Form Approved OMB No. 0935-XXXX Exp. Date XX/XX/20XX

AHRQ Safety Program for Improving Surgical Care and Recovery Implementation Assessment

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PART 1: Interview Format

- 1. I am interested in hearing about your experience with the implementation of enhanced recovery practices so far.
 - a. What has gone well?
 - b. What has not gone well?
- 2. To what extent have the elements of the program's pathway been implemented as planned?
- 3. Have any of these pathway elements been adapted to fit your local setting? Can you please describe these adaptations?
- 4. Were any pathway elements *not* implemented? Why not?
- 5. What resources has your institution provided for implementing enhanced recovery?
 - a. [PROBE: added staff, time, finances, EHR changes, data reporting]
- 6. Has your hospital's executive team played an active role in the implementation process?
 - a. [IF YES]: How so?
 - b. [IF NO]: What barriers may have prevented them from engaging more fully?
- 7. Can you describe the process of how an enhanced recovery-related issue is escalated up the chain of command? How are updates/information then fed back to the frontline?
- 8. How often did the program's implementation team meet? Did all discipline champions regularly attend the meetings? If not, did the anesthesia, nurse, or surgeon champion send someone to cover for them?

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- 9. Who do you think has been most influential in supporting program-related efforts in your hospital? What about these individuals made them influential (e.g., their role, specific behaviors)? Were any of these influential individuals not official project champions?
- 10. Who do you think has been most influential in challenging program-related efforts in your hospital? Can you describe what strategies have and haven't worked in terms of bringing these "resistors" on board?

Consult calls with ISCR nurse consultant <name>.

11. Did you speak with <name> during the enrollment phase of this program? Did you find that conversation helpful? If so, what about the call was helpful?

ISCR training events

12. Did you participate in the training event in New York City (Y N), or another training event hosted by a coordinating entity (Y N)? If so, did you find that training helpful? What about the training did you like/dislike?

Safety Culture Survey

| Salety Culture Survey | | |
|-------------------------------|----------------------|---|
| Safety Culture Survey | Did you complete the | If yes, did this help with implementing the |
| | following through | enhanced recovery elements? How? |
| | this program? | |
| Safety culture survey | Yes No | |
| administration | | |
| Safety culture survey debrief | Yes No | |
| | | |

ISCR Program tools

| Tools | Did you use any of the following program tools? | If yes, was it helpful and why? | If no, why was the tool not used? |
|--|---|---------------------------------|-----------------------------------|
| Building your core team | Yes No | | |
| ISCR Pathway | Yes No | | |
| ISCR Implementation Guide | Yes No | | |
| Sample ISCR Pathway Checklist | Yes No | | |
| Engaging Frontline Staff with Process and Outcome Data | Yes No | | |
| Sample Pathway Grid for Staff Education | Yes No | | |
| Sample Patient Education Booklet | Yes No | | |

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| Sample Enhanced Recovery | Yes | No | |
|--------------------------------|-----|----|--|
| Poster | | | |
| Sample ISCR Pocket Card | Yes | No | |
| Guide to Engaging Patients and | Yes | No | |
| Families in ISCR | | | |
| Sample Presentation for Senior | Yes | No | |
| Executive | | | |
| Red light, green light: An | Yes | No | |
| overview of common enhanced | | | |
| recovery implementation | | | |
| barriers and facilitators | | | |

ISCR Webinars

| 15CR Weblilars | | | | |
|--------------------------|---|--|--|--|
| Webinars | Did you or your team members participate in the following program webinars? | If yes, how many team members participated | If yes, did you find the webinar helpful? How was it helpful? What would you | If no, why was your team not able to attend? |
| | | on average? | change or add? | |
| Welcome webinar | Yes No | | | |
| Coaching calls (monthly) | Yes No | | | |
| | If yes, circle number | | | |
| | of events attended: | | | |
| | 1-2 3-4 5-6 | | | |
| | 7-8 9 or more | | | |
| Ask ISCR calls | Yes No | | | |
| (monthly) | | | | |
| , , , , | If yes, circle number | | | |
| | of events attended: | | | |
| | 1-2 3-4 5-6 | | | |
| | 7-8 9 or more | | | |
| National Leaders | Yes No | | | |
| Webinars* | | | | |
| | If yes, circle number | | | |
| | of events attended: | | | |
| | 1 2 3 4 5 | | | |

^{* (}e.g., Strategies for harnessing the EHR for enhanced recovery; Multimodal analgesia: How I do it; Perioperative glucose management: Making it work for enhanced recovery; Tips for working with the C suite from the other side; Patient and family engagement strategies)

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ISCR Evidence Reviews

| Evidence Reviews | Did you use any of the following program tools? | If yes, was it helpful and why? | If no, why was the tool not used? |
|----------------------------|---|---------------------------------|-----------------------------------|
| Evidence Review Anesthesia | Yes No | | |
| Evidence Review Surgery | Yes No | | |
| Evidence Review_Adaptive | Yes No | | |

- 13. Do you have any suggestions for any changes or additions to the ISCR program and materials that would make it most useful?
- 14. Did you use any of the Sharing Library Tools (Y N)? If yes, which tools were most helpful?
- 15. Did you implement learning from defects? If yes, has it been useful? If not implemented, was there a reason?
- 16. Is the experience of working on enhanced surgical care and recovery like other improvement efforts the hospital has undertaken, or different? How so?
- 17. Have you made any plans for sustaining enhanced surgical care and recovery over the long term?
- 18. Lastly, what would you recommend to other hospitals trying to implement enhanced surgical care and recovery?
- 19. Thank you for your time. Is there anything else you would like to share?

PART 2: Survey format

Which of the following enhanced recovery pathway elements has your hospital implemented:

| | Intervention component | Most of the time | Some of the time | About 50% of the time | Infrequently | Almost never |
|----------|--|------------------|------------------|-----------------------|--------------|-----------------|
| Pre | operative | | | | | |
| 1 | Patient Education | | | | | |
| Imn | nediate Preoperative | | | | | |
| 2 | Preoperative Mechanical Bowel Prep <u>and</u> Preoperative Oral Antibiotics | | | | | |
| 3 | Preoperative Bathing | | | | | |
| 4 | Reduced Fasting | | | | | |
| 5 | Carbohydrate Loading | | | | | |
| 6 | Multimodal Pre-Anesthesia Medication | | | | | |
| 7 | Mu Opioid Antagonists (Alvimopan) | | | | | |
| 8 | Glucose Control | | | | | |
| 9 | Normothermia | | | | | |
| | aoperative | | | | | |
| 10 | Prophylactic Antibiotics | | | | | |
| 11 | Preoperative VTE | | | | | |
| 12 | Prophylaxis Skin Preparation with an | | | | | |
| 13 | alcohol-containing agent Euvolemia - Fluids/Goal-Directed Fluid Therapy | | | | | |
| 14 | Normothermia | | | | | |
| 15 | Avoid Drains/nasogastric tubes | | | | | |
| 16 | Use of Regional Anesthesia- Standard Intraoperative Anesthesia Pathway | | | | | |
| | toperative | | | | | |
| 17 | First Postoperative VTE Chemoprophylaxis Dose | Ц | | Ц | Ц | Ц |
| 18 | Standard Postoperative Multimodal Analgesic Regimen | | | | | |
| 19 20 | Early postoperative feeding Early postoperative day 1 mobilization | 0 | | <u> </u> | <u> </u> | |

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| 21 | Early Urinary Bladder | | | |
|----|--------------------------------------|--|--|--|
| | Catheter Removal postoperative day 1 | | | |
| 22 | Early IV Fluid | | | |
| | Discontinuation | | | |
| | postoperative day 1 | | | |

9. <u>In the past nine months</u>, how often did each of the following factors slow your team's progress in implementing the enhanced surgical care and recovery pathway?

| | Never/ Rarely | Occasionally | Frequently | Almost Always |
|--|------------------|--------------|------------|------------------|
| Insufficient knowledge of evidence supporting interventions | | | | |
| Leadership support issues | | | | |
| Not enough leadership support from executives | | | | |
| Not enough leadership support from surgeons | | | | |
| Not enough leadership support from anesthesiologists | | | | |
| Not enough leadership support from nurses | | | | |
| Insufficient autonomy/authority | | | | |
| Team skills and cohesion issues | | | | |
| Lack of quality improvement skills | | | | |
| Confusion about how to proceed with enhanced surgical care and recovery activities | | | | |
| Lack of team member consensus regarding goals | | | | |
| Inability of team members to work together | | | | |
| Stakeholder push-back issues | | | | |
| Not enough buy-in from surgery staff | | | | |
| Not enough buy-in from anesthesiology staff | | | | |
| Not enough buy-in from nursing staff | | | | |
| Not enough buy-in from other staff | | | | |
| Workload and time issues | <u></u> - | | | |
| Not enough time | | | | |
| Staff turnover on unit | | | | |
| Data collection burden for staff | | | | |
| Problems with data systems | | J | | u |
| Competing priorities or distractions (e.g., new EMR, accreditation visit) | | | | |