



Information for Healthcare Improvement SCIP is a multi-year national campaign that began in August 2005 to substantially reduce surgical mortality and morbidity through collaborative efforts. The goal is to reduce the national incidence of surgical care complications by 25% by the year 2010. This initiative is a partnership of 20 organizations committed to improving the safety of surgical care through the reduction of postoperative complications.

Heart Failure is a significant and ever-increasing public health concern in the United States and is associated with high rates of mortality and morbidity. Close to 5 million people in the US have heart failure. This accounts for more than 700,000 hospitalizations among Medicare beneficiaries every year, and heart failure is the most common hospital discharge diagnosis for patients 65 and older. The SCIP/HF project focuses on increasing the use of angiotensin converting enzyme inhibitors (ACEIs) or angiotensin receptor blockers (ARBs) in patients with reduced left ventricular systolic function when hospitalized with heart failure.

Nine Measures

- SCIP-Inf 1: Prophylactic antibiotic received on time – within one hour prior to surgical incision (2 hours for vancomycin)
- SCIP-Inf 2: Prophylactic antibiotic selection for surgical patients
- SCIP-Inf 3: Prophylactic antibiotics discontinued within 24 hours after surgery end time
- SCIP-Inf 4: Cardiac surgery patients with controlled 6 a.m. postoperative serum glucose
- SCIP-Inf 6: Surgery patients with appropriate hair removal
- VTE 1: Surgery patients with recommended VTE prophylaxis ordered
- VTE 2: Surgery patients who received appropriate VTE prophylaxis within 24 hours prior to surgery to 24 hours after surgery
- Card 2: Surgery patients on a beta blocker prior to arrival who received a beta blocker during the perioperative period
- HF 3: Heart failure patients with left ventricular systolic dysfunction (LVSD) and without angiotensin converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB) contraindications who are prescribed an ACEI or ARB at hospital discharge.