

Medical News

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The Surgical Infection Prevention Project of the Centers for Medicare & Medicaid Services Expands to Include Other Surgical Complications

The new Surgical Care Improvement Project (SCIP) of the Centers for Medicare & Medicaid Services (CMS) is a national partnership of organizations committed to improving the safety of surgical care through the reduction of postoperative complications. The goal (expanded from the CMS Surgical Infection Prevention project) is to reduce surgical complications nationally by 25% by 2010 in four target areas: surgical-site infections and cardiac, respiratory, and venous thromboembolic complications. A SCIP steering committee, consisting of public and private organizations including the Society for Healthcare Epidemiology of America, has been working since 2003 to develop a quality improvement framework to improve both patient safety and the quality of care for surgical services nationwide. In preparation for an official launch in summer 2005, several developmental activities are currently under way, including the completion of a three-state demonstration pilot, the formation of four technical expert panels to provide specialized guidance for improving each of the four target areas, and the development of information, materials, and evidence-based strategies to help hospitals and their professional staffs participate and succeed in this national effort.

Along with the proper use of antibiotics to prevent surgical-site infections, examples of additional measures being evaluated include preventing hypothermia during the procedure, maintaining high levels of inspired oxygen, controlling serum glucose within certain limits, and avoiding shaving of the operative site.

More information on SCIP is available at www.MedQIC.org/scip.

Computer-Based Standing Orders Versus Physician Reminders to Increase Influenza and Pneumococcal Vaccination Rates

Dexter et al., from Wishard Memorial Hospital, Indianapolis, Indiana, studied the effects of computerized physician standing orders compared with physician reminders on inpatient vaccination rates in a randomized trial of 3,777 patients during two influenza seasons (November 1, 1998, through December 31, 1999).

The hospital's computerized physician order entry system identified inpatients eligible for influenza and pneumococcal vaccination. For patients with standing orders, the computer system automatically produced vaccine orders directed to nurses at the time of patient discharge. For patients with reminders, the computer system provided reminders to physicians that included vaccine orders during routine order entry sessions.

Approximately 50% of all hospitalized patients were identified as eligible for influenza vaccination. Twenty-two percent of patients hospitalized during the entire 14 months of the study were found eligible for pneumococcal vaccination. Patients with standing orders received an influenza vaccine significantly more often (42%) than did those with reminders (30%) ($P < .001$). Patients with standing orders received a pneumococcal vaccine significantly more often (51%) than did those with reminders (31%) ($P < .001$).

The researchers suggest that computerized standing orders should be used more widely for increasing immunization rates among inpatients.

FROM: Dexter PR, Perkins SM, Maharry KS, Jones K, McDonald CJ. Inpatient computer-based standing orders vs physician reminders to increase influenza and pneumococcal vaccination rates: a randomized trial. *JAMA* 2004;292:2366-2371.

Healthcare-Associated Transmission of *Mycobacterium tuberculosis* Among Patients at Three Hospitals and a Residential Facility

Immunocompromised patients have an increased risk of experiencing progression of latent *Mycobacterium tuberculosis* infection to active tuberculosis (TB) disease. In January 2002, two patients with leukemia (patients 1 and 2) developed pulmonary TB after recent exposure at three hospitals (hospital A, hospital B, and hospital C) and at a residential facility for patients with cancer. Neither was known to have latent *M. tuberculosis* infection. Within 1 year, three other patients with malignancy and TB disease had been identified at these facilities, prompting an investigation of healthcare facility-associated transmission of *M. tuberculosis*. Malone et al., from the Centers for Disease Control and Prevention, performed genotypic analysis of the five available *M. tuberculosis* isolates from patients with malignancies at these facilities, reviewed medical records, interviewed individuals who had identi-