Making a Difference Utilizing NSQIP Data

The Problem

The American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) compares BIDMC outcome data against national benchmarks set by the other sites participating in the program. BIDMC started collecting NSQIP data in Oct. 2005. NSQIP tracks 21 post-op occurrences including PNA, PE, DVT, CVA, MI, ARF, infections, etc. and BIDMC performed at or better than the national benchmarks in 18 areas and underperformed in superficial wound infection, on vent >48hrs, and UTI. The focus was to improve performance in those three areas in order to meet or exceed the national benchmarks.

The Goal

The long-term goal for BIDMC is to perform at or better than the national benchmarks in all post-operative outcome measures tracked by the program. In order to accomplish that, the NSQIP data needs to be monitored routinely and areas of improvement need to be identified and addressed. The initial data revealed our problem areas so the goal was to reduce of local incidence of superficial wound infection, on vent > 48 hrs, and UTI.

The Team

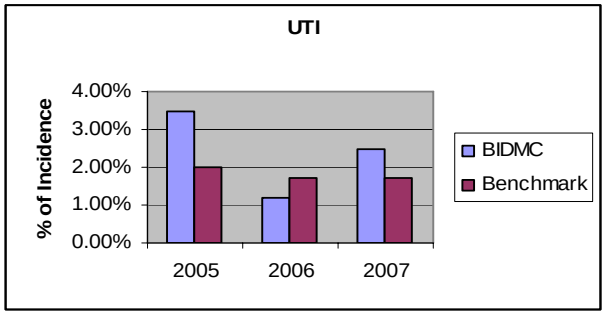
Many departments across the institution have contributed to the success of NSQIP at BIDMC especially the key participants listed below:

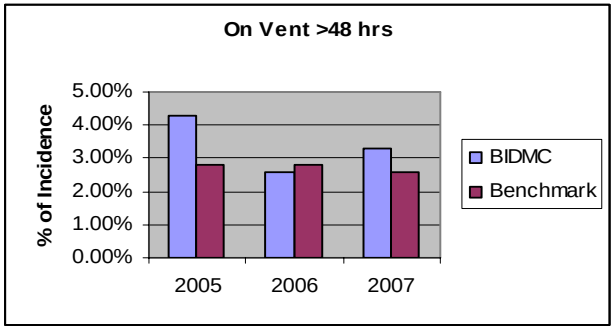
- Department of Surgery
- Nursing Leadership and Peri-Operative Services
- Decision Support
- Health Care Quality

The Results/Progress to Date…….

In Jan. 2006, specific education and awareness around these problem areas were communicated to key members of the peri-operative process (e.g. attending physicians, residents, nurse managers, etc).

The education was focused on more vigilant skin preps prior to incision and the use of chlorhexadine, improving sterile technique with the insertion of foley catheters, and better adherence to the wean vent protocol to extubate patients off mechanical respiration when applicable. After drilling down into the NSQIP data, not adhering to the above processes appeared to contribute to the higher incidence of superficial wound infection, on vent >48 hrs, and UTI. The charts below focus on UTI and On Vent >48hrs (a separate task force has been created to investigate surgical site infection and that process is on-going). Of note, the decrease in incidence in 2006 can be attributed to the initial re-education efforts but the challenge is to sustain improvement over time. The creep that exists in the 2007 data illustrates the necessity to implement periodic in-service education over time and how it is an important element of long-term success.





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