



CMS SCIP & ACS NSQIP
Frequently Asked Questions
June 1, 2006

UPDATED FAQs for Required Reporting for CMS—this document has been updated to reflect the recent announcement by CMS regarding public reporting and the requirements for the Surgical Infection Measures. These are SIP 1 & SIP 3 (also known as SCIP Inf 1 & SCIP Inf 3). As part of the Deficit Reduction Act Congress has required that for hospitals to be eligible for the full Annual Payment Update (APU) they must publicly report an expanded set of measures, two of which are the SIP 1 and 3 (SCIP Inf 1 & SCIP Inf 3), their institution must:

Beginning with January 1, 2006 dates of surgery the following SIP (SCIP) Process Measures must be collected and submitted to CMS (no Outcome Measures at this time):

Infection Measures

SIP/SCIP INF 1: Prophylactic antibiotic received within one hour prior to surgical incision.

SIP/SCIP INF 3: Prophylactic antibiotics discontinued within 24 hours after surgery end time (48 hours for cardiac patients).

Sampling Methodology

The SIP sampling methodology is required for:

Cardiac

Orthopedic

Ob/Gyn

General - ACS NSQIP will meet sampling requirements

Vascular—ACS NSQIP will meet sampling requirement

Dates of Service

Hospitals are required to collect data for dates of surgery of January 1, 2006.

Submission Dates to CMS

The first quarter data for 2006 (Jan - Mar) should be submitted to CMS no later than September, 2006 (final date is October 30th, however, earlier submission is highly recommended to ensure that all data elements are correct and complete).

What tools will be available to me if I want to use the ACS NSQIP to fulfill this requirement?

The ACS NSQIP is finalizing a new data entry page that will allow participating sites to include these required measures into their data capture for general and vascular surgery patients. You may choose to enter only the data required for P4P (SIP/SCIP 1 & 3) or all SCIP variables. (See separate FAQs about SCIP).

Additionally a second phase of development is being planned that will allow participating sites to enter additional cases for Cardiac, Orthopedic and Ob/Gyn above the data sample that is required for the ACS NSQIP dataset in order that they may enter data for the additional procedures of interest and meet the P4P mandate.

How will I submit this data to CMS?

The ACS NSQIP program will format the data to meet submission requirements to CMS and will provide participating sites with the tools to submit the data to CMS.

SCIP

The plans for the SCIP program are still in place.

What does SCIP stand for and what are the goals and objective of the program?

The Surgical Care Improvement Program (SCIP) is a National Quality Partnership. Adverse events associated with surgery are a major cause of patient injury, mortality and health care cost. The SCIP partnership recognizes that surgical care can be improved through adherence to evidence-based practices and implementation of systems of care that reduce treatment variation. The SCIP partnership has a goal of reducing post-operative complications by 25% by the year 2010.

SCIP and the ACS NSQIP—what is the connection?

The American College of Surgeons and the ACS NSQIP is a partner in SCIP and a member of the SCIP Steering Committee. As a partner in the SCIP initiative the ACS NSQIP will be incorporating the SCIP Process Measures into the program's data collection tool and providing sites with online reports and analysis as well as a method of submitting data to CMS.

Will CMS continue to recognize and work with the ACS NSQIP beyond the SCIP program?

CMS has traditionally worked within the space of process measures because they have been relatively easier to identify and implement. But as this work grows and CMS looks to include outcome measures and risk adjustment there is a strong and public commitment to use the current work of the ACS NSQIP. And as the ACS NSQIP continues to evolve CMS is committed to stay in alignment with it.

What are the data points to be collected by SCIP?

Beginning with July 1, 2006 dates of surgery the following SCIP Process Measures will be collected (no Outcome Measures at this time):

Infection:

SCIP INF 1: Prophylactic antibiotic received within one hour prior to surgical incision.

SCIP INF 2: Prophylactic antibiotic selection for surgical patients.

SCIP INF 3: Prophylactic antibiotics discontinued within 24 hours after surgery end time (48 hours for cardiac patients).

SCIP Inf 4: Cardiac Surgery Patients With Controlled Postoperative Serum Glucose

SCIP INF 6: Surgery patients with appropriate hair removal.

SCIP INF 7: Colorectal surgery patients with immediate postoperative normothermia.

Beginning with October 1, 2006 dates of surgery the following Process Measures (no Outcome Measures at this time will be collected:

VTE:

SCIP VTE 1: Surgery patients with recommended venous thromboembolism prophylaxis ordered.

SCIP VTE 2: Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery.

A complete list of these SCIP Process Measures for 2006 and proposed future measures may be viewed in the accompanying appendix.

What has become of the Surgical Infection Program (SIP)?

SIP has been subsumed by SCIP and expanded to include SCIP Inf 4 (normoglycemia for cardiac surgery) SCIP Inf 6 (appropriate hair removal) and SCIP Inf 7 (normothermia).

Will the ACS NSQIP data sampling methodology be accepted by CMS?

Yes, with the expanded sampling to meet the requirements of the recently enacted Deficit Reduction Act CMS will accept the ACS NSQIP data sampling methodology as meeting the SCIP reporting requirements and entry into the CMS data warehouse.

There are some additional reporting differences how will these be addressed by the ACS NSQIP?

For example CMS SCIP requires that procedures be reported using ICD9 Procedure Codes and the ACS NSQIP uses CPT codes. The ACS NSQIP data entry and reporting tools for SCIP will include a crosstalk program and a data entry variables for these and the few other differences between the programs thereby meeting the requirements of both.

What if a site has been submitting SIP data? Will CMS accept that ACS NSQIP data sampling methodology?

The one exception will be for sites that have been reporting SIP data (Infection Measures 1, 2, & 3). They must continue to use the data sampling methods that they have been using to submit that data to CMS. (Please refer to the update at the beginning of this document).

Is SCIP a mandatory program?

No, SCIP is like all other CMS quality improvement work, is voluntary.

Will SCIP be linked to any CMS Pay for Performance initiatives?

As part of the Congressional Statutory Regulation over the last couple of years the Medicare Modernization Act and the Deficit Reduction Act Congress has mandated that CMS tie some payment goals with the collection of specific quality measures. (Please refer to the update at the beginning of this document).

What tools will the ACS NSQIP program make available to participating sites wishing to participate in the CMS SCIP initiative?

The ACS NSQIP is finalizing a new data entry page that will allow participating sites to include the SCIP process measures into their data capture.

A second phase of development is being planned that will allow participating sites to enter additional cases for SCIP above the data sample that is required for the ACS NSQIP dataset. (Please refer to the update at the beginning of this document).

Will the ACS NSQIP report a site's data to CMS and JCAHO?

The ACS NSQIP will format SCIP data as outlined by CMS so that it may be submitted to the CMS Data Warehouse. There is no decision or information about submission to JCAHO at this time.

APPENDIX



SCIP Process and Outcome Measures

At this time, we are only collecting the process measures.

Infection (July 2006):

SCIP INF 1: Prophylactic antibiotic received within one hour prior to surgical incision

SCIP INF 2: Prophylactic antibiotic selection for surgical patients

SCIP INF 3: Prophylactic antibiotics discontinued within 24 hours after surgery end time (48 hours for cardiac patients)

SCIP INF 4: Cardiac surgery patients with controlled 6 a.m. postoperative serum glucose

**SCIP INF 5: Postoperative wound infection diagnosed during index hospitalization
(OUTCOME—not to be collected at this time)**

SCIP INF 6: Surgery patients with appropriate hair removal

SCIP INF 7: Colorectal surgery patients with immediate postoperative normothermia

Cardiac (Pending):

SCIP Card 2: Surgery patients on a beta-blocker prior to arrival that received a beta-blocker during the perioperative period

**SCIP Card 3: Intra- or postoperative acute myocardial infarction (AMI) diagnosed during index hospitalization and within 30 days of surgery
(OUTCOME--not to be collected at this time)**

VTE (October 2006):

SCIP VTE 1: Surgery patients with recommended venous thromboembolism prophylaxis ordered

SCIP VTE 2: Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery

SCIP VTE 3: Intra- or postoperative pulmonary embolism (PE) diagnosed during index hospitalization and within 30 days of surgery (OUTCOME—not to be collected at this time)

(SCIP Measures continued)

SCIP VTE 4: Intra- or postoperative deep vein thrombosis (DVT) diagnosed during index hospitalization and within 30 days of surgery (OUTCOME not to be collected at this time)

**SCIP Global 1: Mortality within 30 days of surgery (OUTCOME)
SCIP Global 2: Readmission within 30 days of surgery (OUTCOME)**

VA 1: Proportion of permanent hospital ESRD vascular access procedures that are autogenous AV fistulas (to be derived from administrative data)

The following measures are still being reviewed and may be added at a later date:

Respiratory:

SCIP Resp 1: Number of days ventilated surgery patients had documentation of the Head of the Bed (HOB) being elevated from recovery end date (day zero) through postoperative day seven.

SCIP Resp 2: Patients diagnosed with postoperative ventilator-associated pneumonia (VAP) during index hospitalization (OUTCOME)

SCIP Resp 3: Number of days ventilated surgery patients had documentation of stress ulcer disease (SUD) prophylaxis from recovery end date (day zero) through postoperative day seven.

SCIP Resp 4: Surgery patients whose medical record contained an order for a ventilator weaning program (protocol or clinical pathway)

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