



SCIP-INF-10: New Reporting Requirements on Perioperative Normothermia Take Effect October 1, 2009

Compliance Will Directly Impact 2011 CMS Payments

Kimberly-Clark Health Care wants you to be aware of an important change in hospital reporting requirements effective October 1, 2009. As described by the CMS 2010 IPPS Final Rule, reporting of a new metric is required for all discharged patients who had a surgical procedure that lasted 60 minutes or longer:

SCIP-INF-10: Surgery Patients with Perioperative Temperature Management: Patient received active warming or had a target temperature of 96.8°F (36°C) or greater recorded within 30 minutes immediately prior to or within 15 minutes immediately after anesthesia end time.

Hospitals that successfully report their metrics in FY2010 will receive an FY2011 inflation adjustment to their CMS payment level of +2.1%. Hospitals that fail to successfully report their metrics in FY2010 will have their FY2011 CMS payment inflation offset reduced from 2.1% to 0.1%.

INCLUDED¹

- Forced air warming
- Warm water garments
- Conductive, over-the-body active warming (*such as resistive heating, over-the-patient blanket*)

EXCLUDED¹

- Airway heaters or humidifiers
- Blood and fluid warmers
- Body cavity lavage
- Passive heating systems (*space blankets or caps*)
- Radiant heat sources
- Under-body warming
- Blankets heated in a blanket warmer

The Importance of Perioperative Temperature Management

Even mild hypothermia—only 1.5°C below normal—can cause adverse outcomes resulting in additional hospital costs that average \$2,500 to \$7,000 per patient.¹ During a typical surgery, 50% of patients leave the OR with a core temperature in the hypothermic range—<36°C/96.8°F—and 33% leave the OR with a core temperature of <35°C/95°F.²

Taking the steps necessary to keep patients normothermic during their procedures helps to:

- lower wound infection rates by 64%³
- lower myocardial infection rates by 44%⁴
- reduce the need for transfusions by 40%⁵
- reduce time spent in the ICU by 43%⁴
- decrease the need for assisted ventilation by 34%⁴

KIMBERLY-CLARK* Patient Warming System Can Help You Meet SCIP-INF-10 Normothermia Targets

The KIMBERLY-CLARK* Patient Warming System safely and efficiently controls patient temperature using disposable, water-circulating hydrogel pads requiring contact with only 20% of the patient's body surface area. It is ideal for surgeries that are predisposed to intraoperative hypothermia due to length and type of procedure, open body cavities, cold environment in the OR, use of cold fluids for irrigation or infusion, and limited access to body surfaces for intraoperative warming.

To learn more about the new SCIP-INF-10 CMS reporting metrics and how the KIMBERLY-CLARK* Patient Warming System can help prevent unintentional hypothermia, contact your Kimberly-Clark representative or visit

www.kchealthcare.com/warming.



NOTES

1 Release Notes 3.1A. Specifications Manual for National Hospital Inpatient Quality Measures Discharges 04-01-10 (2Q10) through 09-30-10 (3Q10), published Nov. 6, 2009.

2 Mahoney CB, Odom J. 1999 Apr. Maintaining Intraoperative Normothermia: A Meta-Analysis of Outcomes with Costs. AANA Journal 67(2): 155-164.; Hall, M. C. Surgical Care Improvement Project (SCIP) Module 1: Infection Prevention, 2007 May. www.medscape.com/viewprogram accessed 10/30/08.

3 Frank SM, Fleisher LA, Breslow MJ, et al. 1997 Apr 9. Perioperative Maintenance of Normothermia Reduces the Incidence of Morbid Cardiac Events. A Randomized Clinical Trial. JAMA 277(14): 1127-1134.

4 Kurz, A. et al. 1996. New England Journal of Medicine 334(19): 1209-1215.

5 Wagner, VD. 2003, Aug. Impact of Perioperative Temperature Management on Patient Safety. SSM 9(4); 38-43, Forstot, RM. The Etiology and Management of Inadvertent Perioperative Hypothermia. 1995 Dec. Journal of Clinical Anesthesiology

6 Schmied, H. et al, 1996 Feb. Mild hypothermia increases blood loss and transfusion requirements during total hip arthroplasty, Lancet 347(8997); 289-92. Sessler, D. 1994 Sep. Consequences and Treatment of Perioperative Hypothermia, Anesthesiology Clinics of America, 12(3); 425-456.

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