common. 1986 could have been entered as 1896 or 1968. 01/06/63 could be read as January 6, 1963 or June 1, 1963.
   xii. Location of last residence. This is not always useful. About 20% of the records do not contain this information. You may want to leave this field blank when searching.
   xiii. Check the rules on the search engine for additional information.

National Obituary Archive database:  http://www.nationalobituaryarchive.com

b. Search tips
   i. Utilize ‘advanced search’ to enter the patient’s last name, first name, city and state. Start by searching on last name and perhaps state.
   ii. As this database incorporates social security administration information, you may need to utilize the above SSDI search recommendations.

Revised: January 01, 2011
I. **Background:** In order to maintain high quality data for the risk-adjusted reports as well as real-time online data reports for the ACS NSQIP, it is imperative to monitor and assure the timely entry and transmission of surgical cases in all participating sites. The ACS NSQIP Clinical Support Team and Technical Support Team are charged with overseeing case accrual (both case entry and case transmission) for all participating sites to monitor for variances against the expected number of case accrual as well as to alert and assist backlogged sites in meeting their accrual goals.

a. **Definitions:**
   1. **Entered Cases** are defined as cases that meet the Program inclusion criteria and have been entered into the ACS NSQIP website with the minimal data set. Entered Cases must be submitted to the Program as soon as they are available to the SCR from the Operating Room Log.
   2. **Completed Cases** are defined as those Entered Cases that have had the entire Program data review completed by the participating site SCR, entered into the website and submitted to the Program for inclusion in the permanent Program database. Cases are expected to be marked as Complete 60 days from the Date of Surgery.
   3. **Expected Cases** are calculated according to a site’s level of participation and reflect the minimum number of cases that must be entered by a site per 8-day cycle.

II. **Purpose:** To provide guidelines regarding outstanding Entered and/or Completed Surgical Cases found to be progressively increasing in number causing a deficit as compared to Expected Cases. These data will be identified during regular review of Accrual Reports by Program staff.

III. **Policy:**

a. The ACS NSQIP requires the entry of Program defined Surgical Cases into the ACS NSQIP Database within 1 week after the end of each 8-day cycle with subsequent transmission of these cases by the SCR within a period of time identified target as 90 days after the date of surgery.

b. If the data on the Case Accrual Report (generated and monitored by Program staff) is noted to be trending in a manner to cause concern, the following actions will be put in place:

   i. A negative variance of greater than 160 Entered and/or Completed cases as compared to Expected Cases will result in contact by a ACS NSQIP Clinical Support Specialist to: (1) the SCR(s) at the site to identify any problems, offer assistance and develop a plan for resolution of the variance. Follow-up by the Clinical Support Specialist on the resolution plan will be done on a date (or dates) agreed upon during the plan development. The Clinical Support Specialist will document this plan/agreement and file it for future reference.

   ii. A negative variance of greater than 320 Entered and/or Transmitted cases as compared to Expected cases will result in contact by a ACS NSQIP Clinical Support Specialist to: (1) the SCR to reassess the situation and (2) the Surgeon Champion and other site leadership as appropriate to advise them of the problem(s) and to assist in the planning and resolution of the cause(s) for the negative variance. Follow-up and documentation will be completed by a Clinical Support Specialist and filed for future reference.

   iii. A negative variance of greater than 400 Entered and/or Transmitted cases as compared to Expected cases will result in notification to the American College of Surgeons’ Steering Committee who will provide an
additional communication of recommendation to the site. Documentation of this process will be completed and filed.

iv. Exception to the above [i, ii, iii] will be when it has been identified and documented by the Clinical Support Team that the site is making positive progress.

IV. Procedure:

a. The Clinical Support Team will monitor site accrual reports on a bi-weekly basis and initiate an action plan for all sites with a backlog of entered and/or transmitted cases of >160.

b. The SCR will incorporate some or all of the strategies for obtaining follow-up data recommended in the ACS NSQIP Operations Manual. The SCR will enter the data into the ACS NSQIP Database and transmit the information within the allotted period of time.

c. If the SCR is unable to maintain the ascribed number of cases to be entered and transmitted, he/she should contact the Clinical Support Team for assistance.

d. The SCR and Clinical Support Team should then work in tandem to identify areas of concern or the areas that are problematic and develop a plan toward resolution.

e. The resolution plan will be documented by the Clinical Support Team and sent to the SCR and others as identified.

f. If a SCR does not identify a developing problem and contact the Clinical Support Team and/or a Case Backlog develops and/or continues to escalate, this will be identified in the Case Accrual data and the steps listed above will be put into place.