



Safer Surgeries:

Surgical Care Improvement Project

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What is SCIP?

- ❖ **National effort to decrease preventable surgical morbidity and mortality by 25% in 10 years (2015)***
 - Began in 2005
 - Measures are part of CMS reporting
 - Evidence-based
 - Consistent with NSQIP data collection and
 - IHI bundle of evidence-based best practices

Who is SCIP?

- ❖ American College of Surgeons - ACS
- ❖ American Hospital Association - AHA
- ❖ Association of periOperative Registered Nurses - AORN
- ❖ American Society of Anesthesiologists - ASA
- ❖ Agency for Healthcare Research and Quality - AHRQ
- ❖ Centers for Disease Control - CDC
- ❖ Center for Medicare and Medicaid Services - CMS
- ❖ The Joint Commission - TJC
- ❖ Department of Veterans Affairs - VA

Why SCIP?

❖ Surgical Complication rates of

- 3.35 for surgical site infections
- 2.28 for pneumonia
- .78 for cardiac arrest
- .37 for DVT
- .21 for PE

❖ VA experience (NVARs)

- Lowered mortality and morbidity in surgical patients through intense data collection and analysis of surgical patients followed by implementation of findings

❖ Adoption of VA model by American College of Surgeons

→ ACS NSQIP

SCIP Measures

Process and Outcome

- ❖ Infection
- ❖ Cardiac
- ❖ VTE
- ❖ VAP

Oregon Data: Infection Prevention

2007, 2008

	Oregon 2007 Q1	Oregon 2008 Q1	National Performance*
SCIP Inf 1 (1 st dose prophylactic antibiotic “on time”)	87%	90%	89.5%
SCIP Inf 2 (Appropriate antibiotic)	92%	94%	95.2%
SCIP Inf 3 (Prophylactic antibiotic stopped “on time”)	80%	86%	86.2%
SCIP Inf 4 (Glucose control for cardiac surgery)	95%	94%	86.8%
SCIP Inf 6 (Clipping for surgery preparation)	94%	96%	96.9%
SCIP Inf 7 (Normothermia following colorectal surgery)	91%	86%	82.1%

* 2007 Q4 Performance for PPS and CAH hospitals

Oregon Data: Infection Prevention 2008

	Oregon 2008 Q1	Oregon Benchmark†	National Benchmark*
SCIP Inf 1 (1 st dose prophylactic antibiotic “on time”)	90%	97.3%	99.0%
SCIP Inf 2 (Appropriate antibiotic)	94%	99.5%	99.5%
SCIP Inf 3 (Prophylactic antibiotic stopped “on time”)	86%	96.8%	98.2%
SCIP Inf 4 (Glucose control for cardiac surgery)	94%	99.2%	99.0%
SCIP Inf 6 (Clipping for surgery preparation)	96%	99.9%	99.9%
SCIP Inf 7 (Normothermia following colorectal surgery)	86%	100%	99.1%

† 2008 Q1 Oregon ABC Benchmarks for PPS and CAH hospitals

* 2007 Q4 ABC National Benchmarks for PPS and CAH hospitals

Oregon Data: CAH

	Oregon 2008 Q1	Oregon CAH Benchmark [†]	National Benchmark*
SCIP Inf 1 (1 st dose prophylactic antibiotic “on time”)	87%	95%	99.0%
SCIP Inf 2 (Appropriate antibiotic)	95%	100%	99.5%
SCIP Inf 3 (Prophylactic antibiotic stopped “on time”)	75%	95%	98.2%

Oregon Data: Cardiac and VTE

❖ **SCIP Card:**

- BB in the peri-operative period for patients receiving BB prior to admission

❖ **SCIP VTE 1:**

- Recommended venous thromboembolism (VTE) prophylaxis ordered

❖ **SCIP VTE 2:**

- Appropriate VTE prophylaxis ordered 24 hours prior to surgery to 24 after surgery

Oregon Data: Cardiac and VTE

	Oregon 2008 Q1	Oregon Benchmark†	National Benchmark*
SCIP Card (BB in peri-operative period for patients receiving BB prior to admission)	95%	100%	91.7%
SCIP VTE 1 (Recommended VTE prophylaxis ordered)	87%	98.5%	88.8%
SCIP VTE 2 (Appropriate VTE prophylaxis ordered 24 hours prior to surgery to 24 after surgery)	85%	96.7%	85.6%

Oregon Data: Patient Perspective

❖ Proportion of patients who received “all appropriate” prevention services in 2008 Q1

	Oregon Rate	Oregon Benchmark
● SCIP 1, 2, and 3	75%	91%
● SCIP 1, 2, 3, VTE 1, 2	71%	87%

SCIP Data —





Implementing the Measures — Harder than it looks

- ❖ **Prioritize when each measure/s are implemented**
- ❖ **Select areas where success is likely – do not pick the most difficult**
- ❖ **Small steps of change – e.g. 1 measure, 1 type of surgery/surgeon**

Understand the Resistance

❖ Identify Who, What, Why

❖ Simple Grid:

Physician/ Measure	Inf 1	Inf 2	Inf 3	Inf 4	Inf 6	Inf 7
Jones	-	+	+	-	+	-
Martinson	-	+	-	-	-	-
Twombly	+/-	+	+	+	+	-

Reasons for Resistance

- ❖ Don't believe it
- ❖ Don't want to do it
- ❖ Think their rates are "OK"

What to do when they

❖ Don't believe it

- Show the evidence – Use the updated IHI How-To Guide available at:
<http://www.ihl.org/IHI/Programs/Campaign/SurgicalComplications.htm>
- Use peer to peer communication; surgical colleague from own or other comparable hospital (tap into OHRQN)
- ★ remember – don't argue the evidence

What to do when they

- ❖ **Don't want to do what's recommended**
 - It may not be the what, but the how
 - Solicit input about what would work for them
 - Suggest they “try it for 3 patients/surgeries and then let me know how it worked”

What to do when they

❖ **Think their rates are “OK”**

- Move from talking about rates to talking about patients
- Include data on how many of their patients got ALL of the best practices
- Start showing anonymized individual physician data (MD A, B, C, etc) if possible from your own hospital or other comparable hospitals

Getting Administration Buy-In

❖ Make it personal.

- Not 3 cases, but Mrs. Dekker, Mr. Robiner, and Bobby Carl

❖ Connect the dots.

- Link each patient to specific activities in care that contributed to the event

Getting Administration Buy-In

❖ **Make the business case.**

- How much did the event cost? Include your time to track down what happened and why.
- Use IHI's calculator to show specific costs in direct \$ and losses because \$ not applied to others (e.g. ↑LoS may decrease/delay elective admissions)
- Consider costs to hospital's reputation

Implementing SCIP —

❖ Specific Strategies

● Infection

- Pre-surgical antibiotic
- Selecting the correct one
- Discontinuing on time

SCIP Resource

❖ SCIP Listserve

❖ <http://qualitynet.org/dcs/ContentServer?cid=1182785075079&pagename=Medqic%2FOtherResource%2FOtherResourcesTemplate&c=OtherResource#rating>

1. Open a new e-mail message from the email you wish to receive SCIP list postings.
2. Enter 'listmanager@list.qhlist.org' in the TO: field.
3. Enter 'Subscribe scip' in the subject field.
4. Click Send.

Implementing SCIP —



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