ACS QVP Specialty Pre-Review Questionnaire

*This Specialty PRQ is to be completed by the **surgeon serving as the specialty or division Chair/Chief for this surgical specialty:***

Surgical Specialty	*(e.g., General Surgery)*
Name of Surgeon Chair/Chief	
Credentials	
Title	

1. *List clinical areas/surgical subspecialties included within your area:*

2. *Including you, how many surgeons are privileged to perform procedures in your specialty-area (please include all surgeons regardless of employment status or surgical group affiliation)?*

INSTITUTIONAL ADMINISTRATIVE COMMITMENT (IAC)

IAC.1: Leadership Commitment and Engagement to Surgical Quality and Safety

View Standard

3. *Is there an a priori mechanism or forum for requesting quality and safety resources (e.g. registry participation, external quality program participation, FTE support, educational opportunities, etc.)?*

4. *Provide an example of a quality and safety resource recently requested (approved or denied) for your specialty and the process you went through to request budget support.*

INSTITUTIONAL ADMINISTRATIVE COMMITMENT (IAC)

IAC.2: Culture of Patient Safety and High Reliability

View Standard

PASSIVE: *Adverse events are expected or unavoidable.*
REACTIVE*: Able to fix problems whenever they occur, but not looking for problems.*
CALCULATIVE: *Have systems in place to prevent problems and actively surveil for potential problems.*
PROACTIVE: *Proactively look for potential problems and develop quality improvement projects to fix any identified problems.*
GENERATIVE*: Quality and safety at the core of business; constantly looking for potential problems and ways to prevent them.*

5*. Using one of the 5 descriptors provided above, which best describes your* ***HOSPITAL'S*** *safety culture?*

6*. Using one of the 5 descriptors provided above, which best describes your* ***SPECIALTY'S*** *safety culture?*

7. *For your* ***SPECIALTY*** *rank the following on a scale from 1-6 for areas that are strengths to needs improvement (1=strongest → 6=weakest).*

	Strongest					Weakest
Teamwork Climate	◉1	○2	○3	○4	○5	○6
Safety Climate	○1	◉2	○3	○4	○5	○6
Stress Recognition	○1	○2	◉3	○4	○5	○6
Perception of Management	○1	○2	○3	◉4	○5	○6
Working Conditions	○1	○2	○3	○4	◉5	○6
Job Satisfaction	○1	○2	○3	○4	○5	◉6

PROGRAM SCOPE & GOVERNANCE (PSG)

PSG.2: Surgical Quality and Safety Committee (SQSC)

View Standard

8. *Do you or anyone from your specialty serve as a liaison for your specialty on any hospital-wide committee(s) that addresses cross-cutting quality and safety issues in surgery?*

If yes, list committee name(s) here:

9*. Do you have regular meetings with the other surgeons* ***WITHIN YOUR SPECIALTY AT YOUR HOSPITAL*** *to discuss quality at the specialty-level (please do not include system-wide service-line committees)?*

If yes, respond to ***questions 10-13*** *regarding your* ***SPECIALTY-LEVEL*** *committee.*

10. *How frequently does this committee meet?*

11. *What percentage of surgeons regularly attend (please include all surgeons privileged to perform procedures within your specialty, regardless of employment status)?*

12*. List any representatives from other disciplines on the committee, such as nursing, anesthesia, critical care, or other non-surgeon specialists:*

13*. Select the following functions that are routinely performed by the committee (check all that apply)?*

☐ *Outcomes Data Review*
☐ *Individual Surgeon Review (peer review)*
☐ *Retrospective Case Review (including M&M)*
☐ *Monitoring of Device/Resource Utilization*

If any of the above are performed outside of the committee or by separate committees, explain:

14. *Do you have any administrative support within your area (either shared or dedicated) to support quality activities such as committee coordination, project management, data analysis, performance improvement, etc. to support quality improvement and care optimization activities?*

If yes, provide the number FTEs dedicated to your area and a brief description of the functions they support:

PATIENT CARE: EXPECTATIONS & PROTOCOLS (PC)

PC.1: Standardized and Team-Based Processes in the Five Phases of Care

View Standard

15. *Complete the* ***template*** *by including any standardized protocols your specialty uses in the listed phases of care.*

16. Upload *specialty-specific protocols.*

PATIENT CARE: EXPECTATIONS & PROTOCOLS (PC)

PC.2: Disease-Based Management Programs and Integrated Practice Units

View Standard

***17**. Do you participate in any external accreditation/verification/certification programs that address disease-based management (e.g., ACS Trauma Verification, CoC Accreditation, Joint Commission Spine Surgery Certification, etc.)?*

If yes, list program names:

***18.** Do you have any multidisciplinary conferences that address disease-based management of particular conditions? (e.g., tumor board conferences, transplant conferences, etc.)*

If yes, list conferences:

***19.** Do you measure compliance to established clinical guidelines?*

If yes, describe:

DATA SURVEILLANCE & SYSTEMS (DSS)

DSS.1: Data Collection and Surveillance

View Standard

20. *List all sources of data used within your specialty:*

Data Source	Data Type	Who Inputs Data	Data Shared Routinely
(.e.g., NSQIP, VQI, STS, etc.)	☐ *Incident/Serious Safety Event Reporting System* ☐*Other reporting mechanism to track (near misses and good catches)* ☐*Administrative claims data (e.g. billing, EHR data, Vizient, Premier)* ☐ *Local, clinically relevant data capture (e.g. Redcap, homegrown registry)* ☐ *External, multi-hospital clinical data registry (e.g. ACS NSQIP, SVS VQI, STS National Database, etc.)* ☐*Electronic health record associated data (e.g. EPIC SlicerDicer)* ☐*Risk Adjusted* ☐*Regional Benchmark Data* ☐*National Benchmark Data* ☐*Other*	☐*Hospital Staff* ☐ *Patients/Caregivers Surgeon* ☐ *Data Abstractor* ☐ *Automated from EHR*	☐*Hospital Leadership (i.e. CMO, quality dept leadership)* ☐ *Surgeon Leadership (i.e. chair, SQO)* ☐*Specialty Leadership (i.e. thoracic surgery chief)* ☐ *Frontline Surgeons* ☐ *Frontline Care Providers*

21. *Are data shared with all surgeons within your area?*

If yes, how often?

QUALITY IMPROVEMENT (QI)

QI.1: Case Review

View Standard

22. *Is there a specialty-level Morbidity & Mortality (M&M) Conference?*

23. *Is there a process for retrospective case review, separate from M&M, within your specialty?*

If yes, how many cases were reviewed over the last 12 months (include cases that have begun review and are still in process)?

24. *What are the criteria used for case selection for the case review process?*

☐*100% of cases are reviewed*

Randomized review (check all that apply):

☐*Random case selection for educational review purposes as part of M&M*

For cause review (check all that apply):

☐*ALL mortalities are reviewed*
☐ *ALL sentinel/serious safety events are reviewed (i.e., retained foreign bodies, wrong site surgery, etc.)*
☐*ALL unplanned return to OR are reviewed*
☐*There are set criteria for specific complications (i.e., readmissions, intra-op complications or procedure time, post-op complications, etc.) that are reviewed*

If you checked the above, list the types of complications reviewed:

25. *Who selects cases for review (check all that apply)?*

☐*Specialty Chair*
☐*Surgical Residents*

If other, explain below:

26*. What are the data sources used for case identification (check all that apply)?*

☐*Hospital serious safety event reporting system*
☐ *Referral from hospital-level peer review, risk management, or other hospital-level committee*
☐ *EMR or Administrative Data Report*
☐*Clinical registry reports*

27. *Is there an event classification system (i.e. non-preventable, preventable, etc.)?*

If yes, describe:

28. *Is there standardized way for documenting review findings?*

If yes, ***describe or attach*** *form:*

29*. Is there a routine, formal process for loop closure?*

If yes, ***describe or attach*** *process flow:*

QUALITY IMPROVEMENT (QI)

QI.3: Credentialing, Privileging, and Onboarding

View Standard

30. *Does your specialty department have input and sign-off on specific privileging requirements?*

If yes, explain how this is done:

31. *Do you have a specialty-specific onboarding process for all surgeons new to the hospital?*

If yes, does the onboarding process include:

☐*Review of initial cases?*

If yes, how many?

☐*Backup call available during initial cases?*

If yes, how many?

☐*Proctoring of initial cases?*

If yes, how many?

☐*Review of volume in historical case logs before privileging?*

☐*Is there a case volume requirement?*

QUALITY IMPROVEMENT (QI)

QI.4: Continuous Quality Improvement Using Data

View Standard

32. *Do you conduct any process improvement or quality improvement initiatives specific to your specialty?*

If yes, provide examples using the ***template*** *from the last 12 months.*

33. *Rate the following potential barriers to conducting quality improvement initiatives as high, medium, or low:*

HIGH*: We don't have this resource or this is a significant barrier*
MEDIUM*: We have limited resources or this is sometimes a barrier*
LOW*: We have sufficient resources or this is not a barrier*

Access to Data	☐Low ☐Medium ☐High
Data Quality	☐Low ☐Medium ☐High
QI/PI Expertise	☐Low ☐Medium ☐High
FTE Support for QI/PI	☐Low ☐Medium ☐High
Competing Priorities	☐Low ☐Medium ☐High

34. *What are your specialty's top quality goals for this year? (e.g., reduce readmissions, implement ERAS protocol, etc.)?*

35. *What were the goals for the 2 years prior?*

36. *Additional comments (optional):*