



American Hospital
Association

Quality Advisory

AHA's Quality Advisory, a service to members, is produced whenever there is a significant development that affects the job you do in your community. Call (202) 626-2337 if you do not receive the total of 13 pages.

Surgical Care Improvement Project (SCIP)

A Message to AHA Members:

The attached advisory provides an introduction to the Surgical Care Improvement Project (SCIP). SCIP is an important opportunity to join together with colleagues across the country to reduce dangerous and costly complications for surgical patients. This program is being launched as a quality improvement project now, but in 2007, we will be asking you to consider allowing some of the data collected under SCIP to be used in the public reporting on the Hospital Quality Alliance's *Hospital Compare* Web site.

Recommended Actions

1. Share this document with your medical director, nursing director, public relations director, quality improvement leader, key clinicians in surgery and anesthesiology, and infection control officer.
2. Convene a meeting with those key personnel to discuss the opportunity for your hospital to benefit from participation. Discuss the appropriate strategy for addressing each of the complications SCIP is targeting — surgical wound infections, serious blood clots, peri-operative heart attacks, and ventilator associated pneumonias.
3. Commit to being a part of SCIP by completing and faxing back the enclosed participation form.
4. Consider what other organizations can be key partners in your efforts to reduce these surgical complications, including your state's Quality Improvement Organization (QIO), your data vendor, and any other organizations with which you are currently collaborating for quality improvement.
5. Think about what you will need to accomplish to feel prepared for publicly reporting data on SCIP measures to the public as part of *Hospital Compare* in 2007.

6. Identify successful strategies your hospital has employed to address any or all of these complications. We are asking hospitals to share these successful strategies with other hospitals so that all patients will be safer. We would love to make your successful strategies available to assist others. If you identify strategies to share e-mail them to Nancy Foster, AHA's vice president for quality and patient safety policy at nfoster@aha.org, and put "SCIP Strategy" in the subject line.

We look forward to working with you on this project to save lives, reduce risk to patients and improve the effectiveness of care.

Sincerely,

Rick Pollack
Executive Vice President

September 23, 2005



**American Hospital
Association**

Quality Advisory

(Call 202-626-2973 if you do not receive all 13 pages of this advisory)

September 23, 2005

Surgical Care Improvement Project (SCIP)

Overview

The American Hospital Association is sharing this quality advisory with all hospitals to bring you up-to-date on a new national, hospital-based quality improvement program: the Surgical Care Improvement Project. This advisory provides an introduction to SCIP (pronounced “skip”), a summary of the project’s goals, an overview of how the project will work and answers to frequently asked questions.

What is SCIP? And Why is Your Hospital’s Participation so Important?

SCIP brings together the entire hospital care team – doctors, nurses, and other caregivers – to reduce four common surgical complications by 25 percent by 2010. The targeted complications include surgical wound infections, blood clots, peri-operative heart attack and ventilator associated pneumonia. SCIP has a module designed to help hospitals prevent each of these types of complications.

Improving quality of care continues to be a top priority for hospitals and participating in SCIP is an excellent way to improve care for your surgical patients. It also will send a clear message to your patients, the public, government and others that your hospital is actively working to improve patient safety.

What Can You Expect?

The national SCIP partnership includes the AHA, Centers for Medicare & Medicaid Services, Centers for Disease Control and Prevention, Department of Veterans Affairs, Agency for Healthcare Research and Quality, Association of periOperative Nurses, American College of Surgeons, American Society of Anesthesiologists, Institute for Healthcare Improvement, and Joint Commission on Accreditation of Healthcare Organizations. These organizations pledge to provide strong support to you and your staff as you participate in this important program.

The enclosed packet contains information on each of the four modules SCIP addresses. For each module, we describe why there is a significant opportunity to reduce these devastating, costly,

and potentially lethal complications by providing care that is consistent with the best available medical evidence and clinical practice guidelines. SCIP provides measures that help you and your team determine both what your current rates of complications are and how well you are doing in adhering to evidence-based practices that help prevent these complications. You will also find some estimates of how costly these complications are to treat, so you can calculate how you might improve efficiency by reducing these complications. Although not part of this package, you can access information on the evidence behind these practices at www.medqic.org/scip. Beginning early in 2006, the SCIP partners will provide you with opportunities to learn from experts and from your colleagues about successful methods, strategies and tools for improving adherence to evidence-based practice.

Through the national SCIP coalition, the professional associations for your surgeons, anesthesiologists, and operating room nurses will also share SCIP information with their members, encouraging them to be actively involved in SCIP.

You can also expect to see stories about the SCIP program shared with the public, purchasers, and other interested parties. SCIP provides an ideal opportunity to show the public how committed hospitals are to improving safety while giving them some insights into the challenges of achieving that improvement.

In addition, approximately 15 percent of hospitals working on SCIP will be able to partner with their state's Quality Improvement Organization to get intensive help to improve their surgical care performance. Other hospitals will be able to take advantage of educational programs sponsored by the AHA and other organizations such as the Institute for Healthcare Improvement, Voluntary Hospitals of America, Inc., Premier, and state hospital associations who are joining in the SCIP effort.

What Data Collection and Reporting is Necessary?

The national SCIP partners are finalizing the process and outcome measures hospitals will be asked to collect as they participate in SCIP, and a data collection tool is being developed by CMS. JCAHO will give the measure specifications to ORYX vendors so that hospitals submitting SCIP data can use the same vendors they use for accreditation data collection and for submitting data to the Hospital Compare Web site. These tools will be ready early next year. Participating hospitals will be asked to submit data to the Quality Improvement Organization warehouse – just like you do now for public reporting on Hospital Compare. These data, which are not being made public at this time, will be used for quality improvement purposes – calculating national and local benchmarks, trending performance over time, and identifying those with outstanding performance who may have important suggestions or strategies to share broadly. In the future, the Hospital Quality Alliance will ask you to share the results of some of these measures on the Hospital Compare Web site. Before any hospital-specific data are made public, you will be told what information the Hospital Quality Alliance would like to display publicly on Hospital Compare and given the choice of whether to share your data publicly.

What is Expected of Hospitals?

We will ask you to begin collecting and sending data as soon as the data collection tools are ready. Meanwhile, please begin to educate your staff about SCIP, the modules in which you

have chosen to enroll and how you have organized your staff to begin reducing these complications.

You do not have to wait for the measurement tools before beginning; you may start as soon as you are ready.

Finally, we hope you will let us know if there is anything else we can do to help you and your staff improve the safety of care for your surgical patients.

Opportunities to Learn More

AHA will provide further information about SCIP through various means of communication – conference calls, articles in AHA News and News Now, quality advisories, and other SCIP-focused materials. Look for additional information in the coming months to keep you up-to-date on the latest SCIP developments.

If you have any questions about SCIP or this Quality Advisory, please call AHA's Member Relations office at 1-800-424-4301. And click on the SCIP icon at www.aha.org to learn more.



The **Surgical Care Improvement Project (SCIP)**, a national quality partnership, is promising to be a transformational effort to prevent postoperative complications in the United States. The partnership's goal is to reduce nationally surgical complications by 25 percent within the next five years. *We need your help to achieve this significant goal.*

The Centers for Medicare & Medicaid Services (CMS), the Centers for Disease Control and Prevention (CDC), and an extraordinary partnership of national surgical and quality improvement organizations are building

upon recent successes in reducing surgical infections, such as the CMS/CDC Surgical Infection Prevention (SIP) Project and the Department of Veterans Affairs' National Surgical Quality Improvement Project (NSQIP).

In addition to continuing to reduce surgical site infections (SSIs), the SCIP Partnership is broadening the scope of the new national project by targeting additional adverse events to include cardiac, respiratory and venous thromboembolic complications.

Several developmental elements are currently under way, including completion of a three-state demonstration pilot, the formation of four technical expert panels to provide specialized guidance for improving each of the four target areas, and development of information, materials and evidence-based strategies to help hospitals and their staffs participate – and succeed – in this national effort.

What can you do? Dedicate yourself to improving surgical care through advancement of evidence-based processes. Provide the leadership necessary to gain the commitment of your office, hospital and/or health system to adopt the five-year goal of this transformational partnership. Foster an organizational culture that embraces continuous improvement. We need *your* help to raise the bar nationally, while ensuring each surgical patient receives the safest care possible.

When the project rolls out next summer, Medicare quality improvement organizations in each state will be eager to help hospitals achieve these goals, as will many national professional societies and associations who are active in the SCIP Partnership. Please review the SCIP Partnership's project overview, "Making Surgery Safer," and visit the new Web site at www.MedQIC.org/scip for more information. If you have any questions, please do not hesitate to contact project representatives.

SCIP Surgical Care Improvement Project

A National Quality Partnership

Making Surgery Safer



Preliminary **Project Overview** *as of September 14, 2004*

A Partnership for Better Care

The Surgical Care Improvement Project (SCIP) is a national quality partnership of organizations committed to improving the safety of surgical care through the reduction of postoperative complications. The ultimate goal of the partnership is to reduce nationally the incidence of surgical complications by 25 percent by the year 2010. Partners in the SCIP believe that a meaningful reduction in complications requires that surgeons, anesthesiologists, perioperative nurses, pharmacists, infection control professionals and hospital executives work together to intensify their commitment to making surgical care improvement a priority.

Initiated in 2003 by the Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and

The ultimate goal of the partnership is to reduce nationally the incidence of surgical complications by 25 percent by 2010.

Prevention (CDC), the SCIP partnership seeks to substantially reduce surgical mortality and morbidity through collaborative efforts. In 2005, the partnership will launch a multiyear national campaign focusing on the prevention of surgical

site infections, perioperative myocardial infarction, post-operative pneumonia and venous thromboembolism (pulmonary embolism and deep vein thrombosis).

SCIP partners coordinate their efforts through a steering committee that includes representatives of the American

Hospital Association, the American College of Surgeons, the American Society of Anesthesiologists, the Association of periOperative Registered Nurses, the Joint Commission on Accreditation of Healthcare Organizations, the Institute for Healthcare Improvement, the Department of Veterans Affairs (VA), the Agency for Healthcare Research and Quality (AHRQ), CMS and CDC. A technical expert panel from more than 20 additional organizations supplements the expertise of this partnership.

What Is at Stake for the Public's Health

Research shows that a significant percentage of the nearly 30 million operations performed in the United States each year result in preventable, often life-threatening complications. The Institute of Medicine, in its groundbreaking report *To Err Is Human*, highlighted a study of more than 44,000 operations at a large medical center from 1977 to 1990. It revealed that 5.4 percent (more than 2,400 patients) suffered complications, nearly half of them attributable to error.¹

A 2003 study published in the *Journal of the American Medical Association* found that postoperative complications accounted for up to 22 percent of preventable deaths among patients, depending on the complication. The same study looked at 18 types of medical injuries during hospitalization and found those events accounted for 2.4 million additional hospital days and \$9.3 billion in additional charges each year.²

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The SCIP partnership is targeting areas where the incidence and cost of complications are high:

- **Surgical site infections (SSIs)** account for 14 percent to 16 percent of all hospital-acquired infections³ and are among the most common complications of care, occurring in 2 percent to 5 percent of patients after clean extra-abdominal operations and up to 20 percent of patients undergoing intra-abdominal procedures. Among surgical patients, SSIs account for 40 percent of all such hospital-acquired infections. By reducing SSIs, hospitals on average could recognize a savings of \$3,152 and reduction in extended length of stay by seven days on each patient developing an infection.⁴
- **Adverse cardiac events** are complications of surgery occurring in 2 percent to 5 percent of patients undergoing noncardiac surgery⁵ and as many as 34 percent of patients undergoing vascular surgery.⁶ Certain perioperative cardiac events, such as myocardial infarction, are associated with a mortality rate of 40 percent to 70 percent per event,⁷ prolonged hospitalization and higher costs.⁸ Current studies suggest that appropriately administered beta-blockers reduce perioperative ischemia, especially in patients considered to be at risk.⁷ It has been found that nearly half of the fatal cardiac events could be preventable with beta-blocker therapy.⁸
- **Deep vein thrombosis (DVT)** occurs after approximately 25 percent of all major surgical procedures performed without prophylaxis, and **pulmonary embolism (PE)** occurs in 7 percent of surgeries conducted without prophylaxis. More than 50 percent of major orthopedic procedures are complicated by DVT, and up to 30 percent by PE, if prophylactic treatment is not instituted.⁹ Despite the well-established efficacy and safety of preventive measures, studies show that prophylaxis is often underused or used inappropriately. Both low-dose unfractionated heparin (LDUH) and low-molecular-weight heparin (LMWH) have similar efficacy in DVT and PE prevention, but LDUH is approximately half the cost of LMWH. A 50 percent reduction of fatal PEs was noted with recommended prophylaxis using LDUH.⁹
- **Postoperative pneumonia** occurs in 9 percent to 40 percent of patients and has an associated mortality rate of 30 percent to 46 percent.¹⁰ Many of the risk factors for this event respond to medical intervention and thus are preventable. A conservative estimate of the potential savings from the reduced hospitalization due to postoperative pneumonia is \$22,000 to \$28,000 per patient admission.¹¹

Preventing Surgical Complications

Although some surgical complications are unavoidable, surgical care can be improved through better adherence to evidence-based practice recommendations and by giving more attention to designing systems of care with redundant safeguards. Research shows, for example, that delivering antibiotics to a patient within one hour prior to beginning surgery can dramatically cut SSI rates, yet this practice is far from universal.

In other examples, application of the National Surgical Quality Improvement Program (NSQIP) within the VA resulted in a 27 percent reduction in mortality related to surgery.¹² Hospitals participating in the National Nosocomial Infections Surveillance (NNIS) system of the CDC have shown reductions of up to 44 percent in device-associated complications and SSI rates.¹³ The national network of Medicare quality improvement organizations (QIOs), working under contract to CMS, recently conducted a surgical infection prevention collaborative that effectively reduced SSIs by 27 percent at 56 centers across the country.

The SCIP Agenda

- **The ultimate goal of the SCIP partnership is to reduce *nationally* the incidence of surgical complications by 25 percent by the year 2010.**
- **SCIP will promote universal use of evidence-based care processes known to reduce surgical complications.**

SCIP partners will educate providers and encourage institutional leaders to increase the use of evidence-based care processes. SCIP partners also will develop and disseminate tools and information on how to reduce complications and will help create or support incentives that reward improvements in surgical care. The ACS, for example, will inform surgeons across the nation about SCIP recommendations; the ASA will highlight the importance of SCIP guidelines to its membership; and federal agencies (CMS, AHRQ, VA, CDC) will provide technical assistance on the development and use of performance measures.

SCIP partners will educate providers and encourage institutional leaders to increase the use of evidence-based care processes.

- **SCIP will report on progress by participating hospitals.**

For the national SCIP partnership, CMS will collect institutional and national performance data on implementing evidence-based practices. To facilitate this, CMS will offer participating hospitals an electronic tool to simplify and standardize data collection, analysis and reporting.

The SCIP Demonstration Pilot

In preparation for the national project, the SCIP partnership launched a Medicare demonstration pilot project in

Lessons learned in a three-state demonstration pilot will be applied nationwide to surgical care improvement in 2005.

2003 to assess how to engage hospitals in efforts to reduce post operative morbidity and mortality. The primary objective of the pilot is to identify the most effective methods for QIOs to help hospitals improve their performance in surgical

care. Beginning in August 2005, QIOs will work intensively on reducing surgical complications with hospitals in every state.

The demonstration pilot also will test the feasibility of collecting, reporting and analyzing surgical process and outcome measures in a community setting. Two QIOs, Health Care Excel in Kentucky and Ohio KePRO, are conducting the pilot in their respective states with support from the Oklahoma QIO, the Oklahoma Foundation for Medical Quality. Lessons learned in the three-state pilot will be applied to surgical care improvement as the SCIP effort is incorporated into the larger national QIO program in 2005.

The results of the pilot program will help further define the specific goals and process measures of the national project as it prepares to evaluate and report on overall performance at the institutional and national level.

The three-state SCIP demonstration pilot is collecting data on outcome measures including:

- Mortality within 30 days of surgery.
- Thirty-day admission/readmission rates.
- The proportion of:
 - Postoperative wound infection diagnosed during hospitalization.
 - Intra- or postoperative acute myocardial infarction (AMI) diagnosed during hospitalization.

- Intra- or postoperative cardiac arrest diagnosed during hospitalization.
- Intra- or postoperative PE diagnosed during hospitalization.
- Intra- or postoperative DVT diagnosed during hospitalization.
- Postoperative pneumonia diagnosed during hospitalization.

To evaluate and report on performance in specific clinical areas, the SCIP pilot is collecting data on the following process measures associated with reduced complications:

Surgical Site Infections

- Percentage of surgical patients with on-time prophylactic antibiotic administration.
- Percentage of surgical patients with appropriate selection of prophylactic antibiotic.
- Percentage of surgical patients who received prophylactic antibiotics whose antibiotics were discontinued within 24 hours after surgery end time.
- Percentage of major cardiac surgical patients with controlled perioperative serum glucose (≤ 200 mg/dL). Perioperative is defined as 24 hours prior to and 48 hours post surgery.

Cardiovascular Events

- Percentage of major noncardiac vascular surgery patients, without contraindications to receiving beta-blockers, who received beta-blockers during the perioperative period.
- Percentage of patients with known CAD (coronary artery disease) or other ASCVD (atherosclerotic cardiovascular disease) diagnoses, without contraindications to beta-blockers, who received beta-blockers during the perioperative period.
- Percentage of major surgery patients maintained on a beta-blocker prior to surgery who received a beta-blocker during the perioperative period.

Venous Thromboembolism (VTE)

- Percentage of major surgical patients who received any perioperative prophylaxis for VTE.
- Percentage of major surgical patients who received appropriate perioperative prophylaxis based on the surgical level of risk for VTE.

Respiratory Complications

- Percentage of major surgical patients on a ventilator whose post operative orders included elevating the head of the bed (HOB) greater than or equal to 30 degrees.

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For More Information:

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Making Surgery Safer

- **SCIP Defined**

The Surgical Care Improvement Project (SCIP) is a national quality partnership of organizations committed to improving patient safety by reducing postoperative complications.

- **SCIP Goal**

The goal of the partnership is to reduce nationally by 25 percent the incidence of surgical complications by 2010.

- **SCIP Incentive**

Of the more than 42 million operations performed in the United States each year, up to 40 percent have associated postoperative complications, such as infection, thromboembolic events, respiratory complications and adverse cardiac events. These complications take a toll not only on the patients, but also on the overall cost of health care, increasing length of stay and hospital costs. A significant percentage of these complications are preventable.

- **SCIP Target Areas**

Surgical Site Infections account for 14 percent to 16 percent of all hospital-acquired infections and are among the more common complications of care.

Ways to prevent SSI:

- Administer prophylactic antibiotics within one hour prior to surgery.
- Select appropriate prophylactic antibiotics according to clinical guidelines.
- Discontinue prophylactic antibiotics within 24 hours after end of surgery.
- Control perioperative serum glucose in major cardiac surgical patients.

Adverse Cardiac Events are complications of surgery occurring in 2 percent to 5 percent of patients undergoing noncardiac surgery and as many as 34 percent of patients undergoing vascular surgery.

Ways to prevent adverse cardiac events:

- Administer beta-blockers to eligible major noncardiac surgical patients during perioperative period.
- Administer beta-blockers to eligible CAD and ASCVD patients during perioperative period.

- Administer beta-blockers to eligible major surgical patients who require chronic beta-blocker therapy.

Venous Thromboembolism occurs as deep vein thrombosis after approximately 25 percent of all major surgical procedures performed without prophylaxis, and pulmonary embolism occurs in 7 percent of surgeries conducted without prophylaxis.

Ways to prevent venous thromboembolism:

- Assess patient risk for VTE and administer appropriate perioperative prophylaxis.

Postoperative Pneumonia occurs in 9 percent to 40 percent of patients and has an associated mortality rate of 30 percent to 46 percent.

Ways to prevent respiratory complications:

- For major surgical patients on a ventilator, postoperatively elevate head of bed greater than or equal to 30 degrees.

- **SCIP Partnership**

This innovative partnership is guided by a steering committee composed of representatives of 10 national organizations: the CDC, CMS, ACS, AHRQ, AHA, ASA, AORN, VA, IHI and JCAHO. The SCIP partnership believes that a meaningful reduction in complications requires that surgeons, anesthesiologists, perioperative nurses, pharmacists, infection control professionals and hospital executives work together to make surgical care improvement a priority.

- **SCIP Launch**

Initial planning for the SCIP Partnership began in 2003 and will launch nationally in August 2005. A three-state demonstration project is currently under way, and results will be available in late 2004. The SCIP partnership is currently building its technical expert panels and partnership base to achieve the goal of this multiyear health care quality improvement initiative.

Make plans now to dedicate your organization and surgical teams to this effort. For more information, visit the SCIP partnership website at www.MedQIC.org/scip.

What does the acronym SCIP represent?

SCIP (pronounced “skip”) is a short way of referencing the Surgical Care Improvement Project, a National Quality Partnership.

What is SCIP, and what are the main objectives?

The SCIP partnership is a national quality improvement program developed by a coalition of leading organizations committed to improving the safety of surgical care through the reduction of post-operative complications. The partnership’s ultimate goal is to reduce by 25 percent nationally the incidence of surgical complications by the year 2010.

Why did the SCIP initiative get started?

Adverse events associated with surgery are a major cause of patient injury, mortality and health care costs. The SCIP partnership recognizes that surgical care can be improved through adherence to evidence-based practices and implementation of systems of care that reduce treatment variation.

What are the components of SCIP?

Three active components are the partners, the program and the three-state pilot. The SCIP **partners** consist of organizations committed to improving the safety of surgical care in the United States. The **program** consists of educating providers and institutional leaders to use evidence-based guidelines for the care of the surgery patient to help meet the national goal. Tools and information will be identified or developed and disseminated through the various partner organizations. The **pilot** project is currently being conducted by quality improvement organizations (QIOs) in three states (Ohio, Oklahoma and Kentucky) and participating hospitals charged with identifying the most efficient approach to achieve a 25 percent national reduction in surgical complications.

What are the targeted areas for improvement?

Infection, respiratory, thromboembolic and cardiovascular complications are among the areas with the highest incidence of postoperative complications and have the highest potential for improvement.

What does this initiative mean for hospitals and other groups?

Improvement in surgical care can mean better outcomes for patients, reduced length of stay and cost savings. Quality improvement strategies can protect hospitals from malpractice litigation and promote staff loyalty and retention. With the onset of public reporting, patients will be able to choose providers proven to have superior outcomes in surgical care.

What can providers (hospitals/physician groups) expect to receive from this project?

Providers can expect access to evidence-based guidelines, along with support from a broad base of experts and physician champions. An electronic data collection tool will be available to provide benchmarking data for comparison to peers.

What is the pilot project? When will it be completed and what are its objectives?

It is a three-state demonstration pilot designed to assess the feasibility of engaging private sector hospitals to reduce the incidence of postoperative morbidity and mortality. The pilot program will conclude August 2005, when the initiative will be fully incorporated into the national CMS Health Care Quality Improvement Program.

What is the Department of Health and Human Services (HHS) doing to address postoperative complications?

SCIP is one of the many patient safety initiatives forwarded by HHS, which is also looking at a variety of economic incentives designed to generate the greatest health benefits for the population served. HHS has initiated a campaign to encourage communication between health care providers and patients and studies are being conducted on the capability of an electronic patient health record to promote continuity of care.

Who are some of the partner organizations?

The steering committee is composed of: American Hospital Association (AHA), Agency for Healthcare Research and Quality (AHRQ), Department of Veterans Affairs (VA), Association of periOperative Registered Nurses (AORN), Centers for Disease Control and Prevention (CDC), American College of Surgeons (ACS), American Society of Anesthesiologists (ASA), Centers for Medicare & Medicaid Services (CMS), Institute for Healthcare Improvement (IHI) and Joint Commission on Accreditation of Healthcare Organizations (JCAHO). A technical expert panel (TEP) from more than 20 additional organizations (and growing) supplements the expertise of this broad coalition. The TEP is organizing into four specialty groups:

- * Respiratory complications
- * Venous thromboembolism
- * Cardiac complications
- * Surgical infection prevention

What “deliverables” can we expect from the SCIP Partnership?

The program will provide a comprehensive set of materials to help the entire health care community, clinicians, hospitals, patients and their families to reduce postoperative complications. Resources will include educational aids for clinician use, an information exchange network for organizations implementing SCIP, a communication tool kit to reach decision-makers, clinical guidelines to address SCIP measures, online community resources and other tools that capture the best practices enabling practitioners to achieve successful improvements in their hospitals.

Who do we contact for additional information or questions?

Providers can access the SCIP partnership Web site at www.MedQIC.org/scip for more information. Additional questions may be directed by e-mail to: SCIPpartnership@okqio.sdps.org



SCIP HOSPITAL LETTER OF PARTICIPATION

Date _____

(Hospital or medical center's name) supports the Surgical Care Improvement Project (SCIP) Partnership's goal to reduce surgical complications in the United States by 25 percent nationally by the year 2010.

As a SCIP hospital participant, our benefits will include:

- Access to tools, resources and successful interventions
- Technical and data collection support
- Access to national benchmarking data
- National recognition as an official SCIP participant
- Future awards and recognition for success
- Tools to help communicate with our communities

We pledge to support this effort by participating in the following SCIP modules (please check all that apply):

- Surgical site infections
- Adverse cardiac events
- Deep vein thrombosis/pulmonary embolism
- Ventilator-associated pneumonia
- All of the above**

We further pledge to support this effort by participating in the following ways for the modules selected above:

- Commit to improving surgical care through education of clinical providers and health care leaders;
- Seek opportunities for synergy with the SCIP Partnership to reach the national goal, including leadership, communication and outreach;
- Facilitate continuous quality improvement through the sharing with peers of interventions, intervention tools, and information on effective methods for improving processes and surgical patient outcomes;
- Collect, submit and share data using data collection tools aligned with the SCIP Partnership;
- Contribute or deploy organizational resources as appropriate and according to the strengths of our organization.

(signature Hospital Leader)

(signature Medical Staff Leader)

Key contact for SCIP

Name/title _____

Address _____

Telephone _____

E-mail _____

Please complete the form and fax it to: 1-800-560-6136. Thank you!