



# ACS NSQIP®: Participation Options

Designed for your quality needs.

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

## Participation Options for All Hospital Types

The American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP®) is an effective tool to help hospitals measurably improve surgical patient outcomes. Studies show ACS NSQIP helps hospitals of all types – urban and rural, large and small, teaching and non-teaching – improve care.<sup>1</sup> Most hospitals are different from each other and follow different paths to quality improvement. For this

reason, ACS NSQIP developed five program options designed for all hospitals and quality improvement goals, regardless of size, hospital type, patient population or the type and number of procedures performed. Program options provide data collection, risk-adjustment and national benchmarking for all hospitals.

## Finding the Best Option for Your Hospital

### Essentials Option

ACS NSQIP Essentials is ideal for medium-to-large-size hospitals that want to collect only the data necessary to identify areas of concern and measure quality improvement efforts.

#### How it works

- ✓ Hospitals follow a Systematic Sampling Process with a validated sampling methodology. This prevents bias when it comes to choosing cases for assessment.
- ✓ Hospitals collect a reduced set of about 50 clinical variables.
- ✓ Participants have the option to collect data on General & Vascular cases or across specialties.
- ✓ Hospitals collect a minimum of 1,680 cases per year.

**All ACS NSQIP adult options contain a “core” set of variables to allow for national benchmarking across all participating hospitals.**



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## Procedure Targeted Option

ACS NSQIP Procedure Targeted option is designed to benefit large or specialty hospitals by allowing them to collect data on specific high-risk, high-volume procedures. This allows participants to focus their quality improvement efforts on areas that will yield the greatest return.



### How it works

- ✓ Participants can choose to collect cases from more than 30 procedures that have been identified as common, highly complex, clinically important, or have an associated significant complication/mortality rate.
- ✓ The 30-plus procedures are drawn from nine subspecialty areas, and hospitals may choose any combination of procedures. Depending on the hospital's quality improvement goals and resources, it may choose to collect procedure-specific data on one or more procedures from the Procedure Targeted list.
- ✓ Hospitals collect at least 1,680 cases per year. The exact number of targeted cases a hospital will be able to collect depends on procedure volume, the number of different procedures being collected and the number of Surgical Clinical Reviewers collecting data.
- ✓ Participating hospitals follow a sampling cycle that is adjusted based on the procedures selected and their hospital's volume of cases per procedure.

## Small & Rural Option

Small and rural hospitals work hard to provide quality care but few quality programs available today are designed specifically to meet the unique challenges faced by these hospitals. The ACS NSQIP Small & Rural option was developed for hospitals that either perform fewer than 1,680 "ACS NSQIP eligible" cases per year, or meet the Rural-Urban Commuting Area (RUCA) definition for rural.

### How it works

- ✓ Hospitals of all procedure volumes are encouraged to participate, even those with very low volumes.
- ✓ A maximum of 1,680 cases are collected.
- ✓ A sampling methodology is not needed because all cases are collected.
- ✓ Hospitals collect a reduced set of about 50 clinical variables.
- ✓ Data are collected across all specialties.

## Measures Option

For hospitals with limited staffing and financial resources, ACS NSQIP offers an option focused on five high-impact outcome measures: surgical site infection (SSI), urinary tract infection (UTI), elderly surgical outcomes, colorectal outcomes and lower-extremity bypass. These outcome measures were developed in partnership with the Centers for Medicare and Medicaid Services (CMS) and they are under consideration as possible national outcome measures in the coming years. All five measures have been endorsed by the National Quality Forum (NQF).



### How it works

- ✓ Hospitals collect a limited data set of approximately 25 clinical variables, designed to drive significant quality improvement with a low data collection requirement.
- ✓ Similar to other ACS NSQIP options, hospitals use a sampling cycle.
- ✓ Because the option is limited to just five measures, hospitals collect a smaller number of cases per year and only a half-time SCR is needed.

## Pediatric Option

ACS NSQIP Pediatric (ACS NSQIP Peds), developed in partnership with the American Pediatric Surgical Association (APSA), is the nation's first risk-adjusted, clinical, outcomes-based program to measure and improve pediatric surgical care. Pediatric hospitals wanting to collect reliable clinical data including 30-day outcomes can enroll in the ACS NSQIP Peds option.



### How it works

- ✓ The option is open to all pediatric hospitals, including freestanding general acute care children's hospitals, children's hospitals within a larger hospital, specialty children's hospitals or general acute care hospitals with a pediatric wing.
- ✓ Hospitals collect approximately 120 data points, including about 80 clinical variables that are relevant to measuring surgical outcomes in patients younger than 18 years of age.
- ✓ Preoperative, intraoperative and postoperative data will be collected on patients undergoing major surgical procedures. Additional data points have been included for newborns up to 30 days old.

As your hospital determines your case mix, surgical volume and program options, below are a few questions to ask yourself before making a decision:

- ✓ What is the size of your organization and how many surgical cases does it perform annually?
- ✓ What resources does your hospital have or need to put in place to meet staffing requirements?
- ✓ Do you regularly perform high-risk procedures?
- ✓ Do you perform pediatric operations?

ACS NSQIP offers a range of options to help hospitals of all sizes and types reach their quality improvement goals.

	Essentials Option	Small & Rural Option	Procedure Targeted Option	Measures Option	Pediatric Option
Best suited for hospitals that:	Want to collect only data applicable for QI purposes	Perform fewer than 1,680 cases per year or meet the RUCA definition of rural hospital	Are larger and would like to focus QI efforts on specific higher-risk procedures selected by the hospitals	Have limited resources and need to focus QI efforts	Want to measure the quality of children's surgical care
Approximate number of variables collected:	Approximately 50 clinical variables	Approximately 50 clinical variables	Approximately 50 clinical variables plus procedure-specific variables	Approximately 25 clinical variables	Approximately 120 data points, of which about 80 are clinical variables
Number of cases collected:	Minimum of 1,680 cases per year (all cases collected if fewer than 1,680)	Maximum of 1,680 per year	Minimum of 1,680 cases per year	840 cases per year	1,400 cases per year
Staffing:	1 FTE minimum	1/4 FTE for up to 400 cases; 1/2 FTE for 800 cases; 3/4 FTE for 1,200 cases; 1 FTE for 1,680 cases	1FTE minimum	1/2 FTE	1 FTE



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<sup>1</sup> Hall BL, et al. "Does surgical quality improve in the American College of Surgeons National Surgical Quality Improvement Program (ACS-NSQIP): An evaluation of all participating hospitals." *Ann Surg.* 2009;250:363-76.