

CQI promotes
**high standards
of surgical care
through research**

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When the American College of Surgeons' strategic planning process was initiated in 2000, one end result was the reorganization of the College into four divisions: Advocacy and Health Policy, Education, Member Services, and Research and Optimal Patient Care. This article looks at some of the work carried out through the Division of Research and Optimal Patient Care, specifically at its program focused on evidence-based surgery.

In 2001, the College established the Office of Evidence-Based Surgery within the Division of Research and Optimal Patient Care to help surgeons apply the current verifiable research to surgical practice. Last year, the name of this section changed to Continuous Quality Improvement (CQI). The CQI program promotes the highest standards of surgical care through the evaluation of surgical outcomes in clinical practice. Charged with providing assistance to health services, clinical, and laboratory research, CQI promotes the undertaking of systematic reviews, clinical trials, and outcome studies. It also provides practicing surgeons with easy access to scientifically sound evidence available to support best practices.

The following information is drawn from an interview that the author conducted with R. Scott Jones, MD, FACS, Director, Division of Research and Optimal Patient Care, and Karen Richards, Administrative Director, Continuous Quality Improvement.

What is the focus of Continuous Quality Improvement?

The focus for CQI and for the College's entire Division of Research and Optimal Patient Care is continuous improvement of the quality of surgical care. As such, CQI works toward creating a foundation for: applying of the best scientific evidence to the clinical practice of surgery; documenting outcomes with unquestionable data; identifying new knowledge and techniques; and assisting the conduction of careful clinical trials to establish the safety and efficiency of new techniques before they are used in patient care.

How does CQI's work fit into the College's efforts to further surgical patient care?

The College's mission entails improving the care of the surgical patient and safeguarding standards of care in an optimal and ethical practice environment. CQI's work is perfectly aligned with that objective. By accumulating, assimilating, and communicating best evidence and practices as they relate to surgery, CQI is working to meet the goal of providing optimal patient care.

How does CQI's work benefit surgeons?

Overall, CQI's efforts will provide support to research efforts that will arm surgeons with information they need to give the best patient care pos-

sible. More specifically, there has been a lack of surgeon access to the best evidence. One of CQI's goals is to increase surgeons' ability to get the information they need with the establishment and maintenance of a repository—sembled through literature searches and data from ongoing research—for best evidence. Additionally, there has been a lack of solid clinical trials on conditions that require surgical intervention. For various reasons, there are not a lot of surgeons who are able to run high-quality, well-designed, well-conducted prospective randomized clinical trials. Additionally, not all surgical conditions call for such clinical trials. Part of CQI's work will be to assist with the running of trials and to identify the surgical conditions that need to be studied in such trials.

Does CQI collaborate with other College divisions?

Yes. We collaborate with the Division of Education to provide educational programs and with the Division of Advocacy and Health Policy to promote public policy initiatives in clinical research. CQI also forms partnerships with outside groups and organizations involved in evaluating surgical outcomes.

What other societies or outside groups will CQI be collaborating with on various activities?

CQI has been and will continue to collaborate with a wide range of medical societies and other groups to improve the quality of surgical care. Groups we are currently collaborating with include: the Centers for Medicare & Medicaid Services, the Joint Commission on Accreditation of Healthcare Organizations, the Physician Consortium group of the American Medical Association, the University Health System Consortium, the Centers for Disease Control, and the Society of Thoracic Surgeons—to name just a few.

What programs are being orchestrated by CQI?

The American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) is a major initiative that CQI has implemented. ACS NSQIP is a national, validated, outcomes-based, risk-adjusted program created to measure and enhance surgical care. Believing that the ACS



Dr. Jones

NSQIP is one of the best ways to benchmark and improve surgical care, the ultimate goal of the program is to reduce surgical morbidity and mortality.

The original National Surgical Quality Improvement Program was initiated 11 years ago by the Veterans Health Administration (VHA) to measure the incidence of operative morbidity and mortality in VA hospitals. After the program was implemented in 128 VA hospitals, surgical mortality decreased by 27 percent and morbidity decreased 45 percent. In 2001, a grant from the Agency for Healthcare Research and Quality was awarded to the VA and the American College of Surgeons for the collaborative implementation of the NSQIP in private sector hospitals. After gathering more than three years worth of study data, nearly 100,000 surgical cases have been collected from 18 private hospitals. The results of the study have shown that the program has been successfully implemented in these hospitals and that the NSQIP methodology works well in the private sector.

In response to the program's success in the VA and the private sector, the College developed a busi-

ness plan to offer the program to all interested and qualified hospitals, beginning with the general and vascular surgery departments. All private sector hospitals that meet the minimum participation requirements, complete a hospital agreement, and pay an annual fee are now being offered the ACS NSQIP.

Furthermore, CQI has several grant-funded clinical trials and research projects, including projects dealing with inguinal hernia management, palliative care, patient safety, and working conditions of surgery residents.

Is CQI involved with the American College of Surgeons Oncology Group (ACOSOG)?

CQI was actively involved in the grant renewal application process that ACOSOG recently completed. CQI and other areas of the College will continue to provide resources and support to ACOSOG in order to further its mission of conducting high-quality surgical oncological clinical trials.

Why was the name of this area changed from the Office of Evidence-Based Surgery?

The new name, Continuous Quality Improvement, better represents the activities our area is currently undertaking to improve the quality of surgical care in this country. While the new name includes the idea of evidence-based surgery, it's much broader and encompasses other areas, such as the documentation of outcomes through our databases, well-designed and carefully implemented clinical trials, and the identification of new knowledge and techniques.

What are the long-range plans for CQI?

While medical research continues to aggressively take place in the U.S.—much of which is supported by the National Institutes of Health (NIH)—physicians practicing in medical disciplines other than surgery lead the way in obtaining funding for research, in participating in NIH peer-review processes, and overall research productivity. The surgical profession should work to correct that deficiency in the interest of the public.

The work of CQI, and the Division of Research and Optimal Patient Care as a whole, can play an

important role in closing the research gap. As such, CQI's plans and goals for the next five years entail becoming a more comprehensive unit that houses: an Office of Best Evidence to accumulate, assimilate, and communicate best evidence; an Office of Outcomes that steers the ACS NSQIP and collaborates with both the NCDB and NTDB; an Office of Surgical Innovation that will herald new technology, techniques, knowledge, and programs; and an Office of Clinical Trials that will develop an infrastructure for research grant acquisition and management, as well as develop and sustain scholarly inquiry and research proposal writing.

Additionally, a Surgical Research Promotion Unit will be established. This unit will create an avenue for informing the surgical profession of today's research and the role of that research in promoting the quality of tomorrow's care. Furthermore, the unit will have a role in setting standards, establishing curricula, providing organization, structure, and general oversight for research, education, and training, enhancing career development in research, defining and maintaining an optimal surgical research workforce, and establishing better communications with leaders of NIH.

As a great deal of evidence shows, changes are needed in the quality and safety of the health care provided in this country. For myriad reasons, the quality of health care falls short, perhaps in part because of the massive stream of new knowledge and new technology that is available to health care workers. Furthermore, there is a lack of uniformity in the systems and standards available for translating the best scientific evidence into tangible methods of delivering patient care and a failure to systematically observe and measure the effectiveness of disease prevention and treatment efforts. Through CQI, the American College of Surgeons will be one step closer to addressing the major issues of safe and effective surgical patient care. □