

Form Approved
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AHRQ Safety Program for Improving Surgical Care and Recovery Readiness Assessment

This survey is authorized under 42 U.S.C. 299a. Your responses to this survey are voluntary, and the confidentiality of your responses is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure. Public reporting burden for this collection of information is estimated to average 60 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 5600 Fishers Lane, # 07W41A, Rockville, MD 20857.

Questions

1. Why is your institution joining this program?
2. Do you have a surgery lead, anesthesia lead, and a nursing lead in mind?
 - a. [IF YES]: Can you describe why you chose each of these individuals?
 - b. [IF NO]: Can you describe what roadblocks you've encountered in trying to find a champion from [surgery, anesthesia, or nursing]?
3. Who from the hospital's executive team will be overseeing this project?
4. What resources do you expect your institution will be able to provide for implementing enhanced surgical care and recovery?
 - a. [PROBE: added staff, time, finances, EHR changes, data reporting]
5. Does your institution have prior experience with implementing enhanced recovery practices for surgical patients?
 - a. What elements of enhanced recovery have you tried implementing?
 - i. What types of surgery did you target?
 - ii. Were these efforts part of a pilot project or have they been implemented on a wider scale?
 - b. Do you think these prior enhanced recovery efforts were successful? Why or why not? What metrics did you use to measure success?
6. What enhanced surgical care and recovery processes [do you think will be] / [were] the hardest for your institution to implement?

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- a. [PROBE]: Patient education and engagement, changing NPO rules, pre-op drink, multimodal analgesia and avoiding narcotics, standard intra-op anesthesia protocol, fluid management, early ambulation, avoiding post-op fasting
7. Have any other clinical pathways been implemented in surgical or medical areas? If so, can you please describe them?
8. What other major initiatives or clinical projects will your hospital be working on this year?
9. Lastly, I have a few questions about your institution:
 - a. Do you have a pain service or use regional analgesia?
 - b. Do you have fluid monitors available in ORs?
 - c. Do you conduct pre-anesthesia clinical evaluations?
 - d. Do you send post-op patients to the ICU?
 - e. Are surgeons independent or employed by the hospital?
 - f. Is there a single anesthesia group?
 - g. Is there a hospitalist program partnered with surgery?
 - h. What tools does the organization use for QI (e.g., LEAN, PDSA)?
10. Do you have any questions for me?