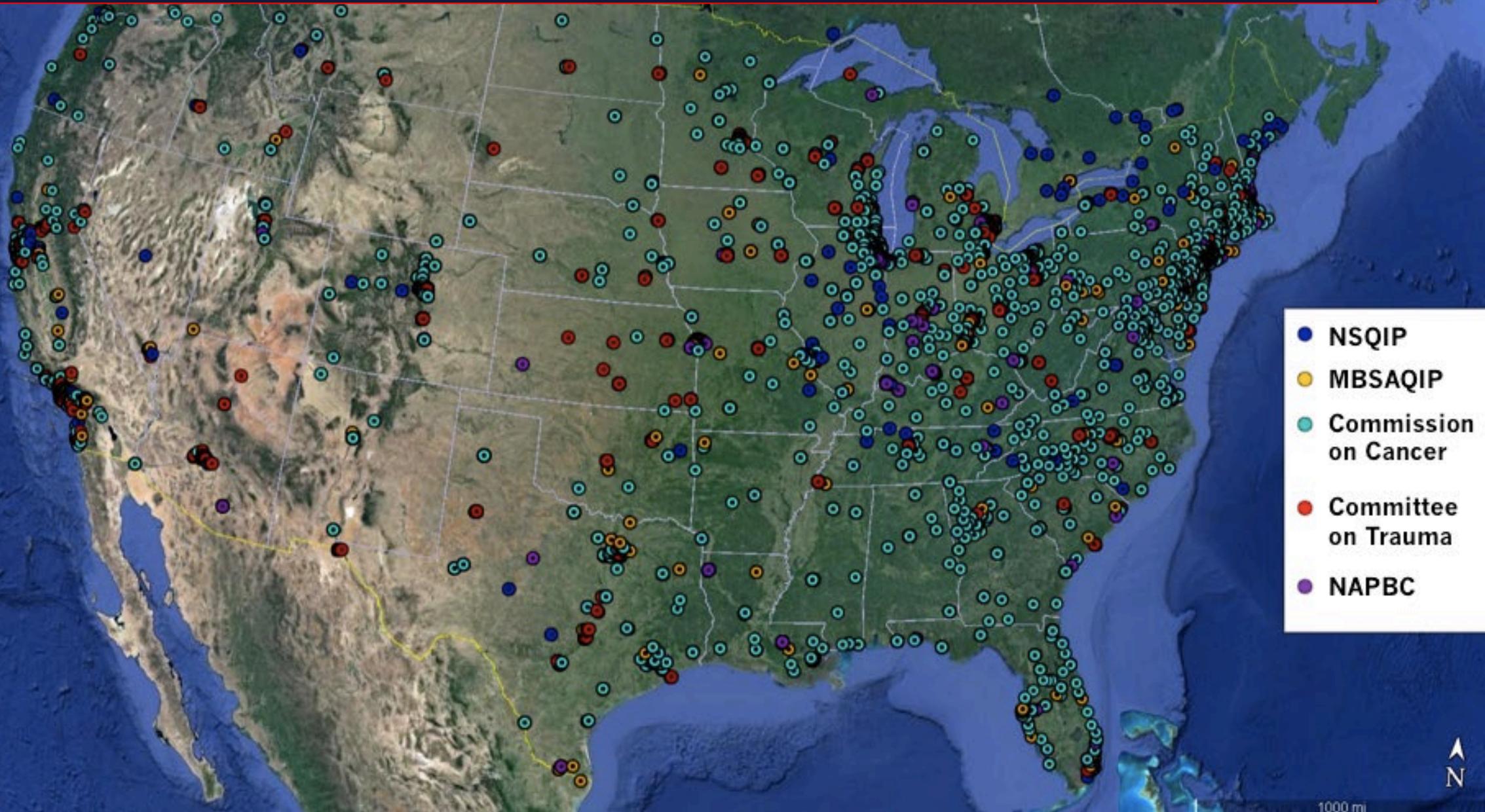


The Quality Framework: *Improving improvement*

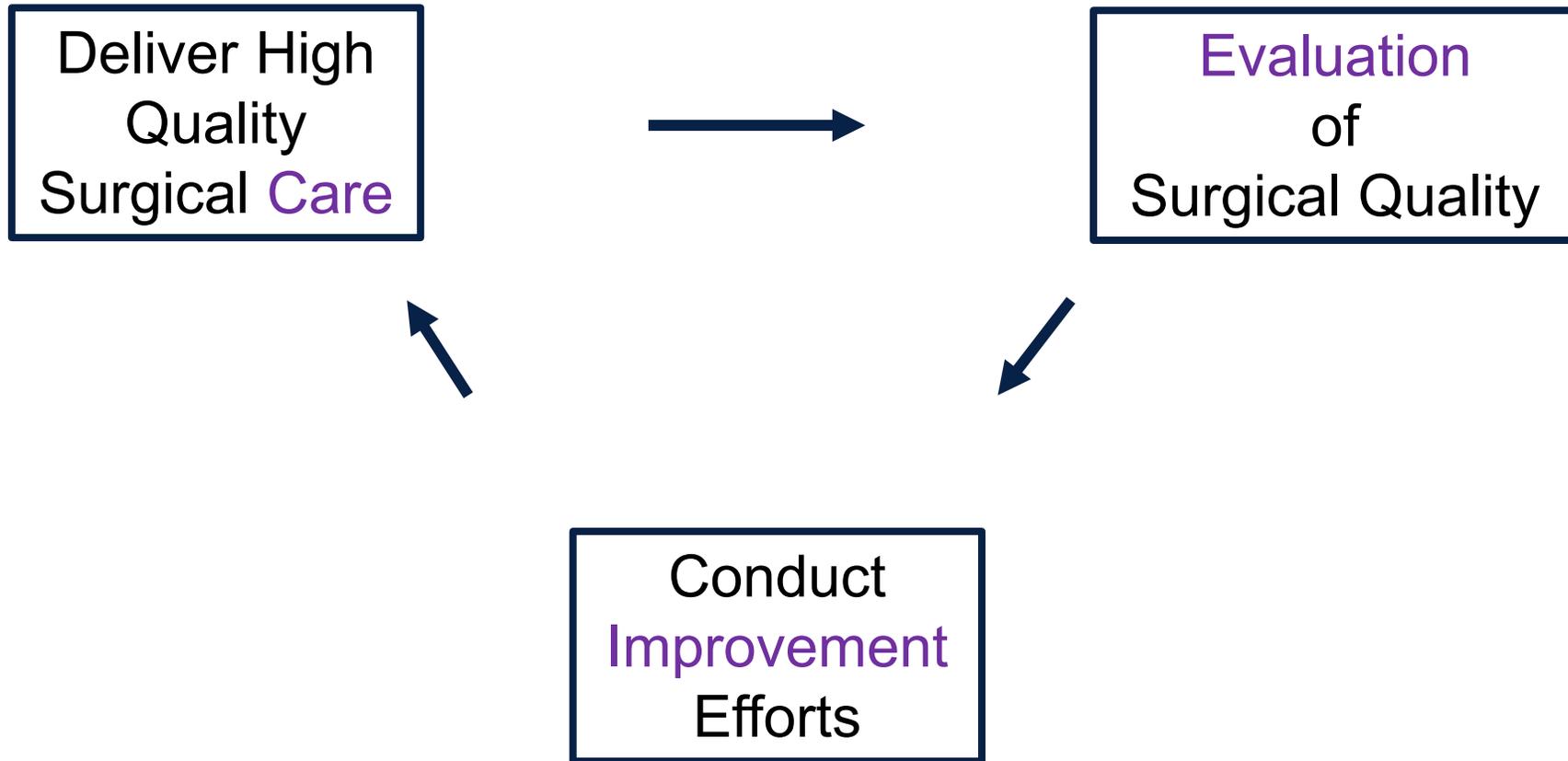
American College of Surgeons

Intro/Framework – Clifford Ko MD
QI evaluation – Tejen Shah MD
Implementation – Eileen Reilly MSW
Discussion

4000+ ACS Quality Programs are being run in 2500 hospitals



Three components for achieving better care for the surgical patient



Deliver High
Quality
Surgical **Care**



Evaluation
of
Surgical Quality



Conduct
Improvement
Efforts



- Education/training
- Experience
- Expert opinion
- Published evidence
- Guidelines
- Clinical pathways
- Best practices

- Performance metrics
- Local dashboards
- Data/Registries
- Outcomes (risk adjusted)
- Evaluate processes of care
- Case reviews/M&M

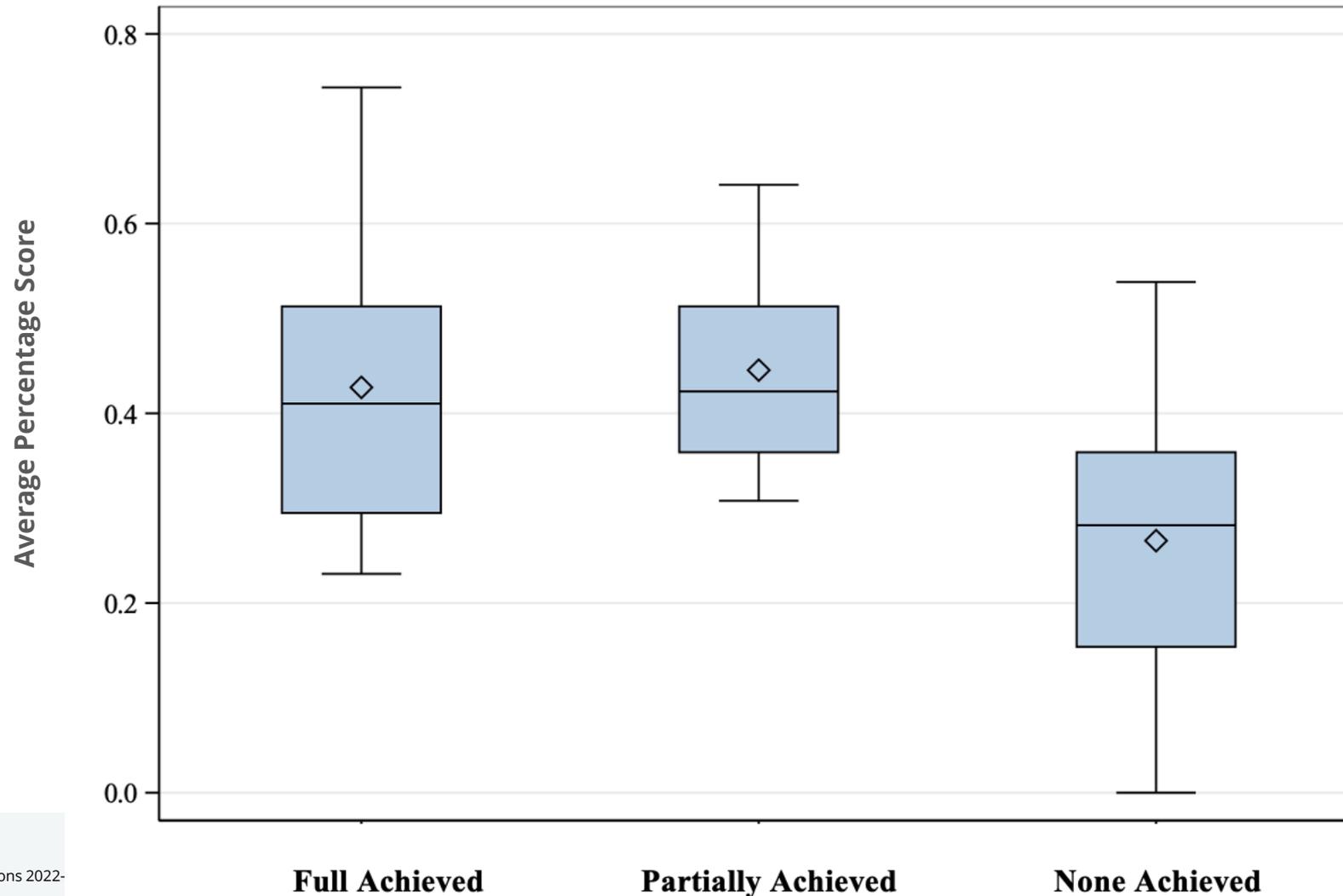
- Individual
- Small-scale
- Large-scale
- Framework (this session)
- (Best practices)
- (ACS QI Basics Course)

Conduct Improvement Efforts

We need to improve small-scale, local improvement efforts

	Individual	Small-scale	Large-scale
Example	A surgeon incorporating a new technique in the operating room (e.g. a new energy device for bleeding)	Addressing high surgical site infection on the local colorectal service	Multi site collaborative (e.g. Enhanced Peri Operative Care for High Risk Patients (EPOCH))
Frequency	Unknown	<u>Common</u>	Moderate
Funding	Rare	Rare	Often
Resource level	Low	Low/medium	Medium/high
Number of interventions	Usually one or two	One or two focused changes	Can be large and multiple
Unit of improvement	Single	Section or team within a facility	Multiple facilities
Improvement "team"	Usually single	Small, clinical team, may be clinician-led	Can be large
Expertise/Experience in improvement i.e. formal training	Variable, may be low	<u>Variable, may be low. Recent study shows these efforts are being poorly conducted</u>	Can be high, some with dedicated improvement specialists
Resulting publication	Rare	Rare	Most often
Clinically important/relevant issues	Yes	<u>Yes</u>	Yes

Better conducted improvement efforts achieve better improvement



The ACS Quality Framework for local improvement efforts



JAMA Surg 2022

Developing the American College of Surgeons Quality Improvement Framework to Evaluate Local Surgical Improvement Efforts

The American College of Surgeons (ACS) Quality Programs collect more than 3500 improvement efforts annually. These efforts are usually local (ie, occurring within a hospital) or small scale (ie, low resourced, low funded, or unfunded)¹ and routinely conducted by frontline clinicians and clinical teams. We tried to identify an appropriate and adequate framework to evaluate these improvement efforts; however, no single framework for small-scale, clinician-led improvement efforts exists. Current available frameworks focus on investigative or research-based efforts, efforts led by improvement specialists, or large-scale (ie, resourced, funded) improvements. Herein we describe the development of the ACS Quality Improvement Framework, whose function is to evaluate small-scale surgical improvement efforts.

Methods | In this quality improvement study, framework development was conducted by the 12-member ACS Quality

Best Practices Case Studies



The Quality Framework has been retroactively applied to the 2022 Best Practices Case Studies.



Scan the QR code to view past Best Practices Case Studies.



QUALITY PROGRAMS

Quality Improvement Basics Course

QI Basics is designed to ensure the surgical workforce and other QI staff are well-educated on the basic principles of surgical quality and safety.

[Learn More](#)