Improving SCIP: Achieving Better Results with Interdisciplinary Teamwork
Kernan Hospital

Program/Project Description.
The Surgical Care Improvement Project (SCIP) is among the most challenging and most complex of the core measures. The University of Maryland Medical System (UMMS), of which Kernan is a member identified the following goal: achieve core measure performance among the top decile of all hospitals in the United States.

Core Measure Eligibility: Kernan is a specialty hospital, eligible to participate in the SCIP core measure.

Baseline Data: Kernan Hospital data from 1st Quarter FY 2009 reflected SCIP composite score compliance of 75%.

Process.
UMMS developed a Core Measure Excellence Strategic Work Group (SWIG). The group developed a three prong approach to improving core measure scores, including awareness, education, and interventions.

Kernan utilized selected components of the SWIG program, as well as additional strategies as indicated under the Solution section.

Solution.
Awareness was raised via dialog with staff on the inpatient and surgical services areas. Didactic presentations were completed in both areas, enhancing staff understanding regarding the requirements, rationale, and consequence regarding non-compliance.

Specific strategies implemented include (not limited to): pre-op nurse checklist inclusive of SCIP required indicators, staff identification of additional locations in the electronic medical record to seek documentation regarding indicator compliance, dialog directly with PAs who manage post op care including antibiotics, revision to an electronic CPOE build for pharmacy, dialog with anesthesia regarding pre-op beta blocker requirements, follow up with individual staff and managers regarding fall outs in a timely manner, feedback provided was direct, personal, timely & relevant; shared how data is utilized, increased reporting at unit and department level regarding compliance.

Measurable Outcomes.
Baseline FY09 Quarter 1: 75%
FY10 Quarter 3: 97.6%
FY10 Quarter 4: 97.3%

Sustainability.
Consistent, personal, timely follow up regarding instances of non-compliance. Individual and department level compliance is tracked. Addition of SCIP compliance to Ongoing Professional Practice Evaluation. Multidisciplinary approach will continue, including ongoing efforts to improve data collection and quality, while better engaging medical staff. Additional goal is to implement unit based quality councils.

Role of Collaboration and Leadership
Vision and expectation for success was communicated and embraced from the top of UMMS corporate leadership and throughout all corporate hospitals via CEO, CMO, and Quality Executive forums. Vision was communicated at corporate and local organizations via meetings, newsletters, reports, and the SWIG team, which was supported via an external consultant. SWIG members created tools including fliers, powerpoints, patient & staff education, and online learning modules for use across the system.
Teamwork at the organizational level was essential to goal achievement. Process implemented in pre-op admission area required collaboration between pre-op nurse and anesthesia to ensure completion of pre-op SCIP indicators. Communication to inpatient unit regarding case completion time by surgical PA was essential to ensuring appropriate antibiotic stop time with support from pharmacy services. Chief of Surgery enhanced and expanded discussion of SCIP indicators at OR Committee meeting by inviting Performance Improvement Coordinator to present data at meeting. SCIP compliance and contributions to patient safety have become inherent in the culture at Kernan.

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