

The Power of Collaboration



Upstate New York Surgical Quality Initiative (UNYSQI)

Background:

- Launched in the fall of 2007
- UNYSQI brings the partnership between Excellus Health Plan and the American College of Surgeons' (ACS) National Surgical Quality Improvement Project (NSQIP) to collaborating network providers.
- ACS NSQIP is the first nationally validated, risk-adjusted, outcomes based program to measure and improve the quality of surgical care.

Goal:

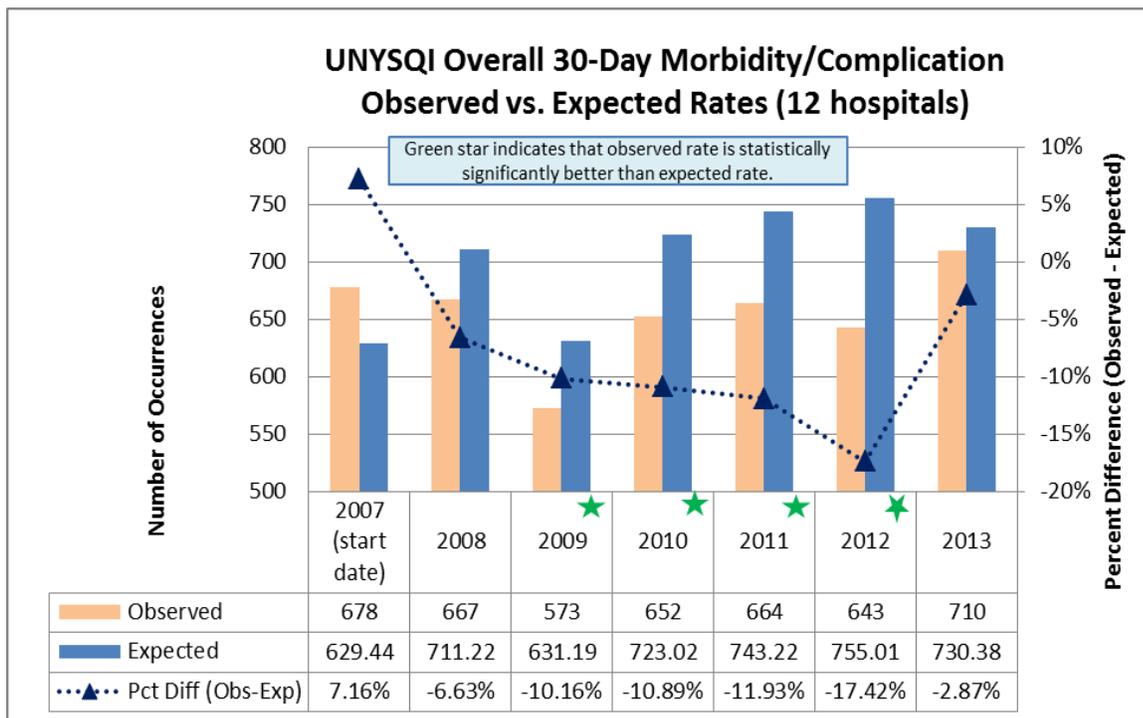
This Health Plan sponsored, team-learning collaborative provides sharing of best practices and expertise to help drive statewide quality improvement in surgical care, through use of the ACS NSQIP – the “Gold Standard” for surgical results reporting.

The UNYSQI strives to improve the quality of care for the surgical patient through data-driven, focused, and measureable efforts utilizing proven best practices that are tied to financial results. Complications can raise the median cost of hospitalization for major surgical procedures by up to five-foldⁱ. A study in the Annals of Surgery found ACS NSQIP hospitals each prevent 250 to 500 complications annuallyⁱⁱ. Surgical Site Infections (SSIs) alone generate an average of \$27,631 in extra costs per caseⁱⁱⁱ. With device-related UTIs on CMS and other payers' 'hospital acquired conditions' list, even occasional infections can deplete hospital resources. The UNYSQI works on the premise that system problems should be solved through outcome measurements and real time data, in addition to process measurements. An analysis of every surgical error and complication must be performed to prevent reoccurrence; resulting in reduced harm, improved patient outcomes, and reduced inpatient length of stay. As responsibility for these costs shifts to the provider, whether at a rural hospital or an academic medical center, the savings realized can be the difference between profitability and loss.

Impact:

ACS NSQIP assists with cost containment by providing performance information that guides decision making in areas of greatest returns and highest impact. Identifying errors requires the development of outcome measures. Solving errors requires root cause analysis, commitment of resources, and action. The participating hospitals in UNYSQI have seen first-hand that identifying errors through data analysis drives quality improvement.

As indicated in the chart below, the reduction in observed vs expected ratio represents an estimated **385 avoided surgical complications**, saving hospitals approximately **\$2.9 million** through 2013 (estimated avoided complications at \$7,645 per case).



Benefits of Joining the UNYSQI:

Participating hospitals have the benefit of using the data from NSQIP to reduce post-op mortality rates, reduce post-op morbidity rates, reduce the median length of inpatient stay, and to meet CMS Surgical Care Improvement Program (SCIP) reporting requirements.

“NSQIP institutions appear to be improving morbidity and mortality over time. Potentially hundreds of complications and dozens of deaths appear to be avoided. ACS-NSQIP appears to be significant and reflect substantial clinical impact”. Annals of Surgery. Volume 250, Number 3, September 2009.

The anticipated payment changes by health care payers alone make a direct business case for investment in QI programs that improve outcomes. The lost revenue will be staggering as payors curtail reimbursement which averages \$11,626 per major complication^{iv}. The total cost of care increased by 54% when a complication occurs. Participating hospitals prevent an average of 250-500 complications yearly, resulting in a potential yearly savings of \$2,906,500-\$5,813,000 for participating hospitals.^v The financial benefits of ACS NSQIP far exceed the annual cost and dedicated resources. As CMS and other payors move toward endorsing quality improvement focused on outcomes, ACS NSQIP is especially relevant to addressing quality and efficiency issues.

The clear and compelling business case for creating ACS NSQIP sustainable value is through:

- Reliable clinical data obtained from the patient's chart (not insurance claim data) to direct tactical and strategic decision making
- Risk-adjusted, accounting for the health of the patient and factors that increase the risk of complications
- Case-mix adjusted, accounting for complexity of operations performed to show more accurate national benchmarking for hospitals
- Improved profit margins based on higher quality of care
- Following patient for 30 days after their operation – uncovers more complications than other quality programs
- NQF-endorsed outcomes measures developed in partnership with CMS with the goal of creating practical outcome-based measures that will help hospitals achieve significant quality improvements
- Pinpointing error producing failures within a complex system
- Credibility of QI program attracts and retains nurses and surgeons
- Motivating and increasing professional satisfaction & cooperation
- Promoting efficiency in the use of hospital resources
- Increasing opportunities to receive hospital performance incentive plan (HPIP) P4P (pay for performance) incentives through participation: As a risk adjusted model, the ACS NSQIP can help counter any perceived disincentive for surgeons to treat complicated patients
- Valid national benchmarking

- Enhancing hospital reputation
- Providing best practice solutions

Current Hospital Participants:

- Strong Memorial Hospital – Rochester
- Highland Hospital – Rochester
- SUNY University Medical Center – Syracuse
- Community General at SUNY Upstate- Syracuse
- St. Joseph’s Hospital Health Center – Syracuse
- Samaritan Medical Center – Watertown
- AO Fox Memorial Hospital – Oneonta
- United Memorial Medical Center – Batavia
- St. Elizabeth’s Medical Center – Utica
- Bassett Medical Center – Cooperstown
- United Health Services System – Southern Tier
- Faxton-St. Luke’s Healthcare – Utica
- Rochester General Hospital – Rochester
- Oswego Hospital – Oswego
- Arnot Ogden Medical Center – Elmira
- Unity Hospital – Rochester (NEW in 2015 – results to be reported in 2016)
- Newark-Wayne Community Hospital – Rochester (NEW in 2015 – results to be reported in 2016)
- Our Lady of Lourdes Hospital – Binghamton (NEW in 2015 – results to be reported in 2016)

www.UNYSQI.org

For more information or to join this evidence-based collaborative, please call:

Michelle Vielhauer, RN, MBA (315) 671-7224

Celeste Andrews, RN, MS (585) 339-7906

Physician Contacts:

Robert Cooney MD, Lead Surgeon Champion (315) 464-5549

References



Rev Feb. 2015

N:\Hosp Perf Imprvmnt\HQIP\NSQIP\Overviews_Handouts

ⁱ Rowell, KS, et al. “Use of National Surgical Quality Improvement Program Data as a Catalyst for Quality Improvement.” *Journal of the American College of Surgeons*. 204 (6): 1293-1300; June 2007.

ⁱⁱ Hall, BL et al. “Does Surgical Quality Improve in the American College of Surgeons National Surgical Quality Improvement Program?” *Annals of Surgery*. 250 (3): 363-376; Sept. 2009.

ⁱⁱⁱ <http://site.acsnsqip.org/about/business-case/> 11/26/2014

^{iv} Dimick JB, Chen SL, Taheri PA, Henderson WG, Khuri SF, Campbell DA Jr. Hospital costs associated with surgical complications: a report from the private-section National Surgical Quality Improvement Program. *J AM Coll Surg* 2004; 199(4): 531-537

^v Hall, BL et al. “Does Surgical Quality Improve in the American College of Surgeons National Surgical Quality Improvement Program?” *Annals of Surgery*. 250 (3): 363-376; Sept. 2009.