Requesting Permission to use Copyrighted Material

Name of Company/Medical Center_____
 Main Point of Contact _____
 Address_____City_____ State____Zip_____

Country____ Email _____Phone_____

Type of EMR (See below)_____ IT POC Name_____

Fiscal POC Name_____Phone/Email_____

No of Hospitals in system_____ No. of Operating Rooms_____

I am writing to ask your permission to utilize the Scott Triggers copyrighted tool (attached) for the following: (check all that apply)
_____reprint _____ photocopy _____publication _____research (No charge)

_____ Digitize and incorporate into electronic medical records (EMR). (Annual Fee applies for EMR integration up to 5 locations/hospitals in the same company). Each additional hospital is $200 per year. If more than 5 hospitals please contact Susan Scott at scotttriggers@gmail.com for a quote. **5 yrs agreements receive 5% discount.**

$1,000 annual fee payable to Susan M. Scott includes copyrighted tool integration into EMR such as EPIC, Oracle/Cerner, MEDITECH, McKESSON, Allscripts, eClinicalWorks, NextGen, Athenahealth Healthland, Medsphere, QuadraMed, Sigmund, VA, DOD, or others.

Included in the annual fee is the Scott Triggers® Solution resources and one hour of complimentary online consulting. *Additional consulting packages including virtual classes, onsite assessments available upon request.

Company Signature _____Date_____

PERMISSION GRANTED:
 I have the authority to grant the permission requested herein and I hereby grant _____permission to use the above referenced material in the manner described.

_____
 Susan M. Scott, CEO Scott Triggers PLLC, CWOSB

Copyright Holder's Signature / Date_____ Expiration/renewal Date_____

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SCOTT TRIGGERS®

Review patient record and complete data in left column.

Place a check in the right column if the answer is YES.

If two or more YES answers are present, this may indicate an increase risk of perioperative pressure injury (ulcer).

Use Perioperative Pressure Injury Prevention Plan (PPIPP) of care.

SCOTT TRIGGERS*	Does it meet these qualifications?	If YES, please check here.
Age _____	Age 62 or Older	
Serum Albumin _____ g/dL or BMI _____	Albumin level <3.5g/dL or BMI <19 or >40	
ASA score (circle) 1 2 3 4 5	ASA score 3 or greater	
Estimated surgery time in hours/minutes _____	Surgery time over 3 hours or 180 minutes**	

Two or more YESES = HIGH RISK SURGICAL PATIENT

Implement OR Skin Bundle

Assessment Comments: _____

_____

_____

_____

_____

_____

_____

_____

* Scott Triggers® is a set of evidence-based factors (named for nurse/program founder Susan M. Scott) identified as predictors of highest risk for pressure injury development in the study (e.g., age 62 or older, Albumin level below 3.5 and ASA score 3 or greater). Scott, SM. Progress and Challenges in Perioperative Pressure Ulcer Prevention. JWOCN. 2015;42(5):480-5

** Surgery time is calculated from the time into the Operating Room until the time out of the Operating Room.

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