



Work Plan for Implementing the Surgical Care Improvement Project



Note: Throughout this Work Plan, supportive materials available elsewhere in this toolkit are referenced as follows: **TAB NAME** ▶ Subtab (if applicable) ▶ Document Name.

Who?	Does What?
By When: Within 30 days of project start time	
	<p>Recruit SCIP Day-to-Day Leader. If uncertain about the role of the Day-to-Day Leader, refer to RESOURCES ▶ Project Team Membership List.</p>
	<p>It is strongly recommended that the Day-to-Day Leader be someone from within the perioperative department with the responsibility and accountability to make changes. The leader must have a strong working knowledge of the processes within the perioperative department. The team will require the guidance and support of someone with knowledge of quality improvement (QI) principles, but that person should not be the leader for this project.</p>
Day-to-Day Leader	<p>Become familiar with SCIP. If unfamiliar with SCIP, refer to OVERVIEW: ARIZONA SCIP EXPERIENCE and MEASURE INFORMATION FORMS. Another source of ongoing information about SCIP is the national SCIP Listserv. This helpful tool includes comments and information from Dr. Dale Bratzler, one of the physicians responsible for SCIP at the national level. For information about the listserv, refer to RESOURCES ▶ SCIP Listserv and RESOURCES ▶ SCIP Listserv Archived Messages.</p>
Day-to-Day Leader	<p>Solicit administrative approval and resources for implementing SCIP. Individual organizations may have unique processes for obtaining project approval. If project approval and resources have not yet been obtained, refer to BUSINESS CASE. If a more in-depth business case is necessary, visit one of these Web sites: Institute for Healthcare Improvement (www.ihl.org), MedQIC (www.medqic.org), or the Arizona Hospital and Healthcare Association (www.azhha.org). See also, EDUCATION MATERIALS ▶ Leadership: <ul style="list-style-type: none"> ▶ Nonrandom Selection and the Attributable Cost of Surgical-Site Infection ▶ Health and Economic Impact of Surgical Site Infections Diagnosed after Hospital Discharge </p>
	<p>Literature and experience have shown that teams are likely to be more successful if there is administrative support and buy-in for the project. Teams benefit from having an administrator who understands the project’s aims and general interventions for improvement. An administrator who acts as a SCIP champion can support key interventions at medical staff meetings. Keeping administration involved and aware will benefit SCIP.</p>

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Who?	Does What?
<p>Day-to-Day Leader</p> <p>Quality Improvement Analyst</p>	<p>Obtain baseline data.</p> <ul style="list-style-type: none"> • Quality Improvement (QI) departments are responsible for collecting and analyzing data in most organizations. If you have not already done so, contact the QI department within your organization to assist you with obtaining baseline data. There are typically individuals within the QI department who have experience with abstracting data. • Hospitals participating in the Centers for Medicare & Medicaid Services (CMS) Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) will have data results for Surgical Site Infection (SSI) Quality Measures 1 (SSI 1) and 3 (SSI 3), beginning with patients discharged after July 1, 2006. Additional data about SSI 2 and Venous Thromboemoli (VTE) Quality Measures 1 (VTE 1) and 2 (VTE 2) were collected by participating hospitals beginning with patients discharged after January 1, 2007. • If the quality improvement department does not have data results available, baseline data results can be obtained by abstracting medical records. For quality improvement purposes, a large volume of record abstraction is not necessary. Instructions for data abstraction are located in RESOURCES ▶ Instruction for Data Abstraction. A tool for recording data abstraction results is located in RESOURCES ▶ Instructions for the Use of the SCIP Worksheet. • Information about the individual SCIP Quality Measures is located in MEASURE INFORMATION FORMS. • In-depth abstraction instructions can be found at http://www.qualitynet.org/dcs/ContentServer?cid=1157485368952&pagename=OnePublic%2FPage%2FQnetTier3&c=Page; choose the SCIP Data Dictionary.
<p>Day-to-Day Leader</p> <p>Administrative Support Person</p>	<p>Recruit a Physician Champion.</p> <ul style="list-style-type: none"> • The role of the Physician Champion cannot be minimized. It is essential that the Physician Champion possess the ability to influence attitudes and behaviors in a positive and consistent way. This physician should be able to enthusiastically support the ideas and measures of the SCIP project and be willing to use his or her close connections with peers to foster and promote the goals of SCIP. The Physician Champion is often referred to as a leader and serves as a competent and respected role model. • To read about the Arizona SCIP Identified Participant Group (IPG) experiences with Physician Champions, refer to OVERVIEW: ARIZONA SCIP EXPERIENCE. • Information that is useful in choosing a Physician Champion can be found at EDUCATION MATERIALS ▶ Leadership: <ul style="list-style-type: none"> ▶ Breaking Down “Surgical Care Improvement Project” Physician Barriers [PPT] ▶ Characteristics of the Ideal SCIP Physician Champion [Document] ▶ How to Motivate Physicians and Develop a Physician Champion [Abstract] ▶ Institute for Healthcare Improvement: Physician Engagement in Quality and Safety [PPT] ▶ Is the “Surgical Personality” a Threat to Patient Safety? [Document] ▶ Making Hospital-Physician Collaboration Work [Abstract] ▶ The Practicing Surgeon as a Member of the Quality-Safety Team [Abstract]

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	<p>Take time to make a wise choice about the SCIP Physician Champion. Organizations that choose a champion solely for political reasons may find that the physician is not supportive of the team and may undermine the efforts and hard work of the team.</p>
<p>Day-to-Day Leader</p>	<p>Form the initial SCIP Team.</p> <ul style="list-style-type: none"> • Suggestions for SCIP team members can be found at RESOURCES ▶ Project Team Membership List. • Tools that may be useful in improving team performance include a Who Does What By When form and Assessing a Team’s Performance. These tools are located in RESOURCES. • IPG teams found that having a pharmacist as part of the team was helpful when implementing interventions related to antibiotics, VTE, and glucose control. To read more about the role of the pharmacist, go to EDUCATION MATERIALS ▶ Leadership ▶ AJIC Practice Forum: Implementation of a Surgical Antibiotic Prophylaxis Program. • A standardized process for meeting planning and execution will help to assure a productive team. (EDUCATION MATERIALS ▶ Leadership ▶ IHI Meeting Tools: Process for Running Effective Meetings) • Teams will be more successful if all the team members understand the purpose of the team. A team mission, charter, and/or aim statement should be developed and shared with all team members. (EDUCATION MATERIALS ▶ Leadership ▶ IHI Tips for Setting Aims) • For additional information about teams in general, refer to: <ul style="list-style-type: none"> ○ RESOURCES ▶ Bibliography: The Five Dysfunctions of a Team: A Leadership Fable ○ RESOURCES ▶ Bibliography: The Wisdoms of Teams—Creating the High-Performance Organization
	<ul style="list-style-type: none"> • Successful IPG teams were multidisciplinary. Departments that will be affected by SCIP interventions need to be included. These departments may include—but are not limited to—pharmacy, ICU, surgical inpatient units, and others on an ad hoc basis. • IPG teams recommend that the person who abstracts medical records for SCIP as part of RHQDAPU also be included as part of the team. The abstractor often has insights into documentation issues that will affect an organization’s publicly reported results. • Teams can benefit from having a “Doubting Thomas” as a member. If the team leader is strong enough to prevent the person from becoming an obstructionist, others can learn where the process may be weak.

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Who?	Does What?
<p>Day-to-Day Leader</p> <p>Physician Champion</p>	<p>Update/Educate Administration and Board of Trustees.</p> <ul style="list-style-type: none"> • Successful programs include an Administrative Champion; ideally, this person should attend medical staff meetings with the Physician Champion to advocate for SCIP. Keep this person informed of SCIP progress. • Encourage the Administrative Champion to attend SCIP meetings, if only for a few moments. Having administrative interest will help motivate the SCIP team. • For additional information about the role of administration and the Board of Trustees, go to EDUCATION MATERIALS ▶ Leadership: <ul style="list-style-type: none"> ▶ Getting the Board on Board: Engaging Hospital Boards in Quality and Patient safety [Abstract] ▶ Governance and Quality [PPT Presentation] ▶ Hospital Governing Boards and Quality of Care: A Call to Responsibility by National Quality Forum ▶ Institute for Healthcare Improvement: 7 Leadership Leverage Points for Organizational-Level Improvement in Healthcare ▶ Institute for Healthcare Improvement: A Framework for Leadership of Improvement ▶ Institute for Healthcare Improvement: Getting Started Kit—Governance Leadership How-to Guide ▶ Engagement of Leadership in Quality Improvement Initiatives: Executive Quality Improvement Survey Results
<p>Day-to-Day Leader</p>	<p>Educate team and Physician Champion.</p> <ul style="list-style-type: none"> • Teams may need rudimentary knowledge about Plan-Do-Study-Act (PDSA) and other principles of quality improvement. Information about QI principles can be found at http://www.ihl.org/IHI/Topics/Improvement/ImprovementMethods/ • Teams with limited knowledge about SCIP may find a prerecorded WebEx learning session more useful. Recorded SCIP sessions are located at https://ifmcevents.webex.com. Once the site is accessed, do a search for “SCIP” or “surgical.” • Recorded WebEx sessions are also available at www.medqic.org, tab Surgical Care Improvement Project, tab Presentation. • To assist with physician education, go to EDUCATION MATERIALS ▶ Clinicians. • The CMS Measure Information Forms provide detail about the rationale for each quality measure and the evidence and research to support the measure. (MEASURE INFORMATION FORMS) • Developing story boards about SCIP quality measures will help team members learn about the project, and they can be used to educate other clinicians. The materials available in this toolkit can be used for the storyboard.

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Who?	Does What?
SCIP Team	<p>Review baseline data.</p> <ul style="list-style-type: none"> • When reviewing baseline data, avoid focusing on who was responsible for the results. • Provide the team with current national results for comparison. • Avoid using state or national averages/benchmarks as your goal. The CMS High Performers Study recommended that hospitals set their goals at no less than 90%, regardless of benchmark. (To read more about the High Performers Study, go to: http://www.hsag.com/projects/high_performers.asp)
By When: Within 60 days of project start time	
Physician Champion Day-to-Day Leader	<p>Present SCIP and baseline data at appropriate medical staff meetings.</p> <ul style="list-style-type: none"> • The medical staff meeting structure will vary among hospitals. Initially, appropriate medical staff meetings may include surgery, anesthesiology, and subspecialty surgery. • Meeting frequency will vary among hospitals. Determine when the next medical staff meeting is scheduled and meet with the person responsible for setting the agenda. Arrange for SCIP to be included as one of the discussion items.



- The best person to present to the medical staff meeting may be the Physician Champion. Knowing the physicians that are supportive of SCIP activities and having them support SCIP along with the Physician Champion will help to diffuse intense medical staff meetings.
- IPG teams recommend doing some premeeting work with physicians—in addition to the physician champion—who will be supportive of SCIP changes. Talk with physicians to determine their concerns about the changes, and work to have solutions before the meeting starts.


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Who?	Does What?
SCIP Team	<p>Select a quality measure for a process change or intervention.</p> <ul style="list-style-type: none"> • Review the quality measures. Teams may select a quality measure based upon baseline data results, the ability of the team to be easily successful, or a measure that is publicly reported. • Initially, teams may choose to work on only one quality measure. As the team becomes more comfortable with change, more than one intervention can be implemented at the same time. • To read more about SCIP in general, go to EDUCATION MATERIALS <ul style="list-style-type: none"> ▶ Clinicians: <ul style="list-style-type: none"> ▶ American Society of Anesthesiologists: Quality Incentives in Anesthesia ▶ Association of periOperative Registered Nurses Position Statement on Patient Safety ▶ Implications of Quality Management for the Practicing Surgeon ▶ Institute for Healthcare Improvement—The 100,000 Lives Campaign: Prevent Surgical Site Infections ▶ Institute for Healthcare Improvement—Getting Started Kit: Reduce Surgical Complications How-to Guide ▶ Joint Commission International Center for Patient Safety—When Quality Improvement Meets Surgery, Complications Will Plummet ▶ Joint Commission—Surgical Infection Prevention Performance Detail ▶ Process and Outcome Measures in Specialty Surgery: Early Steps in Defining Quality ▶ Surgical Care Improvement Project—An Important Initiative ▶ Surgical Care Improvement Project—Change Package, Illinois Foundation for Quality HealthCare ▶ Surgical Care Improvement Project—Process and Outcome Measures ▶ Surgical Care Improvement Project—Surgical Site Infection ▶ The Surgical Infection Prevention and Surgical Care Improvement Projects: Promises and Pitfalls ▶ The Surgical Infection Prevention and Surgical Care Improvement Project ▶ Top Ten SCIP Tips • For information specific to antibiotics, read EDUCATION MATERIALS <ul style="list-style-type: none"> ▶ Clinicians: <ul style="list-style-type: none"> ▶ American Association of Orthopaedic Surgeons Advisory Statement Recommendations for the Use of Intravenous Antibiotic Prophylaxis in Primary Total Joint Arthroplasty ▶ Evidence Base for Duration of Antimicrobial Prophylaxis ▶ Exploring Obstacles to Proper Timing of Prophylactic Antibiotics for Surgical Site Infections ▶ Fact Sheet for Nurses: Determining a True Antibiotic Allergy ▶ Intraoperative Redosing of Cefazolin and Risk for Surgical Site Infection in Cardiac Surgery ▶ Use of Antimicrobial Prophylaxis for Major Surgery: Baseline Results from the National Surgical Infection Prevention Program


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	<ul style="list-style-type: none"> • Resources for VTE include EDUCATION MATERIALS ▶ Clinicians: <ul style="list-style-type: none"> ▶ Antithrombotic and Thrombolytic Therapy—From Evidence to Application: The Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy ▶ DVT/VTE Prophylaxis Therapy Order Set ▶ Missed Opportunities for Prevention of Venous Thromboembolism: An Evaluation of the Use of Thromboprophylaxis Guidelines ▶ Prevention of Venous Thromboembolism: The Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy is most often cited as the reference for VTE prophylaxis. To access the entire article go to: http://www.chestjournal.org/cgi/content/full/126/3_suppl/338S • Information about the other clinical measures associated with SCIP include: <ul style="list-style-type: none"> ▶ Best Practice Evidence-Based Practice Information Sheets for Health Professionals: The Impact of Preoperative Hair Removal on Surgical Site Infection • A perfect staff education/reminder poster, CATS (Clipping, Antibiotics, Thermia, and Sugar), is located in RESOURCES.
SCIP Team	<p>Review team membership to assure that all departments that may impact the intervention are included.</p> <ul style="list-style-type: none"> • Units that transfer patients directly to surgery, such as emergency departments and the ICU, should be included on the SCIP team when the team focuses on SSI 1, SSI 2, SSI 6, VTE 1, and VTE 2. • When the team chooses to work on SSI 4, clinicians from the ICU and the cardiac surgery case manager should be included in the planning and implementation. • Clinicians responsible for providing instructions to surgical patients prior to surgery (i.e., preadmissions) should be included on the SCIP team. These clinicians should be comfortable with providing patient education about the use of razors and the continuation of beta-blocker medications. (EDUCATION MATERIALS ▶ Patient) • Other departments that may be impacted by SCIP interventions can include the cath lab (hair removal) and cardiopulmonary (hair removal).
SCIP Team	<p>Educate clinicians in all departments that will be affected by SCIP.</p> <ul style="list-style-type: none"> • Clinicians that do not understand the evidence behind the interventions may be resistant to change. • Having team members educate others will help to reinforce their own knowledge and will help to distribute the quality improvement “load” to others who share in process responsibilities.


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Who?	Does What?
SCIP Team	<p>Flowchart the current process.</p> <ul style="list-style-type: none"> Do not be tempted to omit this step. Team members may feel that they have an understanding of the current process. However, teams will be surprised to learn that their understanding of the process and the actual practice may widely differ. One member can start a preliminary flow diagram prior to the team meeting. At the meeting, team members can make additions and corrections to the diagram. The flowchart need not be complex, but it should visually demonstrate variations. A facilitator familiar with flowcharting is helpful. If one is not available, a simple—yet effective—way to flowchart the current process is to write each step on a Post-it Note and arrange the notes horizontally in the order that they are performed. If there are variations for a step, record each of those on a Post-it Note and arrange those vertically. Provide team members with an opportunity to review and rearrange the process steps. <p>To better understand a flowcharting process, read EDUCATION MATERIALS ▶ Leadership ▶ Institute for Healthcare Improvement: Process Analysis Tools Flowchart.</p>
SCIP Team	<p>Develop or revise the process.</p> <ul style="list-style-type: none"> The IHI and SIP collaboratives have “best practice” interventions that can be adopted or modified. To read about best practices interventions, go to EDUCATION MATERIALS ▶ Clinician: <ul style="list-style-type: none"> Institute for Healthcare Improvement—Getting Started Kit: Reduce Surgical Site Complications How-to-Guide Surgical Care Improvement Project—Change Package To better understand implementing interventions, read: EDUCATION MATERIALS ▶ Leadership: <ul style="list-style-type: none"> Intervention Selection Tool Leadership Strategies to Influence the Use of Clinical Practice Guidelines
	<ul style="list-style-type: none"> Be prepared for resistance: resistance from clinicians and resistance from physicians. Consider the discussions that will be helpful for you to use to persuade physicians to change their practice patterns. Clinicians often benefit from understanding the impact upon the patient. “Research has shown we can reduce the number of postoperative infections by implementing this process change.” To understand how Crucial Conversations skills can assist with discussions, go to http://www.vitalsmarts.com/healthcare.aspx.
SCIP Team	<p>Begin with small cycle changes.</p> <ul style="list-style-type: none"> Organizations may find it difficult to adapt to the principle of small-cycle changes. Hospitals often want to implement a process change across an entire department, rather than trying the change with one nurse or one surgeon on one day. The advantage of small-cycle changes is that they allow hospitals to easily revise the process based on feedback on the change.

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Who?	Does What?
	<ul style="list-style-type: none"> • Do not be afraid to revise the initial process. If the intervention was not successful, spreading the change will not benefit the organization and may serve only to magnify problems associated with the process. • Give your team permission to fail. Every time a small cycle of change is implemented and fails, teams should learn from the experience. A process failure at this stage can be an opportunity to learn about the organizational culture or the challenge of making a change. Do not fear failure.
SCIP Team	<p>Review and revise the intervention based upon the small cycle before implementing the change throughout the department.</p> <p>Processes fail for multiple reasons. Using a systematic method to evaluate why a process failed can be more useful than brainstorming causes for failure. Factors to consider for failure can include:</p> <ol style="list-style-type: none"> 1. Organizational and management factors. <ul style="list-style-type: none"> • Financial resources and constraints • Organizational structure • Policy standards and goals • Safety culture and priorities 2. Work environment factors. <ul style="list-style-type: none"> • Staffing levels and skills mix • Workload and shift patterns • Design, availability, and maintenance of equipment • Administrative and managerial support 3. Team factors. <ul style="list-style-type: none"> • Verbal communication • Written communication • Supervision and seeking help • Team structure (consistency, leadership, etc.) 4. Individual (staff) factors. <ul style="list-style-type: none"> • Knowledge and skills • Competence • Physical and mental health 5. Task factors. <ul style="list-style-type: none"> • Task design and clarity of structure • Availability and use of protocols 6. Patient factors. <ul style="list-style-type: none"> • Condition (complexity and seriousness) • Language and communication • Personality and social factors <p>Reference: Systems Approaches to Surgical Quality and Safety From Concept to Measurement Charles Vincent, <i>Annals of Surgery</i> • Volume 239, Number 4, April 2004</p> <ul style="list-style-type: none"> • Another model for reviewing process breakdown includes: <ol style="list-style-type: none"> 1. The plan was not correct. 2. The plan was correct, but there was a failure in execution. 3. The plan was correct, but there was an intentional deviation from the plan. <p>To understand revisions based on the above breakdowns, read EDUCATION MATERIALS ▶ Leadership ▶ Healthsights Intervention Selection Tool.</p>

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Who?	Does What?
SCIP Team	<p>Educate clinicians that will be impacted by the process change.</p> <ul style="list-style-type: none"> Lack of communication is one of the major reasons why process changes fail. Managers and directors have a tendency to overestimate the understanding bedside clinicians have about the process, the need for change, and the evidence behind the change. If new equipment is part of the intervention (e.g., clippers or thermometers) provide learning opportunities for clinicians to practice using the equipment. Managers do not always educate clinicians about equipment if they feel the instructions are self-explanatory. The sales representative is the best person for demonstrating and answering questions about new equipment. Consider using them as a resource.
Day-to-Day Leader Administrative Champion Physician Champion	<p>Provide feedback to those affected by process changes.</p> <ul style="list-style-type: none"> Clinicians need feedback to reinforce their practice changes. Share SCIP activities and results during the staff meetings of departments affected by changes. Using blinded data results to provide feedback to physicians can have a positive effect upon practice patterns.
<p> Drawing attention to the gains made in the process change is a crucial step, not to be overlooked. Keep team members, physicians, and other stakeholders informed of the progress made. Consider using multiple forums to provide this necessary feedback (e.g., posters, meetings, newsletters, balloons, celebration events, etc.).</p>	
Day-to-Day Leader	<p>Document the final process change.</p> <ul style="list-style-type: none"> Documentation can be in the form of meeting minutes, process statements, orientation manuals, or other documents. Documenting the process is a practice of high-performing organizations.
<p>By When: Within 90 days of project start time</p>	
Day-to-Day Leader Administrative Champion Physician Champion	<p>Continue to educate, promote, and provide feedback to the administrative team and board of directors.</p> <ul style="list-style-type: none"> It's important to keep everyone informed. If the process change is successful, so much the better. If the change is not successful or has made only limited improvements, it is wise to keep these teams informed. Enlist their support and assistance with implementing the measures.
Day-to-Day Leader Clinical Educator	<p>Incorporate the revised process into new employee orientation.</p>
Day-to-Day Leader Administrative Champion Physician Champion SCIP Team	<p>Continue to review results, spread change, and sustain momentum for this process change.</p> <ul style="list-style-type: none"> Sustaining the momentum of change is difficult. Inviting new team participants and impacting different areas of the hospital can keep the team motivated, interested, and driven to improve.

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Who?	Does What?
Day-to-Day Leader Administrative Champion Physician Champion SCIP Team	<p>Select a quality measure for a process change or intervention; repeat steps.</p> <ul style="list-style-type: none"> Once the team has successfully implemented a process change, review the data and begin to devise ways to impact other measures. Large teams with established processes of change may choose to work on two or more quality measures at one time.