



**Emergency General Surgery  
Verification Program**  
American College of Surgeons

**EMERGENCY GENERAL SURGERY  
VERIFICATION PROGRAM**

**PRE-REVIEW QUESTIONNAIRE**

**v.2022**

[View Standards Manual](#)

# Institutional Administrative Commitment (IAC)

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## Standard IAC.1: Hospital Commitment

1. Upload a letter from hospital leadership (e.g., CEO or equivalent) demonstrating the commitment to the Emergency General Surgery (EGS) Program which includes:
  - A high-level description of the EGS Program including program leadership, annual volume, procedure mix, and commitment and organization of multidisciplinary care services for EGS patients.
  - Any initiatives involving the EGS Program in the past 12 months that were initiated for the purposes of ensuring quality and safety.
  - Hospital leadership's involvement with the EGS Program
  - The current and future commitment to and financial investment in the EGS Program
  - The organization's commitment to maintaining compliance with verification program standards
2. Upload an organizational diagram showing the EGS Program's relationships to other departments and internal governing bodies, specifically those that oversee patient safety, quality, and fiscal administration of the EGS Program.
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, etc.) from hospital administration?  
*If yes, provide an example of a resource recently requested (approved or denied).*
4. Do the strategic priorities of the EGS Program align with your hospital's strategic priorities?  
*Describe EGS Program priorities and challenges with alignment, if any.*

## Standard IAC.2: Culture of Patient Safety and High Reliability

**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.

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

- Passive**
- Reactive**
- Calculative**
- Proactive**
- Generative**

- Using one of the 5 descriptors provided above, which best describes the **EGS PROGRAM'S** safety culture?

- Passive**
- Reactive**
- Calculative**
- Proactive**
- Generative**

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

- Teamwork Climate**
- Safety Climate**
- Job Satisfaction**
- Stress Recognition**
- Perception of Management**
- Working Conditions**

- Has the EGS service participated in any safety culture assessments (for example, SAQ, HSOPS, and so on) over the past three years?

*If yes, upload any safety culture assessments reports.*

*If no, describe plan to establish culture of safety assessments within the EGS Program.*

- Is there formal safety culture education (e.g., TeamSTEPPS) provided to EGS staff at the time of initial onboarding?

- How often is ongoing formal safety culture education provided to EGS staff?

- At least quarterly**
- At least semi-annually**

- At least annually**
- On an ad hoc basis**
- Ongoing safety culture training is not provided**

7. Upload listing of safety culture/safety attitudes training events the EGS staff participated in over the last year, including dates of training (for example, TeamSTEPPS).
  
8. Are there any examples in the last 3 years of how safety culture results were used to drive tailored improvement initiatives and ongoing safety culture education within EGS?  
*If yes, upload an example of an improvement initiative that resulted from safety culture survey results.*
  
9. Does the EGS Program use a quality dashboard?  
*If yes, upload.*
  
10. Are EGS staff encouraged to report “near miss” events?
  
11. Are “near miss” events shared for educational purposes?  
*If yes, describe.*

## Program Scope and Governance (PSG)

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### Standard PSG.1: Definition and Scope of an Emergency General Surgery Program

1. Upload SURGEON ROSTER table inclusive of all EGS cases performed at the hospital in the last 12 months using the provided template.
2. Upload EGS SURGICAL VOLUME table inclusive of all cases performed at the hospital in the last 12 months using the provided template.
3. Upload EGS service schedule for past 3 months with the name(s) of surgeon(s) assigned for each week.
4. Does the hospital have a local algorithm for when patients are referred to the EGS service?  
*If yes, upload the algorithm.*
5. Select all surgical areas included within the local EGS algorithm:
  - Acute abdomen/peritonitis**
  - Soft tissue infection**
  - Gallbladder disease**
  - Gastrointestinal obstruction**
  - Pancreatitis**
  - Diverticular disease**
  - Appendicitis**
  - Acute gastrointestinal bleed**
  - Perforated peptic ulcer disease**
  - Incarcerated hernia**
  - Other, describe:**

## Standard PSG.2: Emergency General Surgery Medical Director

1. Upload the official job description for the EGS Medical Director position, including percent FTE specific to this role.
2. Upload the curriculum vitae for the individual serving as the Medical Director.
3. Upload an organizational diagram inclusive of the Medical Director position, as well as all other EGS program staff (Standard PSG.3) that illustrates the reporting structure and relationships to institutional leadership.
4. What are the internal and external resources, including but not limited to personnel and budget support, available to the EGS Medical Director that support their job functions (i.e., budget support for attending national quality meetings)?
5. Indicate which of the following responsibilities fall under the Medical Director (select all that apply):
  - Mortality and adverse event review**
  - Address clinical practice variation**
  - Establish quality and safety standards/guidelines**
  - Develop/implement EGS-specific QI initiatives**
  - Leadership and prioritization of EGS initiatives/goals**
  - Monitor outcomes to identify surgical issues**
  - Oversight/leadership of EGS Committee**
  - Participate in governance, including approving EGS privileges**
6. Describe how job performance is measured and success is defined for the individual(s) in the role.
7. Describe any barriers that may hinder the EGS Medical Director from being effective in this role.

## Standard PSG.3: Emergency General Surgery Program Management Resources

1. Upload official job descriptions for the EGS Program Manager, Quality Improvement Support, and Clinical Data Abstraction roles.
2. List the names and titles of the individuals serving in each of the following roles. If responsibility falls to a team, indicate as such:
  - a. Program Manager:
  - b. QI Support:
  - c. Clinical Data Abstraction:
  - d. Data Analysis (if different from c. above):
3. List the FTE allocation specific to each role with the EGS Program:
  - a. Program Manager:
  - b. QI Support:
  - c. Clinical Data Abstraction:
  - d. Data Analysis (if different from c. above):

### **EGS Program Manager:**

4. Do the individual(s) in the Program Manager role have a collaborative working relationship with the EGS Medical Director?  
*If yes, describe how they work together to assess program needs and goals.*

5. Are the individual(s) in the Program Manager role responsible for overseeing program support, including programmatic data and QI needs, and administrative functions of the EGS Program (i.e., committee meetings)?
6. What are the internal and external resources, including but not limited to budget support, available to the EGS Program Manager that support their job functions?

### **Quality Improvement Support:**

7. Does the individual/team providing QI Support to the EGS Program have any specialized training or experience specific to leading quality initiatives?  
*If yes, describe.*

### **Clinical Data Abstraction:**

8. Is data abstraction and analysis performed by the same person/service within the EGS Program?  
*If no, describe how the abstraction and analysis functions are coordinated within the program.*
9. Does the individual/service providing clinical data abstraction have any type of registry/ data-specific training?

*If yes, list completed training.*

10. Does the individual/service providing data analysis have any type of training in data analysis and reporting?

*If yes, list completed training.*

11. Is data-specific training required on a regular and ongoing basis?

*If yes, describe.*



## Standard PSG.4: Emergency General Surgery Committee

1. Is there an established committee focused on quality within the EGS Program (do not include system-wide service-line committees)?  
  
*If YES, answer the questions below.*
  - Radiology, including Interventional Radiology
  - GI/Endoscopy
  - Internal Medicine
  - Other, describe:
  
2. Upload organizational chart showing the EGS Committee's position within the overall hospital framework.
  
3. How frequently does this committee meet?
  - Weekly
  - Monthly
  - Quarterly
  - Other, describe:
  
4. Upload meeting minutes from the most recent committee meeting.
  
5. Upload COMMITTEE MEMBERSHIP table with roster, dates of meetings and attendance within the last year using the provided template.
  
6. Select the following disciplines that have regular physician participation at EGS Committee meetings (select all that apply):
  - Emergency Medicine
  - Anesthesia
  - Critical Care
  
7. Describe the frequency of meeting attendance for multi-disciplinary physician team members outlined in #6 above:
  - <50%
  - 50-75%
  - >75%
  - Other, describe:
  
8. Select the following disciplines that have regular administrative and/or nursing participation at EGS Committee meetings (select all that apply):
  - Executive Leadership
  - Emergency Department
  - Operating Room
  - PACU
  - ICU
  - Inpatient Units (optional)
  - Lab
  - Blood Bank
  - Pharmacy
  - Other, describe:
  
9. Describe the frequency of meeting attendance for multi-disciplinary

administrative and/or nursing team  
members outlined in #8 above:

- <50%
- 50-75%
- >75%
- Other**, describe:

10. Select the following functions that are  
routinely performed by the committee  
(select all that apply):

- Outcomes Data Review**
- Standardized Clinical Pathway  
Development**
- Individual Physician Review (peer  
review)**
- Retrospective Case Review  
(including M&M)**
- Process/Quality Improvement  
Projects Specific to EGS**

*If any of the above functions are  
performed outside of the committee or  
by separate committees, explain.*

11. Upload the EGS Committee charter  
inclusive of written goals and statement  
of purpose.

## Facilities and Equipment Resources (FER)

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### Standard FER.1: Hospital Accreditation

1. Upload copies of state licensure and hospital accreditation/certification from the various regulatory programs that designate your hospital, including, but not limited to, The Joint Commission, DNV, et al. demonstrating current licensure/accreditation/certification.
2. Is your hospital currently under any improvement plans from state licensure or hospital accreditation/certification review?  
*If yes, upload any current improvement plans.*
3. Has your hospital received feedback from state or national accrediting bodies that has led to changes impacting the EGS Program?  
*If yes, describe.*

## Standard FER.2: Emergency Department

1. Is the Emergency Department (ED) staffed by an in-house, licensed, independent practitioner 24/7/365?  
*Upload call schedule for ED practitioner coverage for the prior month.*
  
2. Is there a designated ED medical director?  
*If yes, upload job description for the ED medical director.*
  
3. List the name and credentials for the current ED medical director:
  
4. Does the ED medical director serve as the ED liaison to the EGS Committee?  
*If no, upload job description for the current ED liaison.*
  
5. List the name and credentials for the current ED liaison to the EGS Committee, if different than the ED medical director:
  
6. Is there a protocol for EGS consultation within the ED?  
*If yes, describe.*

## Standard FER.3: Operating Room Availability

1. Upload the call schedule for operating room staff (e.g., nursing staff, radiology technicians) for the last month.
2. Upload any written policies and procedures for operating room/procedure suite availability, use and staffing/personnel requirements.
3. Does the hospital maintain designated ORs for EGS patients during traditional business hours (M-F, daytime)?  
*If yes, describe hours of availability for designated OR use.*  
*If no, describe how EGS cases needing an OR are managed.*
4. Does the hospital maintain designated ORs for EGS patients outside traditional business hours (weekends, overnight, evenings, etc.)?  
*If yes, describe hours of availability for designated OR use.*  
*If no, describe how EGS cases needing an OR are managed.*

## Standard FER.4: Intensive Care Unit

1. Upload hospital policy for ICU staffing (e.g., nursing ratios and overnight back-up call schedules).
2. Upload ICU physician, resident and/or advanced practice provider call schedule for the previous month.
3. List the name and credentials of the current ICU medical director:
4. Does your hospital have a standardized escalation of care plan?  
*If yes, upload.*
5. Do you have monitoring equipment available 24/7/365 in your ICU?  
*If yes, describe.*
6. Does your hospital have a formal policy detailing the composition, availability and leadership of the critical care team?  
*If yes, upload.*
7. What type of model does your ICU follow?  
 **Open**  
 **Closed**  
 **Hybrid**  
 **Other, describe:**
8. Does your hospital have a policy or protocol that establishes expectations for communication and collaboration between attendings and intensivists?  
*If yes, describe or upload.*
9. Is there a formal policy for care coordination between the primary surgical service and intensivists?  
*If yes, describe.*
10. Are there any barriers to collaboration between the surgical team and the ICU team?  
*If yes, describe.*
11. Does your hospital use residents or physician extenders as primary in-house coverage?  
*If yes, describe how you ensure timely availability of supervising physician intensivists.*
12. Is there a pathway for patients outside of the ICU to be evaluated for escalation to the ICU?  
*If yes, describe.*
13. Are there barriers for patients being transferred into the ICU in a timely fashion (include transfers from both the OR and general care floors)?  
*If yes, describe.*

## Standard FER.5: Post Anesthesia Care Unit

1. Describe the location and capacity of your post-anesthesia care/observation unit.
2. Upload the hospital's written policies and procedures for post-anesthesia care/observation unit availability, use and staffing/personnel requirements.
3. Indicate which of the following are available in your post-anesthesia/observation care unit (select all that apply):
  - Pulse oximetry monitoring**
  - Difficult airway cart**
  - ACLS trained staff**
  - Fully stocked crash cart**

*If any are not available, describe any measures in place to address these areas.*

## Standard FER.6: Laboratory and Blood Bank

1. Is the blood bank available 24/7/365?  
*If no, describe protocols to manage need for blood products outside traditional business hours.*
2. Are standard diagnostic laboratory tests available 24/7/365?  
*If no, describe hours of availability, including whether the service is available on or off-site.*
3. Upload hospital's written policies for the availability of laboratory and blood bank services.



## Standard FER.7: Image Viewing Capabilities

1. Do providers have off-site access for viewing imaging performed in your institution?  
*If yes, describe access mechanism.*
2. Is the hospital able to receive, upload and view imaging performed at outside facilities?  
*If yes, upload policies for capabilities regarding imaging obtained at outside facilities.*
3. Are there any barriers to viewing images from outside facilities?  
*If yes, describe.*

## Personnel and Services Resources (PSR)

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### Standard PSR.1: EGS Surgeon Qualifications

1. Are privileging requirements for your hospital based on published specialty guidelines?  
*If yes, describe.*
2. Upload hospital privileging criteria for surgeons performing EGS cases.
3. Does the EGS Medical Director have input and sign-off on specific privileging requirements? *If yes, explain how this is done.*
4. Do you have an EGS-specific onboarding process for all surgeons new to the hospital?
5. Describe the process for safe introduction of new surgical procedures or technology. Upload the most recent example and provide details regarding requirements for training, proctoring, and ongoing monitoring of outcomes.

*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 or double scrubbing of initial cases?** If yes, how many?
- Review of volume in historical case logs before privileging?**
- Is there a case volume requirement?**  
If yes, what is the required case volume?

## Standard PSR.2: Designated Provider for EGS Consults

1. Is a designated EGS provider available 24/7/365 for consults either in person or by phone?  
*If no, describe hours of coverage.*
2. Upload EGS provider consult schedule for last month.
3. Upload EGS CONSULT ROSTER table detailing all non-surgeons actively taking EGS consult call using the provided template.
4. If initial consultant is not an attending surgeon, does your hospital require a consultation note by the attending surgeon or attending surgeon attestation of the preliminary note by the resident or advanced practice provider?
5. Is there a process by which an EGS consultation is triggered in the hospital?  
*If yes, describe or upload written triage protocol for EGS consultation.*
6. Is timeliness of consultation documented and monitored?  
*If yes, describe or upload tracking documentation (arrival logs, time to consult logs, etc.).*
7. Is there a formal system in place for how often this protocol is reviewed and updated?  
*If yes, describe this process.*
8. When was the last time this pathway was reviewed and updated?

## Standard PSR.3: Surgical Team Availability

1. Does the hospital have a call schedule in place ensuring 24/7/365 surgical team coverage within 30 minutes of request?  
*If yes, upload EGS call schedule for last month.*
2. Does the hospital have any standardized procedures or training regarding hand-offs between attending and on-call surgeons?  
*If yes, describe.*
3. Does the hospital have a protocol detailing EGS cases/conditions with required 30-minute response time?  
*If yes, upload protocol.*
4. Is timeliness of availability documented and monitored?  
*If yes, describe and upload tracking documentation (arrival logs, time to consult logs, etc.).*
5. Does the hospital have a process for ensuring compliance with 30-minute availability protocol?  
*If yes, describe or upload protocol/process flow for tracking compliance with response time requirements.*

## Standard PSR.4: Operating Room Team Availability

1. Is there a formal process to ensure qualified assistants are available to staff the operating room (e.g., if resident coverage for a case is not available due to educational commitments)?

*If yes, describe.*

2. Is there a formal process for ensuring an appropriately trained team is available to staff the operating room for EGS cases?

*If yes, describe.*

3. Is timeliness of availability documented and monitored?

*If yes, describe and upload tracking documentation (arrival logs, etc.).*

4. Does the hospital have a process for ensuring compliance with time-delineated availability protocol(s)?

*If yes, describe or upload protocol for tracking compliance with response time requirements.*

## Standard PSR.5: Anesthesia Services

1. Upload call schedule for anesthesia demonstrating 24/7/365 coverage for the previous month.
2. Does your hospital have designated anesthesia providers for EGS cases?  
*If yes, describe processes for ensuring availability of EGS-designated providers.*
3. Does your hospital utilize certified non-physician anesthesia providers within an anesthesia care team model?  
*If yes, describe and upload policy documentation regarding supervision of certified non-physician anesthesia providers and care team model supervision.*
4. Are there any barriers to obtaining anesthesia coverage for EGS cases at your hospital?  
*If yes, describe.*
5. Are there policies and/or protocols in place establishing how anesthesia coverage and staffing for EGS cases is determined?  
*If yes, describe.*

## Standard PSR.6: Diagnostic Radiology Services

1. Upload a list of diagnostic radiology services available at the hospital, including the hours of availability.
2. Is there a process for activation of radiologic imaging studies outside traditional business hours?  
*If yes, describe.*
3. Are there any barriers to urgent and emergent activation of diagnostic radiologic services?  
*If yes, describe.*
4. Is a credentialed radiologist available 24/7/365 within 60 minutes for image interpretation either in person or by phone?  
*If no, describe hours of coverage.*
5. Is there a process for review of external imaging studies?  
*If yes, describe.*
6. For life-threatening diagnoses identified on imaging, is there a standard process for alerting the physician(s) of record?  
*If yes, describe, including the process if the physician(s) of record cannot be reached.*

## Standard PSR.7: Therapeutic Endoluminal and Interventional Radiology Services

1. Does your hospital have diagnostic and therapeutic endoluminal services available 24/7/365?  
*If no, describe hours of availability including on-site and via referral.*
2. Upload hospital policies regarding the availability of diagnostic and therapeutic endoluminal services including a list of the services available.
3. Does your hospital have diagnostic and therapeutic interventional radiology services available 24/7/365?  
*If no, describe hours of availability including on-site and via referral.*
4. Upload hospital policies regarding the availability of diagnostic and therapeutic interventional radiology services including a list of the services available.
5. Does your hospital have a required set of time-to-intervention response times for diagnostic and therapeutic endoluminal and IR services?  
*If yes, describe or upload list of required times.*
6. Does your hospital track compliance with required response times?  
*If yes, describe or upload documentation of compliance tracking (arrival logs, etc.).*
7. Are there any barriers to urgent and emergent activation of diagnostic and therapeutic endoluminal and radiology services?  
*If yes, describe.*
8. If endoscopic and interventional radiology services are not available on-site 24/7/365, upload an agreement for 24/7/365 call coverage by qualified external providers.



## Standard PSR.8: Pain Management Services

1. Does your hospital have on-site resources available for acute pain management?  
*If yes, describe.*
2. Does your hospital have resources available for chronic pain management?  
*If yes, describe, including whether resources are available on-site or via referral.*
3. Upload hospital policies regarding the availability of pain management services including a list of the services available.
4. How are patients with refractory pain triaged and referred to chronic pain specialists?

## Standard PSR.9: Nutrition Services

1. Does your hospital have parenteral and enteral nutrition access services available 24/7/365?  
*If no, describe hours of availability including on-site and via referral.*
2. Does your hospital have nutrition consultation services available during traditional business hours?  
*If no, describe hours of availability including on-site and via referral.*
3. Upload hospital policies regarding the availability of nutrition services, including a list of the services available.
4. What services (e.g., gastroenterology, GI surgery, interventional radiology) are used to obtain enteral access in EGS patients when necessary?
5. Are there any support services available for long-term use of parenteral or non-oral enteral nutrition following emergency general surgery?  
*If yes, describe.*
6. Are nutritional services and consults regularly available to EGS patients and providers when requested?  
*Describe any barriers to activating this service.*

## Standard PSR.10: Allied Health Services

1. Upload call schedules for physical therapy, occupational therapy, respiratory therapy and pharmacy showing hours of coverage and consultation availability for the previous month.
2. Are there limitations on the availability of physical and occupational therapy services when requested?  
*If yes, describe.*
3. Are physical and occupational therapy services available on weekends?  
*If yes, describe.*
4. Does your hospital have a documented plan for early ambulation?  
*If yes, upload the current plan/protocol.*
5. Are respiratory therapy services and consults available to EGS patients and providers when requested?  
*Describe any barriers to activating this service.*
6. Are qualified pharmacists available for perioperative consultation 24/7/365?
7. Describe any cases within the last year where a pharmacist was unavailable to consult when needed, and the subsequent decision-making process.

## Standard PSR.11: Surgical and Medical Specialty Services

1. Indicate whether the specialties listed below are available to EGS patients on-site, via transfer or are not available:

- Bariatric Surgery
- Cardiology
- Cardiothoracic Surgery
- Colorectal Surgery
- Critical Care/Intensivists
- Endocrinology
- Gastroenterology
- Geriatric Medicine
- Gynecologic Surgery
- Hematology
- Hepatobiliary Surgery
- Hospitalists/Internal Medicine
- Infectious Disease
- Nephrology
- Plastic Surgery
- Pulmonology
- Urologic Surgery
- Urology
- Vascular Surgery

2. Upload transfer agreement documents for those specialties that are not available on-site at your hospital, if any.

3. If any specialties are not available either on-site or via transfer, describe protocols to address any patients with specialty needs.

## Standard PSR.12: Patient Support Services

1. Indicate whether the support services listed below are available to EGS patients on-site, via transfer or are not available:
  - Case Management
  - Ethical Consultation
  - Palliative Care Services
  - Pastoral Care Services
  - Social Services
  - Speech/Language Therapy Services
  - Translation/Interpreter Services
  - Wound/Ostomy Services
  
2. If any of the above are not available, describe measures in place to secure patients access to needed services.
  
3. Are there any barriers to obtaining any of the support services listed above when needed for EGS patients?  
*If yes, describe.*

## Patient Care: Expectations and Protocols (PC)

### Standard PC.1: Standardized Care Pathways

1. For the following phases of care, indicate if there are standard processes/protocols that exist which are currently in use with EGS patients. Select all that apply and attach copies of all protocols indicated:

<b>Phase I: Pre-operative</b> (i.e., evaluation/readiness protocols, pre-op clearance, etc.)	<input type="checkbox"/> Hospital-wide processes or protocols (attach copy) <input type="checkbox"/> EGS-specific processes or protocols (attach copy) <input type="checkbox"/> Processes/protocols do not exist	<input type="checkbox"/> Compliance with processes/protocols is measured regularly <input type="checkbox"/> Compliance rate to 2/3 of standardized protocol elements is >70%
<b>Phase II: Immediate pre-operative (day of surgery)</b> (i.e., check-ins, medication reconciliation, consent, etc.)	<input type="checkbox"/> Hospital-wide processes or protocols (attach copy) <input type="checkbox"/> EGS-specific processes or protocols (attach copy) <input type="checkbox"/> Processes/protocols do not exist	<input type="checkbox"/> Compliance with processes/protocols is measured regularly <input type="checkbox"/> Compliance rate to 2/3 of standardized protocol elements is >70%
<b>Phase III: Intra-operative</b> (i.e., universal protocol, debriefing, etc.)	<input type="checkbox"/> Hospital-wide processes or protocols (attach copy) <input type="checkbox"/> EGS-specific processes or protocols (attach copy) <input type="checkbox"/> Processes/protocols do not exist	<input type="checkbox"/> Compliance with processes/protocols is measured regularly <input type="checkbox"/> Compliance rate to 2/3 of standardized protocol elements is >70%
<b>Phase IV: Post-operative</b> (i.e., hand-offs to ICU/PACU/floor, rescue team activation, discharge processes, etc.)	<input type="checkbox"/> Hospital-wide processes or protocols (attach copy) <input type="checkbox"/> EGS-specific processes or protocols (attach copy) <input type="checkbox"/> Processes/protocols do not exist	<input type="checkbox"/> Compliance with processes/protocols is measured regularly <input type="checkbox"/> Compliance rate to 2/3 of standardized protocol elements is >70%
<b>Phase 1: Post-discharge</b> (i.e., transfer to SNF/acute rehab, patient navigation, education/support for wound/drain management, signs and symptoms of complications, etc.)	<input type="checkbox"/> Hospital-wide processes or protocols (attach copy) <input type="checkbox"/> EGS-specific processes or protocols (attach copy) <input type="checkbox"/> Processes/protocols do not exist	<input type="checkbox"/> Compliance with processes/protocols is measured regularly <input type="checkbox"/> Compliance rate to 2/3 of standardized protocol elements is >70%

2. How are perioperative pathways developed and amended?
3. How are national guidelines, i.e., disease severity ratings, assessed and integrated into local perioperative pathways?
4. Does your hospital have any standard processes/pathways currently in use for non-operative management of patient care?

*If yes, upload all pathways currently in use.*

5. Does your hospital have any processes currently in place to ensure compliance with order sets and clinical pathways?

*If yes, describe or upload any process flows and documents demonstrating compliance rates for order sets and pathways.*

6. Are there any mechanisms in place to educate staff on local perioperative pathways?

*If yes, describe.*

7. What barriers exist to development of clinical pathways for EGS cases?

## Standard PC.2: Emergency General Surgery Provider Response Pathway

1. Does the hospital have a written policy for EGS consultation that includes tiered levels of activation with a 30-minute response time for cases of the highest acuity, etc?

*If yes, upload the policy with tiered activation levels.*

2. Are there any barriers to obtaining timely EGS consultations?

*If yes, describe.*

3. Is there a formal system in place for how often this pathway is reviewed and updated?

*If yes, describe this process.*

4. When was the last time this pathway was reviewed and updated?

5. Are multidisciplinary providers educated on and included in pathway maintenance?

*If yes, describe this process.*



## Standard PC.3: Patient Education

1. Are any standardized post-operative educational materials currently in use for EGS patients?

*If yes, upload materials.*

2. Are different educational materials available based on patient preoperative risk profile (e.g., different expected course for healthy patient vs patient with significant comorbidities)?

*If yes, describe.*

3. Are educational materials updated with changes to perioperative care pathways?

4. Is there a formal system in place for how often these materials are reviewed and updated?

*If yes, describe this process.*

5. When was the last time these materials were reviewed and updated?

## Standard PC.4: Informed Consent Process

1. Upload examples of each of the following forms currently in use for EGS patients:
  - Goals of Care Form
  - Power of Attorney
  - Advance Directives
  - Patient Consent
  
2. Are goals of care discussions and consenting process discussions documented in the medical record?  
*If yes, describe.*
  
3. Are resources available within the hospital to assist with each of the above listed items?  
*If yes, describe.*
  
4. Are there standard processes by which your hospital identifies an appropriate proxy who receives and coordinates communication for the patient, if needed?  
*If yes, describe.*

## Standard PC.5: Anesthesia Pathway

1. Does your hospital have a written anesthesia pathway that is jointly endorsed by the EGS Medical Director and the chief of anesthesiology/anesthesia liaison to the EGS Committee?

*If yes, upload the protocol.*

2. Is there a formal system in place for how often this pathway is reviewed and updated?

*If yes, describe this process.*

3. When was the last time this pathway was reviewed and updated?

4. Are multidisciplinary providers educated on and included in pathway maintenance?

*If yes, describe this process.*

5. Is compliance with the pathway monitored?

*If yes, describe this process.*

## Standard PC.6: Massive Transfusion Protocol

1. Does your hospital have a written massive transfusion protocol?  
*If yes, upload the protocol.*
2. Have there been any circumstances in the prior 12 months where there were constraints on the ability to follow the protocol?  
*If yes, describe.*
3. How many times was the massive transfusion protocol used in the management of EGS patients in the last 12 months?

## Standard PC.7: Rescue Protocol

1. Does your hospital have a protocol governing activation of rescue team response (may also be known as a rapid response team) in place?  
*If yes, upload the protocol.*
2. Does this protocol function specifically as an early intervention to prevent a patient's condition from escalating to a code?  
*If yes, describe.*
3. Have there been any situations within the previous 12 months was not activated according to protocol?  
*If yes, describe the circumstances of the case(s) and decision-making process, as well as any subsequent changes in protocol usage.*

## Standard PC.8: Geriatric Patient Care Protocols

1. Does your hospital have any of the following protocols specific to the care of older adults currently in use with EGS patients (select all that apply)?
  - Goals of care discussions**
  - Medical proxy**
  - Patient/proxy affirmation of decision making**
  - Code status/advance directives**
  - Life sustaining treatment discussion**
  - Impaired mobility**
  - Impaired cognition**
  - Impaired functional status**
  - Malnutrition**
  - Difficulty swallowing**
  - Need for palliative care assessment**
  - Other, describe:**
  
2. Upload any protocols indicated as currently in use in #1 above.
  
3. Is there a formal system in place for how often these protocols are reviewed and updated?  
*If yes, describe this process.*
  
4. When was the last time these protocols were reviewed and updated?
  
5. Are multidisciplinary providers educated on and included in protocol maintenance?  
*If yes, describe this process.*

## Standard PC.9: Discharge Planning and Disposition Pathways

1. Does your hospital have any standard discharge and disposition protocols currently in use with EGS patients?  
*If yes, upload the protocol(s).*
2. Does your hospital have any existing transfer agreements with post-discharge disposition facilities (i.e., SNF, acute care rehab, long term care, etc)?  
*If yes, upload agreements.*
3. Are there any barriers to safe and timely discharge of patients from the EGS service?  
*If yes, describe.*
4. Is there a process/protocol to ensure patients have an identified medical provider to manage chronic disease and preventative medicine post-discharge?  
*If yes, describe.*
5. Does your hospital have any resources in place to refer unassigned patients for follow-up care?  
*If yes, describe.*  
*If no, indicate other steps taken to ensure follow up care is connected.*

## Standard PC.10: Readmission and Transfer Protocols

1. Does your hospital have any services that are routinely managed via transfer agreements?  
*If yes, upload all transfer agreements currently in place.*
2. Does your hospital have transfer protocols in place for instances when patients require a higher level of care, if applicable?  
*If yes, upload protocol(s).*
3. How are requests for transfer from other facilities routed and triaged?
4. Do you have mechanisms in place to integrate information and studies from outside hospitals into the patient's medical record after transfer?  
*If yes, describe.*
5. Do frontline hospital providers (e.g., urgent care, emergency department) know who to contact with concerns about surgical patients?  
*If yes, describe this process.*
6. What barriers exist to medically necessary and appropriate acceptance of transfers from other facilities?
7. Have there been any circumstances in the previous 12 months where patients were unable to be transferred as needed according to protocol?
8. Does your hospital have the ability to receive patients for readmission 24/7/365?  
*If no, describe how patient readmission is managed outside of available hours.*
9. Does your hospital monitor for and actively work to address complications that are a result of failure to rescue?  
*If yes, describe these processes.*
10. Have any protocols been put into place to address failure to rescue scenarios?  
*If yes, describe.*



## Data Surveillance and Systems (DSS)

### Standard DSS.1: Data Collection

1. List all sources of data used within the EGS Program (add rows as needed):

Data Source (i.e. EHR, registry name, etc.)	Data Type	Who Inputs Data (select all that apply)
	<input type="checkbox"/> Incident/Serious Safety Event Reporting System <input type="checkbox"/> Administrative data (e.g. billing, EHR data, Vizient, Premier) <input type="checkbox"/> Local, clinically relevant data capture (e.g. homegrown registry) <input type="checkbox"/> External, multi-hospital clinical data registry (e.g. NSQIP) <ul style="list-style-type: none"> <li><input type="checkbox"/> risk-adjusted</li> <li><input type="checkbox"/> regional benchmark data</li> <li><input type="checkbox"/> national benchmark data</li> </ul>	<input type="checkbox"/> Hospital Staff <input type="checkbox"/> Patients/caregivers <input type="checkbox"/> Surgeon <input type="checkbox"/> Data Abstractor <input type="checkbox"/> Automated from EHR
	<input type="checkbox"/> Incident/Serious Safety Event Reporting System <input type="checkbox"/> Administrative data (e.g. billing, EHR data, Vizient, Premier) <input type="checkbox"/> Local, clinically relevant data capture (e.g. homegrown registry) <input type="checkbox"/> External, multi-hospital clinical data registry (e.g. NSQIP) <ul style="list-style-type: none"> <li><input type="checkbox"/> risk-adjusted</li> <li><input type="checkbox"/> regional benchmark data</li> <li><input type="checkbox"/> national benchmark data</li> </ul>	<input type="checkbox"/> Hospital Staff <input type="checkbox"/> Patients/caregivers <input type="checkbox"/> Surgeon <input type="checkbox"/> Data Abstractor <input type="checkbox"/> Automated from EHR
	<input type="checkbox"/> Incident/Serious Safety Event Reporting System <input type="checkbox"/> Administrative data (e.g. billing, EHR data, Vizient, Premier)	<input type="checkbox"/> Hospital Staff <input type="checkbox"/> Patients/caregivers <input type="checkbox"/> Surgeon

	<input type="checkbox"/> Local, clinically relevant data capture (e.g. homegrown registry) <input type="checkbox"/> External, multi-hospital clinical data registry (e.g. NSQIP) <ul style="list-style-type: none"> <li><input type="checkbox"/> risk-adjusted</li> <li><input type="checkbox"/> regional benchmark data</li> <li><input type="checkbox"/> national benchmark data</li> </ul>	<input type="checkbox"/> Data Abstractor <input type="checkbox"/> Automated from EHR
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2. Upload the most recent (patient de-identified) data reports from each registry or data source used to monitor for quality improvement purposes including patient experience data, facility-wide event reporting and surgical outcomes data, and EGS-specific data.
3. If no registry data is used, do you have a formal process for collecting administrative data?  
*If yes, complete and upload the DATA COLLECTION table for all measures not captured in data reports submitted above.*
4. Does the hospital collect data on EGS cases managed non-operatively?  
*If yes, describe how these cases are captured and the sampling methods used in this data collection.*
5. What percentage of EGS non-operative cases are captured for data collection (estimate)?
6. What sources are used to select EGS cases for data capture (select all that apply):
  - Consult lists
  - Daily patient lists
  - Consult orders
  - Consult billing records
  - ICD-10 code data pulls
  - Other, describe:
7. Does your hospital employ the same sources/methodology for capturing operative and non-operative EGS cases?  
*If no, describe the differences in sources.*
8. Upload documentation of the hospital's process for identifying EGS cases, inclusive of both operative and non-operative, including the source(s) used.
9. Does the hospital have any written policies on reporting quality and safety events?  
*If yes, upload all policies.*
10. Does the EGS Program conduct or participate in any training on reporting quality and safety events?

*If yes, describe or upload documentation of trainings.*

11. How often are data on EGS quality and safety data reported out?
- Monthly**
  - Quarterly**
  - Semi-annually**
  - Annually**
  - Other, describe:**
12. How are the data reported out? (select all that apply)
- Dashboards**
  - Daily huddles**
  - Reported to department and disease-specific leadership**
  - Reported to nursing leadership**
  - Other, describe:**
13. Who reviews the collected data? (select all that apply)
- EGS surgeon leaders**
  - EGS Committee**
  - Other multi-disciplinary committee(s)**
  - Frontline staff (EGS surgeons and nurses)**
  - Quality Department**
  - C-Suite/Hospital Leadership**
  - Other, describe:**
14. Indicate which, if any, of the following time frames patients are followed to track complications (select all that apply):
- 30 day**
  - 6 month**
  - 12 month**
  - Other, describe:**
15. If any items in #14 are selected, describe or upload policy/process flow(s) for patient follow up, including lost-to-follow up protocol.
16. Indicate if any of the following measures are captured within the EGS Program (select all that apply):
- Process Measures**
  - Patient-Reported Outcomes**
17. If any items in #16 are selected, upload all related policies and protocols for developing, tracking and evaluating selected measures.

## Standard DSS.2: Surveillance of EGS Data

1. Is there a standard process by which cases are monitored and tracked for complications (i.e., manually, via data registry, etc.)?  
*If yes, describe.*
2. Does the EGS Committee have a defined list of adverse events that are monitored on an ongoing basis?  
*If yes, upload list of locally-tracked adverse events including documentation defining additional significant complications.*
3. Does the EGS Committee have a defined process for reviewing adverse events?  
*If yes, describe or upload documentation of review process, including frequency of review and who is involved.*
4. Does the EGS Committee have a defined process for regularly reporting out adverse event review data?  
*If yes, describe.*
5. Are there criteria for when a complication should be escalated for a higher-level review (i.e., hospital quality department root cause analysis or peer review)?  
*If yes, describe.*

# Quality Improvement (QI)

## Standard QI.1: Quality Assessment and Improvement

1. Has at least one QI project been completed within the EGS Program within the past 12 months?  
*If yes, complete and upload the template to provide examples of all EGS-specific QI initiatives from the previous 12 months.*
2. Do you have dedicated QI staff trained in quality improvement methodologies (e.g., LEAN, Six Sigma) either within the EGS Program or from the hospital's quality department to support EGS quality improvement initiatives?  
*If yes, describe.*
3. What are the data sources most often used to identify quality improvement initiatives?
4. How, and by what mechanism, are quality improvement initiatives identified, prioritized, and chosen?
5. How are EGS quality improvement efforts integrated into the overarching hospital quality framework (i.e., relationship to SQO, quality department, etc.)?
6. Do you have adequate FTE support to conduct all of the QI initiatives you believe are central to ensuring safe and high-quality EGS care?  
*Provide explanation.*
7. 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: **HIGH/MEDIUM/LOW**  
Data quality: **HIGH/MEDIUM/LOW**  
QI/PI expertise: **HIGH/MEDIUM/LOW**  
FTE support for QI/PI: **HIGH/MEDIUM/LOW**  
Competing priorities: **HIGH/MEDIUM/LOW**  
List any additional barriers:
8. What are the top quality goals for the EGS Program in the coming year (e.g., reduce readmissions, implement ERAS protocol, etc.)?
9. What were the goals for the two years prior?

## Standard QI.2: Case Review Process

1. Are EGS cases presented at a Morbidity & Mortality (M&M) Conference?

*If yes, describe.*

2. Is there a process for retrospective case review, separate from M&M, within the EGS Program?

*If yes, how many cases were reviewed over the last 12 months (include cases currently still in review).*

3. Is there a regular and specific schedule for EGS case review meeting occurrences?

*If yes, upload documentation of meeting occurrences within the previous 12 months, including EGS surgeon attendance.*

4. What types of cases are reviewed in the EGS case review meeting?

- Only operative cases are reviewed  
 Non-operative and operative cases are reviewed  
 Other, describe:

5. What are the criteria used for case selection for the case review process (select all that apply)?

- 100% of cases are reviewed

*Randomized review (select all that apply):*

- Cases are selected at random for educational review purposes

- Cases are selected at random for adherence to protocols or resource utilization

*For cause review (select all that apply):*

- All mortalities (in-hospital or within 30 days of discharge) are reviewed  
 All sentinel/serious safety events are reviewed (i.e., retained foreign bodies, wrong site surgery, etc.)  
 All unplanned returns to OR are reviewed  
 All unplanned readmissions with 30 days are reviewed  
 All ED visits within 30 days of discharge are reviewed  
 All transfers to hospice care are reviewed  
 There are set criteria for specific complications (i.e., intra-op complications or procedure time, post-op complications, etc.) that are reviewed

*If YES, list the types of complications reviewed:*

6. Who selects cases for review (select all that apply)?

- EGS Medical Director  
 Residents  
 Surgeons select their own cases  
 Selection determined by algorithm or set criteria

- EGS Committee**
- Other**, describe:
7. What are the data sources used for case identification (select all that apply)?
- Serious safety event reporting system**
- Referral from peer review, risk management, or other committee**
- EMR or Administrative Data Report (e.g., Vizient)**
- Clinical registry reports (e.g., ACS NSQIP)**
- Other**, describe:
8. Is there an event classification system (i.e., non-preventable, preventable, etc.)?  
*If yes, describe.*
9. Is there a standardized way for documenting review findings?  
*If yes, describe or upload form/template.*
10. Is there a routine, formal process for loop closure?  
*If yes, describe or upload process flow.*
11. Is there a routine, formal process for maintaining surveillance of issues identified through case review?  
*If yes, describe or upload process flow.*
12. Does the case review process include integrating resolutions/findings with quality improvement activities in clinical care?  
*If yes, describe or upload process flow.*

## Standard QI.3: Peer Review Process for the Individual Surgeon

1. Does the EGS Committee have any processes or policies for referring cases to hospital peer review?  
*If yes, upload any policies or process documentation.*
2. Is there a process/pathway for feeding back information from peer review to the EGS Committee, i.e. loop closure?  
*If yes, describe.*
3. Does the EGS Program have representation on the hospital peer review committee?
4. How does your hospital capture and track surgeon/peer review documentation?
5. How are surgeons requiring peer review identified (select all that apply)?
  - Case Review
  - Tracking Outliers
  - Referral from EGS Medical Director
  - Word of Mouth
  - EGS Committee
  - Other, describe:
6. How many surgeons have been evaluated as part of a formal surgeon/peer review process over the past 3 years?
7. Of the surgeons evaluated over the past 3 years, how many revealed there was a surgeon-level performance issue?
8. Of the surgeons evaluated over the past 3 years, how many are no longer practicing at the hospital?
9. Of the surgeons evaluated over the past 3 years, how many issues were successfully addressed through proctoring or remediation processes (i.e., issues have not recurred)?
10. Of the surgeons evaluated over the past 3 years, how many continue to be monitored for performance issues, or it is unclear if performance issues were resolved?
11. Indicate if you have any of the following programs/policies (select all that apply):
  - Disruptive Behavior Policy
  - Aging Surgeon Policy
  - Surgeon Wellness Program (i.e., second victim, burnout prevention program)
12. If any items in #11 have are selected, upload all related policies.



## Standard QI.4: Quality Improvement Collaborative Participation

1. Does the EGS Program participate in any state, regional and/or national collaboratives?

*If yes, upload list of current collaboratives the program participates in.*

2. Is collaborative data used to support QI initiatives in the EGS Program?

*If yes, upload any recent (past 12 months) collaborative data reports used within the EGS Program to inform QI projects.*

# Education: Professional and Community Outreach (EDU)

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## Standard EDU.1: Patient Advocacy and Education

1. Has the EGS Program participated in any patient outreach or community education campaigns in the past 3 years?

*If yes, describe or upload documentation, including location of activity and primary audience.*

## Research: Basic and Clinical Trials (RES)

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### Standard RES.1: Clinical Trials and Scholarly Activities

1. Does the EGS Program have any currently active IRB protocols?  
*If yes, upload listing of active protocols including dates and funding sources.*
2. Are there any currently active clinical trials within the EGS Program?  
*If yes, upload listing of current trials and number of enrolled patients within the past 12 months.*
3. Has the EGS Program participated in research leading to publication within the last 3 years?  
*If yes, upload a list of references for all publications in the last 3 years.*
4. Are there any formal mechanism(s) in place to provide information to patients about available clinical trials and other clinical research opportunities?  
*If yes, describe.*