

CMS CORE MEASURE - 2014*

SCIP: SURGICAL CARE IMPROVEMENT PROJECT

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

SCIP-1 & OP-6 - PROPHYLACTIC ANTIBIOTIC PREOP TIMING

Prophylactic antibiotic to be administered within one hour** prior to surgical incision.

SCIP-2 & OP-7 - PROPHYLACTIC ANTIBIOTIC SELECTION

CMS REQUIREMENTS FOR INPATIENTS

SURGICAL PROCEDURE	APPROVED ANTIBIOTICS	IF β-LACTAM ALLERGY
CABG or Other Cardiac or Vascular	Cefazolin or Cefuroxime or Vancomycin ¹	Vancomycin ² or Clindamycin ²
Hip/Knee Arthroplasty	Cefazolin or Cefuroxime or Vancomycin ¹	Vancomycin ² or Clindamycin ²
Colon	Cefotetan or Cefoxitin, or Ampicillin/Sulbactam, or Ertapenem ³ or Metronidazole + Cefazolin or Metronidazole + Cefuroxime or Metronidazole ⁴ + Ceftriaxone	Clindamycin + Aminoglycoside or Clindamycin + Quinolone or Clindamycin + Aztreonam or Metronidazole + Aminoglycoside or Metronidazole + Quinolone
Hysterectomy Abdominal/Vaginal	Cefotetan or Cefazolin or Cefoxitin or Cefuroxime or Ampicillin/Sulbactam	Clindamycin + Aminoglycoside or Clindamycin + Quinolone or Clindamycin + Aztreonam or Metronidazole + Aminoglycoside or Metronidazole + Quinolone
Hysterectomy Abdominal/Vaginal with Other Colon Surgery	Cefotetan or Cefazolin or Cefoxitin or Cefuroxime or Ampicillin/Sulbactam or Ertapenem ³	or Vancomycin + Aztreonam or Vancomycin + Quinolone

CMS REQUIREMENTS FOR OUTPATIENTS

SURGICAL PROCEDURE	APPROVED ANTIBIOTICS	IF β-LACTAM ALLERGY
Cardiac (Pacemakers or AICDs) or Vascular	Cefazolin or Cefuroxime or Vancomycin ¹	Vancomycin or Clindamycin
Orthopedic/Podiatry	Cefazolin or Cefuroxime or Vancomycin ¹	Vancomycin or Clindamycin
<u>Gastric/Biliary</u> PEG placement	Cefazolin OR Cefuroxime OR Cefoxitin OR Cefotetan OR Ampicillin/Sulbactam OR Cefazolin + Metronidazole OR Cefuroxime + Metronidazole OR Vancomycin ¹	Clindamycin ± Aminoglycoside OR Clindamycin ± Quinolone OR Vancomycin ± Aminoglycoside OR Vancomycin ± Quinolone
<u>Genitourinary</u> Prostate biopsy ^{††}	Quinolone [†] OR Sulfamethoxazole/Trimethoprim [†] OR 1st Generation cephalosporin OR 2nd Generation cephalosporin OR 3rd Generation cephalosporin OR Aminoglycoside OR Aztreonam	
Penile prosthesis insertion, removal, revision	Ampicillin/Sulbactam or Ticarcillin/Clavulanate or Piperacillin/Tazobactam OR Aminoglycoside + 1st Generation cephalosporin OR Aminoglycoside + 2nd Generation cephalosporin OR Aminoglycoside + Vancomycin OR Aminoglycoside + Clindamycin OR Aztreonam + 1st Generation cephalosporin OR Aztreonam + 2nd Generation cephalosporin OR Aztreonam + Vancomycin OR Aztreonam + Clindamycin	
<u>Gynecological</u> Pubovaginal sling	1st Generation cephalosporin OR 2nd Generation cephalosporin OR Ampicillin/Sulbactam OR Quinolone [†] OR 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 OR Vancomycin + Aminoglycoside OR Vancomycin + Aztreonam OR Vancomycin + Quinolone
Head and Neck	Cefazolin or Cefuroxime OR Ampicillin/Sulbactam OR Clindamycin ± Aminoglycoside OR Vancomycin ¹	
Neurological	Cefazolin or Cefuroxime, or Vancomycin ¹ or Clindamycin	

SCIP-3 - PROPHYLACTIC ANTIBIOTIC DISCONTINUATION WITHIN 24 HOURS (48 HOURS FOR CV SURGERY) AFTER SURGERY 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 THERAPEUTIC ANTIBIOTICS.**

SCIP-4 - **CARDIAC SURGERY** PATIENTS WITH CONTROLLED POSTOPERATIVE BLOOD GLUCOSE (≤ 180 mg/dl) WITHIN 18-24 HOURS AFTER ANESTHESIA END TIME

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.

SCIP-6 - HAIR REMOVAL FOR SURGERY PATIENTS

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

SCIP-9 - URINARY CATHETER REMOVAL – POD 1 or POD 2

Urinary catheter removed on postoperative 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.

SCIP-10 - PERIOPERATIVE TEMPERATURE MANAGEMENT (TJC Retired / CMS Voluntary)

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

SCIP CARD 2 - BETA-BLOCKER THERAPY

Patients on beta-blocker therapy should receive beta-blocker prior to arrival or during the perioperative period (within 24 hours prior to surgery through postop day 2 [POD2]). If postop length of stay is < 2 days, administer beta-blocker on day prior to or day of surgery only. If length of stay is ≥ 2 days, administer beta-blocker on day prior to or day of surgery and POD1 or POD2.

SCIP-VTE 2 - VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS (Not Required for Outpatients)

VTE prophylaxis *received* within 24 hours prior to anesthesia start time to 24 hours after anesthesia end time.

SURGERY TYPE	RECOMMENDED PROPHYLAXIS OPTIONS
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)• Factor Xa Inhibitor• 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)• Factor Xa Inhibitor• Intermittent pneumatic compression devices (IPC)• LDUH or LMWH or Factor Xa Inhibitor 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)• Factor Xa Inhibitor• Intermittent pneumatic compression devices (IPC)• LDUH or LMWH or Factor Xa Inhibitor combined with IPC or GCS
Elective Total Hip or Total Knee Replacement	<u>Any of the following:</u> <ul style="list-style-type: none">• Low molecular weight heparin (LMWH)• Factor Xa Inhibitor• Oral Factor Xa Inhibitor⁵• Warfarin• Intermittent pneumatic compression devices (IPC)• Venous foot pump (VFP)• Low-dose unfractionated heparin (LDUH)• Aspirin
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• Warfarin• Intermittent pneumatic compression devices (IPC)• Aspirin

*Specifications Manual for National Hospital Inpatient Quality Measures (Discharges 01-01-14 [1Q14] through 09-30-14 [3Q14]) and Hospital Outpatient Quality Reporting Measures (Outpatient Encounters 01-01-14 [1Q14] through 09-30-14 [3Q14]).

**Patients who received vancomycin or fluoroquinolone for prophylaxis should have the antibiotic initiated within two hours prior to surgical incision. Due to the longer infusion time required for vancomycin or a fluoroquinolone, it is acceptable to start these antibiotics within two hours prior to incision time.

- 1 Vancomycin is acceptable with a physician/APN/PA/pharmacist documented justification for its use.
- 2 For cardiac, orthopedic, and vascular surgery, if the patient is allergic to beta-lactam antibiotics, Vancomycin or Clindamycin are acceptable substitutes.
- 3 A single dose of Ertapenem is recommended for colon procedures.
- 4 This combination should only be used in hospitals where surgical site infection surveillance demonstrates gram negative surgical infections resistant to first and second generation cephalosporins. It is recommended not to be used routinely.
- 5 The US Food and Drug Administration has approved Xarelto (rivaroxaban) to reduce the risk of blood clots, deep vein thrombosis (DVT), and pulmonary embolism (PE) following knee or hip replacement surgery ONLY.

†The only operations for which oral antibiotics alone are acceptable are the Prostate biopsy and Pubovaginal sling procedures.

††The only operations for which intramuscular antibiotics alone are acceptable are the Prostate biopsy procedures.



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