Meeting the Quality Needs of Surgical & Perioperative Staff

The Problem
BIDMC has participated in the ACS-NSQIP program since 2005 and our data has been used for many quality improvement initiatives; nonetheless the general awareness of ACS-NSQIP among our surgeons and perioperative providers was not well understood.

Aim/Goal
The aim of this project is to compare the experience and utilization of ACS-NSQIP amongst the varying healthcare providers at our institution. Our goal is to provide ACS-NSQIP data to perioperative providers and staff in an effort to increase awareness and improve upon BIDMC quality of care for our surgical patients.

Our team sought to understand:
- Is the Perioperative team aware of ACS-NSQIP at BIDMC?
- How do the practitioners utilize the data?
- What methods does the staff currently use to assess surgical quality?
- Would the staff like to receive ACS-NSQIP data on a consistent basis?

The Team
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The Interventions
A multiple choice questionnaire was circulated electronically to all surgical and perioperative providers & staff, for a two week time period of response collection.

The Results/Progress to Date
Of the 354 surgical staff at our hospital, 134 (38%) replied to our survey. Of the respondents 23% were Attending surgeons, 19% were residents/fellows, and 58% were mid-levels providers/nurses/surgical technicians. Attending surgeons had the highest familiarity and current use of NSQIP (90% and 50% respectively), whereas both NP/PA, nurses and surgical technicians had the lowest (35% and 10%; 40% and 0% respectively). Similarly, there was substantial variation in how respondents thought NSQIP data to be most valuable with residents finding research to be a more valuable use of the data than did Attending surgeons.

Lessons Learned
Surgical Attendings are both aware of, and find value in ACS-NSQIP data as a quality improvement tool. Surgical Residents & Fellows use it more of a research tool and non-physician staff are generally less familiar with the initiative. Therefore, to promote future quality improvement projects, we will aim to increase awareness of the program.

Next Steps/What Should Happen Next
- Continue to provide the NSQIP risk-adjusted semi-annual report at surgical M&Ms and perioperative staff meetings
- Investigate opportunities to educate surgical residents on ACS-NSQIP
- Provide both BIDMC and National data to practitioners in a timely fashion

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