

**SCIP: IT'S NOT PEANUT BUTTER! A PROSPECTIVE REVIEW FOR CORRECT PROPHYLACTIC ANTIBIOTIC SELECTION, BY THE CLINICAL NURSE IN THE PRE-ADMISSION AND PRE-OPERATIVE DEPARTMENTS**

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**Problem:** Fall-out data for our SCIP (Surgical Care Improvement Project) and Outpatient Core Measures reflected unacceptable rates for physicians ordering the correct prophylactic antibiotic.

**Question:** Will a new prospective review program by the clinical staff in the PAES and Pre-operative Departments lead to an increased level of compliance with Core Measures?

**Project:** The Pharmacist, the CNS, and the Leadership for both departments met to plan a prospective review process. An education plan and process algorithm were developed and revised with the input of the clinical nurses. Since the physician orders the prophylactic antibiotic for the selected procedure approximately a week beforehand, there is time to review the selection appropriateness in the PAES department. There is another opportunity for review in the pre-operative department in the hours before surgery. If the RN finds the selection incorrect, the MD is contacted for clarification. If the clarification doesn't produce a correct selection, or the RN is unable to contact the MD, then the RN follows up with the Perioperative CNS and Pharmacist. All nurses were taught and are able to carry out the instructions of the algorithm.

**Results:** This prospective review allowed the RNs, CNS, and Pharmacist several days to track, review, and correct erroneous or omitted antibiotic selections. This led to fewer fall-outs and an improvement in this publicly reported core measure.

**Conclusions:** Leadership in concert with clinical staff were able to devise a strategy, using a prospective review process and algorithm, which encourages physicians to increase their compliance with antibiotic selection.