

# The ACS Quality Verification Program™

## ACS QVP Participation Options

### ACS QVP Focused Verification

These site visits are approximately five hours long and are intended for small to midsize hospitals that do not serve as tertiary or quaternary referral centers and encompass a limited number of surgical specialties in addition to general surgery.

Also eligible for this level of verification are midsize to large tertiary or quaternary care referral hospitals that are highly matrixed with several surgery departments or specialty divisions that are in the early stages of developing an overarching surgical quality infrastructure. For institutions of this size and complexity, these visits are intended to serve as a precursor to an ACS QVP Comprehensive site visit and will begin with a review of 2 surgical specialties.

### ACS QVP Focused Verification for ACS NSQIP® Participants - *Coming soon*

These site visits are similar to the *ACS QVP Focused Verification* visits described above, however areas of focus will be driven by the hospital's ACS NSQIP data and there will be specific discussion and emphasis on how the use of ACS NSQIP data can be used to drive improvement.

### ACS QVP Comprehensive Verification

These site visits are approximately 10 hours long and include individual meetings with each surgical specialty chief and are intended for midsize to large tertiary or quaternary referral hospitals that are highly matrixed with several departments or specialty divisions that have already begun development of an overarching surgical quality infrastructure. During these visits, reviewers do a deep-dive assessment into each of the surgical specialties to evaluate for both vertical and horizontal integration of the model for surgical quality.

### ACS QVP Hospital System Verification – *Coming soon*

In addition to each hospital being assessed for either ACS QVP Focused or Comprehensive Verification, we have a four-hour discussion and feedback session with system-level leadership. This level of verification is intended for hospital systems that have begun or intend to organize and align elements of the surgical quality infrastructure across affiliates. Each participating hospital receives an individualized report in addition to system-level report detailing strengths and opportunities for future development of surgical quality infrastructure across the system.



## Data Surveillance and Systems (DSS)

### DSS.1 Data Collection and Surveillance

Standardize processes and sufficient resources for collecting, analyzing, and reviewing clinically relevant data (risk-adjusted and benchmarked when available) to monitor and identify potential surgical quality and safety issues at the hospital and individual specialty level. Data are shared regularly with hospital leadership and frontline surgeons and staff.

## Quality Improvement (QI)

### QI.1 Case Review

Have a standardized, documented process for formal retrospective case review to monitor adverse events, assess compliance with protocols, and identify opportunities for improvement and standardization.

### QI.2 Surgeon Review

Have standardized processes to monitor and address quality and safety issues with individual surgeon practice through a formal peer review process.

### QI. 3 Surgical Credentialing and Privileging

Have meaningful and thorough processes for credentialing and privileging that ensures all surgeons are qualified and able to provide safe and appropriate surgical care. Includes formal onboarding process with direct observation where appropriate and surgeon leadership involvement in development of specific privileging criteria for complex procedures.

### QI.4 Continuous Quality Improvement Using Data

Have dedicated and sufficient resources to support formal quality and process improvement on the basis of high-quality, reliable data at both the hospital and individual specialty level.

### QI.5 Compliance with Hospital-Level Regulatory Performance Metrics

Communicate regulatory performance metrics to front line surgeons and staff to drive awareness and quality improvement initiatives. Effort is made by leadership to balance prioritization of quality improvement based on regulatory metrics and other hospital-identified quality improvement initiatives to ensure both are resourced.

ACS QVP 12 STANDARDS BY DOMAIN	System-level	Hospital-level	Specialty-level
<b>Institutional Administrative Commitment (IAC)</b>			
IAC.1: Leadership Commitment and Engagement to Surgical Quality and Safety	X	X	
IAC.2: Safety Culture	X	X	
<b>Program Scope and Governance (PSG)</b>			
PSG.1: Surgical Quality Officer	X	X	
PSG.2: Surgical Quality and Safety Committee	X	X	
<b>Patient Care: Expectations and Protocols (PC)</b>			
PC.1: Standardized and Team-Based Processes in the Five Phases of Care	X	X	X
PC.2: Disease-Based Management	X		X
<b>Data Surveillance &amp; Systems (DSS)</b>			
DSS.1 Data Collection and Surveillance	X	X	X
QI.1: Case Review	X	X	X
<b>Quality Improvement (QI)</b>			
QI.2 Surgeon Review	X	X	
QI.3: Credentialing and Privileging	X	X	X
QI.4 Continuous Quality Improvement Using Data	X	X	X
QI.5: Compliance with Regulatory Performance Metrics	X	X	

