ACS NSQIP®

The Role of Clinical Support

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Ava Griffin, RN, CNOR
Clinical Support Specialist
ACS NSQIP Clinical Support

- Mission of the Clinical Support Team
- Members of the Clinical Support Team
- SCR Training and Ongoing Education
- FAQ Database and Clinical Support Mailbox
- Coordination between SCR & Surgeon Champion
- Annual SCR Certification Exam
- Inter-Rater Reliability Audit
- ACS NSQIP National Conference
The Clinical Support Mission

- Deliver high quality consistent clinical support and education to Surgical Clinical Reviewers (SCR)

- Guide SCRs to make informed decisions regarding case inclusion and the assignment of NSQIP variables according to standardized data definitions
Surgical Clinical Reviewer

WHAT IS A SCR?
- A clinical data abstractor who reviews patient’s charts and collects information from the files as specified by ACS NSQIP protocol
  - Clinical abstractors usually conduct their work at hospitals and doctors' offices

SCR CHIEF RESPONSIBILITIES:
- To collect and submit reliable data to ACS NSQIP
  - Data Collection & Reporting
  - Establishing relationships with hospital community
  - Identifying possible postoperative occurrences associated with surgical procedures performed at the hospital via follow-up
- ACS NSQIP Participation
SCR Internal vs. External Support

Hospital Community

Clinical Support Team

SCR
# Hospital Resources & Tools

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The Clinical Support Team

A team of registered nurses with varying clinical backgrounds who are highly skilled and have in-depth knowledge of ACS NSQIP and ACS NSQIP Pediatric
Melissa Latus, RN, BSN

- Registered nurse for over 13 years
- Advocate Health Care System
- OR Staff Nurse, Pediatric Open Heart Point Person, Pediatric Open Heart Team Leader and a Surginet Charge Auditor
- Former ACS Pediatric Clinical Support Specialist
- Clinical Support Services Manager
Ava Griffin, RN, BSN, CNOR

- Practical experience as a registered nurse extends over 15 years.
- Former SCNR at Northwestern Memorial Hospital, in Chicago
- Expertise in perioperative education arena in the main operating room and labor & delivery unit
- As a SCR, identified opportunities for process / quality improvement and was able to provide practical solutions from the end user's perspective
Paula Farrell, RN, BSN

- Registered nurse for more than 10 years
- Former SCNR, Northwestern Memorial Hospital, in Chicago, IL
- Vast experience including medical/surgical nursing, ICU and case management
- As a SCR, she worked to advance the visibility of the ACS NSQIP program at Northwestern through data analysis and presentations
Lisa Scholl RN, MSN

- Former operating room manager for a small private surgical hospital
- Experienced in planning, developing, and implementing quality improvement initiatives
- Previously taught LPN courses
- Supports both ACS NSQIP and MBSAQIP programs
- MSN in Nursing Education, Ball State University, May 2011
Bradley Schwab, RN, BSN

- Joined clinical team in 2011
- Registered Nurse for nearly 5 years
- High volume pediatric med-surg floor and adult operating room
- Leadership roles as night charge nurse and service line nursing manager for the neurosurgery and orthopedic teams
Claudia Byrd, RN, BS

- Registered nurse for over 5 years
- Loyola University Medical Center
- Level 3 Neonatal Intensive Care Unit and Pediatric Intensive care Unit
- Member of the High Risk Delivery Team
- Provides support to both the Adult and Pediatric programs
Shelecia Weatherspoon, RN, BSN

- 11 years experience as a Registered Nurse
- Medical/Surgical intensive care nurse
- Charge nurse and a rapid response nurse
- Jesse Brown Veterans Hospital in Chicago
Kandice Kidd, MA
Clinical Program Coordinator

- Facilitates introduction of new sites to the program
- Arrange training of new SCRs
- Coordinates usernames and passwords
- Liaison between the ACS and Technical Support (Outcome Sciences) regarding the set up of new sites
New SCR Training

- Training on Classic, Essentials, Small & Rural, Procedure Targeted, Measures Option, Florida Surgical Care Initiative, and Pediatric program

- **Online Training Program**
  - Modular computer-based training (CBT) with tests to evaluate program knowledge

- **Weekly Calls/Webinars**
  - Focused training and enrichment
  - Focus on roles, expectations, maneuvering through data collection process, workflow management, and utilization of the Clinical Support

- **SCR Training Site**
  - Course Information & Syllabus
  - Operations Manual
  - Description of Program Options
  - Ramp Up Schedules
  - Study Activities
Ongoing Support

- FAQ Database / Clinical Support Mailbox
- SCR Conference Calls
- Data Definition Updates
- Coordination between SCR & Surgeon Champion
- Initial and Annual SCR Certification Exam
FAQ Database

- Searchable database provides around the clock access to common clinical questions and responses
- Allows SCRs to submit a question to Clinical Support and receive a ticket number for follow-up
- Updated regularly by the Clinical Support Team
- FAQ Database and accompanying User Guide can be found on the ACS NSQIP Main Page under the SCR Toolbox tab
- First stop for clinical questions
- Peds FAQ Database is in development
Clinical Support Mailbox

- Emails from FAQ Database or directly sent by SCRs
- Clinical Support Team meets daily to review questions and reach consensus before answering
- Some questions may require expert review and input
- Questions may become part of FAQ Database
SCR Conference Calls

- Regular calls/webinars to review programmatic updates
- Variables and definitions updated each January and July
- Conference calls to address difficult definitions
- Guest speakers on topics of interest to SCR Community
Data Definition Updates

- Clinical Support Team works with Data Definitions Committees, Clinical Leadership, and community of expert surgeons to update variables and definitions as needed
- Many updates based on SCR and Surgeon Champion feedback
- Many updates based on focus of CMS and other healthcare groups/associations
- Variables and definitions updated each January and July
New Data Definition Format

- Based on CMS Core Measures Format
- More easily identifies intent, criteria, and scenarios
- Will be introduced at the conference
- Adult post-op occurrences
- Will be available in the Operations Manual on the ACS NSQIP Main Page
- Future definitions will follow this format
Variable Name: Open Wound (with or without Infection)

Program Legend:  C, E, S-R, T

**Intent of Variable:** To capture patients with an open wound in the skin which may place them at increased risk for infection and may indicate an underlying disease state. The intent is not to capture simple, uncomplicated, acute cuts, abrasions, or skin rashes.

**Definition:** An open wound is a breach in the integrity of the skin or separation of skin edges and includes open surgical wounds, with or without cellulitis or purulent exudate.

**Criteria:** Preoperative evidence of a documented open wound at the time of the principal operative procedure.

**Options:**
- Yes
- No

**Scenarios to Clarify (Assign Variable):**
- Open drains currently in place and placed during a previous procedure should be considered an open wound (e.g., Penrose drains)
- Open wounds currently undergoing dressing changes or with negative pressure wound devices (e.g., wound vacs)
- Any abnormal passageway leading from an internal organ (e.g., intestinal tract) to the surface of the body/skin (e.g., enterocutaneous fistula [ECF])

**Scenarios to Clarify (Do Not Assign Variable):**
- This does not include osteomyelitis or localized abscesses
- An ostomy would not be considered an open wound
- A scabbed over wound with or without drainage
- A minor wound small enough to be covered by a Band-Aid (break in skin)
- Oral sores
- A tracheostomy would not be considered an open wound

**Notes:**
Coordination between SCR and Surgeon Champion

- Some issues should be discussed with Surgeon Champion or internal hospital committees or departments before coming to Clinical Support
- Documentation issues, CPT® Codes, ASA Class, Wound Class
- Wound class, ASA and coding should be determined and assigned based on the hospital's guidance
- When internal processes cannot resolve an issue, SCRs are then asked to contact the ACS NSQIP Clinical Support team for assistance
SCR Certification Exam

- Evaluates SCR’s knowledge of the program
- Requires SCR to correctly apply ACS NSQIP variables and definitions
- Made up of multiple choice questions and a case study
- Open book exam
- Must be passed after initial training and annually
- Failure to pass exam may result in required additional training and a disruption of the ability to submit program data
- Helps ensure high quality of program data
Inter-Rater Reliability Audit

- All participating sites are continuously monitored for certain variations over time that may be indicative of a degradation of data
- Random and for cause audits
- If the Program identifies a site where significant discrepancies across data occur, an audit may be more likely to be performed
- Audit will be performed on the site as a whole, not on individual SCRs at the site
- Audit focuses on case selection and the assignment of those variables vital for risk adjustment
- Site must have disagreement rate of 5% or less over all variables evaluated to pass the audit
- A minimum of 5% of sites audited annually (IRS model)
National Conference

- Clinical Support Team helps organize SCR-focused sessions at the conference

- Clinical Support Team responsible for the application for CEUs for nurses that serve as SCRs

- Meet the Clinical Support Team at the SCR Meet & Greet on Sunday evening from 5 to 6:30 pm in the Grand Salon
Contact Us

- ACS NSQIP (Adult): clinicalsupport@acsnsqip.org
- FSCI: fscisupport@acsnsqip.org
- Pediatric: clinicalsupport@pediatric.acsnsqip.org