

DATE: March 3, 2010
RE: **Surgical Care Improvement Project (SCIP): Pilot Concurrent Intervention**
All Surgical Patients: Main Operating Room, Same Day Surgery, Interventional Radiology and Cardiac Catheterization Laboratory

USMC has been participating in the SCIP core measures initiative to reduce complications and improve care of surgical patients for several years. We continue to be challenged with compliance to the evidence-based recommendations and there are added recommendations almost annually. The results of these efforts are measured and reported publicly. In our effort to reach 100% compliance, USMC has been invited to participate in a new process using a checklist tool and concurrent intervention with the physician to assure compliance with evidence based recommendations for beta blockers, antibiotics, VTE prophylaxis, warming, blood glucose control and removal of urinary catheters. This pilot will be conducted during March 2010. All surgical patients will be monitored concurrently by nurses in pre-op, surgery, PACU, ICU and on medical/surgical units from surgery time to 48 hours after surgery.

This project is being supported by Health Services Advisory Group (HSAG), the Medicare Quality Improvement Organization for Arizona, under contract with the Centers for Medicaid and Medicare Services (CMS). HSAG staff will be on site to provide education for our physicians and nursing staff during March.

Beginning Wednesday, March 10, we will be using a bright orange monitoring check list which will be placed into the medical record and follow the patient from admission to 48 hours after surgery or at discharge. The nursing staff will check compliance to the recommendations at each level of care to assure all recommended care is provided. If the recommended care is not ordered, the nursing staff will intervene by contacting the physician to obtain the appropriate orders. If assistance is needed to assure compliance at point of service, the staff nurse will contact one of the unit nursing managers. If unsuccessful at obtaining appropriate physician orders for care, the nurse manager will escalate the non-compliance to the Department Medical Director, CMO, CNO, CEO for intervention.

The completed check list will be copied and reviewed at each level by the Director of Nursing to ensure it is complete. The original orange checklist will be sent to QMS 48 hours after the surgical procedure or at time of discharge. Data on all surgical procedures will be analyzed and reported weekly to the medical staff and hospital leadership and staff.

We look forward to everyone's participation and assistance in meeting this challenge. Our goal is to achieve and maintain 100% compliance with the SCIP core measures by correcting deficiencies before they become a permanent part of the medical record and are publicly reported. It's the RIGHT thing to do for our surgical patients.

If you have any questions, please contact Diane Dunlop at x12345, Susan Smith at x23456, or Anita Ainsworth at x34567.