

Making Surgery Safer

- **SCIP Defined**

The Surgical Care Improvement Project (SCIP) is a national quality partnership of organizations committed to improving patient safety by reducing postoperative complications.

- **SCIP Goal**

The goal of the partnership is to reduce nationally by 25 percent the incidence of surgical complications by 2010.

- **SCIP Incentive**

Of the more than 42 million operations performed in the United States each year, up to 40 percent have associated postoperative complications, such as infection, thromboembolic events, respiratory complications and adverse cardiac events. These complications take a toll not only on the patients, but also on the overall cost of health care, increasing length of stay and hospital costs. A significant percentage of these complications are preventable.

- **SCIP Target Areas**

Surgical Site Infections account for 14 percent to 16 percent of all hospital-acquired infections and are among the more common complications of care.

Ways to prevent SSI:

- Administer prophylactic antibiotics within one hour prior to surgery.
- Select appropriate prophylactic antibiotics according to clinical guidelines.
- Discontinue prophylactic antibiotics within 24 hours after end of surgery.
- Control perioperative serum glucose in major cardiac surgical patients.

Adverse Cardiac Events are complications of surgery occurring in 2 percent to 5 percent of patients undergoing noncardiac surgery and as many as 34 percent of patients undergoing vascular surgery.

Ways to prevent adverse cardiac events:

- Administer beta-blockers to eligible major noncardiac surgical patients during perioperative period.
- Administer beta-blockers to eligible CAD and ASCVD patients during perioperative period.

- Administer beta-blockers to eligible major surgical patients who require chronic beta-blocker therapy.

Venous Thromboembolism occurs as deep vein thrombosis after approximately 25 percent of all major surgical procedures performed without prophylaxis, and pulmonary embolism occurs in 7 percent of surgeries conducted without prophylaxis.

Ways to prevent venous thromboembolism:

- Assess patient risk for VTE and administer appropriate perioperative prophylaxis.

Postoperative Pneumonia occurs in 9 percent to 40 percent of patients and has an associated mortality rate of 30 percent to 46 percent.

Ways to prevent respiratory complications:

- For major surgical patients on a ventilator, postoperatively elevate head of bed greater than or equal to 30 degrees.

- **SCIP Partnership**

This innovative partnership is guided by a steering committee composed of representatives of 10 national organizations: the CDC, CMS, ACS, AHRQ, AHA, ASA, AORN, VA, IHI and JCAHO. The SCIP partnership believes that a meaningful reduction in complications requires that surgeons, anesthesiologists, perioperative nurses, pharmacists, infection control professionals and hospital executives work together to make surgical care improvement a priority.

- **SCIP Launch**

Initial planning for the SCIP Partnership began in 2003 and will launch nationally in August 2005. A three-state demonstration project is currently under way, and results will be available in late 2004. The SCIP partnership is currently building its technical expert panels and partnership base to achieve the goal of this multiyear health care quality improvement initiative.

Make plans now to dedicate your organization and surgical teams to this effort. For more information, visit the SCIP partnership website at www.MedQIC.org/scip.