

In This Issue

- SCOAP Making a Difference: Negative Appendectomy
- What Can SCOAP Do For You? Surgeons: Fulfill Your MOC Part IV Requirements Through SCOAP!
- SCOAP Marches Across WA State: 45th Hospital Joins SCOAP and 33 Hospitals Implementing SCOAP Surgical Checklist!

The SCOAP Community Speaks Up

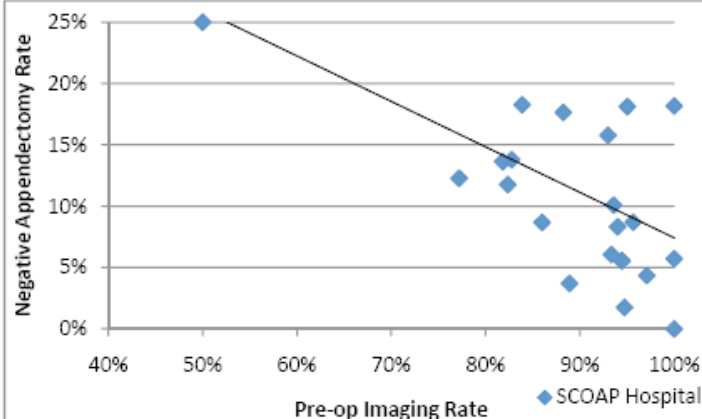
Colleagues from Kadlec Hospital recently asked, “Why does it seem that SCOAP wants everyone to get a CT scan given recent evidence about radiation’s effect over time?”

SCOAP does not want everyone to get a CT. SCOAP is made up of surgeons like you who looked at data on negative appendectomy and, not surprisingly, noticed

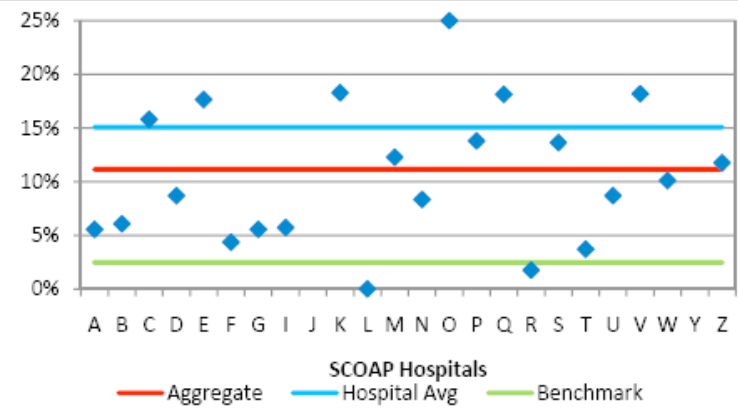
SCOAP is the future of Surgical Quality Improvement. It is a physician-led, voluntary collaborative creating an aviation-like surveillance and response system for surgical quality. SCOAP’s goal is to improve quality by reducing variation in process of care and outcomes at every hospital in the region.

SCOAP Making a Difference

In SCOAP, rates of negative appendectomy (NA) among women age 18-45 are much lower in hospitals that use more imaging.



There is still a lot of work to be done on appendectomy among women age 18-45. These are SCOAP hospitals and the rate of NA in that group.



For more on NA and the appropriate use of imaging, please see The SCOAP Community Speaks Up column to the left. To learn which hospital is yours in the slides above, or to ask questions about your data report, please contact Rosa Johnson at (206) 682-2811 x 20 or rjohnson@qualityhealth.org.

What Can SCOAP Do For You?

SURGEONS: FULFILL YOUR MOC PART IV REQUIREMENTS THROUGH SCOAP!

that we were doing really poorly at diagnosing appendicitis among women of reproductive age and young children, and have been working to do something about it. The rate of NA among women was nearly 1 in 4 prior to SCOAP. The answer is not necessarily getting more imaging, but among this group that is highest at risk for NA, the answer may be using ACCURATE diagnostic imaging (US or CT). While early reports about CT accuracy led us to believe that the scans were nearly always accurate, we all know that the scan quality can vary widely – and an inaccurate scan is no help.

To see the rest of this answer, [click here](#).

Visit the [SCOAP website](#) for answers to other questions raised by members of the SCOAP community on topics such as negative lymph nodes, blood glucose, and CT/US use.

Contact Us

<http://www.scoap.org>

Dave Flum, MD, MPH
SCOAP Medical Director
daveflum@u.washington.edu
(206) 616-5440

Rosa Johnson, ARNP, MN,
CPHQ
SCOAP Program Director
rjohnson@qualityhealth.org
(206) 682-2811 x 20

“For many of us who have recently re-taken our boards or are about to do so, the new every 3-year ABS requirement to provide documentation of our surgical outcomes and ongoing commitment to participate in surgical quality initiatives is just one more thing to worry about. To have the option of fulfilling this requirement by participating in SCOAP at our local hospital is really convenient.”

– Michael Florence, MD, FACS; Chair, SCOAP Advisory Board



The American Board of Surgery requires compliance with the [Maintenance of Certification \(MOC\) program](#) every 3 years if you certify or re-certify after July 1, 2005.

MOC Part IV, which calls for participation in a national, regional, or local surgical outcomes database or quality assessment program, can be fulfilled by participating in SCOAP! The following criteria must be met in order to fulfill MOC Part IV requirements through SCOAP:

1. Hospital with which surgeon is affiliated must be a SCOAP-participating hospital with **current, audited data**.
2. Hospital with which surgeon is affiliated must use the surgeon identifier window on SCOAP data submission form.
3. Surgeon must register for MOC Part IV with the Foundation for Health Care Quality (FHCQ) and provide proof of participation in SCOAP activities.
4. Surgeon must read three SCOAP-related articles annual and answer a set of related questions.

Sign up today to complete your MOC Part IV requirement through SCOAP by [clicking here](#).

SCOAP Marches Across Washington State

45TH HOSPITAL JOINS SCOAP!

33 HOSPITALS IMPLEMENTING SCOAP SURGICAL CHECKLIST!

SCOAP is proud to welcome its 43rd-45th members, Capital Medical Center (Olympia), Lincoln Hospital (Davenport), and Providence Regional Medical Center Everett (Everett). These hospitals join 42 other hospitals from across the State of Washington in this clinician-led, voluntary collaborative that links hospitals across the state to increase the use of best practices in surgical care. SCOAP's goal is to provide the kind of surveillance of procedures and response to negative outcomes that exists in the world of aviation. Now in its third year, SCOAP's membership represents over 80% of the general surgical care in Washington State. To see a list of SCOAP and non-SCOAP hospitals or to learn more about SCOAP, [visit the SCOAP website](#).

Additionally, 33 hospitals in the State of Washington are now using the SCOAP Surgical Checklist! To see a list of all hospitals using the SCOAP Surgical Checklist, learn more about implementing the SCOAP Surgical Checklist at your hospital, or see which healthcare organizations in the state support this initiative, [visit the Checklist website](#).

To unsubscribe to this newsletter, please [click here](#) or reply to this email with unsubscribe in the body of the message.