What is SCIP

- Surgical Care Improvement Project officially started July 1, 2006
- Steering committee of 10 major medical organizations with the goal to improve surgical care by reducing surgical complications by 25%
- Evidence-based research to support the measures
- “Pay for performance” used to enforce them
- Bottom 10% hospital fines used to pay top 10%

SCIP: Seven Index Surgeries Tracked

1. CABG
2. Cardiac surgery (valves, septal defects, etc)
3. Hysterectomy
4. Total Hip arthroplasty
5. Total Knee arthroplasty
6. Colectomy
7. Vascular surgery (not endovascular)

SCIP: Prophylactic Antibiotic Measures

- Appropriate antibiotic given
- Antibiotic given within one hour of incision
- Antibiotic discontinued within 24 hrs

SCIP: Other Measures (7 Index +10%)

- Appropriate hair removal
- Post operative temp >36 within 15 min OR end (measure stopped)
- Urinary catheter removed POD #1 or 2
SCIP: Beta Blockers (7 Index +10%)

- If patient was on preop, then needed to take (or be given) before surgery.
- Continued afterwards (ordered and given)

SCIP: VTE Measures (5 Cases +10%)

- VTE prophylaxis ordered and started within 24 hrs postop
- AACP guidelines used

SCIP: Evolution

- Select measures to include 10% of “other” surgeries
- “Perfect care” is the goal
- Laparoscopic surgeries now included
- Cardiac glucose 18-24hr window

SCIP: Pearls in Process Change

- Automation of order sets
- Proactive RN abstractor
- Notifying and education of MD
- Sharing and posting of data: transparency
- Hawthorne effect
The SCIP-treated patients had nearly twice the incidence of surgical site infection as the patients receiving standard treatment. All of the measures are Level I recommendations based on the highest forms of evidence.

Surgical care improvement project (SCIP): has its mission succeeded?
Rasouli MR, Jaberi MM, Hozack WJ, Parvizi J, Rothman RH.

Abstract
The purpose of this study was to determine if adherence to the surgical care improvement project (SCIP) measures could further reduce rate of surgical site infection (SSI) and venous thromboembolism (VTE) in total joint arthroplasty (TJA) patients. We retrospectively identified all patients who underwent primary or revision TJA at our institution between July 2000 and June 2009. After implementation of SCIP measures, rate of superficial SSI increased (0.42% versus 0.60%, P=0.05) while rate of deep SSI decreased from 0.92% to 0.82% (P=0.46). The rate of DVT was 0.92% before and 0.83% after implementation of SCIP (P=0.51); however, rate of PE increased from 0.87% to 1.30% (P=0.002). Our findings indicated that SCIP has not been successful in reducing complications in TJA patients.
Comments on SCIP vs. SSI at KPHI

- There has been continued improvement in colorectal SSI rates despite excellent SCIP compliance
- Of the colorectal SSI cases since 2011, none were SCIP fallouts.
- This suggests that although SCIP may play a role in SSI, that there are multiple other factors involved.

Summary

- SCIP measures are only a part of SSI and surgical morbidity
- It signaled the dawn of public reporting and pay for performance
- In time, the measures will likely be broadened to include all types of surgeries
- There will undoubtedly be more measures, reporting and pay for performance in the face of declining reimbursements.