

NSQIP at Your Service!

Mary Ward, R.N., Quality Improvement Specialist, NSQIP, Department of Surgery

BIDMC

Introduction/Problem

BIDMC has a uniquely structured American College of Surgeons National Quality Improvement Program (ACS NSQIP) that is supported by the Surgeon Champion, Faculty and Surgery Leadership. BIDMC NSQIP has been challenged to maintain engagement, outreach and education for Surgeons, Residents and Advance Practice Providers. We did not have an effective framework for data dissemination and review or platform for promoting research and quality improvement efforts.

Aim/Goal

In order to improve collaboration, transparency and a culture of safety, we attempted to broaden the scope of NSQIP within our institution by engaging Surgeons, Residents and Advanced Practice Providers over a 5 year period. Our team sought to:

- Improve data transparency and dissemination to clinical stakeholders.
- Promote collaborative QI and research projects.
- Provide NSQIP education and awareness.

The Team

Mary Beth Cotter, R.N., NSQIP Program Manager

Jonathan Critchlow, M.D., Interim Chief, Surgical Oncology

Joseph Ogbonna, M.P.H., Senior QI Project Manager

John Tumolo, M.B.A., Director of Quality Programs, Department of Surgery

Richard Whyte, M.D., Vice Chair for Clinical Affairs, Quality, and Safety, Department of Surgery

The Interventions

- Monthly meetings include the Surgeon Champion, Surgical Clinical Reviewer's (SCRs), Quality leadership; and the addition of a Resident champion in 2017.
- The semi-annual report (SAR) received January and July, and interim semi-annual report (ISAR) received April and October; monthly occurrences are reviewed by the team to guide quality improvement projects and initiatives.
- The team supports 25+ meetings per year to work on quality improvement projects.
- Review and present NSQIP data to 14 Divisions within the Department of Surgery.
- Surgical Clinical Reviewer's (SCRs) have completed the Collaborative Institutional Training Initiative (CITI) Program and are resources for Resident research projects.
- Two surveys were developed and sent to all Surgeons, Residents, and Advanced Practice Providers to engage, assess and generate knowledge and interest about NSQIP.

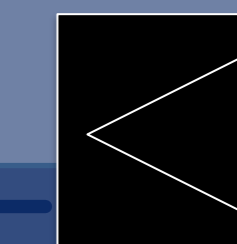
Results/Progress to Date

There has been an increased awareness, interest, and use of NSQIP data since our first survey was generated in 2015; and a follow-up survey in 2017:

- Survey response showed a 30% response in NSQIP awareness.
- Requests for NSQIP data for research and QI increased 300% since 2015.
- Residents now request and incorporate NSQIP data as a standard structure for M&M case review.
- Surgeons, Residents, and administrators use NSQIP data for outcomes review.

For more information, contact:

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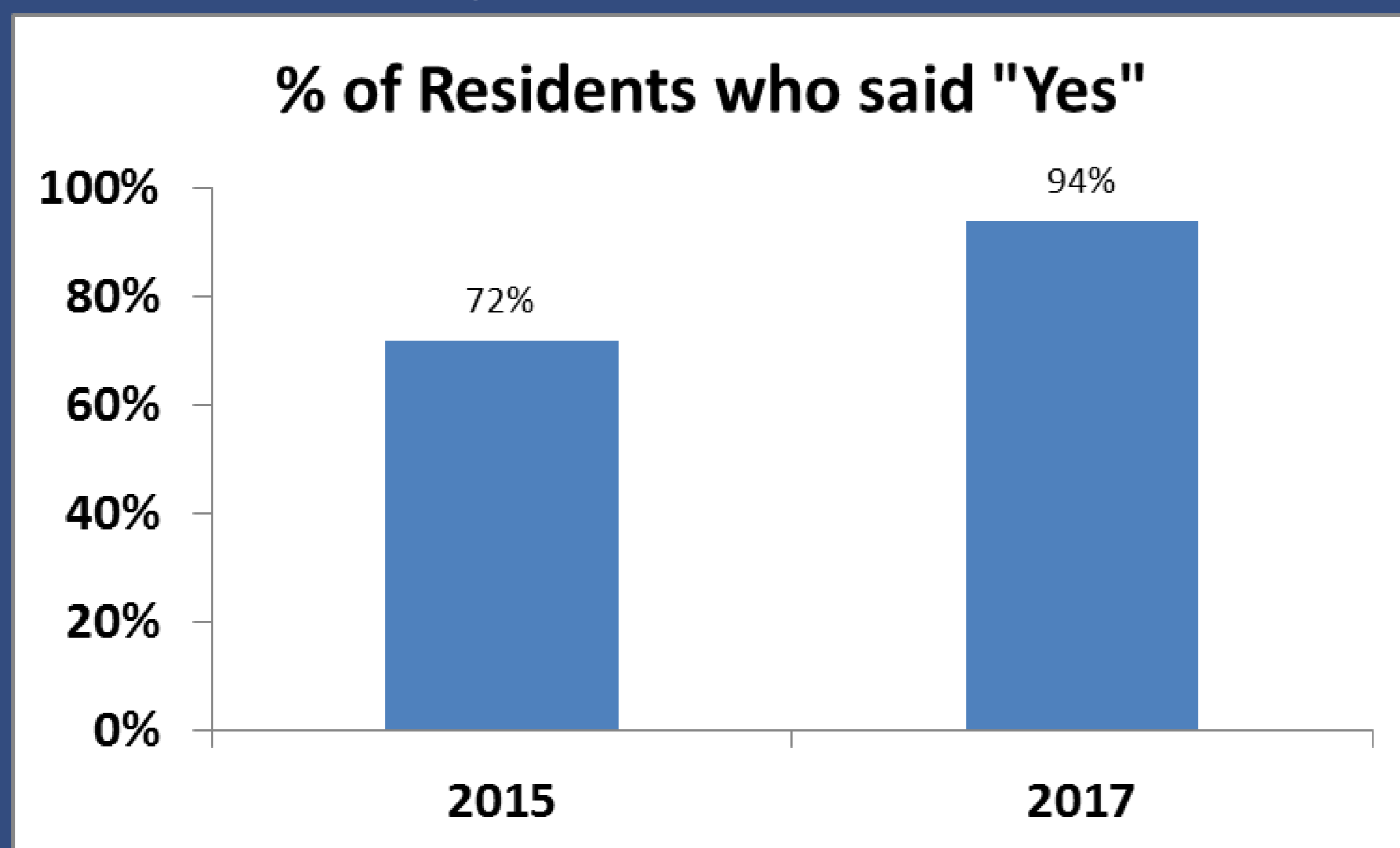
More Results/Progress to Date

NSQIP provides 30 day outcomes based on post-operative management of surgical care.

Two surveys were developed and emailed to all Surgeons, Residents and Advance Practice Providers.

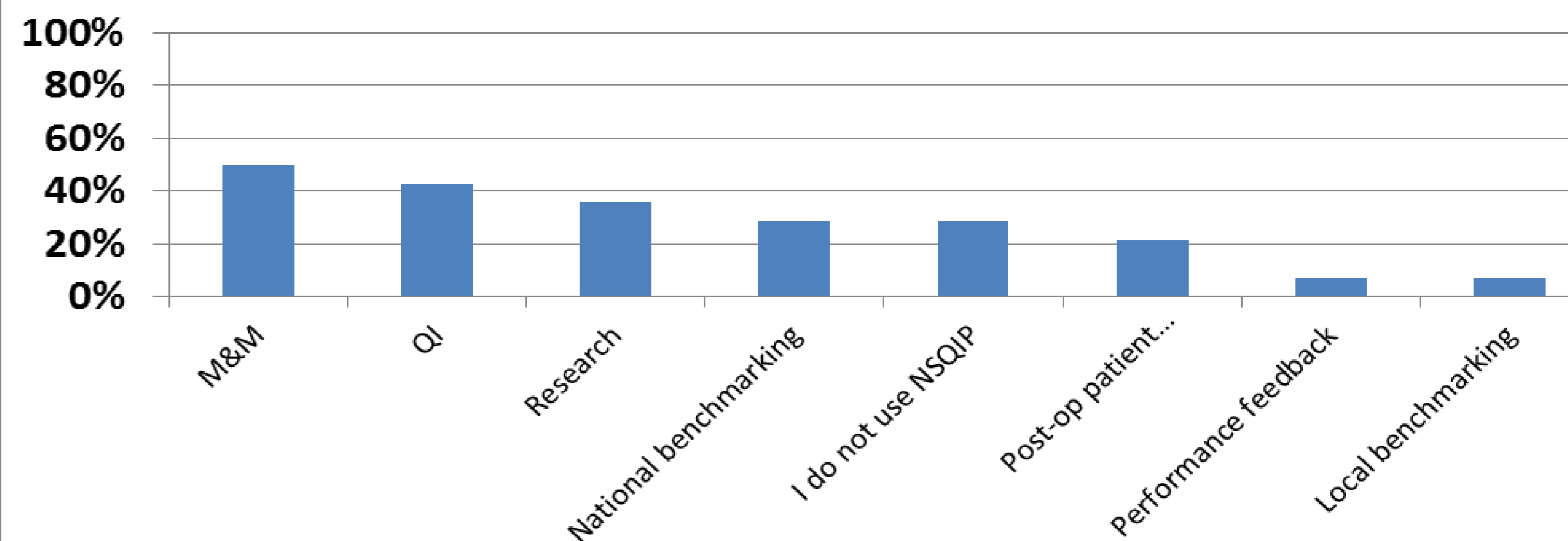
- The first survey was sent in 2015, and was designed to capture baseline knowledge of NSQIP awareness.
- A follow-up survey was sent in 2017, was to determine how our outreach impacted use of the data.

Are you aware of NSQIP ?



Survey Response: Resident NSQIP awareness has increased by 30% since 2015.

Ways that NSQIP data is currently being utilized by Attendings and Residents



Lessons Learned

NSQIP programmatic activities of engagement, outreach and education for Surgeons, Residents and Advance Practice Providers have proven to be effective to:

1. Increase program and capability awareness.
2. Facilitate data dissemination and increase data utilization.
3. Promote research and quality improvement efforts and initiatives.

Next Steps

- Continue outreach and education within the Department of Surgery, including staff on all surgical units.
- Continue to collaborate and support Residents with quality improvement initiatives.
- Continue to engage Advance Practice Providers in process improvement efforts to improve the patient experience.

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