

## American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) - *Information for Providers*

### Supporting Quality Surgical Care

It's important that Nova Scotians have timely access to quality, safe care. Nova Scotia Health Authority (NSHA) is always looking for ways to improve our services.



In 2018 NSHA joined the **American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP)**. The program, developed by surgeons, makes hospitals aware of issues patients may have had after surgery. Knowing these issues helps us find ways to improve.

To join, hospitals must do certain types and numbers of surgeries each year. We are proud to have 11 sites taking part in the program across Nova Scotia. They are among more than 800 other hospitals and programs involved worldwide. This includes hospitals in Alberta, British Columbia, Ontario, Quebec and Newfoundland.

### Nova Scotia's ACS NSQIP Sites

- Aberdeen Hospital
- Cape Breton Regional Hospital
- Colchester East Hants Health Centre
- Cumberland Regional Health Care Centre
- Dartmouth General Hospital
- QEII Health Sciences Centre (Victoria General and Halifax Infirmiry sites)
- South Shore Regional Hospital
- St. Martha's Regional Hospital
- Valley Regional Hospital
- Yarmouth Regional Hospital

### How ACS NSQIP Works

ACS NSQIP can help us make surgery safer. It can also help us ensure patients have the best possible result from their surgery.

Patients are selected through a rigorous sampling process. Surgical Clinical Nurse Reviewers at each site follow-up with patients 30 days after their surgery. These registered nurses care about patients' well-being and want to help us learn from their experiences.

Nurses use patient charts to collect information about things like the type of surgery a patient had, and any known risk factors for complications (e.g. diabetes or high blood pressure).

They will also contact selected patients by phone to see if they are willing to answer follow-up questions. Not all patients who have surgery will be called and participation is voluntary.

It usually takes less than 10 minutes to answer questions and patients can stop at any time. Questions might include:

- "Did you see a doctor or another care provider after your surgery?"
- "Did you experience an infection, fever or breathing problems?"

Our nurses may then follow-up with other care providers and enter the data they collect into the ACS NSQIP's database. ACS NSQIP will analyze the information and compare it with results from other hospitals.



## Frequently Asked Questions

### Why follow up 30 days after surgery?

Complications can often happen after a patient has left the hospital. Following-up on patients once they have returned home can help us find and track issues.

### How is privacy protected?

We take the privacy and security of personal health information very seriously. All NSHA personnel involved have taken privacy education and have signed pledges of confidentiality. NSHA has also completed a privacy impact assessment for this project and is putting measures in place to mitigate any potential risks.

Information will be stored in a secure manner, and will be de-identified for the purposes of the project. All patients and surgeons included in the program are assigned a unique number to identify them. This number is known only to the SCNR at the site. None of the information sent to NSQIP could be used to identify the patient or their surgeon.

### Do providers need patient consent to release information to a SCNR?

No. Our SCNR's will request patient information from providers under the following section of the Personal Health Information Act:

- 38 (1) A custodian may disclose personal health information about an individual without the individual's consent
- (f) to another custodian for the purpose of ensuring quality or standards of care within a quality review program within the custodian's organization

### How can this data help?

ACS NSQIP reviews and analyzes our data. They look at many factors, including the age of our population. Then ACS NSQIP reports back to us. Their reports highlight what we're doing well and what we could be doing better. For example, they will tell us if we are above or below average in certain areas, such as rates of urinary tract infections after surgery.

Our teams will look closely at the reports and talk about them to understand the reasons behind our results. From there we will set targets and come up with plans to help us do better, or spread what is working well to other parts of the province.

### Is data risk-adjusted?

Yes. NSQIP allows sites to compare apples to apples. Caring for a chronically ill 75-year-old is very different from treating a healthy 21-year-old. When we measure quality we need to take these differences into account so data is risk-adjusted to reflect the different patient populations and other factors.

### Will reports be made public?

It will take some time to become familiar with the database and produce reliable data. We expect our first report in late 2018-19. We will share information with Nova Scotians about what we learn and how we use this information to improve.

Find more information on the ACS NSQIP Program at: [www.facs.org/quality-programs/acnsqip](http://www.facs.org/quality-programs/acnsqip)

You can also contact your local SCNR or email our team at [ACS-NSQIP@nshealth.ca](mailto:ACS-NSQIP@nshealth.ca)