Improving SCIP Measures
Ridgeview Medical Center’s Story

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  - Former Surgical Services Nurse Manager
Ridgeview Medical Center

- Located in the west Minneapolis/St. Paul suburbs
- Private, nonprofit hospital with 109 licensed beds
- Ridgeview consists of a regional network of clinics, hospice program, home care, home medical equipment, & the first free standing Emergency Center in the state.
- Performs about 6500 surgical procedures annually at 2 sites

Hospital Wide Strategies

Leadership Role

Organizational Culture
Hospital Wide Strategies: Service Line Structure

- As a private entity RMC is free to chart its own course without influence from a larger health care system.
- In the early 2000's RMC moved from a traditional medical staff model where a physician department chair serves as a senior leader to a service line structure in which administrators and physicians work together.
- 8 Service Lines: women & children, oncology, cardiovascular, surgical, orthopedic, medical specialties, emergency services & Ridgeview clinics.
- Most Service Lines are co-managed by at least one physician & one administrator, with a goal of improving service, healthcare outcomes & enriching patient experiences.
Surgical Service Lines & Leadership

- The orthopedic & surgical service lines are co-managed by the department director and the group of surgeons.

- Laid the groundwork for successful implementation of SCIP initiatives by engaging the surgeons in best practice discussions & quality improvement activities.
  - Updates, compliance & changes in SCIP requirements continue to be discussed at Service Line meetings, achieving physician buy in & support.
  - Clinicians from other specialties, such as pharmacists are invited to discuss & negotiate a plan to meet both the needs of the physicians & the requirements.

Multiple Check Lists Guide Compliance

- Starts with the surgical “Scheduling Request Form”
  - Must be complete before procedure is scheduled
  - Triggers the correct pre & post-op order set.
Multiple Check Lists Guide Compliance cont.

- Custom H&P forms developed with input from the Anesthesiologists which include prompts to address:
  - Specific risk factors
    - Steroids within last 6 months
    - Aspirin or Coumadin within last 10 days
    - Insulin & Oral hypoglycemics instructions to patients
    - Required labs for all surgeries & additional labs for total joint patients
    - Beta blockers
  - Risk assessment score: high, intermediate or no additional risk
  - Recommendations to proceed with surgery, or additional screenings
  - Primary physicians are encouraged to instruct the patients on meds to be continued & meds to be held pre-operatively
  - H&P’s missing critical information are not accepted

Multiple Check Lists Guide Compliance cont:

- Patient pre-op instructions & phone screen questionnaire, includes allergies, beta blockers & home medications
  - Nurses have a Beta Blocker list created by pharmacy for reference
  - Nurses consult with MDA’s as needed prior to a patient’s day of surgery to plan care
  - Record preliminary medication list in EMR, will be reviewed during admission process. This saves time on admission day.

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Multiple Check Lists Guide Compliance cont:

- **DOS admission assessment completes the pre-op screen**
- **Pre-procedure checklist triggers completion of the required tasks**
- **Pre-op Holding Room checklist has additional triggers along with the pre-procedure site marking & verification**
Multiple Check Lists Guide Compliance cont:

- Anesthesia record is customized to document multiple CMS requirements including the pre-op antibiotic, intra-op patient warming and end of procedure temperature.

- Nurse intra-op documentation requires specific fields to be addressed prior to closure of the record; hair removal, foley catheter, sequential & compression devices.

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Standardized Order Sets

- Service lines were crucial to the development of standardized order sets based on procedure type, which contain scripted, best practice orders in alignment with SCIP requirements
  - With the surgeons input, pharmacy scripted the pre-op & post-op antibiotic orders to use the correct drug required for that procedure, along with the start & end times.
  - Scripted VTE protocol, includes SCD, compression stockings. Anti-Coagulation Clinic nurses manage patients on Heparin or Coumadin post-op and after discharge.
    - SCD equipment is available in all units, no need to share or search for equipment
    - Nurses can initiate SCD without a physician order
  - Standard order sets helps to limit variation & insures staff consistently, thereby reducing the opportunity for human error.
**Pre-op Ortho Order Sets**

**Department Leadership/Ownership**
- Surgical Services department leaders “own” their part of the SCIP process:
  - SDS/Pre-op: Standardized pre & post orders
    - Initiation of VTE
    - Ordering appropriate pre-op antibiotic
    - Administration of Flagyl/Vancomycin
  - Anesthesia: Pre-op antibiotic timing & administration
  - Patient intra-op warming
  - Operating Room: Continue VTE
    - Clip hair
    - Documenting Foley Catheter
  - Post-op Surg unit: Follows Post –op standard orders which include:
    - Continues VTE, initiates Heparin/Coumadin
    - Appropriate timing of post-op antibiotics
    - Continues Beta Blocker (if appropriate)
    - Discontinues Foley Catheter
Non-Compliance Follow Up

- When non-compliant elements are discovered, the following steps are taken:
  - Meet to discuss non-compliance, identify where in the process the non-compliance is occurring.
  - Discuss options to correct the process.
    - If human error or non-compliance – meet one to one and discuss what we can do to assist them to be compliant, offer data/articles/education on best practice to secure buy in.
    - If a process needs correction: the discussion is brought to the physicians & staff that would be affected. Improvement plan is implemented after communication the planned change and reasons for doing it.
  - Updates & results are shared with staff & physicians
Barriers & Lessons Learned

- Create a strategic plan dedicated to quality & backed up with specific measures
- A Service Line model focused on improving patients’ experiences creates a team environment & lays the groundwork for change
- Engage physicians & secure their buy-in before implementing the new process
- Collaborate with the departments that impact the patient’s care, such as post-op units, pharmacy & the emergency room.
- Use standardized order sets & order bundles to standardize patient care & reduce the opportunity for human error.
- Provide adequate supplies & equipment to enhance compliance.

In Closing:

You have only one opportunity to impress your patient & provide the best care.

Make that opportunity count.
Questions