

QUALITY DATA DRIVES QUALITY IMPROVEMENT

Development of the Florida Surgical Care Initiative from the American College of Surgeons National Surgical Quality Improvement Program

ACS NSQIP: The First Outcomes-Based Quality Program to Measure and Improve the Quality of Surgical Care

Risk-adjusted clinical data and 30-day outcomes are key to driving improved quality.

The American College of Surgeons' National Surgical Quality Improvement Program (ACS NSQIP) is the first nationally validated, risk-adjusted, outcomes-based program to measure and improve the quality of surgical care across surgical specialties in the private sector.

The program dates back to the mid-1980s, when the Department of Veteran Affairs (VA) developed NSQIP to help its 133 hospitals measure quality of care, based on preoperative risk factors and postoperative outcomes.

In 2001, the ACS launched a pilot program funded by the Agency for Healthcare Research and Quality (AHRQ) to show that NSQIP also functioned very well in private sector hospitals. In 2004, the ACS began enrolling new private sector hospitals into NSQIP.

Named "Best in the Nation" by the Institute of Medicine, NSQIP provides a prospective, peer-controlled, validated database of preoperative to 30-day post-surgical outcomes based on clinical data, not claims data from medical billing.

The VA hospitals saw a

↓ **47%** drop
in postoperative
mortality and

↓ **43%** drop
in morbidity rates from
1991 to 2006.

ACS NSQIP Impact: Improving Quality for Patients and Hospitals

Hospitals that focus on quality improvement can prevent complications and disparities of care.

A study published 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:

- *Reduced complications:* Hospitals participating in ACS NSQIP each prevented 250-500 complications annually.
- *Reduced disparities of care:* Hospitals of all types – large and small, urban and rural, teaching and non-teaching – improved quality of care through ACS NSQIP. Hospitals that were poorer performers when they joined ACS NSQIP achieved the greatest quality improvement.
- *Improved overall quality:* 82 percent of hospitals participating in the study saw improvement in morbidity and 66 percent saw improvement in mortality rates. Hospitals achieved an 11 percent to 17 percent improvement in these measures annually.



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Hospitals participating in ACS NSQIP have shown they can improve patient care while reducing costs.

Reducing complications offers the potential to save billions of dollars across U.S. hospitals. ACS NSQIP hospitals are already seeing savings through reduced complications, reduced lengths-of-stay and increased surgical volumes.

- Decatur General Hospital in Alabama (178 beds) reduced its urinary tract infection (UTI) rate from 2.6 percent to 0.8 percent, saving \$42,000 in the first quarter alone.
- In Michigan, 33 hospitals participating in a NSQIP collaborative (www.msqc.org), are saving more than \$50 million a year by reducing complications.
- Cuyuna Regional Medical Center in Minnesota (a small rural hospital) reduced stroke incidence from above the national average to below average by using ACS NSQIP to implement a new anesthesia plan and standardized anticoagulation orders and protocols.
- Henry Ford Hospital in Detroit, MI, was able to save \$2 million a year by reducing its average length-of-stay by 1.54 days, while increasing general surgery billings by \$2.25 million.
- Surrey Memorial Hospital in Vancouver, British Columbia, reduced its general and vascular surgery SSI rate by 5.7 percent and its breast surgery SSI rate by 13.3 percent over two years, saving more than \$2.7 million.

The Florida Surgical Care Initiative: Leading the Way to Improve Florida's Surgical Quality

Improving quality of care is a critical element of health care reform in Florida.

The Florida Surgical Care Initiative (FSCI), developed through a partnership between the Florida Hospital Association (FHA) and the ACS, will focus initially on four outcome measures of the ACS NSQIP.

The outcome measures use a set of key predictive clinical variables selected to minimize resource use and facilitate meaningful analysis and more rapid improvement in surgical care outcomes. ACS developed the four measures in 2009, in partnership with the Centers for Medicare and Medicaid Services (CMS), with the goal of creating practical outcomes-based measures that would help hospitals achieve significant quality improvements.

ACS submitted these four surgical outcome measures to the National Quality Forum (NQF) for endorsement. If the measures receive NQF endorsement and are subsequently selected by CMS for implementation, FSCI participants will have a valuable head start in implementing these measures and using them to improve quality of care in Florida.

Today, Florida's hospitals have the opportunity to access the tools and best practices of the well-regarded ACS NSQIP program in a tailored, exclusive program developed for Florida's hospitals. The FSCI program takes into account the specific challenges our hospitals face and is designed to drive significant results through common complications and procedures, and measures that are applicable to hospitals of all sizes and types.



For more information visit us at floridasurgicalcare.org

