Possible Questions and Talking Points

American College of Surgeons National Surgical Quality Improvement Program

*****SAMPLE QUESTIONS FOR REVIEW AND PREPARATION. NOT FOR DISTRIBUTION*****

As your hospital introduces ACS NSQIP, your fellow surgeons may have questions about the program and how it will impact their practice and your hospital. As the Surgeon Champion, many of these questions may be directed to you.

This document will equip you with suggested answers to frequently-asked-questions. But please note, the answers provided below are only intended to guide your conversation and can be incorporated into your customized response to each individual question.

Q: What is ACS NSQIP?

A: ACS NSQIP is a nationally validated, risk-adjusted, outcomes-based approach to measure and improve the quality of surgical care. It employs a prospective, peer-controlled, validated database to quantify 30-day, risk-adjusted surgical outcomes, which provide a valid comparison of outcomes among all hospitals in the program. Currently, more than 400 hospitals use the ACS NSQIP tools, analyses, reports and support to make informed decisions about improving the quality of their care. Peer-reviewed studies have shown that ACS NSQIP is effective in improving the quality of surgical care while also reducing complications and costs.

Q: How does ACS NSQIP fit with other quality efforts a hospital may be involved with?

A: Most hospitals participate in multiple quality improvement programs, including checklists, bundles and various process measures. ACS NSQIP is different in that it focuses on outcomes, an approach which has been shown to be more effective, and which is synergistic to other quality efforts. As a surgical registry that allows hospitals to discover where their complications rates are statistically below those of their peers, ACS NSQIP offers a proven way to measure a hospital's progress in improving outcomes in a given area. ACS NSQIP can also help hospitals measure how well current surgical quality improvement efforts are working and may indicate previously unrecognized areas for improvement.

Q: What makes ACS NSQIP different from the QI programs?

A: ACS NSQIP is different from other quality programs, starting with the data. Most quality improvement efforts are based on claims data from billing files. Among many shortcomings, claims data is difficult to accurately adjust for patient risk factors or to determine if a patient experienced a related complication after leaving the hospital (when half of all such complications typically occur).

In contrast, ACS NSQIP uses risk-adjusted data gathered from medical charts by clinically trained personnel and includes an assessment of the patient's condition 30 days after a surgical procedure. This information enables each hospital to make a valid comparison of its outcomes with those of other hospitals and, as a result, determine where it needs to make improvements.

Q: We participate in a number of quality initiatives. Will we have time and staffing for another program?

A: Collecting data for multiple registries can require a significant amount of time and attention for hospitals, since many of the data definitions are not standardized between registries. ACS NSQIP understands this is a widespread concern. That's why we are working with CMS to develop national outcomes-based measures, and working with the CDC's National Healthcare Safety Network (NHSN) program, a government-required hospital surveillance system, to harmonize variable definitions with the CDC's. While a hospital using ACS NSQIP must invest monetary and staffing resources to participate, many hospitals are able to recoup their costs in a short time through the cost savings from reduced complications, especially after the first year. Hospitals also find that improved outcomes on ACS NSQIP can help drive improved results on required and publicly reported measures, such as those for readmissions and infections.

Q: What are the benefits of ACS NSQIP?

A: Hospitals benefit from access to powerful tools and a proven process to assess and improve their surgical quality; by sharing what they have learned with other participants; and by building on the lessons learned. They also have a significant opportunity to reduce costs and improve profit margins by reducing complications.

Q: How does ACS NSQIP help us improve?

A: ACS NSQIP provides hospitals with resources, such as best practice guidelines developed by leading surgeons and experts, evidence-based primers on relevant topics and case studies that illustrate how other hospitals achieve quality improvement.

ACS NSQIP also provides intensive training and follow-up support for Surgical Clinical Reviewers (SCRs) as well as monthly conference calls and a national conference for both the SCRs and Surgeon Champions. Further, ACS NSQIP offers hospitals and clinicians the necessary tools, reports, analysis and support to collect data and implement quality improvement initiatives:

- Benchmarking via hospital-specific reports and comparative state and national data
- Periodic reports and collaborative meetings to review and interpret data, including performance information to guide surgical decision making and identify areas for improvement that will provide the greatest return and highest impact
- Access to best practices tools, including evidence-based guidelines and case studies developed by leading U.S. surgeons

- Reporting software developed by a CMS-approved vendor with complete and ongoing training in how to use it
- Site audits to ensure data reliability

Q: Our staff is already strapped for time. How will we participate?

A: As participants in ACS NSQIP, each hospital appoints a Surgical Nurse Reviewer (SCR) who is dedicated to collecting and recording our patient data. The time commitment from other staff members, including the surgeons, is minimal, however, the SCR may contact you occasionally to access your patients' medical records or for clarity around specific patient information. In these cases, we greatly appreciate your responsiveness in helping the program succeed.

Q: How much does ACS NSQIP participation cost?

A: There is an annual fee from $10,000 to $29,000 for sites participating in ACS NSQIP. This fee covers all program management and administration, training of the site's Surgical Clinical Reviewer (SCR), audits according to the ACS NSQIP audit policy, and ongoing technical support. Additionally, the fee includes the use of online web tools for data submission, access to site-specific reports and tools, and semiannual program reports, that provide risk-adjusted benchmarking against other hospitals. Data automation and software programs to support the SCR and continuing education credits for SCRs who successfully complete the online training are also included.

Q: Will we see a return on our investment?

A: ACS NSQIP has been proven in peer-reviewed studies to improve quality and reduce costs. We believe, and studies support our belief, that ACS NSQIP pays for itself. That makes a lot of sense whether you're taking a business point-of-view or a healthcare point-of-view. For example, a study in the September 2009 issue of the *Annals of Surgery* evaluated 118 hospitals that began participating in ACS NSQIP between 2005 and 2007. The study showed that hospitals participating in ACS NSQIP each:

- Prevent 250-500 complications annually
- Save 12-36 lives annually
- Reduce costs by millions of dollars annually

Additionally, a study published in 2012 in the *Journal of the American College of Surgeons* found that a 10-hospital collaborative in Tennessee, called the Tennessee Surgical Quality Collaborative, successfully reduced complications and saved $2.2 million per 10,000 cases from 2009 to 2010. Because ACS NSQIP cases are sampled, the collaborative estimates it saved at least $8 million from 2009 to 2010.

ACS NSQIP is working with CMS to add five ACS NSQIP measures to those measured by CMS, so to some degree, hospitals will incur some of these costs anyway. ACS NSQIP hospitals will be better prepared for

when these CMS measures become effective. If added by CMS, ACS NSQIP participants would have a significant advantage of working on these measures in advance of other hospitals.

Q: How will the data be used? Are individual surgeons identified?

A: ACS NSQIP collects clinical, risk-adjusted, 30-day outcomes data in a nationally benchmarked database. Once we've started collecting and recording patient data, our results can then be compared to other hospitals (on a blinded basis) of all sizes and types across the country, helping us determine if we are an outlier and where we need to make quality improvements. ACS NSQIP was developed by surgeons and the program is not intended to isolate individual cases or members of the surgical team, but to promote confidence among the surgeons that we are doing all we can to deliver the highest quality of surgical care to our patients. With that said, Surgeon Champions do have the ability to access physician specific reports that are designed to be used for quality improvement purposes.

Q: How do I know this data is a valid measure of performance?

A: ACS NSQIP collects clinical data taken directly from our patients' medical records. This assures us that we are capturing the most accurate and dependable data and catching a greater number of complications than we would using administrative data which is typically used by other quality programs.

Currently, the ACS NSQIP database allows hospitals to compare results to over 400 participating hospitals from across the country, ranging in hospital size and type, providing an accurate picture of how similar hospitals' outcomes compare to one another.

Q: What steps does ACS NSQIP take to ensure that data samples are randomly selected, complete and reliable?

A: All ACS NSQIP adult and pediatric participation options use an ACS-validated, systematic sampling protocol called the eight-day cycle (except the Small & Rural Option; since all cases are collected in this option, a sampling protocol is not needed). Hospitals with larger volumes collect a certain number of cases every eight days. Those with lower volumes will collect all surgical cases, so a sampling system is not required.

Q: Who will have access to this data?

A: The SCR collects and records patient data which is sent to ACS for analysis. ACS then provides each hospital with an outcomes report and each individual hospital determines the best way to disclose and disseminate the information. <Insert an overview of how your hospital shares data, for example do results get posted to a quality dashboard, shared with the surgical team, or presented to the board of directors.>

Q: When will we receive reports back from ACS?

A: Because ACS NSQIP captures data prospectively, it takes most sites approximately six to 12 months to capture enough data to begin to be able to make meaningful comparisons to other sites and to have a statistically significant odds ratio. Factors such as how many SCRs the site has and the presence/absence of data automation will also affect the volume and subsequent speed from which a site will have enough data to draw any conclusions.