

**HOSPITAL SURGICAL CARE IMPROVEMENT PROJECT (SCIP)
CORE MEASURE SET SELECTION FORM**

HCO ID#
HCO NAME
ADDRESS
CITY, STATE, ZIP

Fax Completed Forms to
(630) 792-4599

MEASUREMENT SYSTEM SELECTED

MEASUREMENT SYSTEM NAME

SYSTEM ID#

*Data **MUST** be collected for **EACH MEASURE** and **EACH TYPE OF SURGERY** if the hospital performs the surgical procedure of interest
Please indicate all those surgical procedure types your organization performs by filling in the appropriate circle.*

SCIP – INFECTION MODULE

DATA COLLECTION
START DATE

SIP Inf-1 Prophylactic antibiotic received within one hour prior to surgical incision

- 14657 **SCIP-Inf-1a Overall Rate**
- 14658 **SCIP-Inf-1b CABG**
- 14659 **SCIP-Inf-1c Cardiac Surgery**
- 14660 **SCIP-Inf-1d Hip Arthroplasty**
- 14661 **SCIP-Inf-1e Knee Arthroplasty**
- 14662 **SCIP-Inf-1f Colon Surgery**
- 14663 **SCIP-Inf-1g Hysterectomy**
- 14664 **SCIP-Inf-1h Vascular Surgery**

SCIP Inf-2 Prophylactic antibiotic selection for surgical patients

- 14666 **SCIP-Inf-2a Overall Rate**
- 14667 **SCIP-Inf-2b CABG**
- 14668 **SCIP-Inf-2c Cardiac Surgery**
- 14669 **SCIP-Inf-2d Hip Arthroplasty**
- 14670 **SCIP-Inf-2e Knee Arthroplasty**
- 14671 **SCIP-Inf-2f Colon Surgery**
- 14672 **SCIP-Inf-2g Hysterectomy**
- 14673 **SCIP-Inf-2h Vascular Surgery**

SCIP Inf-3 Prophylactic antibiotics discontinued within 24 hours after surgery end time

- 14675 **SCIP-Inf-3a Overall Rate**
- 14676 **SCIP-Inf-3b CABG**
- 14677 **SCIP-Inf-3c Cardiac Surgery**
- 14678 **SCIP-Inf-3d Hip Arthroplasty**
- 14679 **SCIP-Inf-3e Knee Arthroplasty**
- 14680 **SCIP-Inf-3f Colon Surgery**
- 14681 **SCIP-Inf-3g Hysterectomy**
- 14682 **SCIP-Inf-3h Vascular Surgery**

Joint Commission policy requires that your organization provide written confirmation of the performance measurement system(s) and performance measures your organization has selected to meet performance measurement requirements for accreditation.

Primary Contact

Phone

Date

Chief Executive Officer

Signature

Date

**HOSPITAL SCIP
CORE MEASURE SET SELECTION FORM (Cont'd.)**

HCO ID#
HCO NAME
ADDRESS
CITY, STATE, ZIP

Fax Completed Forms to
(630) 792-4599

MEASUREMENT SYSTEM SELECTED

MEASUREMENT SYSTEM NAME

SYSTEM ID#

*Data **MUST** be collected for EACH MEASURE within the module and for EACH APPLICABLE TYPE OF SURGERY if the hospital performs the surgical procedure of interest.*

Where applicable, please indicate if data will be submitted for the measure(s) by filling in the appropriate circle.

SCIP – INFECTION MODULE

(Data collection and submission is required if submitting SCIP Inf-1, 2, and 3 unless, in the case of SCIP Inf-4, the hospital does not perform CABG or Other Cardiac Surgery.)

DATA COLLECTION
START DATE

- 14684 **SCIP-Inf-4** Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Serum Glucose
- 14685 **SCIP-Inf-6** Surgery Patients with Appropriate Hair Removal

SCIP – VENOUS THROMBOEMBOLISM (VTE) MODULE

(Data collection and submission required if submitting SCIP Inf-1, 2, and 3.)

DATA COLLECTION
START DATE

- 14690 **SCIP-VTE-1** Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered
- 14691 **SCIP-VTE-2** Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours after Surgery

SCIP – CARDIAC MODULE

(Data collection and submission required if submitting SCIP Inf-1, 2, and 3.)

DATA COLLECTION
START DATE

- 14688 **SCIP-CARD-2** Surgery Patients on Beta Blocker Therapy Prior to Admission Who Received a Beta Blocker During the Perioperative Period

SCIP – INFECTION MODULE

(Data collection and submission required if submitting SCIP Inf-1, 2, and 3.)

DATA COLLECTION
START DATE

- 14687 **SCIP-Inf-9** Urinary Catheter Removed on Post-Op Day 1 or Post-Op Day 2
- 14689 **SCIP-Inf-10** Surgery Patients with Post-Op Temperature Management

Joint Commission policy requires that your organization provide written confirmation of the performance measurement system(s) and performance measures your organization has selected.

Primary Contact

Phone

Date

Chief Executive Officer

Signature

Date