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Subject: Report on 2018 American College of Surgeons NSQIP International Scholarship

I am writing these lines of gratitude to thank the American College of Surgeons, the NSQIP programme, and the American College of Surgeons' International Relations Committee for the 2018 ACS NSQIP international scholarship. I feel proud to have an honour to win this award and to attend the ACS NSQIP conference this July in Orlando, Florida. In addition, I got the opportunity to visit two state of the art institutions to learn about their quality improvement programs and how they applied the data to the NSQIP program of the American College of Surgeons in order to improve the patient care. These two institutions were Massachusetts General Hospital, Boston, and John Hopkins Hospital, Baltimore, Maryland.

I was notified about the achievement of award in the month of May in order to make arrangements. Unfortunately, due to miscommunication regarding my correct email address, I was unaware of the dates and venues of the centres I needed to visit until 2 weeks before the visit. After multiple mails, I got the address corrected and got the final confirmation of my visit.

On July 16 I had the opportunity to visit the Massachusetts General Hospital, Boston. My host was Matthew Hutter, MD, MPH, FACS. Dr. Hutter is the Consultant General and Bariatric Surgeon, Medical Director of the Codman Center for Clinical Effectiveness in Surgery and Surgeon Champion of NSQIP. I had a very busy and compact day visiting the hospital. We started out by attending the operating rooms, and I got the opportunity to see state of the art surgeries and at the same time meet leading surgeons in the respective fields. We also noted the pathways of surgical patient care and thus broadening our vision. Later on I met Mary Cramer, Executive Director, Organisation Effectiveness, and Chief Experience Officer, and Andrea Tull, Director of Reporting and Analytics, learning the importance of dashboards and how to use them for continuous patient care improvement.

In the evening I had the opportunity to attend the mortality and morbidity meeting, headed by George C. Velmahos, Chief, Division of Trauma, Emergency Surgery. It was a great learning experience. To follow, I had a one to one conversation with Dr. Velmahos, who oriented us about the structure of trauma team and trauma care services and research activities in order to improve and maintain optimum patient care in a level 1 trauma care setup.

The next day I met Dr. David Shahian, vice president of the Mass General Center for Quality and Safety and associate director of the Codman Center, and other Quality and Patient Safety colleagues along with QA nurses, Clinical Review Nurses for ACS NSQIP as well as for MBSAQIP, and Surgery Brand Managers, who showed me how to collect the data and

interpret and present it to the leadership in order to bring about change. For example they have reduced urinary tract infection rates through recent improvements. One memorable moment was a visit to the ether dome, where William T. G. Morton made history on October 16, 1846, in Massachusetts General Hospital's surgical amphitheatre and demonstrated the first public surgery using aesthetic. It was a fascinating experience. In the afternoon Dr. Hutter hosted us (Dr Chen and myself) for the lunch in the Liberty Hotel, a former prison converted to a hotel with a monumental look. Afterwards we took a quick tour of the MGH and had a discussion on how to improve patient care services at my parent institution by using my experience at MGH.

Our next destination was John Hopkins University Hospital on the very next day. I took a flight in the evening to Baltimore to be on time for the visit. In the morning of 18 July 2018, I visited the Bayview Campus of John Hopkins Hospital first followed by the Sheikh Zayed Tower. My host here was Dr. Elliott R. Haut, Vice Chair of Quality & Safety, Associate Professor of Surgery, Emergency Medicine, and Anaesthesiology & Critical Care Medicine. First I visited the Bayview campus, where I met chief quality officers and Surgical Clinical Reviewers (SCRs). The two SCRs were involved in the quality improvement programmes of University Hospital systems, NSQIP and MBSAQIP, as well as responsible for ensuring accurate clinical information for data quality. John Hopkins University Hospital is a NSQIP and MBSAQIP participating hospital. I was very interested in both components of the quality improvement programme, so I worked with one of the SCRs to review the institutional NSQIP and MSAQIP data entries. Later I met Dr. Micheal Schweitzer, Associate Professor of Surgery and Bariatric surgeon, and discussed the variables measured in MBSQIP. In the afternoon I visited the Sheikh Zayed tower and met my host Dr. Elliot as well as the attending surgeons, clinical fellows, and residents in trauma and emergency surgery. Accompanying Dr. Elliot, I also attended the Quality Council Committee of the hospital led by Ms. Melinda Swayer, Senior Quality director, and was very impressed with their quality initiatives and performance evaluation at an internal level. I was privileged to have discussions with Dr. Elliot who gave me advice and ideas regarding, in particular, leadership and performance outcomes which can be implemented in our set up in Saudi Arabia.

On July 20 I went to Orlando to attend the preconference workshop on Enhanced Recovery After Surgery (ERAS). Many hospitals shared their experience about how this cost-effective program led to reduced length of stay, opioid administration, and complications, especially the infection rates. The next morning I attended a pre-conference session about how to be an effective communicator, where I learned about how to improve communication with our patients in the clinical setting as well as in complex care environments. In the afternoon there was a warm welcome and introduction speech by Dr. Clifford Ko. He focussed on the word "WHY" as the main driving force behind all the quality programs. Moreover, he gave an overview of the NSQIP programme and stressed the conference's theme, "Partnering for improvement," and the collaborative approach for high standards and high calibre national quality programs. To follow are the presentations on importance on keep going even if the dashboard is looking great in order to sustain the change and improvement and how to communicate to improve culture. The information given out was of a very high standard and the advice was practical. At the end of the day I attended the memorable welcome reception at Pointe Orlando, conveniently located near the hotel. During the meeting I met again with Dr. Hutter, one of the nicest people I have ever met. He introduced me to many leaders in Bariatric and MI surgery, including the president elect of the Bariatric Society and

Gastro intestinal Surgery. On Sunday, 22 July, I attended a lecture on the importance and methods of improving Emotional Intelligence, an essential tool for leadership. Following lunch, after brief introduction by Dr. Hoyt, there was a keynote speech by Rolf Benirschke, former NFL San Diego Chargers placekicker, sharing a patient's perspective during two emergency surgeries that occurred six days apart. His speech was inspirational and impressive. Later there were thought-provoking lessons on the opioid crisis and how to deal with it. In the evening I was honoured to attend the refreshments party with Dr. Clifford Ko, where I also met the best poster and presentation winners and was awarded with a certificate of attendance.

On Monday, 23 July, I attended a couple of SCR sessions and have certainly learned a great deal by sitting in on their sessions. In my institution we do have data collecting nurses. This is a very valuable role. I met SCRs from different institutions and discussed their role in evaluating data and strategies to improve patient care at their institutions. During the networking session, I also met Ms. Tori Memod, SCR from Cleveland Clinic, Abu Dhabi, who shared her experience there and was happy to assist the SCRs at our setup. I also reviewed several posters of high quality, including how the risk assessment tool for VTE dampened the rate of VTE and PE in healthcare. Many of the themes were very practical to be applied at our institution in trauma and critical care setup. I learned that some hospitals in the middle East (UAE in particular) are piloting the NSQIP programme. I also made enquiries about whether Saudi hospitals would be able to participate in the ACS NSQIP programme in the near future. I am hoping to be a surgeon champion, in that case, at a local level.

In summary, the lessons I learned from the two world class institutional visits as well as the 2018 ACS NSQIP conference gave me an exceptional view of the surgical quality programmes at national, international, and institutional levels. It was really a unique experience. It is incredible to see how the institutions I visited have worked so hard to improve the patient's quality of care. I learned about the importance of having a national data registry in order to optimize research activities and improve patient outcomes. I will try to implement it at our institution and later on at a national level. This includes contacting the Chief Executive Officer of my hospital as well as the Saudi Ministry of Health, Quality and Safety Commission, to promote and advance our quality initiatives in the near future.

Currently we are running a VTE prophylaxis programme at the national level to reach zero death from pulmonary embolism. Moreover, there are programs to reduce readmission within 72 hours of discharge and early sepsis recognition and management programme at our national level. Some of these variables are the same measured in NSQIP, thus giving me opportunity to learn from the leaders. Furthermore, during the visits I found many other challenges in healthcare and quality improvement at our setup similar as in America. In short, this scholarship enlightened my mind how to bring change and to sustain it as a leader.

In the end I would suggest ACS should mentor the patient care activities worldwide by enrolling hospitals globally in NSQIP programme, thus PARTNERING FOR IMPROVEMENT. Another comment is that it would be better if the selected centres of visit would be communicated earlier to the scholars. Moreover, if one can visit one centre before the conference and one centre afterward with one day gap between each visit, it would be more productive and less hectic.

Regarding the financial report, a greater share of the stipend was used in travelling to the venue and between the centres of visit. A lesser amount was spent in visiting the centre of amusement and fun at Orlando.

Once again I would like to thank the American College of Surgeons for the opportunity of this scholarship. The experience I have obtained is enormous, and I hope what I have learned this year will benefit the healthcare system and outcomes of surgical patients.

With kind regards,  
Yours sincerely,

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