

## Cohort Criteria

1. **Do we include surgery done by surgeons other than those on the Acute Care Surgery/Emergency General Surgery team? We do have a lot of surgeries that meet criteria done by colorectal or general surgery.**

The intent is to capture acute appendicitis, acute gallbladder disease, small bowel obstruction and emergent ex lap. Please capture based on disease state, and if the volume turns out to be onerous we may have to add additional criteria such as service line.

## Definitions

1. **Many of the fields only allow for yes/no answers. There are situations where the patient or physician may notate something but not elaborate – so some of the answers could be unknown to me.**

For purposes of analytics, Unknown/NA have the same negative value as No.

2. **For the ED arrival date and time – If they transfer from another hospital's ED - should I capture when they arrived at the first ED or when they arrived to our hospital's ED?**

Please capture when the patient arrives at your ED.

3. **At first, I thought the readmission question was asking if the patient was readmitted after this discharge but it is really asking if they had been admitted prior to this admission, is that correct?**

Correct- Definition: "Identify if the patient has surgery, by the general surgery service in the 30 days prior to the admit date." A way to flag a population of patients who may be returning with post-surgical issues.

4. **For the question below: Will this answer be NO for all of the surgical patients?  
50) Medical Management Intent: To determine volume of patients who have an acute appendicitis and are managed without surgery. Definition: Identify all patients who receive medical management for their acute appendicitis. Variable Options: a. Yes b. No Include: All acute appendicitis patients. Exclude: Patients treated for a diagnosis other than acute appendicitis.**

For all surgical patients the answer is No.

## Gallbladder Disease

1. **We have come across multiple patients that came into ER with a diagnosis of gallstone pancreatitis or cholelithiasis but then are discharged from the ER with recommendations to follow up outpatient. Are we capturing these patients that just were in the ER and not admitted/observation?**

Cholelithiasis no. Gallstone pancreatitis yes.

2. **We have a patient who was admitted for choledocholithiasis, had an ERCP with stent. Then they went to the OR for a planned cholecystectomy but it was aborted d/t tissue friability/poor gallbladder mobility. They labeled the procedure as a diagnostic laparoscopy. A cholecystectomy was not done so**

**I can't capture it as an operative managed patient but they technically went to OR so could I still capture it for non-operative management?**

Yes, we want to capture this. Operative management is yes. Operation would be diagnostic laparotomy. Feel free to add notes in the comments box at the end of Qualtrics.

## **Qualtrics**

### **1. What is the Sandbox?**

The sandbox is a test Qualtrics environment very similar to the environment you will be using to enter MACS data.

### **2. What is the SCOAP database and when are we using this?**

In brief, it is a quality improvement database Michigan Medicine has been testing. For a full description, [click here](#). This option will likely be hidden in your Qualtrics environment.

### **3. When do you abstract your non-surgical cases into Qualtrics? Do you wait until they have been discharged for a certain amount of time?**

There is no time post-discharge requirement on when these are abstracted, however we would like all cases ideally abstracted within 90 days post-discharge. The goal is to capture complete information.

### **4. Does Qualtrics have a case lock out date?**

We do not have a way to officially lock out a case in Qualtrics. We would like you to complete cases within 90 days post-discharge.