



# ACS NSQIP®: Program Overview

American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP®)

Named “Best in the Nation” by the Institute of Medicine, NSQIP is used by top *U.S. News and World Report* ranked hospitals to improve surgical quality.

Only ACS NSQIP offers audited, nationally benchmarked and risk-adjusted outcomes, based on clinical data collected by a trained data collector, to create a clear picture of quality across the surgical specialties.

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Hospitals and surgeons today are under unprecedented pressure to deliver high quality care at greater value. Now more than ever, hospitals need effective tools that will help them reduce complications, improve patient outcomes and save costs.

The American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP®) has helped hundreds of hospitals across the country measurably improve surgical patient outcomes. Named “Best in the Nation” by the Institute of Medicine, NSQIP is the nation’s only nationally benchmarked, clinical, risk-adjusted, outcomes-based program to measure and improve care across the surgical specialties in private sector hospitals. The program’s nationally benchmarked, peer-controlled database allows hospitals to compare 30-day patient outcomes to hospitals of all sizes and types across the country, leading to better information, better care and better outcomes.

## Complete Data for Complete Understanding: the ACS NSQIP Advantage

A hospital’s surgical quality can’t be improved if it can’t be measured; robust, valid data are needed. ACS NSQIP collects data that provide fair, in-depth and insightful analysis, helping surgeons and hospitals gain a complete and accurate understanding of their quality of care compared to similar hospitals with similar patients.

ACS NSQIP is set apart because it uses data that are:

- **From the patient’s medical chart, not insurance claims:** Most other quality programs today rely on claims or administrative data that are easy to obtain. But studies show administrative and claims data are limited, inconsistent and subject to misinterpretation when used to measure quality.<sup>1</sup> For example, a study comparing ACS NSQIP data to administrative and claims data collected by the University Health System Consortium (UHC) program found ACS NSQIP identified 61 percent more complications than UHC, including 97 percent more surgical site infections.

Before a problem can be fixed, it must first be identified and measured. Improving surgical care is like any scientific inquiry – the better the data, the better the results. Just as physicians wouldn’t rely on an insurance bill to determine patient care, hospitals should not rely on these data to determine the quality of care.



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*Inspiring Quality:*

*Highest Standards, Better Outcomes*

- **Risk-adjusted:** Caring for a chronically ill 75-year-old is very different from caring for a healthy 21-year-old, and quality measures should take these differences into account. ACS NSQIP data are risk-adjusted, based on models that have been in use for more than 20 years. This allows hospitals to accurately account for how sick their patients are before, during and after they receive care.
- **Case-mix-adjusted:** Not every hospital performs the same type of procedures. ACS NSQIP accounts for operations that are more complex. This allows for more accurate national benchmarking.
- **Based on 30-day patient outcomes:** Studies show half or more of all complications occur after the patient leaves the hospital, often leading to costly readmissions. For example, in the case of colectomies, one of the most common procedures performed in hospitals, one-half of cardiac arrests and two-thirds of infections occur after the patient leaves the hospital. 2

Clearly, concern for the patient should not stop at the hospital door, and efforts to measure and track their care should not stop there either. ACS NSQIP tracks patients for 30 days after their operation, providing a more complete picture of their care.

## Saving Lives and Money

Too often patients suffer from complications that might have been prevented. One of the hallmarks of ACS NSQIP is to prevent the preventable. A recent study shows ACS NSQIP hospitals each:<sup>3</sup>

- ✓ Prevent 250-500 complications annually
- ✓ Save 12-36 lives annually
- ✓ Reduce costs by millions of dollars annually

## ACS NSQIP: How it Works

ACS NSQIP data are collected by a trained Surgical Clinical Reviewer (SCR).

ACS provides SCR training for participating hospitals, ongoing education opportunities and auditing to ensure data reliability. Data are entered online in a HIPAA-compliant, secure web-based platform that can be accessed 24-hours a day. Preoperative through 30-day postoperative data are collected on randomly assigned patients. Built-in software checks provide guidance, and the program's technical and clinical support staff provide assistance for hospitals. Each hospital assigns a Surgeon Champion to lead and oversee the program implementation and quality initiatives.

## ACS NSQIP Benefits and Features

Hospitals participating in ACS NSQIP find patients benefit from improved outcomes, reduced risk of complications, reduced lengths of stay and greater satisfaction. To help achieve these results, ACS NSQIP provides hospitals with detailed reports using clinical, risk-adjusted data. The advantages of ACS NSQIP are many, including:

- ✓ Sustained reduction in postoperative mortality and complication rates
- ✓ Decreased costs for hospitals
- ✓ Performance information that guides surgical care and identifies areas for improvement
- ✓ Best practices tools, including case studies and evidence-based guidelines developed by ACS
- ✓ Robust reports available in real-time, and semiannual nationally benchmarked and risk-adjusted reports
- ✓ Maintenance of Certification (MOC) Part IV credit for all surgeons at hospitals participating in the program
- ✓ Opportunities to participate in regional and virtual collaboratives with other hospitals
- ✓ Enhanced reputation through improved patient outcomes
- ✓ Ability to stay ahead of the national trend toward greater transparency, public reporting and pay-for-performance programs
- ✓ Satisfies The Joint Commission's OPPE requirements
- ✓ Recognition on The Joint Commission's Quality Check website

### ACS NSQIP uses data that are:

- From the patient's medical chart, not insurance claims
- Risk-adjusted
- Case-mix-adjusted
- Based on 30-day patient outcomes

1 Iezzoni L. Assessing quality using administrative data. *Ann Intern Med.* Oct. 15 1997.

2 Ko C. "ACS NSQIP Conference and Semiannual Report Overview." Presentation at the 2009 ACS NSQIP National Conference. July 2009.

3 Hall BL. Does surgical quality improve in the American College of Surgeons National Surgical Quality Improvement Program. *Ann Surg.* 2009; 250.