

## SCIP/CMS Subcommittee

SCIP/CMS Subcommittee Recommendations
Hospitals that perform surgeries and who are already reporting SCIP measures through CMS will report SCIP INF 1- 3 measures to the state.
<ul style="list-style-type: none"><li>• Hospitals currently submitting data on SCIP INF 1-3 can utilize their current vendor for submitting data to the state.</li><li>• Hospitals not currently submitting data, who perform the required surgeries and have a Medicare provider number can utilize the CART tool for electronic reporting. Lumetra will provide assistance free of charge.</li><li>• Hospitals not currently submitting data who perform the required surgeries but do not have a Medicare provider number will be able to utilize a paper version of the tool for reporting and obtain assistance from Lumetra.</li></ul>
The methodology and sampling of the required audits are defined by CMS (see attached power point).
The subcommittee recommended that the first quarter of calendar year 2008 of SCIP INF 1 - three measures be reported to the state by hospitals who do not currently report SCIP measures no later than July 1, 2008. Hospitals who currently submit data on SCIP measures will continue to report on the 15th day of the 5th month following the close of the quarter. The hospitals currently reporting will input their 1st qtr 2008 data to their vendors by August 15th. The subcommittee considered for the "newly" reporting hospitals to report a bit sooner (July) so that Lumetra will have the opportunity to help them with any problems that may come up. Following the first reporting period, Lumetra would put out a reporting schedule to all the hospitals they are assisting, which would match the rest of the state.

Lumetra is a healthcare consulting organization dedicated to improving the quality, safety, and integrity of healthcare. On September 24, 1984, the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services, awarded Lumetra what was to be the first of eight consecutive three-year contracts to be California's federally-designated Quality Improvement Organization (QIO). The SCIP measures included are listed below:

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

Acronyms: CART - CMS Abstraction and Reporting Tool  
CMS -- Centers for Medicare and Medicaid Services  
SCIP - Surgical Care Improvement Project

The main point of this slide is bullet 4: the sampling guideline is basically a 10% formula, per strata.

## SCIP Sampling Summary

- Prior to 7/1/06 discharges, SIP, predecessor of the Surgical Care Improvement Project (SCIP), used seven strata for measure and strata definitions
- Same seven strata are used in SCIP for ALL measures
- Eighth stratum "Other Surgery" added to increase SCIP coverage to most types of surgeries. This table is labeled Table H for Version 2.0b (3Q06 discharges) in the specifications manual and renamed Table 5.25 in Version 2.1a (beginning 4Q06 discharges)
- Generally speaking, 10% sample per stratum (e.g., hospitals with all eligible surgery types should select eight samples, one per stratum)
- Summary of general processing flow:
  - Identify list of discharges for each stratum
  - Select sample each stratum
  - Abstract data for all sampled charts in each stratum
  - Apply
- Use sampling strata for categorizing surgery types for sampling, then use measure definitions for exclusion criteria

The main point of this slide is the listing of the seven strata of cases; the subcommittee recommends that strata 8 be excluded.

## Eight SCIP Sampling Strata

Specifications Manual, Appendix A:

- CABG stratum – Table 5.01
- Other Cardiac Surgery stratum – Table 5.02
- Hip Arthroplasty stratum – Table 5.04
- Knee Arthroplasty stratum – Table 5.05
- Colon Surgery stratum – Table 5.03
- Hysterectomy stratum – Table 5.06 (Abdominal) or Table 5.07 (Vaginal)
- Vascular Surgery stratum – Table 5.08
- Other Surgery stratum – Table 5.25 (4Q05)

The main point of this slide is the volume requirement for the 10% sampling, and the breakpoint for 100% review.

## SCIP Quarterly Sample Size Per Stratum (Beginning 4Q06 Discharges)

Table 5: Total Sample Size Based on ICD Population Size for the Surgical Care Improvement Project (SCIP) Measure Set

<i>Health Care Organization's Measure</i>	
Average Quarterly Strata ICD Population Size "N"	Minimum Required Strata Sample Size "n"
≥ 480	48
160 - 479	10% of ICD population size
16 - 159	16
< 16	No sampling; 100% ICD population required