Florida Surgical Care Initiative:

Built on a Strong Foundation of Quality Improvement Key Peer-Reviewed Studies

FLORIDA SURGICAL CARE INITIATIVE

The Florida Surgical Care Initiative (FSCI) is based on the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP), which is well-documented to have helped hundreds of hospitals achieve measured improvements in quality of care.

1. **Improves Outcomes and Reduces Complications:** 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 that hospitals participating in the ACS NSQIP program each prevented 250-500 complications annually. The study also concluded that hospitals of all types – large and small, urban and rural, teaching and non-teaching – improved their quality of care through ACS NSQIP and the hospitals that were poorer performers when they joined ACS NSQIP achieved the greatest quality improvement.[1]

2. **Reduces Morbidity:** A study published in the August 2008 issue of *Annals of Surgery* evaluated patients undergoing general or vascular surgery in 128 Veterans Affairs (VA) medical centers and 14 private sector hospitals between 2001 and 2004. The study showed that the implementation of the ACS NSQIP in private sector hospitals was associated with a reduction in morbidity following major and general vascular surgery similar to what had previously been observed for eight surgical specialties in the VA.[2]

3. **Uses Highly Effective Training and Auditing Procedures:** A study published in the January 2010 issue of the *Journal of the American College of Surgeons* evaluated the data quality and inter-rater reliability in the ACS NSQIP for the 2005 through 2008 calendar years. The study determined the training and audit procedures for hospitals participating in ACS NSQIP are highly effective in collecting data. Audit results show that data have been reliable since the programs inception and that reliability has improved every year.[3]

4. **Includes Validated Measurements:** A study published in the *Journal of the American College of Surgeons* assessed the validity of risk-adjusted surgical morbidity and mortality rates as measures of quality of care. The study confirmed an association between the risk-adjusted adverse outcomes of surgical mortality and postoperative morbidity.[4]

5. **Uses Robust Clinical Data:** A 2008 study in *Surgery* compared the ACS NSQIP's risk-adjusted, clinical, 30-day outcomes database with the administrative data collected in the University Health Consortium (UHC) program. Researchers found the ACS NSQIP uncovered 26 percent more complications than the UHC program. Among surgical site infections (SSI), 11 percent of patients were reported to have had an SSI in the ACS NSQIP database while only one percent in the UHC.[5]

Sources

1 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.

2 Khuri S, Henderson W, Daley J, et al. "Successful Implementation of the Department of Veterans Affairs' National Surgical Quality Improvement Program in the Private Sector: The Patient Safety in Surgery Study." *Ann Surg.* 2008; 248:329 – 336.

3 Shiloach M, Frencher S, Steeger J, et al. "Toward Robust Information: Data Quality and Inter-Rater Reliability in the American College of Surgeons National Surgical Quality Improvement Program." *J Am Coll Surg.* 2010; 210; 6-16.

4 Daley J, Forbes M, Young G, et al. "Validating risk-adjusted surgical outcomes: site visit assessment of process and structure." *J Am Coll Surg.* 1997;185:341–351.

5 Steinberg S, Popa M, et al. "Comparison of risk-adjustment methodologies in surgical quality improvement." *Surgery.* 2008; 144: 662-669.

FHA Florida Hospital Association

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