

**California and Florida
“In the Know”
Hospital Data Collection,
Reporting, and Validation
Module 2c: SCIP Information for
Inpatient Abstractors**

October 2011

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Specifications Manual Version 4.0
Discharges January 1, 2012 through June 30, 2012
SCIP Changes

Section 1 – Data Dictionary

Data Elements with Further Clarification

- *Beta-Blocker Current Medication*
- *Other Surgeries*
- *Oral Antibiotics*
- *Laparoscope (Removed)*

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Specifications Manual Version 4.0
Discharges January 1, 2012 through June 30, 2012
SCIP Changes

Section 1 – Data Dictionary
Data Element Changes

- *Beta-Blocker Perioperative*
 - Allowable Values: Select all that apply
 - Perioperative time frame for measure is now defined as the day prior to surgery through post-op day two (POD 2)
 - Added med reconciliation record to suggested data sources

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SCIP Changes

Section 1 – Data Dictionary
Data Element Changes

- *Reason for Not Administering Beta-Blocker Perioperative*
 - Allowable Values: Select all that apply
 - Added two new bullets under definition:
 - Hypotension (systolic \leq 100 mm/Hg)
 - Concurrent use of intravenous inotropic medications during the perioperative period
 - Notes for abstraction have changed
 - Addition of inotropic medication Table 3.14 in Appendix C

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SCIP Changes

Section 1 – Data Dictionary
Data Element Changes

- *Infection Prior to Anesthesia*
 - Inclusions: Added
 - Crohn’s Disease
 - Ulcerative Colitis
 - Exclusions: Added
 - Avascular Necrosis

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SCIP Changes

Section 1 – Data Dictionary
Data Element Changes

- *Reasons to Extend Antibiotics*
 - Value 3: Added “Demeclocycline was administered postoperatively for the treatment of syndrome of inappropriate antidiuretic hormone hypersecretion (SIADH) or hyponatremia.”

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SCIP Changes

Section 1 – Data Dictionary
Data Element Changes

- *Catheter Removed*
 - Clarifies the abstraction of “unintentional” or “accidentally” removed catheters
- *Reasons for Continuing Urinary Catheterization*
 - “Select all that apply” value answer
 - Added bullets for direction in abstracting medical staff-approved facility protocol

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SCIP Changes

Section 1 – Data Dictionary
Data Element Changes

- *Urinary Catheter*
 - Answer values are now “Yes” and “No”
 - The bullets in the Notes for Abstraction have been changed to reflect how to abstract the new answer values

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SCIP Changes

Section 1 – Data Dictionary
Data Element Changes

- *VTE*
 - Added Oral Factor Xa Inhibitor as new answer value “8”
- *Preadmission Oral Anticoagulation Therapy*
 - Replaces the preadmission warfarin data element
 - Now includes different types of oral anticoagulation therapy

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SCIP Changes

Section 2 – Measure Information Forms
Addition/Changes

Section 2.4 – Surgical Care Improvement Project (SCIP)

- **SCIP Inf-6:** Surgery patients with appropriate hair removal

Suspended From CMS Collection

Final Rule 2011 *Federal Register*, Vol. 76 No. 160, pages 51610-51611

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Discharges January 1, 2012 through June 30, 2012
SCIP Changes

Section 2 – Measure Information Forms
Addition/Changes

Section 2.4 – Surgical Care Improvement Project (SCIP)

- **SCIP Inf-2: Prophylactic Antibiotic Selection for Surgical Patients**
 - Addition of new surgical procedure in Prophylactic Antibiotic Regimen Selection for Surgery Table
 - Principal Procedure Code of Hysterectomy with an Other Procedure Code of Colon Surgery found in Appendix A, Table 5.03

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SCIP Changes

Section 2 – Measure Information Forms
Addition/Changes

Section 2.4 – Surgical Care Improvement Project (SCIP)

- **SCIP Inf-2: Prophylactic Antibiotic Selection for Surgical Patients**
 - Addition of new surgical procedure in Prophylactic Antibiotic Regimen Selection for Surgery table
 - Rationale: There are cases with Principal Procedure codes of hysterectomy that are radical oncology cases with colon involvement. Surgeons are using ertapenem for antibiotic prophylaxis. Ertapenem is approved for colon but not hysterectomy cases. The change is being made to allow these cases to pass if ertapenem is administered.

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SCIP Changes

Principal Procedure Code of Hysterectomy with an Other Procedure Code of Colon Surgery found in Appendix A, Table 5.03	Cefotetan, Cefazolin, Cefoxitin, Cefuroxime, or Ampicillin/Sulbactam Table 3.7 OR Ertapenem ³ Table 3.6b If β -lactam allergy: Clindamycin Table 3.9 + Aminoglycoside Table 2.11 OR Clindamycin Table 3.9 + Quinolone Table 3.12 or Clindamycin Table 3.9 + Aztreonam Table 2.7 OR Metronidazole Table 3.6a + Aminoglycoside Table 2.11 OR Metronidazole Table 3.6a + Quinolone Table 3.12
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SCIP Changes

Section 2 – Measure Information Forms
Addition/Changes

Section 2.4 – Surgical Care Improvement Project (SCIP)

- **SCIP Inf-2: Prophylactic Antibiotic Selection for Surgical Patients**
 - Addition of data element *Other Surgeries* into algorithm
 - Rationale: Cases are failing SCIP-Inf-2 d/t abx administered for “other surgeries.” At present, other surgeries is not an exclusion for SCIP-Inf-2. Need to add as exclusion to prevent inappropriate failure.

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SCIP Changes

Section 2 – Measure Information Forms
Addition/Changes

Section 2.4 – Surgical Care Improvement Project (SCIP)

- **SCIP-Inf-4:** Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Blood Glucose
 - Added patients whose post-operative length of stay is less than or equal to 2 days
 - Rationale: Measure requires glucose levels on POD 1 and POD 2. If the patient expires or leaves the hospital for any reason during this time frame, the glucose level cannot be obtained, and the case will fail the measure. The change is being made to create an exclusion for these cases.

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Discharges January 1, 2012 through June 30, 2012
SCIP Changes

Section 2 – Measure Information Forms
Addition/Changes

Section 2.4 – Surgical Care Improvement Project (SCIP)

- **SCIP-Inf-9:** Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with Day of Surgery Being Day Zero
 - Data element *Other Surgeries* was removed as an exclusion from the measure

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Discharges January 1, 2012 through June 30, 2012
SCIP Changes

Section 2 – Measure Information Forms
Addition/Changes

Section 2.4 – Surgical Care Improvement Project (SCIP)

- **SCIP Cardiovascular-2: Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period**
 - The perioperative period for the SCIP Cardiac measure is now defined as the day prior to surgery through postoperative day two (POD 2) with day of surgery being day zero.

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Discharges January 1, 2012 through June 30, 2012
SCIP Changes

Section 2.4 – Surgical Care Improvement Project (SCIP)

- **SCIP Cardiovascular-2: Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period**
 - If post-op length of stay **is ≥ 2 days**, the measure evaluates the administration of more than one dose of a beta-blocker: the day prior to or the day of surgery **and on post-op day one (POD 1) OR post-op day two (POD 2) unless reasons for not administering the medication were documented.**
 - If post-op length of stay is **≤ 2 days**, the measure will evaluate the administration of the beta-blocker **on the day prior to OR the day of surgery only**, unless reasons for not administering the medication were documented.

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 Discharges January 1, 2012 through June 30, 2012
SCIP Changes

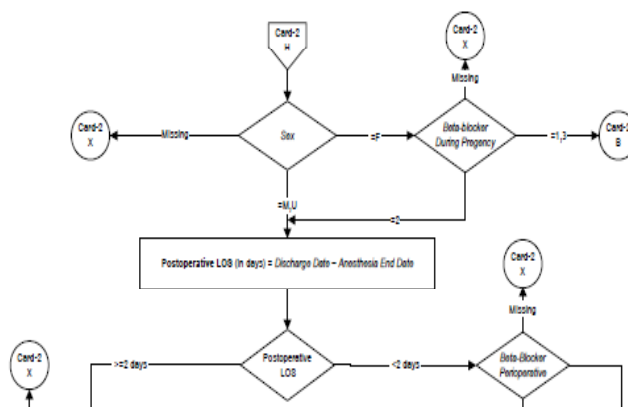
Section 2.4 – Surgical Care Improvement Project (SCIP)

- **SCIP Cardiovascular-2: Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period**
 - Addition of Table 5.26 SCIP- Left Ventricular Assistive Device (LVAD) and Heart Transplant
 - Cases with these principal procedure codes will be excluded from the measure

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SCIP Card-2: Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period



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SCIP Card-2: Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period

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Discharges January 1, 2012 through June 30, 2012 SCIP Changes

Section 2.4 – Surgical Care Improvement Project (SCIP)

- **SCIP VTE 1-2: Surgery Patients with Recommended VTE Prophylaxis Ordered and Received**
 - The data element *Preadmission Warfarin* has now been changed to *Preadmission Oral Anticoagulation Therapy*
 - Rationale: Based on recommendations of the SCIP VTE TEP, oral direct thrombin inhibitors will be treated the same as warfarin for the purposes of the SCIP-VTE measures

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Discharges January 1, 2012 through June 30, 2012
SCIP Changes

Section 2.4 – Surgical Care Improvement Project (SCIP)

- **SCIP VTE 1-2: Surgery Patients with Recommended VTE Prophylaxis Ordered and Received**
 - Added Oral Factor Xa Inhibitor to VTE Table recommendations for Elective Total Hip and Total Knee surgeries
 - Rationale: Oral Factor Xa Inhibitor has been FDA approved as prophylaxis for these types of surgeries

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CDAC Validation Mismatch
Educational Comments

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CDAC Validation Mismatch Educational Comments

- A variety of educational comments from 4th quarter 2010 validations have been consolidated into an additional handout and is available for download in the Module 2 “Helpful Documents” files.
- All abstractors are encouraged to review the mismatches and resultant educational comments to avoid making similar abstraction mistakes.

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MISCELLANEOUS INFORMATION

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Helpful Documents and Resources

- The following files are located under the Module 2 webinar files:
 - Q4 2010 Inpatient Validation Mismatch CDAC Educational Comments
 - Measure Set Fact Sheets, Q1 2012 Discharges
 - Prophylactic Antibiotic Regimen for Surgery (version 4.0 *Specifications Manual*), Pocket Card
 - VTE Prophylactic Recommendations (version 4.0 *Specifications Manual*), Pocket Card
 - Catheter-Associated Urinary Tract Infection (CAUTI) Event (CDC document)
 - Surgical Site Infection (SSI) Event (CDC document)

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Questions?

- Please complete the short online survey at the end of this webinar. Questions and comments can be submitted in the open section at the end of the survey.
- Email any other questions to Lawanna or Becky by **Friday, November 11, 2011**, if at all possible.
- Questions and answers will be distributed back to everyone in a Post-Presentation Q&A Fact Sheet via the FL & CA Hospital Inpatient Quality Reporting Program Email List no later than **November 18, 2011**.

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Stay "In the Know"...

- Be sure to listen to the quarterly pre-recorded webinars posted no later than the fourth week of :
 - January
 - April
 - July
 - October
- Subscribe to:
 - FL & CA Hospital Inpatient Quality Reporting Program (HIQRP) Email List
<http://lists.flqio.org/mailman/listinfo/rhqdapufl-ca>
 - Small Hospitals Helping Each Other (SHHEO) Email List
<http://lists.flqio.org/mailman/listinfo/shheo-fl-ca>

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For Further Information...

Florida and California hospitals should contact the following Hospital Quality Reporting Program Project Coordinators:

AMI, HF, SCIP, and ED

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Hospital personnel from states other than Florida or California should contact their state's QIO to ask questions and/or request further assistance. The list of QIO Inpatient Reporting Program Contacts is posted on QualityNet at:

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=OnetPublic%2FPage%2FQnetTier3&cid=1138900297541>

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Oct 2011 Module 2c, SCIP Abstraction Information



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