

cated assessment facilities for individuals requiring non-urgent care outside of acute care hospitals would apply. For individuals requiring urgent care, the concept of rapid creation of hospital wards where non-critically ill patients could be managed deserves consideration, similar to the proposal by Fung et al., although isolation is droplet.¹⁵ The findings by Leung et al. are also relevant as it is likely that the psychological impact of a pandemic would be far greater than that of SARS, particularly if the strain of influenza is virulent and has a predilection for younger individuals.¹⁶

SARS may or may not re-emerge. Regardless, the insight that we have gained into healthcare facility responsiveness should serve us well as we prepare to deal with a far greater challenge, that of pandemic influenza.

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Medical News

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

The Centers for Medicare & Medicaid Services (CMS) has expanded its Surgical Infection Prevention Project (SIPP) to include other surgical complications. This expanded initiative, called the Surgical Care Improvement Project (SCIP), is a national partnership of organizations committed to improving the safety of surgical care through the reduction of postoperative complications. The goal is to reduce surgical complications nationally by 25% by the year 2010 in four target areas: surgical-site infections and cardiac, respiratory, and venous thromboembolic complications.

In addition to the proper use of antibiotics to prevent surgical-site infections, examples of other measures that are 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.

A SCIP steering committee 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 the summer of 2005, several developmental activities are currently under way, including completion of a three-state demonstration pilot, formation of four technical expert panels to provide specialized guidance for improving each of the four target areas, and development of information, materials, and evidence-based strategies to help hospitals and their professional staffs participate—and succeed—in this national effort. More information is available at www.MedQIC.org/scip.