



AMERICAN COLLEGE OF SURGEONS

Inspiring Quality:

Highest Standards, Better Outcomes

FACT SHEET

American College of Surgeons: a 100-Year History of Leading Quality Improvement

For nearly 100 years, the American College of Surgeons (ACS) has led national and international initiatives to improve quality in hospitals, as well as the more specific fields of trauma, cancer and surgical quality. These initiatives have measurably improved the quality of care, prevented complications, reduced costs and saved lives.

The best way to advance surgical care in hospitals around the country is to have a clear picture of what's currently happening in hospitals and other facilities where surgical procedures occur. Numerous quality programs today purport to measure quality but lack the complete, accurate data needed to truly measure the quality of patient care. ACS has workable solutions.

The ACS Inspiring Quality initiative aims to drive awareness of ACS' proven models of care that measure and improve quality and increase the value of health care services. Ultimately, the goal is to drive awareness of the critical elements needed in surgical quality programs to improve outcomes.

The Four Guiding Principles of Continuous Quality Improvement

Based on the results of our own quality programs, ACS has discovered four key principles required to measurably improve quality of care and increase value:

1. Set the Standards: Identify and set the highest of clinical standards based on outcomes data and other scientific evidence that can be individualized by the patient's condition. Establish standards that allow surgeons and other care providers to choose the right care, at the right time, in the right setting for the patient's unique situation.

2. Build the Right Infrastructure: To provide the highest quality of care, surgical facilities must have in place appropriate and adequate structures, such as staffing levels, number and type of specialists, the appropriate equipment and robust IT systems.

3. Collect Robust Data: Studies show quality programs based on administrative data miss half or more of all complications. Using data from medical charts that track outcomes after the patient leaves the hospital and are part of a continuously updated database provides a clearer picture of the patient's care. Data should also be risk-adjusted, to account for the condition of the patient and should also be adjusted to account for the risk of the procedure the patient had.

4. Verify through a Third Party: Hospitals and providers must allow an external authority to periodically verify the right processes and infrastructure are in place, that outcomes are being measured and benchmarked, and that hospitals and providers are proactively responding to these findings.