

SCIP COMMITTEE STRUCTURE:

WHAT IS NEEDED TO SUPPORT CHANGE?

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Ever feel like you are shouldering the change process alone?



Is One Committee Enough?

- Probably not!
- Why?
 - Diverse Stakeholders
 - Physicians
 - Nursing
 - Executive Leadership
 - Pharmacy
 - Quality
 - Diverse Processes and Practices



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Committee Composition:

Executive/Physician Committee

- **Executive Leadership:**
 - Chief Medical Officer
 - Chief of Medical Affairs
 - Chief Clinical Officer
- **Nursing:**
 - Periop Clinical Directors
 - Periop Managers as needed
 - Perianesthesia Clinical Director
- **Information Services:**
 - Project Managers
- **Physicians:**
 - Periop Guidance Co-Chairs from each campus
 - Hospitalists
- **Quality:**
 - AVP Quality/Safety
 - Manager process design and improvement
 - Manager for department
 - Abstractors
- **Pharmacy**



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Committee Structure:

Executive/Physician Committee

- Define committee goal/purpose (see “SCIP Committee”)
- Define meeting frequency—needs to be realistic in terms of work to be done
 - Initially met every two weeks
 - Changed to every three weeks
 - Now meet quarterly
- Develop task forces within the larger committee
 - Each task force to report on decisions made
 - Report from each task force regarding progress towards goals



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**Which baby is
it okay to
drop?**



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Committee Composition:

Multidisciplinary Committee

- Periop Managers and Directors
- Periop/Perianesthesia Supervisors
- Periop Educators
- Individual nursing unit managers (Med/surg and ICU)
- Pharmacy
- Diabetes Nurse Educators
- Quality Department
- Infection Control
- Information Services



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Committee Structure:

Multidisciplinary Committee

- Develop Team Charter
- Monthly Meetings
 - Share information from SCIP Exec Meeting
 - Review Opportunities for Improvement
 - Identify specific measure responsibilities
 - Process mapping
 - May need to be done with specific focus group (i.e., foley removal must be driven by nursing units)



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A day in the life of a nursing leader...



COMMUNICATION!

- **Consistent communication of Measures/Results at ALL Medical Staff Mtgs**
 - Remember the medical specialty groups...they impact patient safety as well!
- **Successes *MUST* be celebrated!**
- **Opportunities for Improvement *MUST* be accompanied by specific education!**
- **Focus on patient advocacy/safety rather than core measure results!**



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SCIP and HOP OFIs

March 2010

Indicator	Shea	Osborn	TPK	Total	Recommendations
Urinary catheter removed by POD 2	1	6	2	9	Need a physician/NP/PA reason documented if foley not removed by POD2. Patient refusal is not acceptable; comfort care, monitor urine output, etc are ok.
HOP Antibiotic Timing	4	0	2	6	Antibiotic time and must be documented and complete.
VTE prophylaxis appropriate timing	2	3	0	5	Orders to start Lovenox more than 24 hrs after end of procedure
Abx Discontinued w/in 24 hrs Overall	2	1	1	4	Additional antibiotics ordered within 48 hrs postop (72 cardiac) must have documented actual or suspected infection.
HOP Antibiotic Selection	2	0	2	4	Give Clindamycin or Flagyl with Levaquin for complete coverage per guidelines
SCIP Antibiotic Timing	3	0	0	3	Antibiotic name and time must be documented. Give abx within 60 min pre-incision
SCIP Antibiotic selection	1	0	1	2	1st/2nd gen Cephalosporins recommended for most procedures. Zosyn not on national guidelines, even if PCN allergy.
Surgery patients w/ periop temp mgmt	1	1	0	2	Anesthesia start time not documented (case will automatically fail). Use warming measures.
Beta blocker prior and periop	1	1	0	2	Beta blocker stamp incorrectly states "no" BB home med; conflicting info in chart.
VTE prophylaxis ordered	1	0	0	1	Order within 24hrs postop or document reason, such as "Hold pharmacological anticoagulation due to bleeding risk"
6am postop serum glucose	0	0	0	0	Congratulations everyone, no OFIs!
Appropriate hair removal	0	0	0	0	Congratulations everyone, no OFIs!

SCIP and HOP Opportunities for Improvement - March 2010

