SCOAP
SURGICAL CARE AND OUTCOMES ASSESSMENT PROGRAM
A PROGRAM OF THE FOUNDATION FOR HEALTH CARE QUALITY

The SCOAP Box

"Sharing Progress – Driving Excellence"

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The SCOAP Community Speaks Up

Why are we focusing on beta blockers given the current evidence?

SCOAP has always focused on avoiding acute beta blocker withdrawal in patients already taking beta blockers. This is currently the ONLY metric in SCOAP reporting related to beta blockers. The SCOAP Surgical Checklist asks if there is a plan to continue beta blockers after surgery as a way to avoid the 4.5 fold increased risk of a heart

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.

The SCOAP Surgical Checklist was officially launched January 15, 2009, with the goal of having a SCOAP Surgical Checklist used in every OR in the state of Washington by the end of 2009. Governor Christine Gregoire has lent her enthusiastic support to this initiative. For more information, to get your hospital started in using the SCOAP checklist, or if you are interested in joining the metrics, communications, or operations committees of the SCOAP Surgical Checklist Initiative, please visit www.surgicalchecklist.org.

Governor Gregoire stands behind SCOAP and the Surgical Checklist

From left to right: Tim Layton, Washington State Medical Association; Nancy Fisher, Health Care Authority; Marc Horton, American College of Surgeons – WA State Chapter; Lisa Thatcher, Washington State Hospital Association; Governor Chris Gregoire; Len Eddinger, Washington State Medical Association; Dave Flum, SCOAP; Terry Rogers, Foundation for Health Care Quality; Justine Norwitz, SCOAP; Diane Giese, Puget Sound Health Alliance

attack that comes with beta blocker withdrawal (Psaty et al JAMA 1990). Our colleagues at Harborview asked whether the real metric should be avoidance of an elevated heart rate in someone on beta blockers. While we agree that avoidance of tachycardia is the real goal of beta blocker continuation, tracking on heart rate is challenging, non-standardized, and does not meet the emerging metric that is coming through CMS's SCIP initiative. (Please see figures to the right for more on beta blockers.)

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

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SCOAP Saves Hospitals Money

SCOAP improves quality by defining, tracking and creating tools to drive changes in surgical care. SCOAP has modest associated costs in yearly fees ($1-9K) and data abstractors/extractors ($10-20K, depending on hospital size and EMR capacity). At a time when financial resources are limited, why should hospitals spend money on SCOAP, and where is the value for their investment?

Most hospitals get paid for an episode of surgical care through the Diagnosis Related Group (DRG) prospective payment system (APR-DRG or MS-DRG). The DRG reimbursement pays for an "average" episode of care which encompasses procedures, medication and length of stay.

The profit margin per surgical case improves by: 1) Reducing excess costs of care due to complications/reinterventions; 2) Shortening length of stay; 3) Decreasing the use of expensive drugs; 4) Increasing adherence to reimbursement-linked metrics and; 5) Increasing standardization of routine care.

To read more about how SCOAP can help your hospital be more cost-effective, **click here** (please note you will be prompted to download a .pdf file).

SCOAP Marches Across Washington State

17TH HOSPITAL ADOPTS SCOAP SURGICAL CHECKLIST!

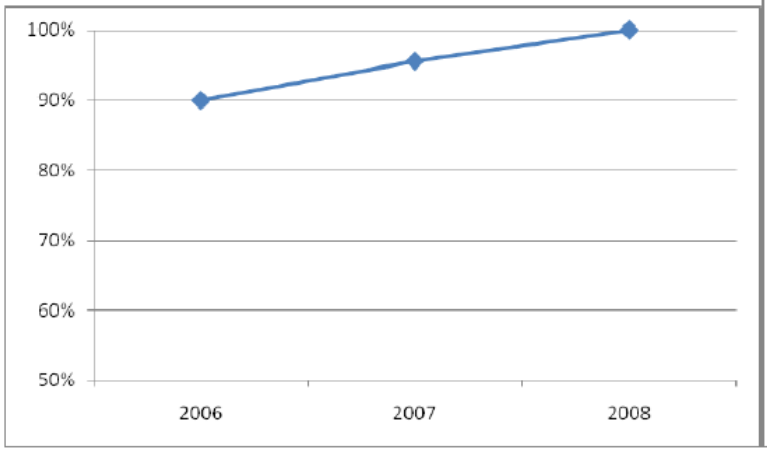
The SCOAP Surgical Checklist is used at the start of surgery as part of an extended "time out" and after surgery as part of a debriefing. The SCOAP Checklist, which goes beyond the JCAHO "time out" concept, guarantees that vital steps to a successful procedure are carried out and reinforces a culture of patient safety. A coalition of healthcare stakeholders from across the state is supporting the SCOAP Surgical Checklist Initiative, and with their help, SCOAP has seen 17 hospitals adopt the SCOAP Surgical Checklist! To see a list of all hospitals using the SCOAP Surgical Checklist, view the **SCOAP Hospital Participation and Performance Report** (please note you will be prompted to download a .pdf file). To learn more about implementing the SCOAP Surgical Checklist at your hospital or to see which healthcare organizations in the state support this initiative, **visit the Checklist website**.

SCOAP Making a Difference

For people who use beta blockers because of heart disease, suddenly stopping those beta blockers after surgery dramatically increases the risk of a heart attack. SCOAP is working to make sure that patients on beta blockers before surgery ALWAYS have their beta blockers continued after surgery. SCOAP feeds back data on beta blocker continuation to hospitals and the SCOAP checklist helps hospitals and clinician make acute beta blocker withdrawal a real never event. 100% beta blocker continuation should be the goal.

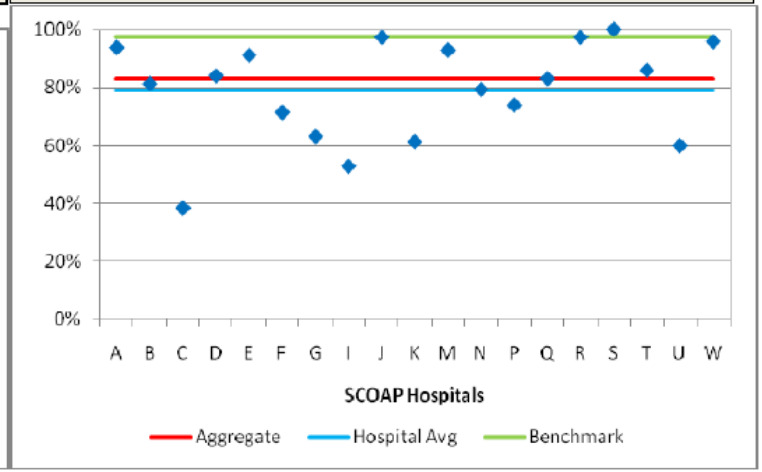
Percentage of pts having Beta Blocker continuation, by year

This is an example of a SCOAP hospital that has used checklists to make acute beta blocker withdrawal a never event.



Washington State Hospitals Can Still Improve....

SCOAP Hospitals (A-W) Still Show **Significant Variation** in Beta Blocker continuation.



For more on the Beta Blocker issue, please see the column to the left. To learn how your hospital is performing on the beta blocker metric, or to ask questions about your data report, please contact Rosa Johnson at (206) 682-2811 x 20 or rjohnson@qualityhealth.org.

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