



**September 14, 2010**  
**Issue 2**

### **Upcoming Events**

Sept. 21: FSCI Webinar from 10 a.m. – 11 a.m. ET.

### **Communications Toolkit**

For a toolkit to help your communications staff inform people in your workplace and community about your participation in FSCI, click [here](#).

### **Recruitment Update: 101 Hospitals Have Joined FSCI!**

As of today, 101 hospitals have joined FSCI. The collaborative is the largest statewide surgical quality improvement effort in the country.

### **Check us out on YouTube**

To see FSCI's informational video, click [here](#).

### **Contact**

To join FSCI or if you have questions, contact:

Martha DeCastro, MS,RN,CIC  
Vice President of Nursing  
Florida Hospital Association  
Email: [martha@fha.org](mailto:martha@fha.org)  
Tel: 850.222.9800

To subscribe to this newsletter, contact:

Debbie Hegarty  
Surveys/Special Projects Manager  
Florida Hospital Association  
Email: [debbieh@fha.org](mailto:debbieh@fha.org)  
Tel: 407.841.6230

## In this issue:

- [FSCI Surpasses Goal of 100 Participating Hospitals](#)
- [Complete Data for Complete Understanding: The Importance of Data in FSCI](#)
- [Role of the Surgical Clinical Reviewer](#)
- [What FSCI Members are Saying](#)
- [Reminder: FSCI Webinar Takes Place Sept. 21](#)
- [Subscribing to the FSCI Newsletter](#)

## FSCI Surpasses Goal of 100 Participating Hospitals

The Florida Surgical Care Initiative is proud to announce that we have surpassed our goal of 100 participating hospitals. FSCI is the largest statewide surgical improvement effort in the country. Thank you to all participating hospitals who have shown your commitment to preventing surgical complications, reducing costs and improving care across our state by enthusiastically supporting this effort. We look forward to working together to improve care in our state, and making Florida an example to the nation of quality surgical care.

### [TOP](#)

## Complete Data for Complete Understanding: The Importance of Data in FSCI

Our goal is to improve the quality of surgical care for our patients, but we can't fix a problem if we don't know it exists. That's why FSCI is based on collection of risk-adjusted, clinical, 30-day outcomes data that is collected by a trained Surgical Clinical Reviewer and independently audited. This means we'll have a clearer picture of what's happening in our hospitals, and we'll have confidence that it will be the accurate picture.

Most quality improvement efforts today are based on claims data from billing files. Among many shortcomings, it is difficult to accurately adjust claims data for the risk of the patient (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, the Florida Surgical Care Initiative (FSCI) will use risk-adjusted data that is gathered from medical charts and will include an assessment of the patient's condition a month after a surgical procedure. Studies have shown that clinical data is more detailed, robust and informative than are administrative claims and billing data, which have been shown to be limited, inconsistent and

subject to misinterpretation when used to measure performance.<sup>1</sup>

For example, a study by researchers at Ohio State University Medical Center comparing clinical data and administrative data found that when compared to ACS NSQIP methodology using clinical data, a program using claims data missed 61 percent of total complications – including 97 percent of surgical site infections and 100 percent of urinary tract infections.<sup>2</sup>

Likewise, to fairly measure performance, any assessment must consider the health risks posed by the condition of each individual patient. Clearly, the risks of surgery facing a chronically ill 75-year-old are likely to exceed those facing a healthy 21-year-old. Any quality measurement program that does not adjust for the patient's condition prior to surgery cannot offer a basis for accurately benchmarking and comparing surgical outcomes among hospitals. More importantly, risk-adjusted data can help surgeons do a better job when it comes to prescribing, preparing for and following up on any given procedure for any given patient. We would never ignore the patient's condition in prescribing a course of care, so we should never do so in evaluating the quality of patient care.

Finally, most quality improvement programs based on claims data do not account for post-discharge complications despite the fact that more than half of complications occur after the patient leaves the hospital. For example, in the case of colon resections, one of the most common procedures performed in hospitals across the country, **more than one-half** of cardiac arrests and **two-thirds** of infection complications occur after the patient leaves the hospital.<sup>3</sup>

Clearly, our care and concern for the patient does not stop at the hospital door and our efforts to measure quality should not stop there either. FSCI helps evaluate and improve the quality of surgical care by identifying problems and complications before, during and after an operation. A crucial component of the program is assessing patient outcomes 30 days after discharge. By capturing the often unreported post-discharge complications, FSCI provides a more complete picture of surgical care and greater insight into needed quality improvement initiatives. This also fosters increased collaboration between the hospital and surgeons to further improve quality care.

Sources:

1. Iezzoni L. "Assessing Quality Using Administrative Data." *Annals of Internal Medicine*. 15 Oct. 1997.
2. Steinberg S, et al. "Comparison of risk adjustment methodologies in surgical quality improvement." *Surgery*. Oct. 2008.
3. Ko CY. "ACS NSQIP Conference and Semiannual Report Overview." Presentation at the 2009 ACS NSQIP National Conference. July 2009.

[TOP](#)

## Role of the Surgical Clinical Reviewer

A key member of FSCI is the Surgical Clinical Reviewer (SCR). The SCR's chief responsibility is to collect and submit reliable data to the ACS NSQIP. This is accomplished through high-quality data compilation, documentation and entry into the FSCI database of eligible operations for the hospital. The SCR also works closely with the members of the Department of Surgery to identify opportunities for

clinical quality improvement and other special projects as may be identified.

The FSCI SCR is approximately a half-time position. For more information and a SCR job description, please contact Martha DeCastro, [Martha@fha.org](mailto:Martha@fha.org).

[TOP](#)

## What FSCI Members are Saying

“Participation in FSCI provides Health First hospitals an outcomes-based program to measure and gauge our performance related to a very broad comparative database. Because the program is a customized and focused version of the ACS NSQIP, our surgeons recognize the credibility of the measures and benchmarks, and they have already embraced the program. Through FSCI, we hope to demonstrate the high level of quality and safety that our surgical services provide for our patients, and to identify the opportunities – both in the aggregate and individually – to improve our surgical care. The FSCI collaborative will serve to drive improved outcomes and hopefully cost efficiencies across the state.”

James V. Palermo, MD, MMM, FACS  
Vice President, Chief Medical Officer  
Chief Quality Officer  
**Health First**  
Melbourne, FL

“At North Broward Medical Center, two of our goals are to achieve zero hospital-acquired infections and improve our overall surgical care and outcomes. The FSCI collaborative will give us tools to enhance our care, establish best practices and improve outcomes. We look forward to partnering with other hospitals to share knowledge, strategies and best practices that will benefit all participants. I believe FSCI will show the nation that this type of collaborative can significantly improve patient care and outcomes, and reduce costs.”

Beverly Beyerlein Davis  
Regional Manager of Quality/Epidemiology, Patient Safety Officer  
**North Broward Medical Center**  
Pompano Beach, FL

[TOP](#)

## Reminder: FSCI Webinar Takes Place Sept. 21

Remember to join us on **Tuesday, Sept. 21, 2010 from 10 a.m. to 11 a.m. ET** for “A Closer Look at FSCI – Florida Surgical Care Initiative,” hosted by Clifford Ko, MD, FACS, ACS NSQIP director and Karen Richards, ACS NSQIP administrative director.

The webinar will provide you with an overview of FSCI and answer questions you or your colleagues may have about the program. To register for the webinar and to submit questions, please click [here](#) to RSVP by **Friday, Sept. 17**.

[TOP](#)

## Subscribing to the FSCI Newsletter

If you have colleagues who are interested in subscribing to the FSCI newsletter, please send names and email addresses to Debbie Hegarty, [debbieh@fha.org](mailto:debbieh@fha.org).

[TOP](#)



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