

Teaching Tips for Surgical Care Improvement Project (SCIP) Data Collection (PINK SHEET)

- At least one of the SCIP measures will apply to every patient over 18 years old.
- Side One of the form:
 - Induction Time: This is the time that anesthesia is started.
 - Anesthesia End Time: The time the anesthesiologist leaves the patient.
 - Your signature indicates that the measure was met, or you corrected the deficiency by notifying the physician and receiving an order, or that further action was necessary and that a need for additional action was passed on in report.
- **Pre-Op**
 - Responsible for initiating the form on all patients over 18.
 - Complete the top left section of the form with Surgical Procedure, Surgical Date, Anesthesiologist, and Surgeon.
 - Responsible for completing rows addressing beta blockers and appropriate-antibiotic selection.
 - A list of the most likely beta blockers is included on the back of the form.
 - Appropriate antibiotics are on the reverse side of the form.
 - Measures are for prophylactic antibiotics, NOT therapeutic antibiotic use. Patients undergoing surgery who are on antibiotics prior to surgery are excluded from the measure. If there is documentation of a possible/suspected infection **prior** to anesthesia, the case is excluded. Documentation by the MD/NP/PA prior to surgery that the patient has a possible/suspected infection **prior** to anesthesia excludes the case.
 - A list of colon cases referenced on the back of the pink form is available on the back of this form.
 - If the procedure is not listed, then the measure does not apply.
 - Ensure that the form is passed to the surgical caregiver.
- **Surgery**
 - Responsible for completing the times at the top of the page.
 - Responsible for completing the row addressing antibiotic start time.
 - Ensure that the form is passed to the recovery nurse.
 - If the patient is an outpatient, there is no need to use the form.
- **PACU**
 - Review the post-operative orders to determine if:
 - The antibiotic was stopped within 24 hours of anesthesia end time for the surgical procedures listed on the form (48 hours for cardiac surgery).
 - VTE prophylaxis is ordered for the surgical procedures listed on the lower half of the back of the form. The surgeon may choose more than one option from the list (e.g., SCDs and heparin).
 - Ensure that the form is passed to the inpatient nurse.
 - If the patient is an outpatient, there is no need to use the form.
- **Inpatient**
 - Responsible for completing the rows addressing antibiotic discontinuation, VTE prophylaxis received, urinary catheter discontinued, and glucose levels on cardiac surgery patients.
 - Patients having gynecological, urological, or perineal surgery are excluded from the Foley measure.
 - Reasons for continuing a Foley beyond 2400 on post-op day 2 are listed on the next page. Please note that patient refusal or a patient's risk of fall are NOT considered appropriate rationale for continued use of the Foley.
 - Return the form to PACU tube 68 when the patient is discharged. The form is not part of the permanent record.

• Side Two of the form:

- Antibiotic Selection: Prophylactic antibiotics refer only to clean surgical cases without evidence of infection prior to anesthesia. Only the cases outlined on the back of the pink form are considered for this measure. (E.g., a patient with appendicitis is not eligible for the measure due to an infection prior to surgery. Laminectomies are not eligible for the measure because they are not part of the population.)
- Beta Blocker: This is a list of the most common beta blockers.
- VTE Prophylaxis: VTE prophylaxis applies only to the surgical cases on the back of the pink form. Surgeons may choose to order or not to order prophylaxis for other cases. The surgeon should choose at least one of the preferred agents; however, he or she may choose two if preferred (e.g., PCDs and UFH). It is not acceptable to only order mechanical prophylaxis (PCD) if pharmacological prophylaxis is warranted.
- Colon Cases Included in Appropriate Antibiotic Measure:

Laparoscopic multiple segmental resection of large intestine	Incision of intestine not otherwise specified	Open and other resection of transverse colon
Laparoscopic cecectomy	Incision of large intestine	Open and other left hemicolectomy
Laparoscopic right hemicolectomy	Other destruction of lesion of large intestine	Open and other sigmoidectomy
Laparoscopic resection of transverse colon	Isolation of intestinal segment, not otherwise specified	Other and unspecified partial excision of large intestine
Laparoscopic left hemicolectomy	Open and other multiple segmental resection of large intestine	Intestinal anastomosis not otherwise specified
Laparoscopic sigmoidectomy	Open and other cecectomy	Anastomosis of small intestine to rectal stump
Laparoscopic partial excision of large intestine	Open and other right hemicolectomy	Other small-to-large intestinal anastomosis
Large-to-large intestinal anastomosis	Suture of laceration of large intestine	Transsacral rectosigmoidectomy
Anastomosis to anus	Closure of fistula of large intestine	Anterior resection of rectum with synchronous colostomy
Exteriorization of large intestine	Myotomy of sigmoid colon	Other anterior resection of rectum
Resection of exteriorized segment of large intestine	Myotomy of other parts of colon	Posterior resection of rectum
Colostomy, not otherwise specified	Revision of anastomosis of large intestine	Duhamel resection of rectum
Permanent colostomy	Abdominoperineal resection of the rectum, not otherwise specified	Other (Partial proctectomy, rectal resection NOS)

- Rationale for continuing a Foley catheter must be documented and may include (but are not limited to):
 - Post urologic / gynecologic / perineal surgery
 - Monitor urine output in a critically ill patient
 - Assist perineal wound healing in an incontinent patient
 - Urinary retention/inability to void
 - Palliative care for a terminally ill patient
 - Patient requires prolonged immobilization
 - Other _____

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