ACS NSQIP SCR
Exam Review Call

American College of Surgeons
Inspiring Quality: Highest Standards, Better Outcomes
Agenda

• Congratulations!

• All SCRs and back up SCRs passed both the multiple choice and case study portions of the exam

• 68 people completed exam
  • Average score on Multiple Choice 93%
  • Average score on Case Study 90%

• Review current high discrepancy and challenging components of Pediatric NSQIP-Abstraction ascertained from exam
Areas for Review

1. Inclusion/Exclusion
2. Concurrent/Other Procedures
3. Elective Surgery, Patient Coming From Home
4. Height/Length
5. Steroid Use
6. Congenital Malformation
7. Progressive Renal Insufficiency
8. Postoperative UTI
9. Hospital Readmissions
10. Postoperative Death within 30 Days
11. Postoperative Death>30 Days if in Acute Care
12. 30 Day Follow Up

Examples utilizing July 1, 2013-December 31, 2013 Variables
Inclusion/Exclusion

• A 10 year old male undergoes a liver transplant on 9/12/13 performed by the transplant surgeon. During this hospital stay he required a G-tube placement. On 10/8/13 he falls on your operative log for placement of a G-tube.

• Would you assess this gastrostomy as the principal operative procedure, if all systematic sampling criteria is met?
Inclusion/Exclusion

- A 10 year old male undergoes a liver transplant on 9/12/13 performed by the transplant surgeon. During this hospital stay he required a G-tube placement. On 10/8/13 he falls on your operative log for placement of a G-tube.

- Would you assess this gastrostomy as the principal operative procedure, if all systematic sampling criteria is met?
  - No, a patient who is admitted to the hospital for organ transplant surgery, and has additional surgical procedures performed during the same hospital stay, should be excluded from NSQIP sampling.
Inclusion/Exclusion

• A 10 year old male undergoes a liver transplant on 9/12/13 performed by the transplant surgeon. He is discharged on 10/12/13. On 11/8/13 he falls on your operative log for placement of a G-tube.

• Would you assess this gastrostomy as the principal operative procedure, if all systematic sampling criteria is met?
Inclusion/Exclusion

• A 10 year old male undergoes a liver transplant on 9/12/13 performed by the transplant surgeon. He is discharged on 10/12/13. On 11/8/13 he falls on your operative log for placement of a G-tube.

• Would you assess this gastrostomy as the principal operative procedure, if all systematic sampling criteria is met?
  • Yes, any operation performed after the patient has been discharged from a transplant stay will be included, as long as all other systematic sampling criteria are met.
Inclusion/Exclusion

• A 10 year old male falls from a tree, on the initial trauma visit, the X-ray reveals a tibia and femur fracture on 10/12/13. An immediate plan to the OR is initiated.

• Would this case be included for NSQIP abstraction if all other systematic sampling criteria are met?
Inclusion/Exclusion

• A 10 year old male falls from a tree and sustains a tibia and femur fracture on 10/12/13. Would this case be included for review if all other systematic sampling criteria are met?

• No, as the patient sustained fractures in two separate limb sections this case should be excluded from NSQIP abstraction.
Inclusion/Exclusion

• A 5 year old female falls off her bike and X-ray reveals a single fracture in her tibia and fibula on 10/12/13. Would this case be included for NSQIP review if all other systematic sampling criteria are met?
Inclusion/Exclusion

• A 5 year old female falls off her bike and X-ray reveals a single fracture in her tibia and fibula on 10/12/13. Would this case be included for NSQIP review if all other systematic sampling criteria are met?

• Yes, this case would be included as the patient has an isolated limb section fracture
Concurrent/Other Procedures

- Patient had G-tube removal performed by General Surgery and an I&D of a wound on the left knee performed by Orthopedic Surgery under the same anesthesia.

- The I&D of the left leg wound be considered concurrent.
- If General Surgery did the G-tube removal and the I&D . The I&D would be documented as Other Procedure

- Concurrent Procedure: A procedure performed by a different surgical team or surgeon, under the same anesthetic which has a CPT® code different* from that of the Principal Operative Procedure.
- Other Procedure: An additional operative procedure performed by the same surgical team, under the same anesthetic which has a CPT® code different from that of the Principal Operative Procedure.
Elective Surgery, Patient Coming from Home

• Definition: The patient was brought from their home or normal living environment on the day of surgery for a non-emergent/non-urgent scheduled surgical procedure.
Case Status

• Definition: Level of urgency in which the case was performed.

• **Elective**: Surgical case is scheduled and performed on an elective basis with no time constraints.

• **Urgent**: Surgical case is scheduled and usually performed within 24 hours of surgical evaluation. Report the case as urgent if the anesthesiologist and surgeon report the case as urgent.

• **Emergent**: Surgical case is scheduled and usually performed within 12 hours of surgical evaluation. Report the case as emergent if the anesthesiologist and surgeon report the case as emergent.
Elective Surgery, Patient Coming from Home

• A 9-month old former 29 week preemie is admitted on 11/5/13 for a hypospadias repair scheduled for 11/7/13. Is this an Elective surgery under the surgical profile?

• What is the case status?
A 9-month old former 29 week preemie is admitted on 11/5 for a hypospadias repair scheduled for 11/7. Is this an Elective surgery under the surgical profile?

- This is not an Elective Surgery. Patient was admitted prior to the date of the operation. To assign the variable Elective Surgery, the patient must be brought from their home or normal living environment on the day of surgery for a non-emergent/non-urgent scheduled surgical procedure.

What is the case status?

- Elective, the surgery was scheduled and performed with out time constraints
Elective Surgery, Patient Coming from Home

• A nine year old girl is admitted to the hospital on 11/8 from home, for surgery on 11/8 for an inguinal hernia repair. Is this an Elective surgery under the surgical profile?

• What is the case status?
Elective Surgery, Patient Coming from Home

• A nine year old girl is admitted to the hospital on 11/8 from home, for surgery on 11/8 for an inguinal hernia repair. Is this an Elective surgery under the surgical profile?
  • Yes, The patient was admitted from home on the day of surgery. To assign the variable Elective Surgery, the patient must be brought from their home or normal living environment on the day of surgery for a non-emergent/non-urgent scheduled surgical procedure.

• What is the case status?
  • Elective: The surgical case is scheduled and performed on an elective basis with no time constraints.
Elective Surgery, Patient Coming from Home

• 8 year old boy was admitted from home with right lower quadrant abdominal pain and underwent a lap appy on the same day within 2 hours. Is this an Elective surgery under the surgical profile?

• What is the case status?
**Elective Surgery, Patient Coming from Home**

- 8 year old boy was admitted from home with right lower quadrant abdominal pain and underwent a lap appy on the same day within 2 hours. Is this an Elective surgery under the surgical profile?
  - No. To assign the variable Elective Surgery, the patient must be brought from their home or normal living environment on the day of surgery for a non-emergent/non-urgent scheduled surgical procedure. This patient did come from home on the day of surgery, but his surgery wasn’t elective status.

- What is the case status?
  - Emergent: Surgical case is scheduled and usually performed within 12 hours of surgical evaluation. Report the case as emergent if the anesthesiologist and surgeon report the case as emergent.
Height/Length

• Birth up to 3 months of age: Utilize the most recent length documented within **7 days** prior to operation.
• ≥3 months of age: Utilize the most recent height/length documented within **30 days** prior to operation.

**EXCEPTION:**
If no height/length is documented prior to the operation, a height/length documented after the operation may be used with the following criteria:
• Birth up to 3 months: The length must be documented within **7 days** of the pre-procedure documented weight.
• ≥3 months of age: The height/length must be documented within **30 days** of the pre-procedure documented weight.

*This documented height/length may only be utilized if there is NO preoperative documented height/length and it must meet the above criteria.*
4 year old male is taken to the OR directly from the ER for a ruptured appendix on 10/10, with an ER documented weight of 24 kg.

The last height documented in the medical record is on 9/1 of 110.6 cm.

On 10/18 there is a documented height of 120.4 cm.

What is the height that should be recorded into the workstation for this patient?
Height/Length

• 4 year old male is taken to the OR directly from the ER for a ruptured appendix on 10/10, with an ER documented weight of 24 kg.
• The last height documented in the medical record is on 9/1 of 110.6 cm.
• On 10/18 there is a documented height of 120.4 cm.
• What is the height that should be recorded into the workstation for this patient?

  • The patient is greater than 3 months old. The postop height of 120.4 can be used because it is within 30 days of a preop weight.
Steroid Use (within 30 days)

• 4 year old patient with a diagnosis of reactive airway disease is on daily Pulmicort and Albuterol. He went to his PCP for URI symptoms and completed a month long course of prednisone on 10/31. He is scheduled for a myringotomy on 12/2. Would you assign the preoperative risk factor of steroid use (within 30 days)?
Steroid Use (within 30 days)

- 4 year old patient with a diagnosis of reactive airway disease is on daily Pulmicort and Albuterol. He went to PCP for URI symptoms and completed a month long course of prednisone on 10/31. He is scheduled for a myringotomy on 12/2. Would you assign the preop risk factor of steroid use (within 30 days)?

  - No, The patient finished his course of steroids more than 30 days before the principal operative procedure.
Congenital Malformation

• Always start with the diagnosis found in the medical record, then review the provided “Collect List” and only collect the congenital malformation diagnoses for the patients’ that are on the “Collect List”.

• Once the diagnosis has been verified, utilize the assigned ICD-9 code associated with the diagnosis provided on the collect list and enter it into the workstation.

• If a child has a syndrome, review the medical chart for any components of the syndrome that are included on the “Collect List”.

Remember “syndromes” are groups of conditions or congenital malformations that tend to occur together frequently. The presentation of the associated congenital malformations and/or associated pre-operative risk factors variables may vary widely. A patient with any syndrome requires an analysis/review of the medical record for the presence of any conditions known to be associated with the syndrome. All the appropriate preoperative variables that apply to the patient should be assigned.
A week old male presents to your hospital. The surgeon’s preoperative H & P states the patient has a history of Congenital Talipes, Nerogenic bowel, Thoracic Scoliosis, and severe Hypospadias.

Which of these Congenital Malformations would you enter in the workstation?
A week old male presents to your hospital. The surgeon’s preoperative H & P states the patient has a history of congenital Talipes, Nerogenic bowel, Thoracic Scoliosis, and severe Hypospadias.

Which of these Congenital Malformations would you enter in the workstation? Thoracic Scoliosis would be entered into the workstation. The patient is a week old, and Thoracic Scoliosis is on the “collect list” if diagnosed before age 3.
Progressive Renal Insufficiency

- Progressive Renal Insufficiency must be noted within 30 days after the principal operative procedure as evidenced by a rise in creatinine of >1 mg/dl from preoperative value, but with no requirement for dialysis.
- If there is a post operative lab value for creatinine with a >1mg/dl rise of another post operative lab (of creatinine), but there is no pre operative lab value for creatinine, you would not be able to assign the variable.
Progressive Renal Insufficiency

• A patient fell from a tree and sustained a right supracondylar humerus fracture. The patient emergently went to surgery. No preoperative creatinine was drawn.

• Postoperative day 2, Creatinine level is 5 mg/dl

• Would you assign the variable of Progressive Renal Insufficiency to this case?
Progressive Renal Insufficiency

- A patient fell from a tree and sustained a right supracondylar humerus fracture. The patient emergently went to surgery. No preoperative creatinine was drawn.

- Postoperative day 2 creatinine is 5 mg/dl

- Would you assign the variable of Progressive Renal Insufficiency to this case?
  - No, as there is no preoperative Creatinine level you would not be able to assign this postoperative occurrence.
Urinary Tract Infection

• Scenario A:
  • For a patient >1 year old **without** an indwelling urinary catheter within 48 hours of specimen collection
  • The patient must have a **positive culture** of $\geq 10^5$CFU/ml with no more than 2 species of microorganisms
  And at least one of the following symptoms with no other recognized cause.

• Fever ( $>38$ °C)
• Urgency
• Frequency
• Dysuria
• Suprapubic tenderness
• Costovertebral angle pain or tenderness
Urinary Tract Infection

- A 4 year old male had a laparoscopic cholecystectomy procedure. On POD 8 he has a fever of 39 degrees C and now requires diapering when he was previously potty trained. An urine culture is obtained on POD 8 and he is placed on empiric Rocephin. On POD 12 the urine culture Final result reads: Klebsiella pneumoniae $\geq 10^5$CFU/ml

- Would you assign a postoperative occurrence of UTI to this patient?
- What date would you assign the occurrence?
Urinary Tract Infection

- A 4 year old male had a laparoscopic cholecystectomy procedure. On POD 8 he has a fever of 39 degrees C and now requires diapering when he was previously potty trained. An urine culture is obtained on POD 8 and he is placed on empiric Rocephin. On POD 12 the urine culture Final result reads: Klebsiella pneumoniae $\geq 10^5$CFU/ml

- Would you assign a postoperative occurrence of UTI to this patient? Yes
- What date would you assign the occurrence? POD8. Assign the date the culture is obtained not resulted.
Hospital Readmission

• Report any readmission (to the same or another hospital), for any reason, within 30 days after the principal operative procedure
• Yes is the default answer unless it is definitively indicated that the readmission (to the same or another hospital) is not related to the principal operative procedure
• Identify the primary suspected reason from the list provided or enter ICD code. If the ICD code is unknown please describe the reason for the readmission when either option (Yes or No) is chosen.
• Choosing one of these occurrences does not indicate that the NSQIP criteria for the occurrence were met; it merely indicates that this diagnosis was given as a reason for readmission.
Hospital Readmission

• An 8 year old male undergoes a septoplasty as the principal operative procedure on 9/5/13. On 9/8/13 his mother brings him to the ED for nausea and emesis. Patient is admitted to the hospital for dehydration and a septic work up.

• Would this readmission be related to the principal operative procedure?
Hospital Readmission

• An 8 year old male undergoes a septoplasty as the principal operative procedure on 9/5/13. On 9/8/13 is mother brings him to the ED for nausea and unable to keep fluids. Patient is admitted to hospital for dehydration and septic work up.

• Would this readmission be related to the principal operative procedure? Yes as you can not definitely say it’s not related, you would answer yes it is related.
Hospital Readmission

• A 16 year old male underwent a left BKA 3 weeks ago (10/1/13). He was discharged from Rehab a week ago (10/22). Today (10/24) he came to the ED after sustaining a fall while carrying a television which was dropped on his left stump. Subsequently, he was admitted as an inpatient, taken to the OR for an emergent debridement of the left BKA stump and evaluation of tissue.

• Would this readmission be related to the principal operative procedure?
Hospital Readmission

- A 16 year old male underwent a left BKA on 10/1/13 as the principal operative procedure. He was discharged from Rehab a week ago. 10/29/13 he came to the ED after sustaining a fall while carrying a television which was dropped on his left BKA stump. Subsequently, he was admitted and taken to the OR for an emergent debridement of the left BKA stump and evaluation of tissue.

- Would this readmission be related to the principal operative procedure? *Yes, this readmission is “likely related” as the patient’s instability was likely caused by the amputation.*
Postoperative Death Within 30 Days

- **Definition:** Any death, regardless of cause, within 30 days after the principal operative procedure. The date the patient leaves the surgical suite is treated as POD 0. Deaths occurring by midnight of POD 30 would be included.
Postoperative Death Within 30 Days

• A 16 year old patient was transferred to your Children’s hospital from a community acute care hospital for surgery on an infected hemodialysis arm access, with ligation of vein and excision of vein and stent. He was discharged back to the community acute care hospital on POD 1. You are unable to obtain any follow up information other than notice of his death on POD 21.

• Would you assign Postoperative Death within 30 days to the case?
Postoperative Death Within 30 Days

• A 16 year old patient was transferred to your Children’s hospital from a community acute care hospital for surgery on an infected hemodialysis arm access, with ligation of vein and excision of vein and stent. He was discharged back to the community acute care hospital on POD 1. You are unable to obtain any follow up information other than notice of his death on POD 21.

• Would you assign Postoperative Death within 30 days to the case? Yes, as the patient died within 30 days of the principal operative procedure you would assign “Death within 30 days”.
Postoperative Death Within 30 Days

- At POD 25, a patient is discharged home. You are reviewing the medical chart for case abstraction. On POD 37, there is a Surgeon’s note stating the patient expired on POD 32.

- Would you assign Postoperative Death within 30 days to the case?
Postoperative Death Within 30 Days

- At POD 25, a patient is discharged home. You are reviewing the medical chart for case abstraction. On POD 37, there is a Surgeon’s note stating the patient expired on POD 32.

- Would you assign Postoperative Death within 30 days to the case? No, as the patient died on POD 32, you would not assign “Postoperative Death within 30 days” to the case.
Postoperative Death $> 30$ Days If In Acute Care

- **Intent of Variable:** To capture death related to the principal operative procedure or postoperative complication(s) that occurs after POD 30 if the patient has never been discharged from the acute care setting.
- Assess for mortality up to 120 days (lock date) if patient is in the acute care setting.
Postoperative Death > 30 Days If In Acute Care

• A 3 month old male preemie with significant co-morbidities had a VP shunt placed on 9/8/2013. Patient was in the NICU until he expired on 11/5/13. He expired due to respiratory distress related to sepsis.

• Would you assign Postoperative Death > 30 days if in Acute Care to the case?
Postoperative Death > 30 Days If In Acute Care

• A 3 month old male preemie with significant co-morbidities had a VP shunt placed on 9/8/2013. Patient was in the NICU until he expired on 11/5/13. He expired due to respiratory distress related to sepsis.

• Would you assign Postoperative Death > 30 days if in Acute Care to the case? Yes, As the patient was still in the acute care setting and the death is related to a postoperative complication. You would assign Postoperative Death > 30 days if in Acute Care to this case.
Postoperative Death > 30 Days If In Acute Care

• At POD 32, a patient is moved to the palliative care unit at your hospital. The patient subsequently died while in palliative care on POD 40.

• Would you assign Postoperative Death > 30 days if in Acute Care to the case?
Postoperative Death > 30 Days If In Acute Care

- At POD 32, a patient is moved to the palliative care unit at your hospital. The patient subsequently died while in palliative care on POD 40.

- Would you assign Postoperative Death > 30 days if in Acute Care to the case? No, as the patient died while in palliative care and not in the acute care setting, you would not assign postoperative Death >30 days if in Acute Care to the case.
30 Day Follow Up

• The ACS NSQIP-P requires the reporting of mortality and morbidity data up to and including the 30th day after the principal operative procedure on all cases entered into the Program.

• A minimum of three (3) attempts should be made to contact the patient

• If a patient returns a 30-day follow-up letter and reports that they developed one of the NSQIP postoperative occurrences within 30-days of the principal operative procedure, you should attempt to verify the patient meets the definition criteria to assign the occurrences.

• You may verify the patient information by: review of the medical chart, clarification with your surgeon champion, or obtain records, with permission, from another facility.