



December 21, 2010
Issue 5

Upcoming Events

Week of Dec. 20:

Contracts distributed to FSCI hospitals by ACS

Feb. 3, 2011: FSCI day-long kick-off event in Orlando

Feb. 2011: SCR Training (dates to be announced)

Mar. 1, 2011: FSCI data collection begins, following completion of training

Contact

To join FSCI or if you have questions, contact:

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Reminder: FSCI Enrollment Forms Due to ACS

Remember to turn in your FSCI enrollment form to the American College of Surgeons, attention Whitney Watson, via mail, fax or email listed below. **Hospitals must return FSCI enrollment forms and contracts to be enrolled in FSCI training.**

Once enrollment forms are turned in, hospitals will receive FSCI contracts, beginning this week. Please contact Whitney or Martha DeCastro, Martha@fha.org, with any questions as you're filling out your form.

American College of Surgeons
Attn: Whitney Watson, ACS NSQIP®
633 North Saint Clair Street 22N

Chicago, IL 60611
Email: wwatson@facs.org
Phone: 312-202-5261
Fax: 312-202-5063

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FSCI Contracts Distributed This Week

FSCI contracts will be distributed this week to hospitals who have completed their enrollment forms. **Contracts must be signed and returned to the ACS to be enrolled in training.** We ask that you turn in your contracts as quickly as possible to ensure training can occur in February. Systems that are enrolling more than one hospital should complete a contract for each hospital participating in FSCI. Should you have any questions about the contracts, please contact Whitney Watson, 312-202-5261 or wwatson@facs.org. Please note that due to the size of the FSCI collaborative, ACS is unable to negotiate individual contracts with hospitals.

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What's Ahead for FSCI?

Over the coming months, watch for more updates as we approach the launch of FSCI! Below is a calendar of upcoming key dates:

Week of Dec. 20: FSCI contracts distributed to participants.

Feb. 3, 2011: Kick-off meeting at Hyatt Orlando International Airport Hotel

Late February: FSCI training (details and registration will be announced soon)

March 1: FSCI participants begin data collection.

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Join Us for the FSCI Kick-Off Event Feb. 3

Mark your calendars to join us for the statewide FSCI Kick-Off Event on **Feb. 3, 2011!** All FSCI participating hospitals (including those participating in ACS NSQIP Pediatric or one of the ACS NSQIP Options) are invited to attend the day-long event at the Hyatt Orlando International Airport Hotel, featuring guest speakers on the importance of robust data, the value of collaboratives, advice for new Surgeon Champions and SCRs, and a preview of what you can expect as a member of the FSCI collaborative.

The day's events will allow Surgeon Champions, SCRs, hospital leadership and other members of the quality improvement team to learn more about FSCI, discuss plans

for working together as a QI team, and determine how the program will be implemented in their own hospitals.

Speakers will include:

- **Clifford Ko, MD, FACS**, ACS NSQIP director and director of the ACS Division of Research and Optimal Patient Care
- **Bruce Spurlock, MD**, president and CEO of Convergence Health Consulting and nationally recognized expert on quality improvement collaboratives and leading change
- **John Morton, MD, FACS** director of Quality, Surgery and Surgical Sub-Specialties, Stanford University Medical Center and national chair of the ACS NSQIP Surgeon Champions
- **Jennifer Ritz, RN**, surgical clinical reviewer, Henry Ford Hospital, Michigan

Please note that training on the FSCI online Workstation and data collection will occur following the kick-off event; training dates and registration information will be announced soon.

Watch your email for invitations with registration details. Thanks to Blue Cross and Blue Shield of Florida for supporting the event.

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Florida Hospitals Set National Example for Quality Improvement

In a recently posted public statement, the Centers for Medicare and Medicaid Services (CMS) has announced its intent to contract with the American College of Surgeons on five quality measures. Of these five, four are the same Florida Surgical Care Initiative (FSCI) measures. This begins the process to make these national quality measures. By participating in FSCI, Florida's hospitals will have the opportunity to measure and improve care in these important areas before they are tied to reimbursement. As of today, 102 hospitals have joined FSCI, making it the largest statewide surgical improvement effort in the country.

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Processes and Outcomes: How Should We Measure and Improve Care?

Traditionally, quality improvement efforts have focused on structural measures (setting in which surgical care is delivered, such as procedure volume, subspecialty training, nurse-to-bed ratios, the presence certain types of technology

or equipment) or compliance with process measures (such as completeness of clinical history, physical examination, and diagnostic testing; justification of diagnosis and therapy; evidence of preventive management).

In recent years, studies have shown compliance with process measures does not necessarily correlate with improved patient outcomes, leading policymakers to increasingly look to outcomes measurement as the future of quality improvement.

In this month's *Journal of the American College of Surgeons* (JACS), a new study shows hospitals participating in the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) that had excellent patient outcomes did not necessarily have the highest rates of compliance with Surgical Care Improvement Program (SCIP) infection-related process measures¹. Among ACS NSQIP participants, compliance with the SCIP process measures did not correlate with improved outcomes.

The study looked at 211 hospitals participating in ACS NSQIP between Jan. 1, 2008 and Dec. 31, 2008. Of those hospitals, 95% had SCIP data published by Hospital Compare. Researchers reviewed ACS NSQIP outcomes including 30-day overall morbidity, serious morbidity, surgical site infections (SSI) and mortality. The SCIP SSI process measures included antibiotic administration within 1 hour before incision, appropriate antibiotic prophylaxis, antibiotic discontinuation within 24 hours and appropriate hair removal.

Hospital-level compliance to these measures was between 65% and 100%, depending on the measure. Of the 16 possible correlations, 15 showed non-significant associations with risk-adjusted outcomes. The one exception was the association between appropriate antibiotic prophylaxis and SSI.

Because of this growing evidence, the Centers for Medicare and Medicaid Services (CMS), Joint Commission and other organizations are increasingly focused on measuring outcomes. CMS is currently reviewing the four FSCI measures for possible national implementation as early as 2012.

Source:

1 Ingraham AM, Cohen ME, Bilimoria KY, Dimick JB, Richards KE, Raval MV, Fleisher LA, Hall BL, Ko, CY. Association of Surgical Care Improvement Project Infection-Related Process Measure Compliance with Risk-Adjusted Outcomes: Implications for Quality Measurement. *Journal of the American College of Surgeons*. December 2010 (Vol. 211, Issue 6, Pages 705-714, DOI: 10.1016/j.jamcollsurg.2010.09.006)

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