

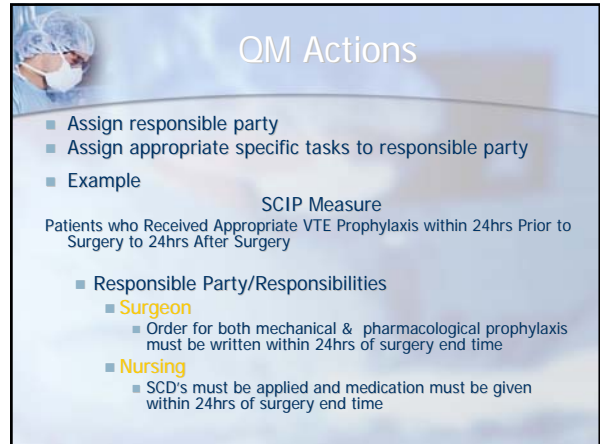
Surgical Care Improvement Project

JCL Health Network



Surgical Care Improvement Project

HSAG Presentation
JCL Health Network
Carol Wiggins RN, BSN, MHA



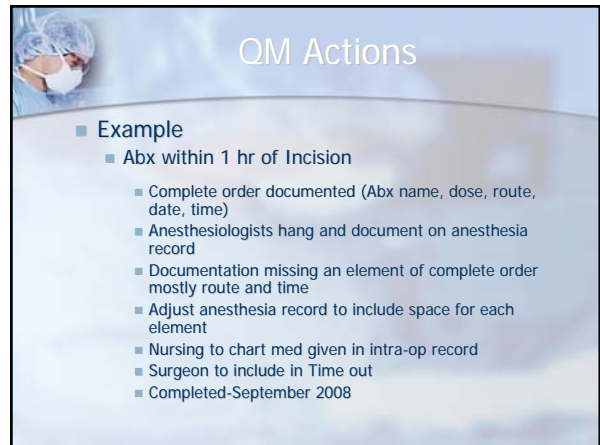
QM Actions

- Assign responsible party
- Assign appropriate specific tasks to responsible party
- Example
 - SCIP Measure
Patients who Received Appropriate VTE Prophylaxis within 24hrs Prior to Surgery to 24hrs After Surgery
 - Responsible Party/Responsibilities
 - Surgeon
 - Order for both mechanical & pharmacological prophylaxis must be written within 24hrs of surgery end time
 - Nursing
 - SCD's must be applied and medication must be given within 24hrs of surgery end time



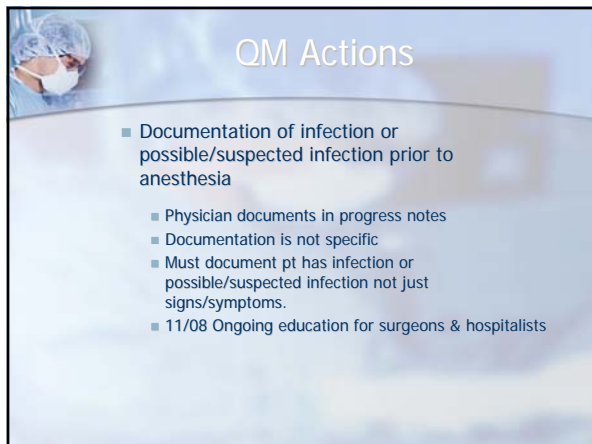
QM Actions

- Gap Analysis
 - Report Headers
 - Indicator Abstraction Criteria (How to be compliant)
 - Current Practice
 - Current Opportunities For Improvement
 - Opportunity to Hard Wire Process to meet compliance
 - Timeline



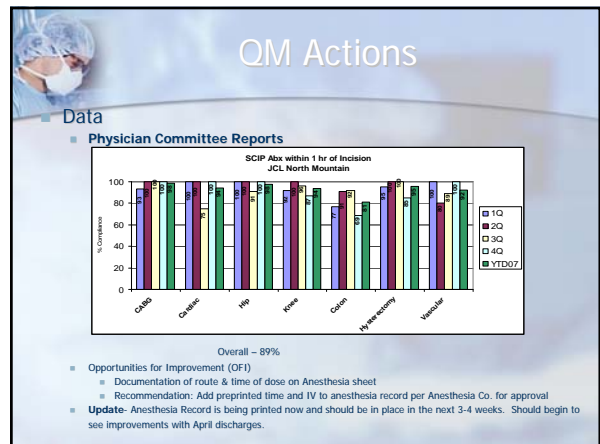
QM Actions

- Example
 - Abx within 1 hr of Incision
 - Complete order documented (Abx name, dose, route, date, time)
 - Anesthesiologists hang and document on anesthesia record
 - Documentation missing an element of complete order mostly route and time
 - Adjust anesthesia record to include space for each element
 - Nursing to chart med given in intra-op record
 - Surgeon to include in Time out
 - Completed-September 2008



QM Actions

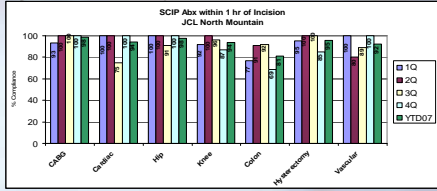
- Documentation of infection or possible/suspected infection prior to anesthesia
 - Physician documents in progress notes
 - Documentation is not specific
 - Must document pt has infection or possible/suspected infection not just signs/symptoms.
 - 11/08 Ongoing education for surgeons & hospitalists



QM Actions

Data

- Physician Committee Reports



Overall - 89%

- Opportunities for Improvement (OFI)
 - Documentation of route & time of dose on Anesthesia sheet
 - Recommendation: Add preprinted time and IV to anesthesia record per Anesthesia Co. for approval
 - Update- Anesthesia Record is being printed now and should be in place in the next 3-4 weeks. Should begin to see improvements with April discharges.

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QM Actions

- Progressive information for Committees

Measure	2007	2008	2009
VTE prophylaxis ordered	81	90	97
VTE prophylaxis timing	73	87	95

Month	OFI Amount	Reasons
April	2 4	2-no order for pharm. prophylaxis therefore not timely; 1-Hospitalist ordered but beyond 24hr limit; 1-Nursing gave late
May	1 1	1-no order for pharm. prophylaxis therefore not timely
June	0 0	

QM Actions

- Individual Physician Reports
 - Add field for assigning OFI measure that failed in QM database
 - Add comments specific to measures into QM database
 - Pull reports into Excel
 - Make sure information is correct & corresponds with the correct measure
 - Provide Excel report to Directors & Administration
 - Request Nursing Directors to follow up on items related to their units
 - Import into Access to design reports
 - Design separate reports specific to Surgeons & Anesthesiologists
 - Print & mail reports
 - Be prepared to follow up on physician phone calls

QM Actions

NM OFI Report October 08

John C. Lincoln monitors performance on the care of patients who undergo surgery using the evidence based standards of the Centers for Medicare and Medicaid Services (CMS) and the Institute for Healthcare Improvement (IHI). Results of the hospital's performance are publicly reported on the CMS website <http://www.hospitalcompare.hhs.gov/hospital>. Review of the patients listed revealed that the care provided did not meet the CMS indicator listed under the portion listed as the opportunity for improvement (OFI) identified. Frequently deficiencies are an issue of lack of documentation, especially of contraindications to one of the interventions recommended. Also, such deficiencies may be related to a lack of knowledge about the standards and recommendations.

Anesthesiologist

NAME

MRN Number Procedure 35.21 REPLACE AORT VALV-TISSUE
OFI Identified ABX NOT DCD IN 24/48 HOURS
Comments Antibiotic use not discontinued within 24 hrs of surgery end time (48 hrs for CABG/Cardiac cases) with no documentation of infection or suspected infection. Infiltrate was documented, not considered appropriate documentation of infection. The final dose of Levaquin was given on 10/17 @ 1000, more than 48hrs past the surgery end time of 10/14 @ 1821.

MRN Number Procedure 45.73 RIGHT HEMICOLECTOMY
OFI Identified ABX INAPPROPRIATE SELECTION
Comments Patient given Flagyl, Rocephin and Zosyn. Not in compliance with CMS prophylactic antibiotic regimen.

Both the hospital and Medical Staff are committed to excellent performance on the CMS indicators and we hope you find this feedback helpful. If you have questions or would like to review the case further, please contact Carol Wiggins RN, BSN, MHA, QM Analyst/Coordinator, at 623 879-5402.

QM Actions

- Directors & Administrators OFI Report

MRN	Surgery Date	Procedure	Surgeon	Anesthesia	OFI IDENTIFIED	COMMENTS
Number	10/28/2008	48.63ANTERIOR RECT RESECT NEC	Dr. _____	NA	ABX INAPPROPRIATE SELECTION	Patient was given Flagyl and Ceftriaxone not in compliance with CMS prophylactic antibiotic regimen.
Number	10/28/2008	48.63ANTERIOR RECT RESECT NEC	Dr. _____	NA	VTE PROPHYLAXIS INAPPROPRIATE TIMING	Pharmaceutical VTE prophylaxis was ordered. LovenoX was given on 10/29 @ 1400. Surgery end date/time 10/28 @ 1250. Ordered on 10/29 @ 1145 but timed @ 1400 by pharmacy & not administered until 1400 by nursing.
Number	10/31/2008	81.54 TOTAL KNEE REPLACEMENT	NA	DR. _____	ABX NOT GIVEN WITHIN 1 HR	Prophylactic antibiotic not administered within 1 hr. prior to surgical incision time (2 hr for Vancomycin or a fluoroquinolone). Ancel administered @ 1536. Surgical incision time @ 1344.
Number	10/28/2008	45.79 PART LG BOWEL EXCIS NEC	NA	DR. _____	ABX NOT GIVEN WITHIN 1 HR	Prophylactic antibiotics not administered within 1 hr prior to surgical incision time (2 hrs for vancomycin or a fluoroquinolone). Ancel was administered @ 1450 which is after the surgery start time of 1423.

QM Actions

- Enter responsible physician into QM Peer Review database
 - Amount of OFIs will be reported on recredentialing profile
- Send report of repeat offenders to Peer Review Committee
 - Sort in Excel on Directors report

QM Actions

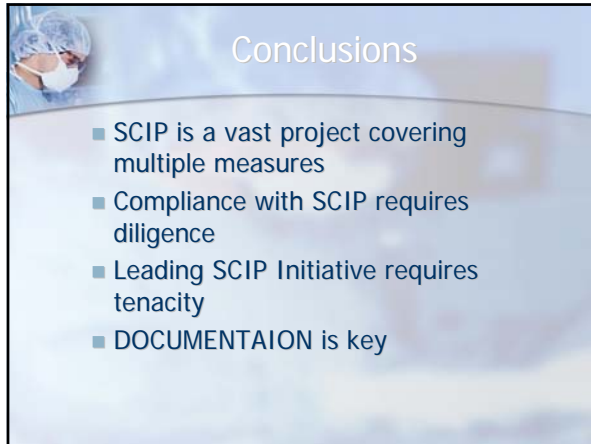
- Physician & Nursing Education
 - Develop pocket card

Surgical Care Improvement Project (SCIP)

Indicator	Keys to Compliance
Abx within 1 hr of Incision	Correct antibiotic. Document route & time.
Abx discontinued	Must document infection or suspected infection if continuing abx
Glucose Control	6 am blood glucose <200 on POD 1 and POD 2 on cardiac patients
Hair Removal	No hair removal. Use clippers or depilatory. Do not use word "shave"
Colorectal Normothermia	Post op temp 15 mins from leaving the OR > or = 96.8 B-blocker in Peri op24 hrs prior to surgery or by discharge from PACU or 6 hours if in CCU or by anesthesia sign off Contraindication to b-blocker must be documented
VTE Prophylaxis Ordered	General: SCD & LovenoX/LMWH GYN & Knees: SCD or LovenoX /LMWH Hips:Lovenox/LMWH Contraindication-needs to specify reason to mechanical and/or pharmacological Document risk of bleeding or active bleeding within 24 hrs after OR
VTE Prophylaxis Timing	Meds/SCD 24 hrs prior or 24 hrs after OR

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Conclusions

- SCIP is a vast project covering multiple measures
- Compliance with SCIP requires diligence
- Leading SCIP Initiative requires tenacity
- DOCUMENTAION is key

