

SCIP—What Is It And How Does It Affect Me?

By: Pamela H Caudell, RN, CNOR, CSPDS, ACSP

Objectives:

At the conclusion of this article the reader will be able to:

Describe what SCIP means.

Discuss the relationship between SCIP and patient care.

List two ways CS personnel can be involved in the SCIP process.

How many of you have heard your peers talking about the SCIP process and wondered what it meant. SCIP stands for Surgical Care Improvement Project. This is a partnership between many groups and agencies in order to reduce nationally the incidence of surgical complications by 25% by the year 2010. Some of the groups involved in this are the American College of Surgeons, the American Hospital Association, the Association of Perioperative Registered Nurses, the CDC, Centers for Medicare and Medicaid Services (CMS) and Joint Commission to name just a few. These groups have partnered together in order to work collaboratively to improve the safety of surgical care through the reduction of postoperative complications. In 2003 the Journal of the American Medical Association showed that postoperative complications accounted for

about 22% of preventable deaths.³ Patients who get a postoperative infection or other complication such as thrombosis have an increased length of stay or have to be readmitted to the hospital. This causes increased costs for patients, hospitals and payers, i.e., insurance companies. We know and have access to a great wealth of evidence based information. Unfortunately, what most studies have found out is that standards are not applied reliably in all facilities. The CDC estimates that approximately 500,000 surgical site infections occur annually in the United States. Patients that develop surgical site infections are 60% more likely to spend time in an ICU, five (5) times more likely to be admitted to the hospital and have twice the mortality rate as non-surgical site infections. One of the first approaches taken to achieve the goal of reducing surgical complications was to improve the timing, selection and duration of prophylactic antibiotic administration. Studies have shown that the appropriate antibiotic given within 60 minutes of incision time and stopped within twenty four hours of incision close time provides the lowest risk for post op infection. What that means substantially is that we use a broad spectrum antibiotic that covers most of the probable intra-

operative contaminants for the operation, it's safe for the patient and is cost effective for the facility. It also means that the antibiotic must be given within 60 minutes of incision time. Studies have shown that the further out the antibiotic is given from time of incision, the risk of infection increases exponentially. When the antibiotic is given within the 60 minute time frame, the tissues show an adequate bactericidal level within the skin and tissues. By maintaining therapeutic levels of antibiotic within the tissues throughout the operation, this provides a protective effect in minimizing risks for infection during the procedures. Studies have shown, however that administration of antibiotics for more than a few hours after surgery does not enhance the effect and as a matter of fact can cause *Clostridium difficile* to colonize. It is also possible to promote antimicrobial resistance when antibiotics are given for an extended period of time. The Society of Thoracic Surgeons (STS) in 2005 wrote guidelines that say in cardiac cases, a single dose or 24 hour prophylaxis may be just as effective as 48 hour dosing of antibiotics.

Another item deals with shaving of the surgical site. It is a well known fact that prepping of the operative site must be

Then we started shaving the patient with a razor preoperatively. Both of these skin preps were enhancing the growth of bacteria on the skin. Razors cause minute scrapes and nicks and cuts on the skin, some are too small to see. Anytime there is a break in the skin, this becomes a natural place for the growth of bacteria. This can become a potential site for an infection to start to grow, which can lead to a post operative infection.

Surgical Site Infections (SSIs) are the second most frequent adverse event in hospitalized patients, representing approximately 15% of all hospital-acquired infections and 40% of all infections in surgical patients. One of the more important tools that we can use to insure that we do the right thing at the right time and in the right way is by using protocols. This helps us standardize processes in order to provide safer measures for our patients as well as achieve a higher performance ratio. A protocol is a code of correct conduct literally. What that means for us is the steps we take to do a job consistently and correctly each and every time when written becomes a written protocol.

I know you're wondering how all of this can possibly affect you. The truth is, as of October 1, 2008, CMS (Center for

Medicare and Medicaid Services) has instituted something called "pay per performance". This roughly translated means that we as a facility no longer will get paid if certain types of patients develop post surgical infections. For example, if a post surgical patient contracts a urinary tract infection within a certain period of time, any additional time the patient would have to spend in the hospital would not be reimbursed or paid to the facility. What this can mean is fewer dollars to the facility which could mean no raises or bonuses or even any additional working capital to buy new furnishings or that new washer that you've fixed one too many times already. The other possibility is related to the Core Measures Optimal score card. This shows us and the world how well we are doing at preventing post operative infections by looking at certain measures such as the ones we've just talked about.

Currently any patient with a computer can go to www.ncha.org and see how their area hospital stands against any other hospital in the state. Because of this, it is possible that CMS can look at our score as it related to the other hospital and instead of paying us what we charged, only pay us at the same percentage as our score. For example, if we were at 59% for our optimal scorecard and the state average was 83%, CMS could decide to only pay us 59% of what we charged. At that rate, we

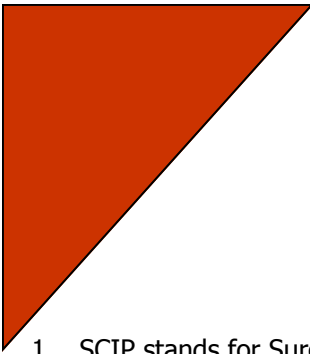
could be closing our doors fairly quickly.

What can we do as Central Sterile professionals to assist in this collaborative? Learn as much as you can about the process. Volunteer to serve on the SCIP committee. We have a voice in the safety of the patient. It is important that when we see an unsafe practice, we speak up and let others know what we have observed. Remember that we are the first line of defense against infection. We are the most important people in the facility. We are the ones responsible for making sure **ALL** instrumentation is clean and sterile and ready for use. Because of the work we do, we are much involved as any of the nurses and doctors who actually work in the OR.

References:

1. JCAHO on Quality and Patient Safety 11/2007
2. Medscape—SCIP Infection Prevention Update, 06/07
3. JAMA 2003; 290:1868-1874 Zhan C Miller "Excess length of stay, charges and mortality attributable to medical injuries during hospitalization"





1. SCIP stands for Surgical Care Improvement Project.
True False

2. Groups that are involved in this process are American College of Surgeons, CDC, JCAHO and Ford Motors.
True False

3. One of the first things that was done was to improve the timing of the procedure as well as the right antibiotic. True False

4. Studies have shown that the further away from the incision start time, the greater are the chances are for post-op infections.
True False

5. Shaving is also an important issue. Patients must be shaved with a razor prior to surgery.
True False

6. Surgical Site Infections (SSIs) are the second most frequent adverse event in hospitalized patients.
True False

7. Protocols are a code of correct conduct.
True False

8. CMS has instituted "pay per performance". This means if we are good, CMS will give us extra money.
True False

9. Patients that develop a surgical site infection are 75% more likely to spend time in an ICU.
True False

10. A broad spectrum antibiotic is generally safe for the patient and cost effective for the facility.
True False

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Margie Morgan