News from the

American College of Surgeons and

American Association for the Surgery of Trauma

EMBARGOED FOR RELEASE: July 10, 2023, at 10:00 a.m. CDT

**Emergency General Surgery Verification Program Verifies First Five Hospitals**

*Verification represents a hospital’s commitment to providing a robust quality and safety infrastructure for emergency general surgery care*

CHICAGO (July 10, 2023): Five hospitals are among the first in the nation to be verified under the new American College of Surgeons Emergency General Surgery Verification Program (ACS EGS-VP) launched in September 2022.

EGS-VP, a surgical quality program created by the ACS and the American Association for the Surgery of Trauma (AAST), helps hospitals establish and maintain the highest standards in emergency general surgery. Emergency general surgery is among the most frequent types of surgery a hospital handles.

The first five EGS-VP verified hospitals are:

* Hospital of the University of Pennsylvania, Philadelphia
* University of Kansas Health System, Kansas City
* University of Wisconsin UW Health – University Hospital, Madison
* Riverside University Health System Medical Center, Moreno Valley, California
* JPS Health Network, Fort Worth, Texas

“Since the launch of EGS-VP, these five hospitals have demonstrated how meaningfully this program impacts patient care. The early adopters of EGS-VP set an example of enhanced surgical quality for other hospitals to follow. We look forward to sharing lessons learned from these institutions as we welcome many more hospitals and systems in the future,” said Patricia L. Turner, MD, MBA, FACS, Executive Director and CEO of the ACS.

**Emergency General Surgery Patients Have Unique Needs**

An estimated 4 million patients undergo emergency general surgery procedures each year, representing about 11% of all surgical procedures and accounting for almost a quarter of overall inpatient costs.1,2

Unlike trauma patients, emergency general surgery patients have not sustained an injury, but rather have conditions that often require the same urgency of care as trauma patients. These conditions include acute abdomen/peritonitis, soft tissue infection, gallbladder disease, gastrointestinal obstruction, pancreatitis, diverticular disease, appendicitis, acute gastrointestinal bleed, perforated peptic ulcer disease, and incarcerated hernia.

Many of these patients can face poor outcomes and are at increased risk for postoperative complications or death.1 EGS-VP was designed to help hospitals align resources and clinical standards specific to surgical operations that need to be undertaken on an emergent basis.

“As with all ACS Quality Programs, EGS-VP provides evidence-based standards to help hospitals deliver higher quality care,” said Clifford Y. Ko, MD, MS, MSHS, FACS, FASCRS, Director of the ACS Division of Research and Optimal Patient Care. “This is important because data show these patients have poorer outcomes. These first five verified hospitals have committed themselves to surgical quality for patients who present with emergency needs, and this verification can give patients confidence that they are receiving quality care.”

The areas unique to the experience of EGS patients and providers that are focused on in the EGS-VP program include:

* A triaged approach to care for patients across the spectrum of need
* Recognition of the value of clinically relevant EGS data to drive quality improvement
* A multi-disciplinary approach to care and quality

**How EGS-VP Helps Drive Quality Surgical Care**

EGS-VP is based on the standards laid out in the *Optimal Resources for Emergency General Surgery*, which provides the resources, supports, pathways, and multidisciplinary involvement necessary for program participation. The program sets standards and leverages the ACS National Surgical Quality Improvement Program® (ACS NSQIP) registry to capture data on both surgical and non-surgical emergency general surgery cases.

**University of Wisconsin UW Health – University Hospital, Madison:** “When we think about the EGS Verification program, we know that high-quality care to the emergency surgical patient is vital to the patients, to the surgical team, and to the staff. The verification program has been fundamental in creating a framework upon which to design our program, to pursue process improvement within our hospital, and to help focus our attention and resources on the importance of clinically relevant data,” said Stephanie A. Savage, MD, MS, FACS, Medical Director of Emergency General Surgery at the University of Wisconsin School of Medicine & Public Health. “We are very excited to continue to provide quality care to our patients as part of the American College of Surgeons Emergency General Surgery program.”

**Hospital of the University of Pennsylvania**: “The preparation for and feedback from the American College of Surgeons Emergency General Surgery Verification Visit moved our Emergency General Surgery program ahead by leaps and bounds,” said Patrick M. Reilly, MD, FACS, Chief of the Division of Traumatology, Surgical Critical Care and Emergency Surgery at Penn Medicine. “The multidisciplinary performance improvement approach has and will continue to impact outcomes for this vulnerable patient population at the Hospital of the University of Pennsylvania as well as the other hospitals in the Penn Health System.”

**Riverside University Health System Medical Center:** “Working in a hospital committed to quality and patient safety, I witnessed the impact that the verification process had on everyone involved in the care of EGS patients and how the team came together to rapidly embrace and implement the standards described in the resource document,” said Raul Coimbra, MD, PhD, FACS, Surgeon-in-Chief at Riverside University Health System Medical Center and a Professor of Surgery at Loma Linda University School of Medicine. “The EGS Verification Program will improve the quality of care for EGS patients by increasing the consistency in care delivery in each participating hospital. For the first time, standards on infrastructure, personnel, and clinical care expectations will be well-defined for this patient population. In addition, data collected as part of the program will drive performance improvement initiatives and improve outcomes.”

**Becoming an ACS Surgical Quality Partner**

As an EGS-VP verified hospital, these centers also become an ACS Surgical Quality Partner. Being an ACS Surgical Quality Partner signifies a hospital’s dedication to consistently improving procedures and approaches, while maintaining a critical eye on process at every step. The Surgical Quality Partner designation lets patients know a hospital is dedicated to quality and relentless self-improvement and has been verified or accredited by the ACS. Patients can trust that the care they receive at Surgical Quality Partner hospitals adheres to the most rigorous standards in surgical quality. These five hospitals are ACS Quality Partners by participating in EGS-VP.

Hospitals interested in participating in the [**Emergency General Surgery Verification Program**](https://staging.facswebsites.com/quality-programs/accreditation-and-verification/emergency-general-surgery/) can find more information on the ACS website.

1. Ross SW, Reinke CE, Ingraham AM, Holena DN, Havens JM, Hemmila MR, Sakran JV, Staudenmayer KL, Napolitano LM, Coimbra R. Emergency general surgery quality improvement: a review of recommended structure and key issues. *Journal of the American College of Surgeons*. 2022 Feb 1;234(2):214-25.
2. Knowlton LM, Minei J, Tennakoon L, Davis KA, Doucet J, Bernard A, Haider A, Scherer III LT, Spain DA, Staudenmayer KL. The economic footprint of acute care surgery in the United States: implications for systems development. *The Journal of Trauma and Acute Care Surgery*. 2019 Apr;86(4):609.

# # #

**About the American College of Surgeons**

The [**American College of Surgeons**](https://www.facs.org/) is a scientific and educational organization of surgeons that was founded in 1913 to raise the standards of surgical practice and improve the quality of care for all surgical patients. The College is dedicated to the ethical and competent practice of surgery. Its achievements have significantly influenced the course of scientific surgery in America and have established it as an important advocate for all surgical patients. The College has more than 87,000 members and is the largest organization of surgeons in the world. “FACS” designates that a surgeon is a Fellow of the American College of Surgeons.

**About the American Association for the Surgery of Trauma**

The American Association for the Surgery of Trauma (AAST) is dedicated to discovery, dissemination, implementation, and evaluation of knowledge related to acute care surgery (trauma, surgical critical care, and emergency general surgery) by fostering research, education, and professional development in an environment of fellowship and collegiality. The AAST is the premier academic trauma surgery organization in the United States and has over 1,700 members from 30 countries. For more information, visit [aast.org](http://www.aast.org/).

CONTACT

Dan Hamilton | 312-202-5328

Sheila Lai | 312-202-5403

Email: [pressinquiry@facs.org](mailto:pressinquiry@facs.org)