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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In This Issue

The SCOAP Community Speaks Up

Recently we were asked by colleagues at Grays Harbor, "Why are we tracking the use of after-discharge chemoprophylaxis to prevent blood clots? That's not a SCIP measure."

There are few topics as controversial for surgeons as the use of blood thinners to prevent venothromboembolism (VTE) . The most common presentation of a pulmonary embolism is sudden death, and so the conversation about the use of blood thinners around surgery has been one of competing risks: risk reduction of death by VTE due to blood thinners and risk increase of bleeding when using blood thinners. The other risks – post-phlebitic syndromes, the hassle and complications of long-term anticoagulation, the risk of future VTE – all of these are also impacted by VTE prophylaxis, but for many, this is a sudden death vs. bleeding issue. Whether a surgeon "believes" in the data about risk reduction with perioperative prophylaxis (a body of compromised research, much of it generated quite a long time ago or extrapolated from orthopedic surgery) is not that relevant, because Medicare decided through its SCIP project that we had to give VTE prophylaxis to our patients.

To see the rest of this answer, **click here**.

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

Contact Us

http://www.scoap.org

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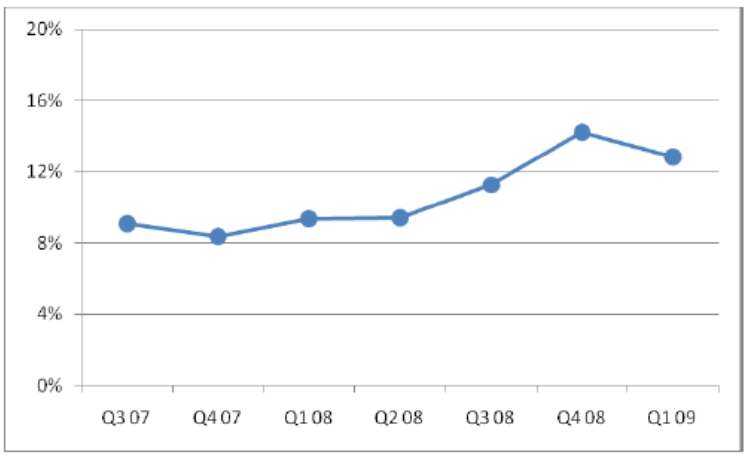
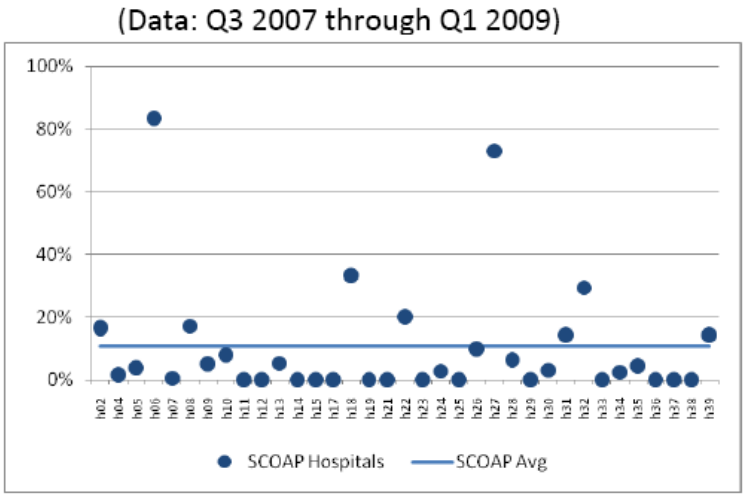
SCOAP is the future of surgical quality improvement. It is a physician-led, voluntary collaborative creating an aviation-like surveillance and response system for surgical quality. SCOAP's goal is to improve quality by reducing variation in process of care and outcomes at every hospital in the region.

SCOAP Making a Difference

Use of Discharge VTE prophylaxis in Cancer Patients: Time Trends (Data: Q3 2007 through Q1 2009)



Use of Discharge VTE prophylaxis in Cancer Patients: by Hospital (Data: Q3 2007 through Q1 2009)



For more on discharge prophylaxis for VTE, 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: Risk-Adjustment

Risk-adjustment in SCOAP is done to facilitate comparisons between institutions and the SCOAP population as a whole. Risk-adjusted rates take into account the "case-mix" at an institution, reflecting the acuity of the patient population, their comorbid conditions, clinical status (i.e serum albumin level) and case type. For the past 3 years we've been working to give SCOAP surgeons risk adjusted outcome data for death, reoperation and length of stay. We've waited that long to have the risk adjustment models sufficiently precise and in that time we've taken advantage of emerging evidence on modeling from NSQIP and other sources to create the most precise estimates available to account for patient risk when looking at your data. A detailed primer on risk adjustment will be available on the SCOAP website this month for those interested in the details and the "performance" of the yearly updated models. For each procedure type a regression model is constructed and from the probability values generated by the model, we calculate the expected event rates for each site.

We divide the observed event rate by the expected event rate to calculate the O/E ratio. Each institution's O/E ratio can then be multiplied by the SCOAP average to generate a risk-adjusted rate (RA rate). RA rates are not a "real" number but rather one way to compare your hospital's performance against anothers, accounting for patient risk. For example, the risk-adjusted rate of reoperation for an institution will not tell you how many cases had a re-operation, but suggests, if an institution's performance is higher or lower than the SCOAP average, adjusting for risk. This can be confusing and it may be easier at first to focus on how your hospital's predicted rate differs from its observed so you can see the effect of risk adjustment. More information about risk adjustment in SCOAP will be coming in a future newsletter. We look forward to your feedback and making SCOAP reports more valuable

SCOAP Marching Across Washington State

54TH HOSPITAL JOIN SCOAP!

SCOAP is proud to welcome its 54th member, Othello Community Hospital, in Othello, WA. Othello Community Hospital is a 25-bed critical access hospital serving Adams, Grant, and Franklin Counties. Othello joins 53 other hospitals from across the State of Washington in SCOAP - a 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**.

Changes to The SCOAP Box Coming Soon!

The SCOAP Box will be taking a break for the month of October, while we work on implementing a different newsletter structure. Stay tuned for the new and improved SCOAP Box in November!