SCIP

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Surgical Care Improvement Project

👉 So Why Am I Here?

Because I missed a Meeting!
Because It Is The Right Thing to Do for the Patient

SCIIP
- National Quality partnership interested in improving surgical care by significantly reducing surgical complications
- Created in 2006
- Includes support from CMS, ACS, The Joint Commission, Veterans Health Administration
- Fully supported by evidence-based research

Measures
- Decrease postoperative infectious complications
- Decrease DVT and PEs
Infectious Measures

- Prophylactic antibiotic received within one hour of surgical incision time
- Appropriate antibiotic selection
- Prophylactic antibiotics discontinued within 24 hours of surgery end-time
- Appropriate hair removal
- Perioperative temperature management
- Foley discontinuation

Rationale

- Goal is to establish bactericidal tissue and serum levels at the time of skin incision
- Common reason for failure of prophylaxis was delay of antibiotic administration until after the operation
- Risk of infection increases with greater time intervals between administration and incision

Appropriate Antibiotics

- Choose an agent that is safe, cost-effective, and has a spectrum of action that covers most of the probable intraoperative contaminants
- Specific for each type of surgical procedure
Prophylactic Antibiotic Regimen Selection for Surgery

**CABS, Other Cardiac or Vascular**
- Cefazolin, Cefuroxime, or Vancomycin
- If B-lactam allergy: Vancomycin or Clindamycin

**Hip/Knee Arthroplasty**
- Cefazolin or Cefuroxime or Vancomycin
- If B-lactam allergy: Vancomycin or Clindamycin

**Colon**
- Cefotetan, Cefoxitin, Ampicillin/Sulbactam or Ertapenem
- If B-lactam allergy: Cefazolin or Cefuroxime + Metronidazole or Ertapenem + Metronidazole or Clindamycin + Aminoglycoside or Clindamycin + Quinolone or Clindamycin + Aztreonam or Metronidazole + Aminoglycoside or Metronidazole + Quinolone

**Hysterectomy**
- Cefazolin, Cefoxitin, Cefotetan, Cefuroxime, or Ampicillin/Sulbactam
- If B-lactam allergy: Clindamycin + Aminoglycoside or Clindamycin + Quinolone or Clindamycin + Aztreonam or Metronidazole + Aminoglycoside or Metronidazole + Quinolone

Antibiotics Discontinued

- Provide benefit to the patient with as little risk as possible
- Maintain therapeutic levels throughout the operation, even if this requires re-dosing
- Little to no benefit to extend antibiotics more than a few hours after the incision is closed
- Increases risk of C. diff and resistant organisms

Not Discontinuing Abx

- Acute abdomen
- Aspiration pneumonia
- Bloodstream infection
- Bone infection
- Cellulitis
- Endometritis
- Fecal contamination
- Free air in abdomen
- Gangrene
- H. pylori
- Necrosis
- Necrotic/ ischemic/infarcted bowel
- Osteomyelitis
- Other documented infection
- Penetrating abdominal trauma
- Perforation of bowel
- Pneumonia or other lung infection
- Pseudomembranous
- Septic
- Surgical site or wound infection
- Urinary tract infection
**Perioperative Temp Management**

- Active warming used intraoperatively
- Body temp equal to or greater than 96.8°F within 30 minutes immediately prior to or 15 minutes immediately after end time
- Core temps outside normal range impose a risk to all pts undergoing surgery

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**Not Discontinuing Foley**

- Reasons for not removing the urinary catheter postoperatively must be documented in the medical record. Reasons may include ICU placement with diuretic therapy or other reasons documented by physician/advanced practice nurse/physician assistant (physician/APN/PA).

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**Venous ThromboEmbolism**

- Accounts for 200,000 to 300,000 deaths in the US each year
- Most common preventable cause of hospital deaths in the US
- Pts with risk factors can be identified
- Effective strategies are available to prevent DVT and PE
Prophylaxis Ordered

- VTE is one of the most common surgical complications
- Prophylaxis is the most effective strategy to reduce morbidity and mortality
- It is underused

VTE Prophylaxis Options for Surgery

- Gynecological Surgery (Any of the Following with IPC)
  - LDUH - SubCut Heparin
  - LMWH - Lovenox
  - Factor Xa Inhibitor

- Gynecological Surgery with a reason for not using pharmacological agent
  - Graduated Compression Stockings
  - Intermittent Pneumatic Compression
Reasons for Not Administering Pharmacological Prophylaxis

- Active bleeding (gastrointestinal bleeding, cerebral hemorrhage, retroperitoneal bleeding)
- Bleeding risk
- GI bleed
- Hemorrhage
- Patient refusal
- Patients on continuous IV heparin therapy within 24 hours before or after surgery
- Thrombocytopenia
- Risk of bleeding

How Are We Doing?

- Better, but still could improve
- In relations to most antibiotic guidelines, upper 90%
- With VTE guidelines, around 60%

Remember ...

- It is in the best interest of the patient!!!

- (and don’t miss any meetings!!)