Key Ingredients for the Implementation of an Effective ACS NSQIP Structure and Process

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Purpose…

Describe the leadership, collaboration, and structure required to effectively implement the *American College of Surgeons National Surgical Quality Improvement Program* (ACS NSQIP).

Review of Literature

- Top level management direct involvement throughout the implementation of an innovation is key (Schroeder, Van de Ven, Scudder, & Polley, 1986).

- Support from top management/championship has significant effect on adoption decision ($n = 226$, $p < .00)$ (Grover, 1993).

- Leaders must first accept change to assist others; innovation takes time & needs to be a perceived value for adoption to occur (Rogers, 2003).

- Main drivers to achieve any goal

  are the characteristics of those

  driving the change $(n = 24)$

  (Longo, 2007).

Review of Literature #2!

- Graduate level education, years of CNO experience, and leadership course completion significantly influence innovativeness of CNOs *(p =.01)*…

- Willingness of leaders to change influences the rate of adoption of an innovation by their staff; 41% response rate (Clement-O'Brien, Polit, & Fitzpatrick, 2010).

- Hospitals are more likely to generate substantial innovation activities if the management encourages employees to question existing processes and take risks…

- Management must emphasize creativity, support idea generation, and provide sufficient resources to increase innovativeness.(Schultz, Zippel-Schultz, & Salomo, 2012).

#1 Role of Senior Leadership

Mary Jo LaPosta, MS, PhD, RN
Senior VP of Patient Care and
Organizational Excellence,

Chief Nursing Officer

Richard Falivena, DO, MPH
VP, Chief Medical and
Physician Integration Officer

… AND *ACS NSQIP SC*

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#2 Communication Structure for Surgeons and Office Practices

- Planning meetings with CMO & CNO to determine structure & plan for *NAVIGATING the ACS NSQIP Roadmap!*

- Partnering with CMO/SC to present ACSNSQIP to hospital surgeon committees, i.e. Medical Board & Subspecialties

- Mailing to surgeons signed by CMO & Chair of Surgery

- Requesting Surgeon Office Collaboration on Two Processes

  ✓ *Assignment of CPT Code at time of operative scheduling*

  ✓ *30-Day Documented Patient Follow-up*

#3 Access to Resources, Information Systems, and Databases

Structure/Plan	Process/Outcome
Access to all e-data bases	Admin Assist with IT/ Submit Forms
Customize data search	1on 1 - Surgical Systems Analyst
Operative Log	Surgical Systems Analyst
CPT Codes	HIS Staff
Learn data bases	Surgical Systems Analyst/ *Exemplo* Training/ ORM Meetings
List of Surgeons, ID #, & NPI #	Medical Credentialing
Maintain Communication with 22 Surgical Office Practice Sites	Initial Meeting at Office Sites and PRN Phone, Email, Fax, & Scan
Request Paper Medical Record	*HIS Chart Pull* Request
Request 30-Day Outcome Documentation	Surgical Office Practice Staff

#4 Development of the Operative Log

Operative Log	Cycle Specific- 8 Day Range
Patient Name	Room
Date of Surgery	Cut Time
Date of Birth	Close Time
Account Number	Surgeon
Medical Record Number	Service
Admit- Type	Anesthesia
Procedure	Wound-Type
Description	Class ASA

CPT Code	Case	Inclusion Status

#5 Role of HIS
Assignment of CPT Code

- Campaign from CMO/SC- Surgeons to OWN CPT Code assignment
- *Ticket to Ride- pre-op scheduling process*
- NOT the role of the SCR
- HIS in-patient coders learning CPT Codes
- Collaboration with various department leaders
  - Care Management
  - Health Information Systems
  - Information Technology
  - Director Peri-operative Services
  - Director OR and PACU

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#6 Surgeon Office Collaboration
30-Day Follow-up Documentation !!!

30-Day Documented Follow-up Rate (8/05/13- 3/29/14)

Site Range 90 – 100%	96.1%	Comparison Group 92.6%

OrthoNY

#7 Tracking, Monitoring, & Ongoing Communication…*Key Ingredients!*

- Tracking sheet for monitoring flow of requests and submissions of… Op Log, Codes, Charts, & 30-Day follow-up documents

- Monthly Style Calendar with LOCK Dates!

- Resource Binder - NSQIP codes & clarifications, Office contact list, med reference, & list of surgeon/ ID#s, etc.

- Delegate with maintenance of follow-up communication with resource staff

Outcome

The 30-Day patient outcome documentation compliance is consistently maintained above 90%, current rate 96.1%.

The office sites benefit from direct patient satisfaction feedback & the ability to follow-up with patient concerns.