



May 7, 2009—Track 1: SCIP & VTE, MRSA, CLBSI and Sepsis Mortality

SCIP (Surgical Care Improvement Project)

- Who pays for Surgical Complications?
 - Complications were always associated with an increase in costs to healthcare payors and they are associated with an average increase in payment of \$7645 (54%) per patient.
- New SCIP Measures for FY 2010 Public Reporting:
 - SCIP 9: Urinary catheter removed on postoperative day 1 or postoperative day 2
 - SCIP 10: Patients undergoing any operation (any age) who have anesthesia for more than one hour, who have active warming devices used or achieve normothermia within 15 minutes before or after the end of anesthesia

MRSA:

"It is safer to kiss someone than to shake their hand..." Dr. Dale Bratzler, Oklahoma Foundation for Medical Quality

- The most significant way to reduce MRSA is through handwashing and hand hygiene!! Antimicrobials should only be used for documented infection or appropriately for prophylaxis.
- The rates of MRSA infection and colonization are rising dramatically in the US. Data shows that MRSA is colonized in 2-4% of healthcare workers. The majority of healthcare associated MRSA is transmitted from patient to patient by the contaminated hands, clothing and equipment of healthcare workers.
- Colonization becomes chronic for many patients, which is an important risk factor to be aware of as patients with MRSA contaminate the healthcare environment.

Prevention of venous thromboembolism (VTE):

- 1 of 2 hospitalized patients at risk for VTE are **not** receiving any recommended form of prophylaxis.
- VTE risk assessment should be as fundamental to hospital medicine as measurements of pulse, blood pressure, etc.
- Putting a screening tool in hospital admission packages will help improve patient safety.
- Non-compliance measures will incur penalties and risk of public exposure through reporting web sites.

Sepsis:

- If you are not attacking septic shock in the ER, your efforts are too late.
- Important to establish a proactive culture in the ER related to sepsis prevention.

Making Improvement Easier, Faster and More Successful

- How can we make changes for improvement?
 - Generate potential solutions, rank them and decide on one, then construct a plan to test your idea.
 - When testing your idea, fail early and often! Make sure to collect useful data during each test and recognize the small wins as they lead to the big wins!

Presentations and additional materials from this meeting will be made available at
<http://www.socalpatientsafety.org>

Mark your calendars: the next Track 2 meeting will be held June 16, 2009.