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SCOAP Community Speaks Up

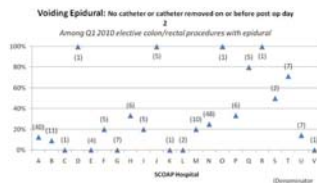
Tracking Length of Stay

Colleagues at Valley General Hospital in Renton asked "Why is SCOAP starting to ask questions about time of admission and discharge?" and others have asked similar questions what SCOAP is trying to get at when it focuses on length of stay.

Questions like these are a great opportunity to make sure all SCOAP surgeons are on the same page about how this grassroots collaborative picks metrics and why certain data points are being collected. Beginning January 2010, SCOAP added admission and discharge times for all cases, and for non-elective surgery (like appendectomies and some colorectal procedures) the time of arrival at the Emergency

SCOAP Making a Difference: Reducing the Rate of Perforated Appendix

The estimated nationwide rate of perforated appendicitis is 25-35%. In SCOAP that rate is only 15%, but some hospitals have much higher rate (click figure for details).



Can we do better? SCOAP data also indicate that ~15% of patients with perforation were seen in ERs/urgent care centers in the 7 days prior to being admitted for their appendectomy. These visits may be missed opportunities to establish the diagnosis of appendicitis earlier. We may not be able to avoid all cases of perforation, but in this month's [SCOAP Community Speaks Up column](#), we describe what SCOAP is doing to help hospitals with higher rates of perforation. Click the figure above to learn more about cases of a perforated appendix among SCOAP hospitals. To determine which hospital is yours, please [contact Rosa Johnson](#).

What's New In SCOAP?

Rapid Subscription to SCOAP's Vascular Surgery/Interventional Radiology Module

We are pleased to announce that in its first year, 70+% of Washington hospitals are participating in Vascular Interventional-SCOAP (VI-SCOAP)! VI-SCOAP was built on a collaboration between interventional radiologists, vascular surgeons, and interventional cardiologists to improve care for all patients with vascular disease. The program delivers benchmarking reports of risk-adjusted 30 day outcomes, detailed process of care, and 6 and 12 month clinical and functional outcomes for three

Room as well. Finding and abstracting times in a consistent manner has been a surprising challenge, prompting some of the above questions, but this metric is important. [Read more...](#)

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procedures: carotid, AAA, and infrainguinal interventions-both endovascular and open. The clinician advisory board consists of physicians in all three specialties who bring a unique perspective to these procedures and disease processes-the first, statewide truly multi-specialty programs. Abstractors have been trained, and "expert" VI-SCOAP abstractors and vascular surgeons are available to assist with data quality. A dedicated group of physicians and abstractors meets quarterly to discuss metrics and QI targets, and we'll be having a "Data Divers" meeting focused on VI-SCOAP this fall. For more information or to find out how you can get more involved in VI-SCOAP, [contact Rosa Johnson](#).

About Us

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.

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