

FACT SHEET

Summary of SCIP Measure Changes for 4/1/09+ Discharges

SCIP Inf- 2:

- The combinations of antibiotics were added back to the Antibiotic Recommendation table for hysterectomies. The table was simplified for the last manual because clindamycin monotherapy and metronidazole monotherapy will pass SCIP-Inf-2 according to the algorithm. The additional antibiotics that are listed in some guidelines were replaced.

VTE-1 & VTE-2:

- Patients whose surgeries lasted ≤ 60 minutes or whose postoperative stays were ≤ 3 calendar days will be excluded from SCIP-VTE-1 and 2. The algorithms were revised to reflect this. With this change, the data element *Discharge Time* is no longer necessary and was removed from the data dictionary.

Measures and Data Elements with the words “Contraindications to”:

- The words, “Contraindications to” were changed to the words “Reasons for Not Administering” throughout the manual. For example: *Contraindication to VTE Prophylaxis* was changed to *Reasons for Not Administering VTE Prophylaxis*. The algorithms were reordered to allow cases to pass if the medication was given, regardless of whether a reason for not getting the medication was documented.

Data Element and Table Changes

Data Element or Table	New	Clarification	Change
Antibiotic Administration		✓	<ul style="list-style-type: none"> Antibiotic administration can ONLY be taken from narrative charting if there is no other documentation available that documents administration of an antibiotic. Physician documentation in forms, such as the operative report, does not generally represent actual administration and should not be used unless it is clear that the physician actually administered the antibiotics. For documents with multiple sides or pages, the date and/or signature/initials on one side/page can be applied to all documentation and used for abstraction. If there is NO antibiotic administration date on any side/page of the form use "UTD" for the date. If there is NO antibiotic administration signature or initials on any side/page of the form, then the dose of antibiotic cannot be abstracted.
Beta-Blocker Current Medication	✓	✓	<ul style="list-style-type: none"> The wording in the Definition was changed from admission to arrival. If a beta-blocker is listed as a “home” or “current” medication, and the physician does not continue it after arrival or if it is discontinued prior to surgery, select “Yes.” If the patient stopped taking the beta-blocker prior to arrival and was started on one in the hospital prior to surgery, select “No.” If there is documentation that the patient was not taking the beta-blocker prior to arrival, select “No.”

Data Element or Table	New	Clarification	Change
Beta-Blocker During Pregnancy		✓	<ul style="list-style-type: none"> The wording in the Definition was changed from admission to arrival.
Beta-Blocker-Perioperative		✓	<ul style="list-style-type: none"> If it is documented that the patient took a beta-blocker prior to arrival, there must be a date/time to indicate when the last dose of the beta-blocker was taken, unless there is documentation it was taken on the day of surgery.
Infection Prior to Anesthesia And Postoperative Infections	✓		<ul style="list-style-type: none"> Purulence/pus was added to the Inclusion list Bacteria in urine (Bacteriuria) was added to the Exclusion list
Laparoscope		✓	<ul style="list-style-type: none"> Select "No" if there is documentation of: <ul style="list-style-type: none"> an additional incision being made hand insertion, hand-assisted, use of wound protectors or hand-ports bowel exteriorized or vaginal incision made stoma creation or extension of an incision If drains are inserted and there are no other incisions except those to insert the laparoscopic equipment, select "Yes."
Oral Antibiotics		✓	<ul style="list-style-type: none"> Select "Yes" if there is documentation of instructions or that prescriptions were given to the patient in regard to the oral antibiotics listed in the data element and if these are the only antibiotics administered prior to arrival or more than 24 hours prior to incision. Oral antibiotics may be given less than 24 hours prior to incision, but this data element is only concerned with those given GREATER than 24 hours prior to incision.
Preoperative Hair Removal		✓	<ul style="list-style-type: none"> Select Value "1" if hair removal was not documented as performed for the procedure. Select Value "3" Clippers if there is documentation that clippers were used to perform a 'shave prep' or that 'hair was shaved with clippers.' Select Value "5" if there is documentation that hair removal was performed but the method of hair removal is not listed. Select Value "3" Clippers if hair removal was performed with scissors.
VTE Prophylaxis	✓		<ul style="list-style-type: none"> The time frame to collect the VTE Prophylaxis orders was changed from 48 hours to 24 hours after <i>Surgery End Time</i>.
Appendix A	✓		<ul style="list-style-type: none"> The code 68.31: Supracervical Laparoscopic Hysterectomy was added.

For a complete list of changes please see the "Release Notes," located in the Specifications Manual for National Hospital Quality Measures for discharges 4/1/2009. The manual can be found at <http://www.qualitynet.org/dcs/ContentServer?cid=1192804535739&pagename=QnetPublic%2FPage%2FQnetTier3&c=Page>

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