SCIP Core Measure
Objectives

• At the conclusion of this educational information, the nurse should be able to:
  – Identify the SCIP core measures tracked at Aultman.
  – Explain the reasons that core measures are important for the patients and the hospital.
  – Define nursing responsibilities with selected measures.
Why are SCIP Core Measures Important?

- SCIP core measures are based on **WHAT IS BEST FOR THE PATIENT!**

- Core Measures are **EVIDENCE-BASED** indicators used to measure quality in a consistent way. This facilitates comparison of quality between different hospitals.

- These comparisons are currently available for patients to view on the internet.

- Patients may **CHOOSE** their hospital based on these results.
Core Measure Background

- Introduced by CMS in 2005

- Focus on Process of Care
  - Expanding to Include All Aspects of Care Delivery

- Concentration in 4 Areas
  - Heart Attack (Acute Myocardial Infarction; AMI)
  - Heart Failure
  - Pneumonia
  - Surgical Care
Value-Based Purchasing (VBP)

Overview

- 2010 Health Care Reform
  - Patient Protection and Affordable Care Act of 2010
  - Requires Establishment of VBP Program
  - Will decrease compensation to hospitals that do not meet pre-established goals in relation to Core Measures and Patient Experience (HCAHPS / Press Ganey)

- Bases Payment on Performance Not Reporting
This slide illustrates what is being monitored this year and what will be added next year to VBP.
What does it mean and how are we doing?

- The table on the following page depicts how Aultman Hospital has measured up in relation to the SCIP Core Measures.
- Note that the results show performance over a two year period and are tallied on a quarterly basis.
- The hospital goal is to meet the Core Measures 100% of the time.
<table>
<thead>
<tr>
<th>Surgical Care (**=metric of VBP)</th>
<th>Q4 08</th>
<th>Q1 09</th>
<th>Q2 09</th>
<th>Q3 09</th>
<th>Q4 09</th>
<th>Q1 10</th>
<th>Q2 10</th>
<th>Q3 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inf-1a - Antibiotic within 1 hr of incision-Overall**</td>
<td>95.6</td>
<td>96.0</td>
<td>93.5</td>
<td>95.6</td>
<td>95.1</td>
<td>93.5</td>
<td>99.3</td>
<td>100</td>
</tr>
<tr>
<td>Inf-2a - Antibiotic selection-Overall**</td>
<td>100</td>
<td>100</td>
<td>96.9</td>
<td>96.4</td>
<td>97.2</td>
<td>97.1</td>
<td>99.3</td>
<td>98.4</td>
</tr>
<tr>
<td>Inf-3a - Antibiotic disc. within 24 hrs-Overall**</td>
<td>94.1</td>
<td>94.9</td>
<td>93.2</td>
<td>93.2</td>
<td>96.4</td>
<td>96.2</td>
<td>97.8</td>
<td>93.3</td>
</tr>
<tr>
<td>Inf-4 - Cardiac patients 6am postop serum glucose**</td>
<td>88.4</td>
<td>97.6</td>
<td>97.4</td>
<td>91.3</td>
<td>95.7</td>
<td>95.2</td>
<td>93.6</td>
<td>89.2</td>
</tr>
<tr>
<td>Inf-6 - Appropriate hair removal</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>99.5</td>
<td>100</td>
</tr>
<tr>
<td>Inf-7 - Colorectal immediate postop normothermia</td>
<td>100</td>
<td>86.7</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>99.3</td>
<td></td>
</tr>
<tr>
<td>Inf-9 - Urinary catheter removed POD 1 or 2</td>
<td></td>
<td>87.2</td>
<td>92.8</td>
<td>95.2</td>
<td>92.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inf-10 - Perioperative temperature mgmt</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>99.3</td>
<td></td>
</tr>
<tr>
<td>CARD-2 - Beta blocker prior to admission and periop**</td>
<td>100</td>
<td>95.2</td>
<td>95.1</td>
<td>100</td>
<td>94.9</td>
<td>94.2</td>
<td>94.7</td>
<td>89.7</td>
</tr>
<tr>
<td>VTE-1 - VTE prophylaxis ordered**</td>
<td>88.1</td>
<td>88.6</td>
<td>89.2</td>
<td>92.7</td>
<td>87.7</td>
<td>98.2</td>
<td>98.1</td>
<td>94.6</td>
</tr>
<tr>
<td>VTE-2 - VTE prophylaxis timing</td>
<td>76.2</td>
<td>82.9</td>
<td>89.2</td>
<td>87.8</td>
<td>78.6</td>
<td>92.9</td>
<td>98.1</td>
<td>92.9</td>
</tr>
<tr>
<td>SIP-1-2-3 All-or-None Bundle</td>
<td>90.8</td>
<td>92.2</td>
<td>87.5</td>
<td>87.6</td>
<td>91.7</td>
<td>88.6</td>
<td>96.5</td>
<td>92.2</td>
</tr>
<tr>
<td>SCIP All-or-None Bundle</td>
<td>85.6</td>
<td>87.8</td>
<td>86.6</td>
<td>87.3</td>
<td>80.6</td>
<td>83.2</td>
<td>90.1</td>
<td>83.1</td>
</tr>
</tbody>
</table>
Aultman Hospital Demonstrates Continued Improvement

- The Hospital goal is to be at 100% for all Core Measures.
- Aultman has consistently improved each year
- This graph includes:
  - Acute Myocardial Infarction (AMI)
  - Heart Failure (HF)
  - Pneumonia (PN)
  - Surgical Care (SCIP)
SCIP Patient Selection Criteria:

- Inpatient
- Over 18 years of age
- Length of stay >3 days and <120 days
- Surgery time is 60 minutes or longer

With one of the following surgeries:
- Total Hip replacement
- Total Knee replacement
- Colon surgery
- Exploratory Laparotomy
- Certain other general surgeries
- Hysterectomy
- Vascular surgeries
- CABG
- Valve surgeries
- Select Neurosurgery
SCIP Measures

- Prophylactic antibiotic received within 1 hour prior to surgical incision, 2 hours for vancomycin.
- Appropriate prophylactic antibiotic selection.
- Prophylactic antibiotic discontinued:
  - Within 24 hours after anesthesia end time.
  - 48 hours for Cardiac Surgery only.
  - If antibiotics are ordered beyond the 24 or 48 hours, a specific reason should be documented.
SCIP Measures (continued)

- Hair removal using clippers.
- Post-operative normothermia (36°C) in all surgical patients.
- Controlled 6 am post-op serum glucose, day 1 & 2, for cardiac surgery patients.
- Patients maintained on beta blocker peri-operatively if on beta blocker therapy prior to admission.
- Recommended Venous Thromboembolism or VTE prophylaxis ordered and initiated within 24 hours prior to surgery to 24 hours after surgery.

- Foley catheter removal on POD#1 or POD#2, or documented reason for continuing
Common SCIP Issues

- **ISSUE:** Pre-op antibiotic not given within the appropriate time (60 minutes pre-op)
  - This occurs most frequently when the patient comes to OR as an emergency.
  - By sending the antibiotic to the OR with the patient, there is better control over time of administration.
  - If an antibiotic was given in ED, ask about re-dosing for surgery.
ISSUE: Discontinuing the antibiotic within 24 hours of the end of surgery.
  - Giving the antibiotic promptly when ordered post-op and checking that the last dose falls within the 24 hour window helps prevent lack of compliance.

ISSUE: VTE Prophylaxis measures not followed:
  - Be sure to apply and maintain SCDs when ordered.
  - Administer Lovenox or Heparin as ordered.
    - Be sure to give Lovenox or Heparin within the timeframe of 24 hours before anesthesia to 24 hours after anesthesia has ended (see anesthesia record for end times)
The Nurse’s Responsibilities

Is the ordered antibiotic appropriate for the procedure?
- If not, question the reason for the selection.
- The reason for the selection (if not due to allergy) should be documented.

Is the prophylactic antibiotic order written as “on-call to OR” or “pre-op”?
- Send the antibiotic to OR with the patient – **DO NOT START IT**.

Is an antibiotic ordered post-op?
- Give special attention to the last dose date and time to avoid going over the appropriate timeframe.
- Question orders without a stop date/time.
- If there is no stop date/time call the physician and clarify. There must be a specific documented reason to extend antibiotics.
Is VTE prophylaxis ordered?
- Verify orders and administer Lovenox or Heparin within 24 hours after anesthesia end time.
- When ordered, apply and maintain SCDs continuously.
  - Remove only briefly as needed to provide care
  - Document the date/time initiated
  - Continue to document use

Does the patient have a Foley catheter in after surgery?
- Collaborate with the physician/APN for Foley to be discontinued by POD#2 or documented reason to continue
- Document Foley d/c date and time
- Obtain order for a reason to continue catheter if necessary

Is the patient on a beta blocker?
- Document last dose date and time on the EMAR or on Med Rec for Admission
- If the patient is NPO call anesthesia/physician/APN for an order to give the beta blocker with a sip of water
- If the beta blocker is held, the physician/APN must document a reason
Remember...

- Nurses are patient advocates and it is our responsibility to make sure that patients receive best practice care.

- Hospitals are judged by how we compare on core measures. This often means how well our processes and documentation demonstrate the required measures.

- Hospital reimbursement for Medicare patients is based on how well we meet Core Measures. For example, hospitals that score high on core measures will get reimbursed a higher amount than those who do not score well.

- Meeting core measures will help our patients, and will help Aultman demonstrate our high quality patient care.
Questions?

Contact:
Tieryn Trissel, MBA, BSN, RN-BC
SCIP Coordinator
Ext. 37353
Pager 430-8254