

CMS CORE MEASURE

SCIP: SURGICAL CARE IMPROVEMENT PROJECT

SCIP is a national quality partnership of organizations focused on reducing the incidence of surgical complications.

1. PROPHYLACTIC ANTIBIOTIC PREOP TIMING

Preoperative prophylactic antibiotic to be administered within one hour prior to incision.
** 2 hours for Vancomycin or Fluoroquinolones

2. PROPHYLACTIC ANTIBIOTIC SELECTION

CMS REQUIREMENTS FOR INPATIENTS

Surgical Procedure	Approved Antibiotics	If β -lactam allergy
CABG, Other Cardiac or Vascular	Cefazolin, Cefuroxime or Vancomycin	Vancomycin or Clindamycin
Hip/Knee Arthroplasty	Cefazolin, Cefuroxime or Vancomycin	Vancomycin or Clindamycin
Colon	Cefotetan, Cefoxitin, Ampicillin/Sulbactam or Ertapenem OR Cefazolin or Cefuroxime + Metronidazole	Clindamycin + Aminoglycoside or Clindamycin + Quinolone or Clindamycin + Aztreonam OR Metronidazole + Aminoglycoside or Metronidazole + Quinolone
Hysterectomy	Cefotetan, Cefazolin, Cefoxitin, Cefuroxime or Ampicillin/Sulbactam	Clindamycin + Aminoglycoside or Clindamycin + Quinolone or Clindamycin + Aztreonam OR Metronidazole + Aminoglycoside or Metronidazole + Quinolone

CMS REQUIREMENTS FOR OUTPATIENTS

Surgical Procedure	Approved Antibiotics	If β -lactam allergy
Cardiac (Pacemakers or AICDs) or Vascular	Cefazolin, Cefuroxime or Vancomycin	Vancomycin or Clindamycin
Orthopedic/Podiatry	Cefazolin, Cefuroxime or Vancomycin	Vancomycin or Clindamycin
Gastric/Biliary PEG placement, PEG revision	Cefazolin or Cefuroxime, Cefoxitin or Cefotetan or Ampicillin/Sulbactam or Cefazolin or Cefuroxime + Metronidazole	Clindamycin + Aminoglycoside or OR Clindamycin + Quinolone OR Vancomycin + Aminoglycoside OR Vancomycin + Quinolone
Genitourinary Transrectal prostate biopsy	Quinolone OR 2 nd Generation cephalosporin OR 3 rd Generation cephalosporin OR Aminoglycoside + Metronidazole OR Aminoglycoside + Clindamycin OR Aztreonam + Metronidazole OR Aztreonam + Clindamycin	
Penile prosthesis insertion, removal, revision	Ampicillin/Sulbactam or Ticarcillin/Clavulanate or Piperacillin/Tazobactam OR Aminoglycoside + 1 st Generation cephalosporin OR Aminoglycoside + 2 nd Generation cephalosporin OR Aminoglycoside + Vancomycin OR Aminoglycoside + Clindamycin OR Aztreonam + 1 st Generation cephalosporin OR Aztreonam + 2 nd Generation cephalosporin OR Aztreonam + Vancomycin OR Aztreonam + Clindamycin	
Gynecological Pubovaginal sling	1st Generation cephalosporin OR 2 nd generation cephalosporin OR Ampicillin/Sulbactam OR Quinolone	Aminoglycoside + Clindamycin OR Aminoglycoside + Metronidazole OR Aztreonam + Clindamycin OR Aztreonam + Metronidazole
Laparoscopically-assisted hysterectomy, Vaginal hysterectomy	Cefazolin or Cefuroxime, Cefoxitin or Cefotetan or Ampicillin/Sulbactam	Metronidazole + Aminoglycoside OR Metronidazole + Quinolone OR Clindamycin + Aminoglycoside OR Clindamycin + Aztreonam OR Clindamycin + Quinolone
Head and Neck	Cefazolin or Cefuroxime OR Clindamycin + Aminoglycoside	
Neurological	Nafcillin or Oxacillin, Cefazolin or Cefuroxime or Vancomycin or Clindamycin	

3. PROPHYLACTIC ANTIBIOTIC DISCONTINUATION WITHIN 24 HOURS (48 HOURS FOR CV SURGERY) AFTER SURGICAL END TIME

Administration of antibiotics for more than 24 hours after the incision is closed, offers no additional benefit to the surgical patient. **DOCUMENTATION REQUIRED FOR THERAPUTIC ANTIBIOTICS.**

4. **CARDIAC SURGERY** PATIENTS WITH CONTROLLED 6 A.M. POSTOPERATIVE BLOOD GLUCOSE POSTOPERATIVE DAY 1 AND DAY 2

Hyperglycemia has been associated with increased in-hospital morbidity and mortality for multiple medical and surgical conditions. Once identified, hyperglycemia could minimize adverse outcomes for cardiac surgical patients.

5. HAIR REMOVAL

Acceptable: Hair removal with clippers ONLY or nothing at all. **Unacceptable:** Use of razors.

6. TEMPERATURE MANAGEMENT WITH IMMEDIATE POSTOPERATIVE NORMOTHERMIA

Temperature must be equal to or greater than 96.8° F within 30 minutes prior to anesthesia end time or immediately 15 minutes after anesthesia end time.

Excluded: Patients with documented intentional hypothermia.

7. BETA-BLOCKER THERAPY

Patients on Beta-Blocker should receive their Beta-Blocker prior to arrival or during the perioperative period (within 24 hours of surgery or discharge from PACU).

8. VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS (Not Required for Outpatients)

VTE prophylaxis **ordered** anytime from hospital arrival to 24 hours after surgery end time. VTE prophylaxis **received** within 24 hours prior to surgical incision time to 24 hours after surgery end time.

SURGERY TYPE	RECOMMENDED PROPHYLACTIC OPTIONS
Intracranial Neurosurgery Current guidelines recommend postoperative low molecular weight heparin for Intracranial Neurosurgery.	<u>Any of the following:</u> <ul style="list-style-type: none"> Intermittent pneumatic compression devices (IPC) with or without graduated compression stockings (GCS) Low-dose unfractionated heparin (LDUH) Low molecular weight heparin (LMWH) LDUH or LMWH combined with IPC or GCS
General Surgery	<u>Any of the following:</u> <ul style="list-style-type: none"> Low-dose unfractionated heparin (LDUH) Low molecular weight heparin (LMWH) LDUH or LMWH combined with IPC or GCS
General Surgery with contraindications to pharmacological prophylaxis	<u>Any of the following:</u> <ul style="list-style-type: none"> Graduated compression stockings (GCS) Intermittent pneumatic compression devices (IPC)
Gynecologic Surgery	<u>Any of the following:</u> <ul style="list-style-type: none"> Low-dose unfractionated heparin (LDUH) Low molecular weight heparin (LMWH) Intermittent pneumatic compression devices (IPC) LDUH or LMWH combined with IPC or GCS
Urologic Surgery	<u>Any of the following:</u> <ul style="list-style-type: none"> Low-dose unfractionated heparin (LDUH) Low molecular weight heparin (LMWH) Intermittent pneumatic compression devices (IPC) Graduated compression stockings (GCS) LDUH or LMWH combined with IPC or GCS
Elective Total Hip Replacement Surgery	<u>Any of the following started within 24 hours of surgery:</u> <ul style="list-style-type: none"> Low molecular weight heparin (LMWH) Factor Xa Inhibitor (Fondaparinux) Warfarin
Elective Total Hip Replacement with contraindications to pharmacological prophylaxis	<u>Any of the following:</u> <ul style="list-style-type: none"> Intermittent pneumatic compression devices (IPC) Venous foot pump (VFP)
Hip Fracture Surgery	<u>Any of the following:</u> <ul style="list-style-type: none"> Low-dose unfractionated heparin (LDUH) Low molecular weight heparin (LMWH) Factor Xa Inhibitor (Fondaparinux) Warfarin
Hip Fracture Surgery with contraindications to pharmacological prophylaxis	<u>Any of the following:</u> <ul style="list-style-type: none"> Graduated compression stockings (GCS) Intermittent pneumatic compression devices (IPC) Venous foot pump (VFP)
Elective Total Knee Replacement Surgery	<u>Any of the following:</u> <ul style="list-style-type: none"> Low molecular weight heparin (LMWH) Factor Xa Inhibitor (Fondaparinux) Warfarin Intermittent pneumatic compression devices (IPC) Venous foot pump (VFP)

9. URINARY CATHETER REMOVAL – POD 1 or POD 2

Urinary catheter removed on post-operative day 1 or 2 (day of surgery being zero).

Excluded: Patients who had a urological, gynecological or perineal operation; or explicit physician documentation for reason not to remove.