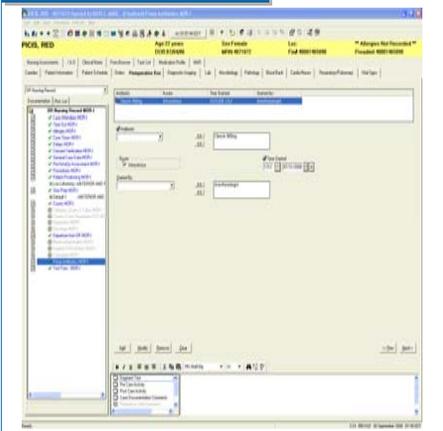


M Doyle RN MBA CNOR, M Gerdus RN MSM CNOR, M Hendricks RN BSN CNOR

INTRODUCTION

The goal of the Surgical Care Improvement Project (SCIP), a multi-year national campaign, is to substantially reduce surgical mortality and morbidity through collaborative efforts. Jackson Memorial Hospital (JMH), in Miami, FL, is a large academic center with over 40 operating rooms and a level 1 trauma center. Compliance with SCIP-Inf 1 was a challenge to achieve due to the large number of rotating anesthesia and surgical residents. SCIP-Inf 1 is defined as the prophylactic antibiotic administered within one hour of incision. Although, CMS requires monitoring on cardiac, vascular, hip/knee arthroplasty, colon and hysterectomy procedures, JMH monitors the antibiotic administration of all surgical cases excluding C-sections.

EMR SCREEN SHOT



OBJECTIVES

The learner will be able to:

1. Identify one method of monitoring preoperative antibiotic administration.
2. Discuss the impact of untimely preoperative antibiotic administration.
3. Describe the challenges and benefits of SCIP-Inf 1:
Prophylactic antibiotic received within one hour prior to surgical incision.

DISCUSSION

Initially, the operating room staff was educated on the Surgical Care Improvement Project. After performing an audit for six months with no significant improvement, the need for collaboration with the anesthesia department became apparent. Additionally, the preop antibiotic screen was added to the EMR. The Director of Anesthesia championed the project and incorporated the antibiotic administration as part of the time-out. Due to various delays, some patients were not receiving their antibiotics within one hour of incision. Therefore, the decision was made to no longer give the antibiotic in the preop area. Instead, the antibiotic would be given at the time of the patient's skin prep. If an antibiotic is given outside of the one hour threshold, a memorandum is emailed to the anesthesia provider. Because of their two hour infusion time, Vancomycin and Quinolones are started in the preop area.

CHECKLIST

PERIOPERATIVE CHECKLIST	
Date:	
Patient's Name:	Med. Rec. #
Date of Birth:	Weight Kg
PROCEDURE:	Thio Identifiers
Patient Position:	
SURGEON:	1. Patient Identification
	2. Allergies
ANESTHESIA:	3. Consent Signed
	4. History & Physical
CONCUSSION:	5. Site Verification
	6. Implants/Special Equipment
SCISE:	7. Radiological Exam*
	8. Antibiotics Given*
OTHER:	9. Time Given Recorded
	10. DVT Prophylaxis*
	11. Beta Blockers**
	12. ABO Compatibility*
	13. Surgical Pause

EMAIL

Untimely Antibiotic SCIP-Inf 1

Gerdus, Marion RN
Tel: hendricks, Lynne JH

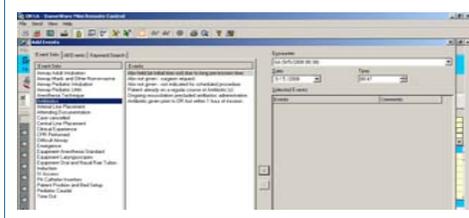
You did not timely administer antibiotics or enter an appropriate note in the case noted below. Please remember that antibiotics must be initiated within 1 hour prior to incision except Vanco and Fluoroquinolones (Cipro, Levoflox) which may be 2 hours prior.

Please also remember that if antibiotics were not given the appropriate reason therefore must be entered in PICIS under the preconfigured antibiotic section.

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ANESTHESIA SCREEN SHOT



RECIPE FOR SUCCESS

1. Collaboration with anesthesia, surgeons, and the quality committee.
2. Educators teach SCIP guidelines during general orientation. Also, a web based presentation is part of annual mandatory education.
3. Created anesthesia preop EMR screen with justification for non-antibiotic use.
4. On-call antibiotic orders were stopped and held until time of surgical skin prep.
5. Preoperative checklist boards that incorporate antibiotics given in all OR's (picture of checklist).
6. Antibiotic status was incorporated as part of the time-out.
7. Daily audits performed with follow up (email).
8. Memo is sent to anesthesia provider from Anesthesia Quality Manager, if antibiotic is given outside of the one hour threshold.

CONCLUSION

The ultimate goal of achieving 100% continual compliance with the SCIP-Inf 1 measure was reached with the multidisciplinary collaboration of the departments of nursing, anesthesia, surgery and pharmacy.

REFERENCES

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