



Surgical Care Improvement Project (SCIP)

Surgical Care Improvement Project (SCIP) is a national quality partnership committed to improving patient safety by driving down postoperative complications by 25% by 2010. SCIP is one of Joint Commission's Core Measures and SHC's performance will be publicly reported for consumers to view and decide where to get their care.

The SCIP measures include:

A. Antibiotic Prophylaxis: **1.)** Antibiotic received within one hour prior to surgical incision, **2.)** Antibiotic selection for surgical patients, and **3.)** Antibiotics discontinued within 24 hours after surgery time, 48 hours for CABG and other cardiac surgery.

Type of Surgery	Antimicrobial Recommendations
Cardiac or Vascular	Preferred: Cefazolin 1-2 gm IV. If β-Lactam Allergy: Clindamycin 600-900 mg IV or Vancomycin 1 g IV. If known history of MRSA: Vancomycin 1 g IV
Colon	Preferred: Cefoxitin 1-2 g IV. If β-Lactam Allergy: Metronidazole 500 mg IV and Ciprofloxacin 400 mg IV
General Surgery (hepatobiliary, gastroduodenal)	Preferred: Cefoxitin 1-2 g IV. If β-Lactam Allergy: Metronidazole 500 mg IV and Ciprofloxacin 400 mg IV
Other General Surgical Procedures (e.g. hernia repair, breast)	Preferred: Cefazolin 1-2 g IV. If β-Lactam Allergy: Clindamycin 600-900 mg IV or Vancomycin 1 g IV. If known history of MRSA: Vancomycin 1 g IV
Gynecological Procedures (e.g. hysterectomy, C-section)	Preferred: Cefoxitin 1-2 g IV. If β-Lactam Allergy: Metronidazole 500 mg IV and Ciprofloxacin 400 mg IV
Neurosurgery	Preferred: Cefazolin 1-2 g IV. If β-Lactam Allergy: Clindamycin 600-900 mg IV or Vancomycin 1 g IV. If known history of MRSA: Vancomycin 1 g IV
Orthopedic: Hip/Knee Arthroplasty (infuse completely before tourniquet inflation)	Preferred: Cefazolin 1-2 g IV. If β-Lactam Allergy: Clindamycin 600-900 mg IV or Vancomycin 1 g IV. If known history of MRSA: Vancomycin 1 g IV

- B.** Cardiac surgery patients with controlled 6am postoperative serum glucose (≤ 200 mg/dL) on post-op day 1 and 2.
- C.** Surgery patients with appropriate hair removal. No hair removal, or removal with **clippers or depilatory** is considered appropriate.
- D.** Colorectal surgery patients with immediate normothermia (≥ 96.8 °F) within the first hour after leaving OR.
- E.** Surgery patients on Beta Blocker Therapy prior to admission who received a Beta Blocker during the perioperative period.
- F. VTE (Venous Thromboembolism) Prophylaxis:** **1.)** Surgery patients with recommended VTE prophylaxis ordered, **2.)** Surgery patients who receive appropriate VTE prophylaxis within 24 hours prior to surgery to 24 hours after surgery.

Surgery & Level of Risk	Recommended VTE Prophylaxis
General surgery, moderate – high risk (Open surgical procedure > 30 minutes requiring in hospital stay > 24 hours post-op)	<u>Any</u> of the following: ● Low-dose Unfractionated Heparin (LDUH) 5000 units bid or tid ● Low Molecular Weight Heparin (LMWH) ● LDUH or LMWH combined with Intermittent Pneumatic Compression (IPC) or Graduated Compression Stockings (GCS)
General surgery with high risk for bleeding (based on physician documentation of bleeding risk) Open surgical procedure > 30 minutes requiring hospital stay > 24 hours post-op	<u>Any</u> of the following: ● GCS ● IPC
Gynecologic surgery - Open surgical procedure > 30 minutes and requiring hospital stay > 24 hours post-op	<u>Any</u> of the following: ● LDUH 5000 units bid or tid ● LMWH ● IPC ● LDUH or LMWH combined with IPC or GCS
Urologic surgery - Open surgical procedure > 30 minutes requiring hospital stay > 24 hours post-op	<u>Any</u> of the following: ● LDUH 5000 units bid or tid ● LMWH ● IPC ● GCS ● LDUH or LMWH combined with IPC or GCS
Elective total hip replacement - Open surgical procedure > 30 minutes requiring hospital stay > 24 hours post-op	<u>Any</u> of the following started within 24 hours of surgery: ● LMWH ● Fondaparinux 2.5 mg ● Adjusted-dose Warfarin (INR target 2.5, range 2.0-3.0)
Elective total knee replacement - Open surgical procedure > 30 minutes requiring hospital stay > 24 hours post-op	<u>Any</u> of the following: ● LMWH ● IPC ● Fondaparinux 2.5 mg ● Adjusted-dose Warfarin (INR target 2.5, range 2.0-3.0)
Hip fracture surgery - Open surgical procedure > 30 minutes requiring hospital stay > 24 hours post-op	<u>Any</u> of the following: ● LMWH ● LDUH ● Fondaparinux 2.5 mg ● Adjusted-dose Warfarin (INR target 2.5, range 2.0-3.0)
Hip fracture surgery or elective total hip replacement with high risk for bleeding (based on physician documentation of bleeding risk) Open surgical procedure > 30 minutes requiring in hospital stay > 24 hrs post-op	<u>Any</u> of the following: ● GCS ● IPC
Elective spinal surgery (With additional risk factors such as advanced age, known malignancy, presence of a neurologic deficit, previous VTE, or an anterior surgical approach) (Open surgical procedure > 30 minutes requiring hospital stay > 24 hours post-op)	<u>Any</u> of the following: ● LDUH ● IPC ● LMWH ● GCS ● IPC combined with GCS ● LDUH or LMWH combined with IPC or GCS
Intracranial neurosurgery (Open surgical procedure > 30 minutes requiring hospital stay > 24 hours post-op)	<u>Any</u> of the following: ● LMWH ● IPC with or without GCS ● LDUH ● LDUH or LMWH combined with IPC or GCS

Patients who receive neuraxial anesthesia or have a documented bleeding risk may pass the performance measure if appropriate pharmacologic or mechanical prophylaxis is ordered.



Surgical Care Improvement Project (SCIP)—Important to You

What is SCIP?

SCIP is a Joint Commission Core Measure focusing on reducing Surgical Site Infections (SSI)

- SHC Goal: Increase compliance for the following measures to 90% or higher:
 - SCIP Inf 1—Antibiotic received with one hour prior to incision
 - SCIP Inf 2—Antibiotic selection
 - SCIP Inf 3—Antibiotic discontinued within 24 hours after surgery end time
 - SCIP VTE 1—Surgery patients with recommended VTE prophylaxis ordered
 - SCIP VTE 2—Surgery patients who received appropriate VTE prophylaxis within 24 hours prior to surgery to 24 hours after surgery, 48 hours for CABG and other cardiac surgery.
- For a complete list of SCIP indicators please refer to SCIP training tool (see reverse)

Why is it important?

- The goal is a national reduction in the incidence of surgical complications by 25% by the year 2010.
- By implementing SCIP quality measures, hospitals could prevent an estimated 13,000 patient deaths and 271,000 surgical complications each year. *AORN J 86 (July 2007)94-101.*
- These 5 measures are publicly reported and our compliance with these measures ensures SHC ranks high in the nation for providing quality care.

Role Owner	Role Description
Anesthesiologists:	<ul style="list-style-type: none"> ● Take pre-op antibiotics with patient from SAU or ASC pre-op area. ● Administer ALL pre-op antibiotics in OR prior to surgical incision starting Oct. 2007. ● Document antibiotic name and administration time on Anesthesia Record. ● Actively participate in “Time-out”.
Surgeons:	<ul style="list-style-type: none"> ● Order appropriate antibiotics and discontinue within 24 hours after surgery. ● Order Venous Thromboembolism (VTE) prophylaxis per SHC guidelines (can be found on the back of pre-op order form and training tool attached to Operative report - red-border form) ● If no antibiotic is indicated for surgery, please document in patient’s chart. ● If no chemical VTE prophylaxis order, please document contraindication, such as risk for bleeding.
Proactive Chart Manager:	<ul style="list-style-type: none"> ● Check for antibiotic and VTE orders. ● Notify surgeons office if orders are missing.
SAU/ASC Pre-op RN:	<ul style="list-style-type: none"> ● Check if pre-op antibiotic is ordered by surgeon. ● If antibiotic section in pre-op order form is not complete, call MD. ● Obtain ordered pre-op antibiotic from Pyxis. Place on patient’s chart with patient’s label. ● Check if VTE prophylaxis is ordered (SCDs and/or Heparin). ● If no VTE prophylaxis is ordered, call MD.
OR RN:	<ul style="list-style-type: none"> ● Document antibiotics in “Time-out”.
PACU RN:	<ul style="list-style-type: none"> ● Review post-op orders for antibiotic and administer as needed. ● Document in PACU report form and communicate to unit RN name of antibiotic and administration time.
Unit RN:	<ul style="list-style-type: none"> ● When getting report from PACU nurse, check if antibiotic was administered in OR/PACU. Verify documentation of antibiotic and administration time. ● Verify time of last antibiotic dose in PACU report form. ● Look in OR case record for the time when surgery ended. ● Ensure entire course of post-op antibiotics are administered within 24 hours from end surgery time, 48 hours for CABG.



For more information on SCIP, please contact the:
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