



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

The SCOAP Box

“Sharing Progress – Driving Excellence”

August 15, 2009

Volume 2, Number 8

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The SCOAP Community Speaks Up

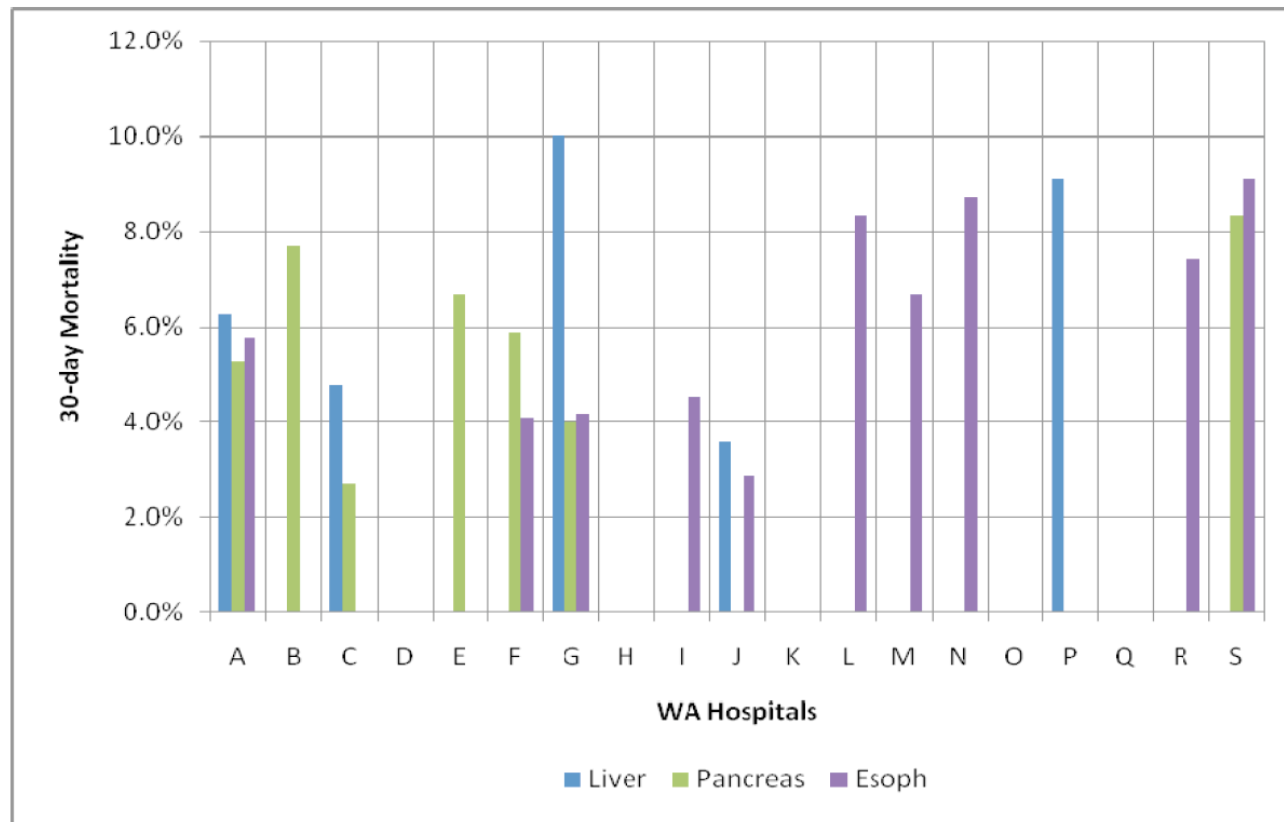
[We were recently asked by colleagues at Providence Everett, “What is the plan for other procedures in SCOAP?” \(LINK\)](#)

SCOAP strategic planning is coordinated by an advisory board made up of practicing surgeons from participating hospitals and operates through the weekly meetings of an executive committee made up of the Medical Director, Associate Medical Directors, Chair of the Advisory Board, and Foundation for Healthcare Quality leadership and staff. Decisions about SCOAP’s

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

Death within 30 days of surgery by procedure type & hospital
Washington State data: 2002 - 2006; Resections among cancer cases
Hospitals with greater than 10 cases of any of the procedures. Procedure categories with 10 or fewer cases, not reported



future are made based on the interests of SCOAP surgeons and the feasibility of those interests given resource and other operational constraints. The business plan for SCOAP envisioned a three- year plan to achieve financial stability that would allow us to grow to the critical mass (accomplished), be self-sustaining to maintain the current spectrum of activity (accomplished), and, through grants and partnerships, facilitate the growth of the program to cover other procedures (a continual work in progress).

The Advisory Board has defined standards for SCOAP hospital participation. Full SCOAP participation requires 100% enrollment of patients in at least 2 modules (e.g., colorectal and vascular) and 10% auditing for other modules (e.g., appendectomy or bariatric) once a majority of benchmarks in those areas has been achieved. This allows SCOAP to be a “roving spotlight” that shifts its focus after a hospital achieves success but always includes a tonic level of assessment so that the public can be assured that a SCOAP hospital is meeting the standards that its surgeons set. As other modules come online, hospitals can decide where they want to focus their data collection or can continue full enrollment in all modules.

To see the rest of this answer,

For more on the expansion of SCOAP-tracked procedures, 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.

SCOAP in Action: Public Reporting of Data

The public wants to know what SCOAP is all about. Our [website](#) highlights our story and our successes in a section called [“For the Public”](#). The public can find out which hospitals are (or are not) currently [participating in SCOAP](#) and which are using the [SCOAP Surgical Checklist](#).

What about public release of SCOAP performance data? It’s important to remember that hospitals own their SCOAP data and neither SCOAP nor the Foundation for Healthcare Quality (SCOAP’s administrative home) is allowed to release data for purposes other than quality improvement. That requirement is regulated by state statute ([Continual Quality Improvement Statute](#)) and protects these data from discovery for other purposes. However, in January SCOAP created a web forum for hospitals that wanted to voluntarily release their own SCOAP data to the public. 17 hospitals are now voluntarily releasing the last 12 months of aggregate data on 12 SCOAP process of care metrics. We encourage all SCOAP hospitals to release their data to the public using this forum. There is real value in “institutionalizing” the metrics through public disclosure, and it seems that nothing drives improvement better than concern about being seen as an outlier. For some hospitals, this public release step happens after a period of growing comfortable with the process and verifying the fidelity of the data. We encourage all SCOAP hospitals to publicly release at least some data within 2 years of joining. The Puget Sound Health Alliance, the largest grouping of healthcare stakeholders in our region, has recently [highlighted SCOAP public reporting](#) and issued a [press release](#) congratulating SCOAP hospitals on progress towards the public informed.

The [public release data](#) show that all hospitals have opportunities for improvement and suggest that hospitals are working to address those opportunities using SCOAP tools. It shows no hospitals are perfect in all metrics and validates the need for SCOAP. These public-release data also include our overall progress with SCOAP metrics over time – and therefore illustrate the value of SCOAP benchmarking.

We need your help to encourage your hospital to release SCOAP data. Surgeons can champion this as part of their process of “owning” surgical quality improvement. Clinicians believe that when insurers, payers and the government force public release of data, we lose control of the process, the quality of the data, and the ways in which the data are framed. With SCOAP, clinicians retain the control, confirm the validity, and show the progress in addressing these metrics while acknowledging that 100% is something towards which our systems are working. By doing this, we show that SCOAP surgeons are cutting edge and are meeting the demands and rights of the public to create more transparent systems. Public release of SCOAP data is our way of showing what it means to be leaders in quality improvement and is another reason SCOAP surgeons should be proud of what we have accomplished.

SCOAP Marching Across Washington State

52ND AND 53RD HOSPITALS JOIN SCOAP!

[click here.](#)

Visit the SCOAP website or the SCOAP blog (LINKS) for answers to other questions raised by members of the SCOAP community.

Contact Us

<http://www.scoap.org>

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Assessment Program

SCOAP is proud to welcome its 52nd and 53rd members, Whitman Hospital and Medical Center, in Colfax, and St. Francis Hospital, in Federal Way. Whitman Hospital is a 25-bed critical access hospital that serves the communities of Lacrosse, Endicott, St. John, Steptoe, and Colfax. St. Francis Hospital is a member of the Franciscan Health System serving Federal Way, Auburn, Des Moines, Fife, Highline, Kent, Milton, Puyallup and northeast Tacoma. These two hospitals join 51 others 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.](#)

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