ACS NSQIP Clinical Support
Overview of Updated Support Model

August 28, 2012
Today’s Presentation

• Overview of Updated Support Model
• Process for Clinical Support
• Resources for Participants
• Utilizing Internal Resources
• Q&A
New Clinical Support Model

• Beginning September 17, Clinical Support will be adjusted by:
  – Discontinuing the phone line to allow for better queuing of questions
  – Responding to questions primarily by e-mail
  – Extending response time to up to 5 business days; up to 10 business days if additional expertise is needed
  – Encouraging SCRs to seek out some answers internally, such as CPT Coding, Wound Classification, and ASA Classification (occurred earlier this year)
  – Suspending case studies (occurred earlier this year)
Other Changes

- Introducing public comment process in place of the adult Program Options to advance functions previously carried out by Data Definitions Committee
- Evolution of existing DDC into more inclusive Technical Expert Panel
- Moving SCR calls to quarterly (every other month for Peds SCRs)
Why Change?

• Updated support model:
  – Takes into account the complexities of several program options and targeted variables
  – Ensures greater consistency and documentation of answers to questions- promotes Clinical Support Team consensus
  – Allows ACS more time to seek expert advice to some questions, when needed
  – Focuses Clinical Support time on questions ACS is equipped to help SCRs answer
  – More closely aligns with national models for clinical support, such as CMS
  – Prevents “growing pains” as the program expands
Suspended Case Studies

• Some thought results are recorded or punitive – they are not
• Learning tool for you – and for us
• Allows Clinical Support team to focus time on new initiatives such as the FAQ Database and new definition format
• Also allows time to revamp case studies
Public Comment Process

• Many new and changed variables and definitions will be sent to all SCRs and SCs for open comment before they are finalized
  – Aligns with process other national quality programs use, such as CMS

• Data Definitions Committee functions evolve
  – Public Comment will supplant some of DDC role
  – DDC evolves into larger, more inclusive panel of SCs/SCRs/Experts to work on issues as needed
  – Working groups will be charged on some topics

• Peds DDC will continue as is for now
SCR Conference Calls

- Monthly calls may be too often to be able to keep content fresh and interesting
- Quarterly calls will ensure time is used in the most helpful way and topics are useful and engaging
- Peds SCRs will have calls every other month
- Watch for an updated schedule
- Additional calls will be added if needed
Where to Find Answers: FAQ Database

- FAQ Database for clinical questions for SCRs in the adult Program Options
- Searchable and categorized by topic or variable
- 24/7 instant access to answers
- Allows SCRs to ask a question and be assigned a tracking number
- Peds FAQ Database to be released soon
Internal Hospital Resources

• SCRs encouraged to answer some questions internally, such as documentation issues, CPT® Coding, ASA Classification and Wound Classification

• ACS NSQIP Clinical Support available via e-mail for questions unable to be answered within the hospital

• Where to go for answers?
### Steps to Answering Questions

**Have a question?**
*Developing an internal protocol*

<table>
<thead>
<tr>
<th>Step 1: SCR References Online FAQ Database</th>
<th>Step 2: SCR Works with Surgeon Champion</th>
<th>Step 3: Seek expertise of internal hospital committee</th>
<th>Step 4: Ask the ACS Clinical Support Team</th>
</tr>
</thead>
</table>

**American College of Surgeons**
*Inspiring Quality: Highest Standards, Better Outcomes*
First Line of Help: FAQs

- Updated continuously
- Improves consistency in finding answers
- Helpful “first stop” for clinical issues
Next Step: Surgeon Champion

• SCRs and Surgeon Champions should regularly communicate about clinical issues
  – May be the people best equipped to answer potential questions

• Surgeons can help navigate or decipher internal processes and procedures

• Surgeon Champion can bring issues to other surgeons if specific questions/problems occur
Internal Committee

- SCRs and Surgeon Champions encouraged to find appropriate committee – OR comm or equivalent
- Inform them about ACS NSQIP, if they aren’t already knowledgeable on the program
- Establish process for regular communication – sharing data and seeking committee help for questions
- Make ACS NSQIP a regular agenda item – not only for questions, but also QI issues
Things Committee Should Know

• Plan ahead – make sure to get on their agenda in time to have questions answered by 120-day lock

• Keep committee informed about ACS NSQIP efforts

• Make background information accessible, such as definitions, variables

• Establish process if more urgent questions occur, such as by e-mail
ACS NSQIP Clinical Support

• If questions can’t be answered by Surgeon Champion/SCR discussion or by hospital’s committee, e-mail ACS NSQIP Clinical Support

• Allow up to 5 days – may be less, but may be up to 10 business days if expert advice is needed

• Your questions/answer may be posted in the FAQ database to help others in the future

• Communicate answer back to hospital committee and Surgeon Champion
Additional Resources

• Materials and information posted on the Workstation
  – Special edition newsletter now posted in the Announcements section
  – Video describing changes will be available soon on the Main Page

• Webinar posted on the Main Page after this meeting
Questions?

• and Thank You!