

Hospital Check-In Success Story, March 2011

Collaborative Effort at Grand Itasca Improves SCIP Rates

As a participant in the national Surgical Care Improvement Program (SCIP), which aims to improve surgical care by reducing surgical complications, Grand Itasca Clinic and Hospital in Grand Rapids, Minnesota, has been working to improve its SCIP rates. The 74-bed hospital, with five operating rooms and a high volume multi-specialty clinic, has focused on improving documentation on discontinuing antibiotics within 24 hours after surgery—one of seven SCIP measures.

Gloria Holcomb, senior director of quality and risk management, describes Grand Itasca's process for improving this measure as a multi-disciplinary effort, utilizing a combination of approaches that includes use of order sets, improved documentation, one-on-one coaching, and concurrent chart review. She says, "Using order sets is one way we can standardize the care we deliver and reduce the potential for variation. Rather than having to make a decision every time, best practices defined by core measures are embedded into the order set."

Doug Roberts, nursing director of surgical services, says, "One of the most important parts of the process is that our order sets have been developed by multidisciplinary teams, with input from anesthesia, a pharmacy and therapeutics committee—anyone whose clinical practice would be affected by the order set." For example, pharmacy has had the biggest impact by implementing a hard stop—discontinuing antibiotics 24 hours post surgery. The physician has to specifically document in the chart why the antibiotic should be continued after 24 hours.

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When the hospital wasn't doing as well on the SCIP measure as they wanted to, they conducted a root cause analysis and found that documentation was one of the main issues. Gloria says, "It was as simple as completing the documentation. You have to document all three elements—the name, dosage, and route of the antibiotic." The name and dosage of the anesthesia were always documented, but not the route. "Even if everyone knows that it is our practice to only use IV, we now know that we can't leave that box blank." The abstractor knew that the route was IV, but it was missing from the form. To pass this core measure, you have to pass all the criteria. "Our biggest learning was that now we all know what the coder knows. It changed the way physicians, nurses, coders, and quality work together to ensure complete documentation."

In addition to documentation, conducting concurrent, rather than retrospective, chart review has helped resolve issues before the patient and chart leave the area. One-on-one coaching also contributed to Grand Itasca's improvement. If there was a documentation failure because something wasn't documented in the operating room, the nursing supervisor would give immediate, direct feedback to the care provider who was involved in the situation. Doug says, "Making a general statement to everyone is not effective because most people feel they are always doing it correctly. Dealing with a real situation at the time versus a hypothetical example has more meaning to the care provider. People want to do the right thing."

Gloria and Doug attributed a great share of Grand Itasca's success to the collaboration of multiple disciplines and the contributions of a very supportive physician champion Dr. John Kole. "We had to have the support of nurses, physicians, pharmacy, anesthesia, coding, and quality to get to where we are today." Doug says, "We also want to thank Stratis Health. Janelle has been very helpful in providing resources and data and keeping us on task with quarterly conference calls that have held us to a different level of accountability."



*Front Row (L to R): Chris Felix, Cathy Doyle, Kim Dumm, Jeanne Arsenault, Val Stuber, Dr. John Kole, Terri Hill
Back Row (L to R): Leroy Sutherland, Doug Roberts, Nancy Grossman, Melissa Walters*



Prepared by Stratis Health, the Medicare Quality Improvement Organization for Minnesota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 9SOW-MN-6.2-11-109 031511