



Sample 30 Day Follow-Up Letters

American College of Surgeons National Surgical Quality Improvement Program

The following SCRs have provided templates of their 30 Day Follow-Up Letters to Patients.

1. Cynthia Ross, MS, BSN, CNOR, Saint Francis Hospital and Medical Center..... Page 2
2. Patrick O'Brien, MS, RN, Rush University Medical Center..... Page 3
3. Robin Flood RN, BSN, Overlook Medical Center Page 4

Pediatric NSQIP Follow-Up Letters

1. David Lunney, MPH, PT, American Family Children's Hospital Page 5
2. Laura Kotagal, RN, BSN, Cleveland Clinic Health Systems Page 6





SAINT FRANCIS
Hospital and Medical Center

Department of Surgery

114 Woodland Street
Hartford, Connecticut
06105-1299

February 01, 2013

Tel. 860-714-1231
Fax 860-714-8096

[REDACTED]

Dear [REDACTED]

We would like to thank you for choosing Saint Francis Hospital and Medical Center as your provider for your surgical procedure. You had surgery on October 15, 2012. We are interested in how you have been feeling since your surgery.

[REDACTED] and the Department of Surgery at our hospital are members of the American College of Surgeons' National Surgical Quality Improvement Program. This is a program that gathers information on the outcomes of our patients after surgery and helps our hospital provide the utmost in safe, quality patient care.

We would greatly appreciate it if you would please take a moment to answer the following questions. All information is kept strictly confidential.

◆ Have you been to a hospital or seen by a doctor for any reason since your surgery? Yes No

If you answered NO, you do not need to answer any more questions.
If you have answered YES, please answer the following questions (use back of page if additional space is needed).

Have you been seen in an outpatient clinic or doctor's office after your surgery? Yes No

If yes, was this visit for post operative follow-up care? Yes No

If no, what was the reason for your visit? _____

Date(s) of visit(s): _____

Have you experienced any health problems since your surgery? Yes No

If yes, please explain: _____

Did you go to an Emergency Department (ED) or hospital **after** your surgery? Yes No

Were you admitted to the hospital? Yes No

If yes, please explain: _____

Date(s) of ED visit or hospitalization: _____

Did you have any additional surgery during this hospitalization? Yes No

If yes, what type of surgery did you have? _____

Date(s) of surgery: _____

Please return this letter after completing in the stamped, self-addressed envelope. If you would prefer to speak with me directly, please contact me at 860-714-1231.

Thank you.
Sincerely,

PLEASE RESPOND

Cynthia Ross, RN
Surgical Clinical Nurse Reviewer

Cycle 37, [REDACTED]



Quality Improvement
 1653 W. Congress Parkway
 202-a Kidston
 Chicago, Illinois 60612-3833
 Tel 312.942.6662
 Fax 312.942.8748

<<Date>>

<<FirstName>> <<MiddleInitial>> <<LastName>>
 <<Address12>>
 <<City>>, <<State>> <<Zip>>

Dear <<CName>>:

One month ago you had an operation at Rush University Medical Center. We are interested in how you have been feeling. Have you had any health problems since your operation? We would like to hear from you.

Dr. <<SurgeonName>> and the Department of Surgery at our Hospital are members of the American College of Surgeons' National Surgical Quality Improvement Program. We are gathering information on the outcomes of our patients after surgery. We would like to ask you to answer the following questions. Your answers to these questions are voluntary. Please take a few minutes to answer these questions and return this letter in the self-addressed stamped envelope.

◆ Have you had any **complications** that required you to see a physician since your operation? Yes No

If you answered NO, you do not need to answer any more questions. Please return this letter in the self-addressed stamped envelope.

If you have answered YES, please answer the following questions.

1. Have you been seen in an outpatient clinic or doctor's office after your surgery? Yes No
 - a. Why did you go to the clinic or doctor's office? _____
 - b. Where? (name & location) _____
 - c. Who was your doctor? _____ Date of visit: _____
 - d. May I call the clinic or doctor's office to clarify this reason for your visit? Yes No
2. Were you admitted to a hospital after your surgery? Yes No
 - a. Why did you go to the hospital? _____
 - b. Where? (name & location) _____
 - c. Who was your doctor? _____ Date of visit: _____
 - d. May I call the hospital to clarify this reason for your visit? Yes No

Please return this letter whether or not you have had any medical problems. Your health and opinion are important to us. Thank you.

Sincerely,

Patrick O'Brien, MS, RN
 Surgical Nurse Reviewer

<<Cycle>> <<Casenum>>



Overlook Medical Center

ATLANTIC HEALTH SYSTEM

<<Date>>

<<FirstName>> <<LastName>>
<<Address1>> <<Address2>>
<<City>>, <<State>> <<Zip>>

Dear Mr. / Ms. <<LastName>>:

Thank you for choosing **Overlook Medical Center** for your care. You had surgery on <<OPDate>>. We are interested in how you have been feeling since your surgery.

Dr. <<SurgeonName>> and the Department of Surgery at our hospital are members of the **American College of Surgeons' National Surgical Quality Improvement Program (NSQIP)**. We are gathering information on the outcomes of our patients after surgery to assist us in monitoring surgical quality. Please take a few minutes to answer the questions below and return this letter in the self-addressed stamped envelope. Your answers are confidential.

In the first month after your surgery did you have any of the following complications?

Infection of the surgical wound?	Yes	No
Infection of the urinary tract?	Yes	No
Pneumonia?	Yes	No
Blood Clot requiring treatment?	Yes	No
Other medical complications?	Yes	No
Emergency Room visit at another hospital?	Yes	No
Admission at another hospital?	Yes	No

If you answered yes to any of the above could you provide the following information?

Post Op Complication:

Date (s): _____ Problem: _____

Emergency Room:

Date (s): _____ Reason: _____

Hospital Admission:

Date(s): _____ Reason: _____

Your health and feedback are very important to us .We greatly appreciate your return response

Sincerely,

Robin Flood RN, BSN
Nursing Coordinator

National Surgical Quality Improvement Program (NSQIP)
Box # 212
99 Beauvoir Ave.
Summit, NJ 07902

T 908-522-2205 F908-522-3668
robin.flood@atlantic health .org

March 23, 2012

Joe and Jane Smith
123 Main St
Anytown, WI 53711

Dear Joe and Jane,

On January 23, 2012, Andrew had surgery at the American Family Children's Hospital. Your surgeon is participating in the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP). Participation in this pediatric program allows comparison to other hospitals, identification of quality improvement targets and improvement of patient care and outcomes. Surgical data submitted to the ACS Pediatric NSQIP meets Federal Laws (HIPAA) regarding the privacy and security of patient information.

You are being contacted, as part of this surgical quality improvement program, to ask if your child has had any complications within 30 days after surgery and discharge from the American Family Children's Hospital..

Please **circle** all of the complications that occurred WITHIN 30 days (February 22, 2012) after surgery.
Please indicate the DATE that the complication was discovered.

No Complications

Surgical Wound Incision Infection

Another Operation

Pneumonia

Hospital Admission

Blood Clot in Lung

Stroke

Kidney or Bladder infection

Brain Injury

Dialysis or Kidney Failure

Seizure

Heart Attack

Coma

Blood Clot (other than in the lung)

Blood Infection or Sepsis

Bleeding that required Blood Transfusions

Other _____

May I contact you by phone or email you if you have circled any of the complications? Yes__No__

If yes, please provide email address:_____

Thank you for your time and participation in this surgical quality improvement program. More Information can be found at <http://www.pediatric.acsnsqip.org>.

Sincerely,

David Lunney

David L. Lunney MPH PT
Surgical Clinical Reviewer
dlunney@uwhealth.org

J. Scott McMurray

J. Scott McMurray MD
Surgeon Champion

cycle 6

Date

Parents/Guardian of

,

Dear Parents/Guardian of

One month ago, your child had an operation at (name of hospital). We are interested in how your child is doing one month after his or her surgery. The information you provide will help us learn more about how children recover from these kinds of surgeries. Please know that your identity and your child's identity will be kept private. We would like to hear from you. Please take a few minutes to answer these questions and return this letter in the self-addressed stamped envelope. Please feel free to call me at the number below if you have questions.

Has your child seen a doctor for any reason (at an outpatient clinic, doctor's office, etc.) since the operation?

YES NO

(If YES, please answer the following)

- What doctor did he or she see? _____
- What date(s) did he or she see this doctor? _____
- What was the reason(s) for this visit? (please use the back of this form if needed)

Has your child been to a hospital since the operation?

YES NO

(If YES, please answer the following)

- What date(s) did he or she go to the hospital? _____
- Which hospital did he or she go to? _____
- What was the reason(s) for this hospital visit? (please use the back of this form if needed)

Is your child able to return to his or her normal routine, such as day care, play groups, school, or after school activities?

YES NO

Please return this letter whether or not your child has any medical problems. Your child's health and your opinion are important to us. Thank You.

Sincerely,