# ACS QVP Specialty Pre-Review Questionnaire

This Specialty PRQ is to be completed by the **surgeon serving as the specialty or division Chair/Chief for this surgical specialty**: 

<table>
<thead>
<tr>
<th>Surgical Specialty</th>
<th>(e.g., General Surgery)</th>
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</thead>
<tbody>
<tr>
<td>Name of Surgeon Chair/Chief</td>
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<tr>
<td>Credentials</td>
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<tr>
<td>Title</td>
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</tbody>
</table>

1. **List clinical areas/surgical subspecialties included within your area:**

2. **Including you, how many surgeons are privileged to perform procedures in your specialty-area (please include all surgeons regardless of employment status or surgical group affiliation)?:**
3. Is there an a priori mechanism or forum for requesting quality and safety resources (e.g. registry participation, external quality program participation, FTE support, educational opportunities, etc.)?

4. Provide an example of a quality and safety resource recently requested (approved or denied) for your specialty and the process you went through to request budget support.
PASSIVE: Adverse events are expected or unavoidable.
REACTIVE: Able to fix problems whenever they occur, but not looking for problems.
CALCULATIVE: Have systems in place to prevent problems and actively surveil for potential problems.
PROACTIVE: Proactively look for potential problems and develop quality improvement projects to fix any identified problems.
GENERATIVE: Quality and safety at the core of business; constantly looking for potential problems and ways to prevent them.

5. Using one of the 5 descriptors provided above, which best describes your HOSPITAL’S safety culture?

6. Using one of the 5 descriptors provided above, which best describes your SPECIALTY’S safety culture?

7. For your SPECIALTY rank the following on a scale from 1-6 for areas that are strengths to needs improvement (1=strongest → 6=weakest).

<table>
<thead>
<tr>
<th></th>
<th>Strongest</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teamwork Climate</td>
<td>⬤</td>
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<tr>
<td>Safety Climate</td>
<td></td>
<td>⬤</td>
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<tr>
<td>Stress Recognition</td>
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<td>⬤</td>
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<td>Perception of Mgmt</td>
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<td>⬤</td>
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<td>Working Conditions</td>
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<td>⬤</td>
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<tr>
<td>Job Satisfaction</td>
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<td>⬤</td>
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</table>
8. Do you or anyone from your specialty serve as a liaison for your specialty on any hospital-wide committee(s) that addresses cross-cutting quality and safety issues in surgery? If yes, list committee name(s) here:

9. Do you have regular meetings with the other surgeons WITHIN YOUR SPECIALTY AT YOUR HOSPITAL to discuss quality at the specialty-level (please do not include system-wide service-line committees)? If yes, respond to questions 10-13 regarding your SPECIALTY-LEVEL committee.

10. How frequently does this committee meet?

11. What percentage of surgeons regularly attend (please include all surgeons privileged to perform procedures within your specialty, regardless of employment status)?

12. List any representatives from other disciplines on the committee, such as nursing, anesthesia, critical care, or other non-surgeon specialists:

13. Select the following functions that are routinely performed by the committee (check all that apply)?
- Outcomes Data Review
- Individual Surgeon Review (peer review)
- Retrospective Case Review (including M&M)
- Monitoring of Device/Resource Utilization

If any of the above are performed outside of the committee or by separate committees, explain:

14. Do you have any administrative support within your area (either shared or dedicated) to support quality activities such as committee coordination, project management, data analysis, performance improvement, etc. to support quality improvement and care optimization activities? If yes, provide the number FTEs dedicated to your area and a brief description of the functions they support:
15. Complete the template by including any standardized protocols your specialty uses in the listed phases of care.

17. Do you participate in any external accreditation/verification/certification programs that address disease-based management (e.g., ACS Trauma Verification, CoC Accreditation, Joint Commission Spine Surgery Certification, etc.)?

If yes, list program names:

18. Do you have any multidisciplinary conferences that address disease-based management of particular conditions? (e.g., tumor board conferences, transplant conferences, etc.)

If yes, list conferences:

19. Do you measure compliance to established clinical guidelines?

If yes, describe:
### DATA SURVEILLANCE & SYSTEMS (DSS)

**DSS.1: Data Collection and Surveillance**

*View Standard*

**20. List all sources of data used within your specialty:**

<table>
<thead>
<tr>
<th>Data Source (e.g., NSQIP, VQI, STS, etc.)</th>
<th>Data Type</th>
<th>Who Inputs Data</th>
<th>Data Shared Routinely</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Incident/Serious Safety Event Reporting System</td>
<td>☐ Hospital Staff</td>
<td>☐ Hospital Leadership (i.e. CMO, quality dept leadership)</td>
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<tr>
<td>☐ Other reporting mechanism to track (near misses and good catches)</td>
<td>☐ Patients/Caregivers Surgeon</td>
<td>☐ Surgeon Leadership (i.e. chair, SQO)</td>
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</tr>
<tr>
<td>☐ Administrative claims data (e.g. billing, EHR data, Vizient, Premier)</td>
<td>☐ Data Abstractor</td>
<td>☐ Specialty Leadership (i.e. thoracic surgery chief)</td>
<td></td>
</tr>
<tr>
<td>☐ Local, clinically relevant data capture (e.g. Redcap, homegrown registry)</td>
<td>☐ Automated from EHR</td>
<td>☐ Frontline Surgeons</td>
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<tr>
<td>☐ External, multi-hospital clinical data registry (e.g. ACS NSQIP, SVS VQI, STS National Database, etc.)</td>
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<td>☐ Frontline Care Providers</td>
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<tr>
<td>☐ Electronic health record associated data (e.g. EPIC SlicerDicer)</td>
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<tr>
<td>☐ Risk Adjusted</td>
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<tr>
<td>☐ Regional Benchmark Data</td>
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<tr>
<td>☐ National Benchmark Data</td>
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<tr>
<td>☐ Other</td>
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**21. Are data shared with all surgeons within your area?**

*If yes, how often?*
22. Is there a specialty-level Morbidity & Mortality (M&M) Conference?

23. Is there a process for retrospective case review, separate from M&M, within your specialty?
   If yes, how many cases were reviewed over the last 12 months (include cases that have begun review and are still in process)?

24. What are the criteria used for case selection for the case review process?
   - 100% of cases are reviewed
   - Randomized review (check all that apply):
     - Random case selection for educational review purposes as part of M&M
   - For cause review (check all that apply):
     - All mortalities are reviewed
     - All sentinel/serious safety events are reviewed (i.e., retained foreign bodies, wrong site surgery, etc.)
     - All unplanned return to OR are reviewed
     - There are set criteria for specific complications (i.e., readmissions, intra-op complications or procedure time, post-op complications, etc.) that are reviewed

25. Who selects cases for review (check all that apply)?
   - Specialty Chair
   - Surgical Residents
   If other, explain below:

26. What are the data sources used for case identification (check all that apply)?
   - Hospital serious safety event reporting system
   - Referral from hospital-level peer review, risk management, or other hospital-level committee
   - EMR or Administrative Data Report
   - Clinical registry reports

27. Is there an event classification system (i.e. non-preventable, preventable, etc.)?
   If yes, describe:

28. Is there a standardized way for documenting review findings?
   If yes, describe or attach form:

29. Is there a routine, formal process for loop closure?
   If yes, describe or attach process flow:
30. Does your specialty department have input and sign-off on specific privileging requirements?

If yes, explain how this is done:

31. Do you have a specialty-specific onboarding process for all surgeons new to the hospital?

If yes, does the onboarding process include:

☐ Review of initial cases?
If yes, how many?

☐ Backup call available during initial cases?
If yes, how many?

☐ Proctoring of initial cases?
If yes, how many?

☐ Review of volume in historical case logs before privileging?

☐ Is there a case volume requirement?
32. Do you conduct any process improvement or quality improvement initiatives specific to your specialty?

If yes, provide examples using the template from the last 12 months.

33. Rate the following potential barriers to conducting quality improvement initiatives as high, medium, or low:

**HIGH**: We don’t have this resource or this is a significant barrier

**MEDIUM**: We have limited resources or this is sometimes a barrier

**LOW**: We have sufficient resources or this is not a barrier

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<thead>
<tr>
<th></th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
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<tbody>
<tr>
<td>Access to Data</td>
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<td>Data Quality</td>
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<td>QI/PI Expertise</td>
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<td>FTE Support for QI/PI</td>
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<tr>
<td>Competing Priorities</td>
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