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

#57

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SARATOGA HOSPITAL (New ACS NSQIP Site August 2013)

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MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

Introduction

Abstract

Aim

The purpose of this presentation is to describe the leadership, collaboration, and structure required to effectively implement ACS NSQIP.

Background

There are limited resource documents which provide a guide to the best practices for the implementation of the structure and process for ACS NSQIP. A description of organizational leadership, innovation, and the collaboration with the community of surgeons supports an effective outcome focused program.

Structure/Process

The senior leadership team of Saratoga Hospital supported a structure for 30-Day patient outcome follow-up established through the office practice sites. The designated office staff provide the 30-Day patient outcome data by submitting office notes or completed telephone surveys to the surgical clinical reviewer (SCR).

Results

The 30-Day patient outcome compliance has been consistently maintained. The offices benefit from direct patient satisfaction feedback and the ability to follow-up with patient concerns.

Conclusion

Implications for hospitals to effectively implement ACS NSQIP or problem-solve current practices. Explore approaches which involve the broader professional community to achieve outcomes.

Literature Review

- Top level management hands-on direct involvement and support throughout the innovation project implementation perform a role critical to the institutional support of an innovation; Minnesota Innovation Research Program (Schroeder, Van de Ven, Scudder, & Polley, 1986).
- Support from top management and championship has significant effect on adoption decision (n = 226, $p < .00$) (Grover, 1993).
- Leaders must first accept change in order to assist others; innovation takes time and there needs to be a perceived value for adoption to occur (Rogers, 2003).
- Any organizational strategy & goal is achievable; Main drivers are the characteristics of those driving the change: motivation, leadership, and commitment; (n = 24) (Longo, 2007).
- Graduate level education, years of CNO experience and leadership course completion significantly influence innovativeness of CNOs ($p = .01$); willingness of leaders to change found to influence the rate of adoption of an innovation by their staff either positively or negatively; 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 portfolio innovativeness. (Schultz, Zippel-Schultz, & Salomo, 2012).

Methods

1. Role of Senior Leadership

Mary Jo LaPosta, MS, PhD, RN
Senior VP of Patient Care & Organizational Excellence, Chief Nursing Officer

Richard Falivena, DO, MPH
VP, Chief Medical & Physician Integration Officer… AND *ACS NSQIP SC*

- Partnered with SCR to determine the ACS NSQIP implementation structure, and plan
- Allocated resources for ACS NSQP
- Ensure that all surgeons are aware of the implementation of ACS NSQIP
- Identified the plan for the 30–Day follow-up requirement to be achieved by the surgeon office practice staff
- *Paved the way* for SCR to communicate with hospital leadership, departments, & office staff

2. Communication Structure for Surgeons and Office Practice Sites

- Partnered with CMO/SC & CNO to determine structure & plan for *navigating* introduction of ACS NSQIP to the professional community
- Partnered with CMO/SC to present the program to hospital surgeon committees
- CMO and Chair of Surgery sent signed introductory letter to surgeon office practice sites
- Requested Surgeon Office Collaboration on Two Processes (see abridged letter below)
  - ✓ **30-Day Documented Follow-up Patient Outcome Assessment**
  - ✓ **Assignment of CPT Code at the time of operative scheduling**

October 24, 2013
(Address)
Dear Dr. _____,

Providing excellence in healthcare is central to the mission, vision, and values of Saratoga Hospital. In support of patient quality and safety, we have joined the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP), the gold-standard in surgical quality improvement. ACS NSQIP is a tool that provides actionable and credible data to enable continuous quality improvement. The goal is to prevent complications, reduce associated costs, and promote the highest standard of surgical care. The reports and resources generated from the program support making informed decisions to achieve this goal.

New to Saratoga Hospital is Karen Clement-O'Brien, DNP, RN, Surgical Quality and Regulatory Specialist. Dr. Clement-O'Brien will fulfill the role of SCR. *She is responsible for developing and implementing the NSQIP structure and process for data collection, recording clinical data, and securing 30-day postoperative outcomes data for submission to ACS NSQIP. She will also be a key person for implementing quality initiatives based on our ACS NSQIP results.*

As an ACS NSQIP participating hospital, you can expect Dr. Clement-O'Brien may reach out to your office staff to request access to patient medical records. Within the program, SCRs collect forty cases every eight days, based on a systematic sampling process established by ACS. If one of your cases is selected for that cycle, a number of preoperative through 30-day postoperative variables from that case will be collected. ***Dr. Clement-O'Brien will need your help to determine patient status beyond the typical two or three week follow-up office visit. Status of the patient can be validated via medical record documentation and/or telephone follow-up.***

We appreciate your engagement in ACS NSQIP, as well as in the quality improvement efforts that will result from our data collection. Please let me know if you have any questions regarding ACS NSQIP and our hospital's involvement.

Sincerely,

Richard P. Falivena, DO, MPH
Vice President, Chief Medical and Physician Integration Officer

G. Michael Ortiz, MD
Chair, Department of Surgery *(abridged)*

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	1 on 1 - Surgical Systems Analyst
Operative Log	Surgical Systems Analyst
CPT Codes	HIS Staff/ Surgical Office Practice Staff
Learn data bases	Surgical Systems Analyst/ *Exemplo* Training/ ORM Meetings
List of Surgeons, ID #, and 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 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 department/leaders

6. Surgeons' Office Collaboration for 30-Day Follow-up Documentation

- ✓ Established relationship with 22 surgeon office practice sites; travel to site
- ✓ Educate point person/s at each site on 30- Day documented follow-up
- ✓ SCR sends custom patient lists weekly to office point person/s
- ✓ Staff submit follow-up documentation of patient office visit; first post-op visit and 30+ day visit; and/or…
- ✓ Office staff place telephone scripted call to patients (minimum of three attempts) for patient outcome data (see telephone script)
  - *In the 30 days since your surgery, have you had any health care concerns related to the Op ?*
  - *Did you have a health care concern that required medical follow-up related to the Op?*
- ✓ SCR ALWAYS communicates positively and thankfully even if case is about to LOCK!

Results

30-Day Documented Follow-up Rate
(8/05/13- 3/29/14)
96.1%

Site Range	Comparison Group
90 – 100%	92.6%

Saratoga Center for General & Minimally Invasive Surgery
Holly Drew-Moore Med Assist.
Alice Dennis Practice Mgr.
Laura Rivers Office Assist.
Margery House Med Assist.

Saratoga Spine
Katie Rourke Practice Mgr.
Sarah Ramos Med Assist.

OrthoNY

ORTHONY
Melinda Barody Med Assist.
- ✓ OrthoNY – Largest Volume of Procedure targeted cases
- ✓ Melinda provides an average of documented follow-up 35 cases per cycle

- ✓ High Touch- Support the Mission
- ✓ Promotes Customer Satisfaction
- ✓ Inform Patient -*You may receive a random follow-up telephone call*
- ✓ Customer Recovery…*Would you like to be seen again?*
- ✓ Fax, scan, or direct pick-up by SCR
- ✓ Two sets of office visit notes &/or telephone script

7. Tracking, Monitoring, and Ongoing Communication… *Key Ingredients!*

- Tracking sheet for monitoring flow of requests and submissions of… Op Log, Codes, Charts, & 30-Day follow-up documents
- Monthly Calendar with LOCK Dates!
- Binder of resources – Office staff contact list, NSQIP clarifications, med list, surgeon #s, etc.
- Delegate with maintenance of follow-up communication to all resource staff

Conclusions

- ➢ ***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 and the ability to follow-up with patient concerns***

Bibliography

Available at poster booth #57 or upon request
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