



# FLORIDA SURGICAL CARE INITIATIVE: Frequently Asked Questions and Answers for Hospitals

## What is FSCI?

The Florida Surgical Care Initiative (FSCI) is a collaborative effort between the Florida Hospital Association and the American College of Surgeons (ACS) to improve the quality of care for surgical patients in Florida's hospitals. The initiative is based on the ACS National Surgical Quality Improvement Program (ACS NSQIP), a nationally validated, risk-adjusted, outcomes-based approach to measure and improve the quality of surgical care. The FSCI program is a modified version of ACS NSQIP that focuses on four surgical outcome measures: surgical site infection, urinary tract infection, colorectal outcomes, and elderly surgery outcomes.

## What are the benefits of FSCI?

Participating hospitals benefit by having the data and tools necessary to assess and improve their surgical quality; by sharing what they have learned with the other participants; and by building on the lessons learned and ongoing developments at ACS NSQIP. They also have the significant opportunity to reduce costs and improve margins by reducing complications.<sup>1</sup>

## What is ACS NSQIP?

The American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) is a nationally validated, risk-adjusted, outcomes-based approach to measure and improve the quality of surgical care. ACS NSQIP 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, there are 246 participating hospitals whose surgical staff uses the NSQIP tools, analyses, reports and support in making informed decisions about improving quality of care. Peer-reviewed studies have proven that ACS NSQIP not only is effective in improving the quality of surgical care, but it is also effective in reducing complications and costs.

## Why is Florida using a focused version of NSQIP instead of the full program?

All hospitals are able to join the full ACS NSQIP and still participate in FSCI. However, FSCI's focused version of ACS NSQIP allows widespread participation from hospitals of all sizes with varying levels of surgical case loads. ACS developed the four measures in 2009 in partnership with the Centers for Medicare and Medicaid Services (CMS), with the goal of creating outcomes-based measures that would help hospitals achieve significant quality improvements resulting in improved patient outcomes. 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 to improve quality.



## How is FSCI different from other quality improvement programs?

The data. Most quality improvement efforts are based on claims data from billing files. Among many shortcomings, claims data does not enable researchers to adjust for risk (to accurately assess the quality of an outcome, researchers need to know if the patient was a healthy 21-year-old or a sick 75-year-old) or to determine if a patient had a related complication after leaving the hospital (when half of all such complications typically occur).

In contrast, like ACS NSQIP, FSCI will use risk-adjusted data that is gathered from medical charts by clinically trained personnel and will include an assessment of the patient's condition a month 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.

## How does FSCI help participating hospitals implement these improvements?

ACS provides participating hospitals with such resources as guidelines and best practices developed by leading surgeons and experts, and case studies on how to implement quality improvement. FSCI's statewide collaborative effort, led by the Florida Hospital Association, will allow hospitals to discuss discoveries, techniques and practices from specialists at fellow FSCI hospitals.

## As a customized version of the full ACS NSQIP, how can we be assured that the four outcome measures selected for FSCI will be recognized as valid quality measures?

The four surgical outcome measures in FSCI were developed out of standard ACS NSQIP measures that are rigorously followed for 30 days post-discharge. The four FSCI measures provide a significant opportunity for quality improvement because they are high-impact procedures common to hospitals of all sizes and types and applicable to a wide range of patients. Each outcome measure has been individually validated as part of the ACS NSQIP, which gathers clinical data (pre-op through 30-day post-discharge) on approximately 300,000 patient cases annually.

In addition, these same four ACS NSQIP measures are under consideration to be endorsed as quality measures by the National Quality Forum (NQF), and they are under review to be added to performance measure requirements by the CMS.

## Given that collecting data can be a labor-intensive process, how can my hospital spare the expense and personnel to run it?

As a customized version of ACS NSQIP, FSCI focuses on four surgical outcomes and collects fewer variables that will require a correspondingly lower commitment of time and resources. ACS estimates that the FSCI program will require approximately a half-FTE staff time, which may vary by hospital. At the same time, we expect that FSCI will help to improve quality *and* reduce costs as ACS NSQIP has done for participating hospitals. Studies show that ACS NSQIP pays for itself by reducing complications and mortality.<sup>2</sup> In addition, if these four measures are added by CMS, FSCI participants would have a significant advantage by working on these measures in advance of hospitals in other states.

### Sources:

1 Dimick, J.B., et al., "Who Pays for Poor Surgical Quality? Building a Business Case for Quality Improvement." *Journal of the American College of Surgeons* 202. (2006):933-937.

2 Hall BL, et al. "Does Surgical Quality Improve in the American College of Surgeons National Surgical Quality Improvement Program." *Ann Surg.* 2009; 250:363-376.