EGS-VP Revision Log: June 2025

Overall Comments Regarding Updates to DSS.1:

The 2025 publication of the EGS-VP standards reflects lessons learned from implementation across post-pilot site visits. While the original language set a high bar for data collection by encouraging participation in a national registry, such as the NSQIP EGS Module, it became clear that greater flexibility was needed to accommodate hospitals that track outcomes using alternative methods.

Standard DSS.1 has been revised to clarify that while registry participation remains strongly encouraged, it is no longer a mandatory minimum requirement for verification. The updated language allows hospitals to meet the standard through other structured data sources, such as administrative or claims-based data. Clear minimum requirements have been added to ensure that all hospitals, regardless of data platform, understand the expectations for case identification, outcome tracking, and follow-up.

Standard	Date Change Made	Change Type	Update	Rationale
DSS.1: Data Collection	June 2025	Addition	Minimum requirement: • Hospital must have a way to identify and track all operative and non-operative cases within the EGS service.	Minimum requirement was added for clarity and consistency.
DSS.1: Data Collection	June 2025	Addition	Administrative or claims-based data sourced directly from billing or administrative records are sufficient to meet the data requirement, but not optimal. Minimum requirements: • Hospital must use either registry or	Specifies minimum requirement to be inclusive of hospitals that are unable to participate in a national registry but have access to claims based and administrative data.

			administrative data to track EGS cases. • Outcomes must be tracked for both operative and non-operative cases.	
DSS.1: Data Collection	June 2025	Addition	<u>EGS Case Capture and Follow-up</u> For hospitals participating in an EGS registry where a high volume of EGS cases precludes 100% case capture, sampling criteria regarding capture of both operative and non-operative management of acute disease must be followed. Patients must be followed through the 30-day postoperative period. The hospital must provide a written protocol for monitoring data entry and patient follow-up, including a schedule for contact/outreach and a lost-to-follow-up protocol. Minimum requirements: • If participating in a registry, hospital must either capture 100% of operative and non-operative EGS cases or follow set sampling criteria. See sampling ACS NSQIP EGS Module sampling methodology. • Operative patients are followed through 30-day post-operative period and non-operative patients a followed through 30 days post-consult.	Clarifies minimum expectations for case capture and follow up for hospitals participating in NSQIP registry or NSQIP EGS module. Updated NSQIP EGS sampling guidance is linked in the "Resources" section of the standard and on the ACS EGS website.

DSS.1: Data Collection	June 2025	Addition	Minimum requirements: • There must be a mechanism for regular reporting of EGS outcomes (see DSS.2), including a way to identify outlying results.	Minimum requirement clarified to reference standard DSS.2 for list of adverse events that require review.
DSS.1: Data Collection	June 2025	Removal	While it is recognized that not all hospitals will participate in a formal registry at the time of initial verification, it is expected that all hospitals will be able to meet registry data collection requirements within one year of their first verification site visit.	Participation in a national data registry, such as NSQIP EGS Module, is no longer a mandatory requirement for the Emergency General Surgery Verification Program (EGS-VP). This allows hospitals who have developed other ways to track their EGS patients and outcomes to comply with the standards. While registry data collection is no longer a baseline requirement for verification, hospitals must have a way to identify and track all operative and non-operative cases within the EGS service.