

2014 Gage Awards

Reference #	7490414
Status	Complete
Name of hospital or health system	Grady Hospital
Name of project	SCIP at Grady Hospital
CEO name	John Hauptert
CEO approval	Check here to confirm that your CEO approves of this project being submitted for a 2014 Gage Award
Submitter name (first and last)	Jeff Richards
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Within which of the two categories does your application best align?	Quality
1. Provide a brief description of the project. (This section should resemble an abstract for a poster presentation or an abstract for a peer reviewed journal. Include an objective, data sources, study design, findings, and conclusions.)	<p>During 2012 the surgery department struggled to achieve good compliance with two important SCIP measures:</p> <ol style="list-style-type: none"> 1. Prophylactic Antibiotic Stopped within 24hr. after Surgery 2. Urinary Catheter Discontinued by POD2 <p>For 2013 the anesthesia department collaborated with surgery colleagues, the quality assurance department, and IT to drive up compliance to near 100% for both SCIP metrics.</p>

<p>2. Describe the methods use in this project. Include where, why, and how the project was accomplished.</p>	<p>Surgeons caring for postop patients must comply with both of these SCIP metrics by either removing the foley catheter or discontinuing prophylactic antibiotics postop or providing a justification in the EMR for their continuation. The anesthesia department collaborated with the Grady IT department to make changes to anesthesia notes in three particular junctures to better facilitate collaboration on these important SCIP metrics:</p> <ol style="list-style-type: none"> 1. Transfer of Care note (encouraging discussion with surgeons about foley catheter removal in the OR whenever possible) 2. PACU sign out note (encouraging removal of the foley catheter in the PACU if possible) 3. Post-anesthesia follow up note (anesthesia routinely called the surgeon any time postop prophylactic antibiotics were not yet discontinued or the foley catheter was not yet removed.) **The post-anesthesia follow up note is CMS mandated and could serve this function for all hospitals. If CMS were to include questions about these two metrics in the anesthesia postop follow up note it could ensure that all anesthesia departments use this methodology to ensure compliance. <p>The goal with the three note modifications was to encourage collaboration and communication all along the continuum of surgical and postop care. By making the anesthesia note changes in three locations in the EMR, we hoped to create redundancy to prevent failure in compliance.</p>
<p>3. Describe the results of the project. What data was used to support improvement results?</p>	<p>Results:</p> <ol style="list-style-type: none"> 1. Prophylactic Antibiotic Stopped within 24hr. after Surgery 2012: 88% compliance 2013: 98.3% compliance A 10.3% improvement in one year (almost all of the improvement occurred after two months and was sustained throughout the year) 2. Urinary Catheter Discontinued by POD2 2012: 87% compliance 2013: 99.6% compliance in one year (almost all of the improvement occurred after two months and was sustained throughout the year) <p>Data was collected by our quality assurance department using UHC guidelines for review of individual surgery patients in the EMR.</p>
<p>3A. Attachment, if applicable (Only graphically displayed data such as charts will be accepted. Data should include baseline and improvement data)</p>	<p>SCIP2013UrinaryCatheterandProphylacticAntibioticCessationGraphs.xlsx (107k)</p>

<p>4. Describe what happened as a result of the project. Was the improvement related to the intervention? Can the project be duplicated by other organizations?</p>	<p>For the first time ever at Grady we were able to achieve near perfect compliance with two SCIP metrics where we had struggled in the past. The immediate benefit was to provide the best possible patient care to each and every surgical patient and reduce the likelihood of HAI's in our postop surgery population (particularly with foley removal). The improvement was directly related to our intervention to encourage compliance.</p> <p>During our Joint Commission survey in July 2013 we shared this initiative and the results with our Joint Commission surveyor. He recognized this initiative as best practice and asked to share this with other hospitals in the country.</p>
<p>5. Describe how patients, families, and if appropriate, community was included in the work.</p>	<p>The initiative encouraged near-perfect compliance with two critical SCIP metrics that resulted in optimal care for surgery patients. The initiative also had a side benefit of encouraging better communication and collaboration among the surgical team of surgeons, anesthesia staff and nursing. Grady has enrolled in the SUSP initiative for 2014 which will allow us to build on this collaboration and further improve patient outcomes for surgery patients.</p>
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