

# Fast Facts

from the October 16, 2008  
SCIP Learning Session 1

The materials distributed to meeting participants will be available at [http://www.hsag.com/projects/safety\\_hospitals/SCIP.asp](http://www.hsag.com/projects/safety_hospitals/SCIP.asp) by October 24. The materials include:

- **Presentation:** Dr. Pitluk—*VTE Prophylaxis and SCIP*
- **Presentation:** Barb Warren—*Disruptive Behaviors*
- **Presentation:** Suzanne Anders—*An Overview of TeamSTEPPS*
- **Presentation:** Suzanne Anders—*An Overview of the Hospital Survey on Patient Safety Culture*

Here are some meeting *Fast Facts* and supplemental information for your consideration:

- *VTE Prophylaxis and SCIP*
  - The AAOS guideline recommending ASA for prophylaxis is a class III recommendation. The *CHEST* supplement and other references that recommend NOT using ASA are a class I recommendation. The *Vascular and Endovascular Surgery* article Dr. Pitluk referenced during his presentation, Primary Prophylaxis of VTE in Surgical Patients, is available at <http://ves.sagepub.com/cgi/reprint/42/3/205>.
  - Dr. Pitluk is willing to discuss the quality measures with surgeons ([hpitluk@hsag.com](mailto:hpitluk@hsag.com)).
- *Disruptive Behaviors*
  - Crucial Conversations is one strategy that can be used to diffuse disruptive behaviors. The tools and techniques include, but are not limited to: learning to stand back and “look” at the conversation in order to avoid escalating behaviors; make it safe for the other person to express their thoughts, feelings, and perceptions; be prepared to state your path—that is, state your facts, tell your story, ask for the other person’s story, talk tentatively, and encourage testing about the dialogue. These tools are also discussed on the VitalSmarts Web site, found at [www.vitalsmarts.com](http://www.vitalsmarts.com).
- *An Overview of TeamSTEPPS*
  - TeamSTEPPS includes the Strategies and Tools to Enhance Performance and Patient Safety. This evidence-based program that promotes patient safety through crew resource management was developed by the Department of Defense and supported by the Agency for Healthcare Research and Quality (AHRQ). HSAG Master Trainers are prepared to assist hospitals in implementing components of Leadership, Situation Monitoring, Mutual Support, and Communication.
  - Additional information about TeamSTEPPS can be found at: <http://teamstepps.ahrq.gov/abouttoolsmaterials.htm>

- *An Overview of the Hospital Survey on Patient Safety Culture*
  - Participation in the SCIP collaborative includes administering the Hospital Survey on Patient Safety Culture. HSAG is prepared to help guide this project by providing implementation suggestions, designing a hospital-specific URL for use of a computer-based survey, and providing a feedback report.
  - The 11th CAHPS & 1st SOPS User Group Meeting, *Patient Experience & Patient Safety Culture*, is a free event sponsored by the Agency for Healthcare Research and Quality (AHRQ) for users and potential users of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) and AHRQ Surveys on Patient Safety Culture (SOPS). The meeting will be held December 3–5, 2008, at the Doubletree Paradise Valley Resort in Scottsdale, Arizona. More information and online registration is available at <https://www.meetinglink.org/cahps-sops>.
- *Submitting SCIP Data.* Charlie Chapin’s request to be contacted by your SCIP data person is attached to this *Fast Facts*. Please print it out and give it to the appropriate person at your facility.

If you have questions related to Learning Session 1 or other SCIP activities, please contact Suzanne Anders at [sanders@azqio.sdps.org](mailto:sanders@azqio.sdps.org). Are you willing to share your contact information with other SCIP participants? If so, let Suzanne know. **SCIP Learning Session 2** will be held on January 15, 2009. *Don’t forget to bring your SCIP Binder!*

## Surgical Care Improvement Project (SCIP) SCIP Data

For the SCIP Collaborative, HSAG wants to receive each hospital's routinely collected data on the SCIP indicators without any disruption to the hospital's existing data collection and abstraction processes. Normally, SCIP data is not available to HSAG until eight months after a new calendar quarter begins.

More current, real-time data will allow HSAG and the SCIP participants to monitor their improvement, refine their interventions, and ensure that gains in performance are maintained. In addition, improvement in the Collaborative as a whole—as well as across hospitals (de-identified with unique codes)—will be tracked.

HSAG will provide quarterly feedback reports that include trends over time and comparative statistics. The information will also help to identify proven best practices that can be shared at Collaborative learning sessions.

Hospitals may submit routine data to HSAG as it becomes available—according to each hospital's internal time frame. The hospital may supply data from its abstraction tool, in whatever manner and format is most efficient. Monthly summary reports—with the numerators and denominators for each SCIP measure derived from the abstraction tool—can be faxed or e-mailed to HSAG.

***Please have an individual at your hospital who is involved in SCIP data abstraction and familiar with output reports from the abstraction tool contact Charlie Chapin by November 15, 2008.*** The internal abstraction cycle at your hospital will be discussed in order to establish a customized routine that will provide the data without any modification to the timing or existing data flow.

### Contact Information

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