

SCIP: 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 save lives by reducing the incidence of surgical complications by 25 percent by the year 2010.

Partners in SCIP believe 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.

The SCIP partnership seeks to substantially reduce surgical mortality and morbidity through collaborative efforts. Come join us in saving lives and improving patient care!

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 results 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.

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.

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.

For example, research shows that delivering antibiotics to a patient within one hour prior to beginning surgery can dramatically cut surgical site infection rates. 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. 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 surgical site infection rates. 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.