

California and Florida “In the Know”
October 2010

California and Florida “In The Know” Inpatient Data Collection, Reporting, and Validation

Module 2b: SCIP

*A Focus on
SCIP-INF-9, SCIP-VTE-1, and SCIP VTE-2*

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Topics

- *Specifications Manual, Version 3.2c Revisions*
 - SCIP-INF-9 – Urinary Catheters
 - SCIP-VTE-1 – VTE Prophylaxis
 - SCIP-VTE-2 – VTE Timely

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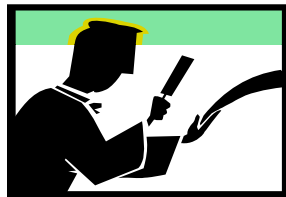
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Specifications Manual

Version 3.2C

October 1, 2010 – December 31, 2010 Discharges



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SCIP-INF-9 Data Element: Urinary Catheter

- Measure:
 - Urinary catheter removed on postoperative day 1 (POD 1) or postoperative day 2 (POD 2) with day of surgery being day zero

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SCIP-INF-9 Data Element: Urinary Catheter

- Definition: There is documentation that a urinary catheter was placed during the **perioperative time frame** and that it was **still in place** upon discharge from the recovery/post-anesthesia care area
 - Perioperative time frame is defined as from hospital arrival through discharge from the recovery/post-anesthesia care area

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SCIP-INF-9 Data Element: Urinary Catheter

- 5 Allowable Values:
 1. There is documentation that an indwelling urethral catheter was placed perioperatively and was still in place at the time of discharge from the recovery/post-anesthesia care area
 2. There is no documentation that an indwelling urethral catheter was placed perioperatively and was still in place at the time of discharge from the recovery/post-anesthesia care area

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SCIP-INF-9 Data Element: Urinary Catheter

- Allowable Values (Continued):
 3. There is documentation that the patient had an indwelling urethral catheter or suprapubic catheter or was intermittently catheterized **prior to the perioperative time frame**

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SCIP-INF-9 Data Element: Urinary Catheter

Allowable Values (Continued):

4. There is documentation that the patient had a suprapubic catheter placed perioperatively and it was still in place at the time of discharge from the recovery / post-anesthesia care area or the patient was being intermittently catheterized during the perioperative period
5. Unable to determine from documentation in the medical record

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SCIP-INF-9 Data Element: Urinary Catheter

- Notes for Abstraction:
 - If the patient had an ileal conduit or urinary diversion prior to the perioperative period, **or** if the patient had an ileal conduit or urinary diversion prior to the perioperative period **and** had an indwelling urethral catheter placed perioperatively, select value "3."

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SCIP-INF-9 Data Element: Urinary Catheter

- Notes for Abstraction (Continued):
 - **For patients discharged from surgery and admitted to locations other than the PACU** (e.g., ICU): The perioperative period would end a maximum of six hours after arrival to the recovery area

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SCIP-INF-9 Data Element: Urinary Catheter

- Notes for Abstraction (Continued):
 - If the patient had an indwelling urethral catheter or suprapubic catheter or was intermittently catheterized **prior** to the perioperative time frame **and** there is documentation that an indwelling catheter was placed or replaced **perioperatively** and it was still in place at the time of discharge from recovery/post-anesthesia care area, select value "3."

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SCIP-INF-9 Data Element: Urinary Catheter

- Notes for Abstraction (Continued):
 - If the patient had a suprapubic catheter placed **perioperatively** and it was still in place at the time of discharge from the recovery/post-anesthesia care area **or** if the patient was intermittently catheterized **perioperatively** **AND** there is also documentation that an indwelling catheter was placed **perioperatively** and was still in place at the time of discharge from recovery/post-anesthesia care area, select value "4."

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SCIP-INF-9 Data Element: Urinary Catheter

- Notes for Abstraction (Continued):
 - Intermittent catheterization is defined as when a catheter is inserted to drain the bladder and removed once the bladder is emptied (in and out catheterization). This can include multiple periodic catheterizations. The catheter is not inserted and left in place as it is with an indwelling urethral catheter.
 - Note: A one-time catheterization, such as is done for a urine culture, does not represent catheterization and should not be used for this element.

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SCIP-INF-9 Data Element: Urinary Catheter

- Exclusion Guidelines for Abstraction:
 - External catheters
 - Texas catheters

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SCIP-INF-9 Data Element: Catheter Removed

- **Definition:**
 - There is documentation that the urinary catheter was removed on Postoperative Day 0 (POD 0) through Postoperative Day 2 (POD 2) with the **Anesthesia End Date** being POD 0.
- **New Notes for Abstraction:**
 - The documentation of the catheter removal does NOT need to be found only within the perioperative period but must reflect that the catheter was removed on POD 0 through POD 2.

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SCIP-INF-9 Data Element: Catheter Removed

- **New Notes for Abstraction:**
 - If there is documentation that the patient voided/urinated on POD 0 through POD 2, select value "1": There is documentation that the urinary catheter was removed on POD 0 through POD 2.
 - If the patient expires on POD 0 through POD 2 prior to the removal of the urinary catheter, select value "1."

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SCIP-INF-9 Data Element: Reasons for Continuing Urinary Catheterization

- There were **no** changes to this data element
- There must be a link between leaving the urinary catheter in place and a reason to leave it in

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SCIP-INF-9 Data Element: Reasons for Continuing Urinary Catheterization

- Definition: Reasons for not removing the urinary catheter postoperatively are documented in the medical record
 - Reasons may include ICU placement with diuretic therapy or reasons documented by the physician/APN/PA

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SCIP-INF-9 SCIP-INF-9 Data Element: Reasons for Continuing Urinary Catheterization

- Allowable Values:
 - 1. There is documentation that the patient was in the intensive care unit (ICU) **AND** receiving diuretics
 - 2. There is physician/APN/PA documentation for reasons for not removing the urinary catheter postoperatively

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SCIP-INF-9 Data Element: Reasons for Continuing Urinary Catheterization

- Allowable Values (Continued):
 - 3. There is no physician/APN/PA documentation for reasons for not removing the urinary catheter postoperatively or unable to determine from medical record documentation

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SCIP-INF-9 Data Element: Reasons for Continuing Urinary Catheterization

- Notes for Abstraction:
 - Value 1 does not require physician/APN/PA documentation
 - If the patient is in the ICU on POD 1 or POD 2 **AND** it is documented that the patient is receiving diuretics, select value "1"
 - The MAR can be used to determine whether the patient in the ICU is receiving a diuretic
 - There must be documentation of **administration**

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SCIP-INF-9 Data Element: Reasons for Continuing Urinary Catheterization

- Notes for Abstraction (Continued):
 - To select value "2," there must be physician/APN/PA documentations of reasons for not removing the urinary catheter
 - A order to leave the catheter in place is not sufficient documentation for reasons not to remove the urinary catheter
 - There must be documentation such as "Continue catheter. Pt. is on total bed rest."

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SCIP-INF-9 Data Element: Reasons for Continuing Urinary Catheterization

- Notes for Abstraction (Continued):
 - The documentation of reasons for not removing the urinary catheter must be found on POD 1 or POD 2
 - If no diuretic is being administered for the patient in the ICU, but there is physician/ APN/PA documentation on POD 1 or POD 2 of a reason for not removing the urinary catheter, select value "2."

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SCIP-INF-9 Data Element: Reasons for Continuing Urinary Catheterization

- Inclusion Guidelines:
 - ICU synonyms:
 - Coronary Care Unit (CCU, CICU)
 - Intensive Care Unit (ICU)
 - Medical Intensive Care Unit (MICU, MCU)
 - Respiratory Intensive Care Unit (RICU, RCU)
 - Surgical Intensive Care Unit (SCU, SICU)

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SCIP-INF-9 Data Element: Reasons for Continuing Urinary Catheterization

- Exclusion Guidelines for Abstraction
 - Patient refusal of catheter removal
 - High risk for falls

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SCIP-VTE-1 and SCIP-VTE-2

- Measures:
 - Surgery patients with recommended venous thromboembolism prophylaxis ordered
 - Surgery patient who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery

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SCIP-VTE-1 Data Element: VTE Prophylaxis

- Definition:
 - The type of venous thromboembolism (VTE) prophylaxis documented in the medical record
- Allowable values
 1. Low dose unfractionated heparin (LDUH)
 2. Low molecular weight heparin (LMWH)
 3. Intermittent pneumatic compression devices (IPC)
 4. Graduated compression stockings (GCS)

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SCIP-VTE-1 Data Element: VTE Prophylaxis

- Allowable Values (Continued):
 5. Factor Xa Inhibitor
 6. Warfarin
 7. Venous foot pumps
 8. Oral Factor Xa Inhibitor
 - A. None of the above or not documented or unable to determine from medical record

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SCIP-VTE-1 Data Element: VTE Prophylaxis

- New Notes for Abstraction:
 - For the purposes of abstraction, mechanical VTE prophylaxis does not require a physician order to be abstracted; there is no order or copy of hospital protocol required
 - Abstract any form of mechanical VTE prophylaxis that is documented as ordered or as placed on the patient at anytime from hospital arrival to 24 hours after

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Anesthesia End Time

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SCIP-VTE-1 Data Element: VTE Prophylaxis

- New Notes for Abstraction (Continued):
 - Abstract any pharmacological VTE prophylaxis that was ordered/substituted at anytime from hospital arrival to 24 hours after **Anesthesia End Time**
 - If one pharmacological medication is ordered and another medication is substituted (such as per pharmacy formulary substitution or protocol), abstract both medications for the VTE Prophylaxis and for VTE Timely data elements

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SCIP-VTE-1 Data Element: VTE Prophylaxis

- New Notes for Abstraction:
 - Examples
 - 1. Lovenox is ordered and not received and is substituted with Arixtra, which is received by the patient. Abstract Lovenox as value "2" FOR *VTE Prophylaxis* and "No" for *VTE Timely*. Abstract Arixtra as value "5" for VTE prophylaxis and abstract VTE timely accordingly.

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SCIP-VTE-1 Data Element: VTE Prophylaxis

- New Notes for Abstraction (Continued):
 - Examples (continued):
 - 2. Lovenox is ordered and not received. Heparin is ordered and is received. SCDs are placed. Abstract Lovenox as value "2" for *VTE Prophylaxis* data element and "No" to *VTE Timely*. Abstract Heparin as value "1" and SCDs as value "3" for *VTE Prophylaxis* and abstract *VTE Timely* accordingly.

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SCIP-VTE-1 Data Element: VTE Prophylaxis

- New Notes for Abstraction:
 - No value should be selected more than once. If value "A" is selected, no other selection should be recorded.
 - Example:
 - Lovenox is ordered and substituted with Fragmin. Only abstract value "2," as both are LMWH.
 - Table 2.1 in the *Specifications Manual* has a list: VTE Prophylaxis Inclusion Table in Appendix H, page Appendix H-2 for 10/1/2010 discharges forward.

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SCIP-VTE-1 Data Element: VTE Prophylaxis

- Only Acceptable Source for **Pharmacological** Prophylaxis
 - Physician orders
- Sources for **Mechanical** Prophylaxis

Circulator Notes	Graphic/Flow Sheets
MAR	Nursing Notes
Operative Notes	Physician Notes
Preoperative Nursing Notes	Progress Notes

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SCIP-VTE-2 Data Element: VTE Timely

- Definition: Documentation of thromboembolism (VTE) prophylaxis received within 24 hours prior to **Anesthesia Start Time** to 24 hours after **Anesthesia End Time**
- Allowable Values:
 - Yes, received within time frame
 - No, not received within time frame

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SCIP-VTE-2 Data Element: VTE Timely

- Notes for Abstraction
 - If the VTE prophylaxis was ordered and not administered, select "No"
 - If the VTE prophylaxis was ordered and not administered within the defined time frame, select "No"

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SCIP-VTE-1 and SCIP-VTE-2 Data Element: Reason for Not Administering VTE Prophylaxis

- Definition: Reason for not administering pharmacological and/or mechanical venous thromboembolism (VTE) prophylaxis

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SCIP-VTE-1 and SCIP-VTE-2 Data Element: Reason for Not Administering VTE Prophylaxis

- Allowable Values:
 1. There is physician/APN/PA or pharmacist documentation of a reason for not administering **mechanical** VTE prophylaxis
 2. There is physician/APN/PA or pharmacist documentation of a reason for not administering **pharmacological** VTE prophylaxis

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SCIP-VTE-1 and SCIP-VTE-2 Data Element: Reason for Not Administering VTE Prophylaxis

- Allowable Values (Continued):
 3. There is physician/APN/PA or pharmacist documentation of a reason for not administering **both mechanical and pharmacological** VTE prophylaxis
 4. There is **no** physician/APN/PA or pharmacist documentation of a reason for not administering **either mechanical and pharmacological prophylaxis** or UTD from medical record documentation

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SCIP-VTE-1 and SCIP-VTE-2 Data Element: Reason for Not Administering VTE Prophylaxis

- Notes for Abstraction:
 - Documentation for allowable values 1–3 must be found within the time frame of arrival to 24 hours after **Anesthesia End Time**
 - It is not necessary to review documentation outside of this time frame to answer this data element

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SCIP-VTE-1 and SCIP-VTE-2 Data Element: Reason for Not Administering VTE Prophylaxis

- Notes for Abstraction (Continued):
 - An allergy or adverse reaction to one type of pharmacological prophylaxis medication would **NOT** be a reason for not administering all pharmacological prophylaxis—**Another medication can be ordered**

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SCIP-VTE-1 and SCIP-VTE-2 Data Element: Reason for Not Administering VTE Prophylaxis

- Notes for Abstraction (Continued):
 - A physician contraindication to one type of prophylaxis does not mean that the patient has a reason for not administering all prophylaxis
 - Example:
 - The physician documents, “Patient at risk for bleeding, no anticoagulants;” select value 2

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SCIP-VTE-1 and SCIP-VTE-2 Data Element: Reason for Not Administering VTE Prophylaxis

- Notes for Abstraction (Continued):
 - The physician documents “Patient is allergic to coumadin—**DO NOT** select that a patient has a reason for not administering all pharmacological prophylaxis because that is not documented—Select value “4”

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SCIP-VTE-1 and SCIP-VTE-2 Data Element: Reason for Not Administering VTE Prophylaxis

- Notes for Abstraction (Continued):
 - If a physician orders a transfusion and the blood products are administered within the time frame of **arrival to 24 hours after Anesthesia End Time**, select value “2”
 - Blood products administered intraoperatively and documented in the anesthesia record or in the operative report should be considered an order for transfusion—Select value “2”

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SCIP-VTE-1 and SCIP-VTE-2 Data Element: Reason for Not Administering VTE Prophylaxis

- Notes for Abstraction (Continued):
 - Reinfusion of blood products collected with blood recovery systems should not be considered for this element
 - For patients on continuous IV heparin therapy within 24 hours before or after surgery, select value "3"

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SCIP-VTE-1 and SCIP-VTE-2 Data Element: Reason for Not Administering VTE Prophylaxis

- Notes for Abstraction (Continued):
 - To select value "3," there must be documentation of reasons for not administering **both** mechanical and pharmacological prophylaxis
 - Example: There is physician documentation that a trauma patient has active bleeding and has fractured femurs bilaterally; select value "3"

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SCIP-VTE-1 and SCIP-VTE-2 Data Element: Reason for Not Administering VTE Prophylaxis

- Notes for Abstraction (Continued):
 - Patient refusal does not have to be documented by the physician/APN/PA, but it must be documented within the time frame of 24 hours prior to surgery to 24 hours after Anesthesia End Time

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SCIP-VTE-1 and SCIP-VTE-2 Data Element: Reason for Not Administering VTE Prophylaxis

- Notes for Abstraction (Continued):
 - If there is physician documentation of bleeding risk associated with surgery, do not consider this a reason for not administering pharmacological VTE prophylaxis
 - Example: The physician documents, "Discussion of risks and benefits included risk of infection and bleeding."

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SCIP-VTE-1 and SCIP-VTE-2 Data Element: Reason for Not Administering VTE Prophylaxis

- Notes for Abstraction (Continued):
 - Physician documentation of bleeding risk or active bleeding in reference to the normal risk of bleeding or to the normal bleeding associated with surgery, is not considered a contraindication to pharmacological VTE prophylaxis

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SCIP-VTE-1 and SCIP-VTE-2 Data Element: Reason for Not Administering VTE Prophylaxis

- Only physician/APN/PA or pharmacist documentation of a reason for not administering VTE prophylaxis-suggested data sources:

Anesthesia Record	Consultation Notes
Discharge Summary	History and Physical
Physician Orders	Physician Progress Notes

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SCIP-VTE-1 and SCIP-VTE-2 Data Element: Reason for Not Administering VTE Prophylaxis

- Suggested Data Sources for Patient Refusal (other than physician/APN/PA documentation for not administering VTE prophylaxis if not listed on previous slide)

Medication Administration
Record

Nurses Notes

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SCIP-VTE-1 and SCIP-VTE-2 Data Element: Reason for Not Administering VTE Prophylaxis

- **Inclusion** Guidelines for Reasons for **NOT** Administering **MECHANICAL** Prophylaxis:
 - Bilateral amputee
 - Bilateral lower extremity trauma
 - Patient refusal
 - Patients on continuous IV heparin within 24 hours before or after surgery

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SCIP-VTE-1 and SCIP-VTE-2 Data Element: Reason for Not Administering VTE Prophylaxis

- **Inclusion** Guidelines for Reasons for **NOT** Administering **Pharmacological** Prophylaxis (Continued):
 - Active bleeding (GI, cerebral, retroperitoneal)
 - Bleeding risk not associated with normal bleeding risk
 - Active GI bleed
 - Hemorrhage

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SCIP-VTE-1 and SCIP-VTE-2 Data Element: Reason for Not Administering VTE Prophylaxis

- **Inclusion** Guidelines for Reasons for NOT Administering Pharmacological Prophylaxis (Continued):
 - Patient refusal
 - Patients on continuous IV heparin within 24 hours before or 24 hours after surgery
 - Risk of bleeding
 - Thrombocytopenia

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SCIP-VTE-1 and SCIP-VTE-2 Data Element: Reason for Not Administering VTE Prophylaxis

- **Exclusions** Guidelines for **NOT** Administering Pharmacological Prophylaxis:
 - Orders to hold without a documented reason
 - History of bleeding
 - Re-infusion of blood products collected with blood recovery systems
 - Bleeding risks described in the informed consent

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SCIP-VTE-1 and SCIP-VTE-2 Data Element: Reason for Not Administering VTE Prophylaxis

- **Exclusions** Guidelines for NOT Administering Pharmacological Prophylaxis (Continued):
 - Minimal or scant bleeding
 - Serosanguinous drainage from drain or surgical dressing
 - Chronic anemia

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SCIP

- Helpful Documents
 - QUEST Questions
 - Infection Prior to Anesthesia
 - Urinary Catheter
 - VTE
 - SCIP Miscellaneous
 - SCIP Fact Sheet 10/1/2010

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Questions?



- E-mail questions to Cassie no later than **Friday, November 5, 2010.**
- Questions and answers will be distributed back to you in a Post-Presentation Q&A Fact Sheet via the FL & CA RHQDAPU E-mail List no later than November 19.

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