Dear Dr Ko

Report on 2015 American College of Surgeons NSQIP International Scholarship

I wish to thank the American College of surgeons, the NSQIP programme and the American College of Surgeons’ International Relations Committee for the 2015 ACS NSQIP international scholarship. It was an honour to be able to win the award to attend the ACS NSQIP conference this July in Chicago coinciding with the 10th anniversary of the ACS NSQIP National Conference. In addition to the opportunity to attend the NSQIP conference, I was able to visit two high calibre institutions to learn about their quality improvement programmes and how they applied the data to the NSQIP programme of the American College of Surgeons. These two institutions were the University of Pennsylvania and the University of Colorado.

On July 21st I had the opportunity to visit the University of Pennsylvania Presbyterian Hospital in Philadelphia. My host was Dr Bill Schwab MD FACS. Dr Schwab is the founding chief of the trauma service at the University of Pennsylvania. I had a very busy and compact day visiting the hospital. We started out by attending the early morning report where the trauma and emergency surgery patients were discussed in detail. At the morning report, there was a clinical teaching component to discuss a case which was highly relevant to patient care. Subsequently, I was able to have a tour of the new emergency trauma and surgical set-up at the Presbyterian Hospital. I had the opportunity to work one-on-one with two University of Pennsylvania Surgical Clinical Reviewers (SCRs). The two SCRs were involved in the quality improvement programmes of University Hospital systems. They are a part of the clinical team and attend meetings to ensure that there is accurate clinical information for data quality. The University of Pennsylvania participates in the ACS TQIP as well as the state-wide Pennsylvania Trauma Outcome Programme. The University of Pennsylvania is also a NSQIP participating hospital. I was very interested in the emergency surgery component of the quality improvement programme. I worked with one of the SCRs to review the institutional NSQIP data entries and also the data collection of patients with an outcome of appendicitis, cholecystitis and bowel obstruction which fall under the banner of emergency surgery. I met one on one with the attending surgeons in trauma and emergency surgery at the University of Pennsylvania. I was very impressed with their quality initiatives. Cases were discussed and performance evaluated at an internal level. I was privileged to have one-on-one time with Dr Schwab who gave me advice and ideas regarding, in particular, leadership and performance outcomes which we could implement at Auckland City Hospital in New Zealand.

On 25th July in Chicago I attended a pre conference session on communication. I believe this was the most popular pre conference course in the 10th Anniversary NSQIP National conference. The course was convened by Dr Scott Ellner. Dr Ellner had two communication specialists and two surgeons involved in facilitating the communication course. By far this is one of the best communication courses that I have ever attended.
The information given out was of a very high standard and the advice was practical. Those of us attending the session took away many ideas on how to improve communication with our patients in the clinical setting.

I had the opportunity to listen to Dr Clifford Ko’s opening remark regarding the conference. His speech was inspirational. Dr Ko gave an overview of the NSQIP programme in the last decade and how this has evolved into a high standard and high calibre national programme. On Sunday 26th July I attended a couple of SCR sessions. Currently in New Zealand and in my institution we do not have SCRs. This is a valuable role. The SCRs from different institutions come together to discuss the intricate facets of their role, evaluate data and strategies to improve patient care at their institutions. I have certainly learnt a great deal from SCRs by sitting in on their sessions. I was able to meet Tracey Hong from Vancouver who was the SCR Abstract Competition winner. She demonstrated that SCRs can make a difference promoting quality improvement programmes at her home hospital. On Monday 27th July I attended the keynote speaker Marcus Engel’s speech. Marcus Engel is an inspirational speaker through his personal experiences in trauma. He was able to give feedback to the health professionals attending on multiple levels of healthcare improvement. Marcus Engel’s plight is very close to our profession as trauma surgeons and rarely do we get the opportunity to attend a conference where a motivational speaker is the keynote speaker. This was certainly one of the highlight of the conference.

I was lucky enough to speak to Dr Scott Ellner one-on-one at the meeting. It is my understanding that Dr Ellner has done a lot of work on the ASCS NSQIP programme and he facilitated the conference this year. I can see that Dr Ellner is extremely passionate regarding the ASCS NSQIP programme. On Sunday 26th we had an enjoyable evening with Second City Comedy and Chicago Pizza. On the Monday evening I was able to meet with Dr Clifford Ko. We had a good discussion on the NSQIP programme outside of a US setting. I learnt that some Australian hospitals are piloting the NSQIP programme and I have made enquiries about whether New Zealand hospitals would be able to participate in the ACS NSQIP programme in the near future when our institutions are ready. I am hoping to champion this at a local level.

Following the ACS NSQIP conference in Chicago, I was invited to visit the University of Colorado. I was hosted by Dr Rob Meguid, cardiothoracic surgeon who is also the chair of the SOAR programme. SOAR is the surgical outcome assessment review committee where Dr Meguid’s unit meets once per month. There is also a steering committee for the institutional quality improvement programmes. Dr Meguid and I spoke about the institutional set-up of the quality improvement programmes. The SOAR programme at the University of Colorado is quite young however they have made great advances at an institutional and national level. For example they have reduced urinary tract infection rate through recent improvements. These included comparing local data to NSQIP data which brought changes made by stringent protocols and pathways to provide a better patient outcome. Dr Meguid invited me to attend the institutional quality improvement steering group committee.

The lessons learnt from the 2015 ACS NSQIP conference and the two institutional visits gave me an exceptional view of the surgical quality programmes at a national as well as an institutional level. It is incredible how the two institutions that I visited have worked so hard to improve the patient’s quality of care. The importance of having national data to elevate research and patient outcome improvements is evident in the presentations which were made available at the national conference. The ultimate goal of these programmes is to improve our care of surgical patients. In New Zealand the health system is different to that of the American system. However the operative cases, outcomes and principles of surgery are similar. I have personally learned a lot from this experience and at our institutional level we have already engaged in further meetings to make changes in terms of our surgical quality and improvement programmes.
These include contacting the Chief Executive Officer of Auckland City Hospital as well as the Royal Australasian College of Surgeons and the New Zealand Health Quality and Safety Commission to promote the advance of our quality initiatives in the near future.

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 New Zealand surgical patients.

Kind regards,

Yours sincerely

Dr Li Hsee, FRACS FACS
Head, Acute Surgical Unit &
Co-Director of the Trauma Service