

NSQIP EGS Case Collection

To be eligible for EGS specific reporting and satisfy data standard for EGS verification, sites must meet both 1 and 2:

1. Collection of both Operative and Non-operative EGS cases/patients through a standard process from a consistent single sampling source.

AND

2. Capture 100% of cases included under the scope of the hospital's EGS service.

OR

For hospitals where a high volume of EGS cases precludes 100% case capture, sampling criteria regarding the capture of both Operative and Non-operative cases/patients must be followed.

Sampling Source:

- The hospital must first have a standard process for identifying all Operative and Non-operative cases with an EGS diagnosis from a consistent source. For further details regarding EGS Sampling source requirements please refer to the EGS Sampling Guide document. All cases, inclusive of both Operative and Non-operative, must be identified using the same standardized and replicable source strategy.
- Examples of sampling strategies that have been successfully used at other hospitals include:
 - Consult Lists
 - Daily Patient Lists
 - Consult Orders
 - Consult Billing Records
 - ICD-10 Code Data Pulls
 - Other (locally defined)

Case Sampling Volume:

For sites **unable to perform 100% case capture**, the following sampling methods are required to be eligible for EGS specific reports and to meet the verification data standard:

- Attempt to capture at least 840 EGS cases/patients each year. Both Operative and Non-operative cases/patients are included in this total.
 - We understand that EGS case numbers will fluctuate each cycle. If you aim for at least 20 cases per cycle, this is sufficient.
 - Sites need to ensure they are trying to capture 20 EGS cases (both operative and non-operative) per cycle.
- All 11 EGS diagnoses must be captured.
- Sampling is based on an 8-day cycle to prevent bias in choosing cases for assessment.
- Case capture is limited to 6 cases per diagnosis for each 8-day cycle. This prevents skewing data towards very common diagnoses and facilitates sampling of diagnoses that are less common. This is demonstrated in the chart below.

Intended Minimum Annual Volume	Intended Minimum Volume Per Cycle
840	20
EGS Diagnoses	Maximum Per 8-Day Cycle
Acute abdomen/peritonitis	6
Skin/soft tissue infection	6
Gallbladder disease	6
Small bowel obstruction	6
Large bowel obstruction	6
Pancreatitis	6
Diverticulitis	6
Appendicitis	6
Acute gastrointestinal bleed	6
Perforated peptic ulcer disease	6
Incarcerated/strangulated hernia	6

Case Collection Ramp-up (Optional):

An optional case collection ramp-up period is outlined as the hospital begins case capture. Ramp-up is put in place to become acclimated to the case selection method and abstraction process. This is done by increasing the case volume and number of EGS diagnoses collected over a 12-month period in 3 phases. *Please note, though, you will not be eligible for EGS specific reports until you meet the minimum case sampling volume outlined above.

To begin ramp-up hospitals determine the following:

1. **Ramp-up Phase 1: Months 1-4**
 - a. Minimum of 3 EGS diagnoses, volume is equal to 10 cases per 8-day cycle
2. **Ramp-up Phase 2: Months 5-8**
 - a. Minimum of 6 EGS diagnoses, volume is equal to 15 cases per 8-day cycle
3. **Ramp-up Phase 3: Months 9-12**
 - a. All 11 EGS diagnoses; volume is equal to 20 cases per 8-day