



SDPS MEMORANDUM

MEMO NBR: 05-215-SI

DATE: June 21, 2005

SUBJECT: Suspension of National Hospital Quality Measure SIP-2,
Appropriate Antibiotic Selection for Surgical Prophylaxis

TO: SDPS CEO Point of Contact, SDPS HCQIP Point of Contact, SDPS
AMI-HF Point of Contact, SDPS SIP Point of Contact, SDPS PNE
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After careful consideration of all issues involved and consultation with the technical expert panel for the infection prevention module of the Surgical Care Improvement Project, the Centers for Medicare & Medicaid Services (CMS) along with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) have agreed to temporarily suspend public reporting of hospital performance on SIP-2 (appropriate antibiotic selection for surgical prophylaxis). CMS and JCAHO will continue to collect data on antibiotic selection for surgical prophylaxis during the temporary suspension but will not publicly report performance on this measure on Hospital Compare.

There are three reasons for the temporary suspension of SIP-2 as a publicly reported measure of hospital quality:

- There is increasing prevalence of both healthcare-associated methicillin resistant *Staphylococcus aureus* (MRSA) and community-acquired MRSA in some institutions. While several published guidelines for surgical prophylaxis now recommend the use of vancomycin for prophylaxis for some operations performed within hospitals with a “high rate” of infections due to MRSA or methicillin-resistant *Staphylococcus epidermidis*, there is no guidance on what constitutes a “high rate” of MRSA infections. While the Healthcare Infection Control Practices Advisory Committee (HICPAC) has previously stated in their guideline that “the routine use of vancomycin in antimicrobial prophylaxis is not recommended for any kind of operation” it is likely that some high risk patients would benefit from use of vancomycin for prophylaxis.
- There are national shortages of antibiotics recommended for prophylaxis for patients undergoing general abdominal colorectal surgery. AstraZeneca has discontinued the

production of cefotetan disodium and no other manufacturers produce this antibiotic. In addition, there are national shortages of ceftiofur sodium due to current inability of the manufacturers to meet demand for the antibiotic. Consequently, Cefazolin sodium used in combination with metronidazole is frequently the only guideline-recommended alternative for surgical prophylaxis for these operations.

- When compared to the antibiotics recommended for routine surgical prophylaxis, there are conflicting antibiotic recommendations from the American College of Cardiology/American Heart Association (ACC/AHA) for prevention of endocarditis for the limited group of patients who have coexisting valvular heart disease who are having an operation.

During this temporary suspension of SIP-2, HICPAC has agreed to revisit the issue of appropriate use of vancomycin for surgical prophylaxis. In addition, a committee consisting of the authors of currently published guidelines for surgical antimicrobial prophylaxis, including representation from ACC/AHA Valvular Heart Disease guidelines committee, will revisit all three issues discussed above.