

Please note that the survey questions below have been built into an electronic survey using the Qualtrics platform. Questions 5 - 29 are repeated for each enhanced recovery pathway implemented at the hospital, based on the respondent's answers to questions 1 through 4.

Implementation Assessment Survey Crosswalk of Questions - ALL COHORTS
<p>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.</p>
<p>Hospital Name (Write out the FULL NAME of your hospital, no abbreviations please): Hospital Address (Please provide the FULL ADDRESS of your hospital): Name of person(s) completing the form: Email address of the person(s) completing the form: Your role(s) at the hospital and on the ISCR project:</p>
<p>1. Is your hospital implementing a COLORECTAL enhanced recovery pathway (ERP) as part of the ISCR program? CHECK ONE: YES NO</p>
<p>2. Is your hospital implementing a TOTAL HIP/KNEE REPLACEMENT enhanced recovery pathway (ERP) as part of the ISCR program? CHECK ONE: YES NO</p>
<p>3. Is your hospital implementing a HIP FRACTURE enhanced recovery pathway (ERP) as part of the ISCR program? CHECK ONE: YES NO</p>
<p>4. Is your hospital implementing a GYNECOLOGIC enhanced recovery pathway (ERP) as part of the ISCR program? CHECK ONE: YES NO</p>
<p>5. Is your hospital implementing an EMERGENCY GENERAL SURGERY enhanced recovery pathway (ERP) as part of the ISCR program? CHECK ONE: YES NO</p>

[IF YES to 1/2/3/4/5]

6. Has your team started patients on an enhanced recovery pathway (ERP) for **[specific surgery]**?

CHECK ONE: YES NO

For hospitals that answered yes ask question 5b below.

6b. Is your team continuing to put patients on an enhanced recovery pathway (ERP) for **[specific surgery]**?

CHECK ONE: YES NO

[IF YES to 6]

7. What was the date (approximately) of the first **[specific surgery]** enhanced recovery patient?

Please enter a valid date (mm/dd/yyyy)

8. Did your hospital have an Enhanced Recovery After Surgery (ERAS) program for **[specific surgery]** BEFORE joining the AHRQ ISCR program?

CHECK ONE: YES NO

[IF YES to 8]

1. If you had an Enhanced Recovery After Surgery (ERAS) program for **[specific surgery]** surgery in place BEFORE enrolling in the AHRQ ISCR program, did you **change or tweak** any of your original ERAS pathway elements to align with the ISCR pathway guidelines?

CHECK ONE: YES NO

9. Approximately what percentage of **ELECTIVE patients** undergoing **[specific surgery]** are currently treated on the enhanced recovery pathway (ERP)?

CHECK ONE: 100% 75% 50% 25% 0%

10. Have you spread your **[specific surgery]** pathway to **NON-ELECTIVE patients** yet?

CHECK ONE: YES NO and not planning on it NOT YET, but plan to

11. Do you look at your **process measures reports (e.g. multimodal analgesia, mobility, VTE prophylaxis, etc.)** in the ISCR registry related to your **[specific surgery]** surgical quality improvement?

CHECK ONE: YES. Please provide any comments/concerns: NO. Please provide any comments/concerns:

12. Do you look at your **outcome measures reports (e.g. SSI, VTE, UTI, etc.)** in the ISCR registry related to your **[specific surgery]** surgical quality improvement?

CHECK ONE: YES. Please provide any comments/concerns: NO. Please provide any comments/concerns:

If YES to 11/12
13. How often do you look at your <u>process measures reports (e.g. multimodal analgesia, mobility, VTE prophylaxis, etc.)</u> in the ISCR registry related to your [specific surgery] surgical quality improvement? CHECK ONE: Weekly, Monthly, Quarterly
14. How often do you look at your <u>outcome measures reports (e.g. SSI, VTE, UTI, etc.)</u> in the ISCR registry related to your [specific surgery] surgical quality improvement? CHECK ONE: Weekly, Monthly, Quarterly
15. Do you share reports of your process measures (e.g. multimodal analgesia, mobility, VTE prophylaxis, etc.) with <u>frontline providers (bedside nurses, surgeons, anesthesia providers, physical therapy, etc.)</u> ? CHECK ONE: YES NO
16. Do you share reports of your outcome measures (e.g. SSI, VTE, UTI, etc.) with <u>frontline providers (bedside nurses, surgeons, anesthesia providers, physical therapy, etc.)</u> ? CHECK ONE: YES NO
If YES to 15/16
17. How often do you share your PROCESS measures reports with <u>frontline providers (bedside nurses, surgeons, anesthesia providers, physical therapy, etc.)</u> ? CHECK ONE: Weekly, Monthly, Quarterly
18. How often do you share your OUTCOME measures reports with <u>frontline providers (bedside nurses, surgeons, anesthesia providers, physical therapy, etc.)</u> ? CHECK ONE: Weekly, Monthly, Quarterly
19. Have you selected at least one ISCR PROCESS MEASURE (eg VTE Prophylaxis, Mobility, Multimodal analgesia, Patient Education, etc.) to focus on to improve based on participation in the ISCR registry? CHECK ONE: YES NO
If YES to 19
20. What ISCR process measure(s) are you focusing your improvement efforts on? Please list.
21. At this point in time, how often does your [specific surgery] ISCR team meet? CHECK ONE: Weekly Every 2 weeks Monthly Every other month We don't usually meet
22. How often does your Senior Executive sponsor (or someone from his/her office) attend the ISCR team meetings? CHECK ONE: 100% of the time, 75% of the time, 50% of the time, 25% of the time, Never (0%), We don't have a senior executive on our team

23. To what extent is the implementation of the [specific surgery] enhanced recovery pathway (ERP) going as planned?

CHECK ONE: Better than expected, On target, Worse than Expected, Much worse than expected (we need help)

24. Are there any barriers that you have encountered during implementation that you want to review with the ISCR National Project Team?

CHECK ONE: YES. Please provide details: NO. Any comments?

25. Did you get any additional resources (e.g. coordinator, data abstractor, supplies, new drugs on formulary, dedicated time, etc.) from your hospital for your enhanced recovery pathway (ERP) implementation?

CHECK ONE: YES NO

If YES to 25

26. What type(s) of resources did you obtain? Please list.

27. Was your enhanced recovery effort highlighted in a hospital publication?

CHECK ONE: YES NO

28. Since joining the ISCR program, how often did each of the following factors slow your team's progress in implementing the [specific surgery] enhanced recovery pathway?

Choices for all: 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

Not enough time

AHRQ Safety Program for Improving Surgical Care and Recovery Implementation Assessment

Staff turnover on unit

Data collection burden for staff

Problems with data systems

Competing priorities or distractions (e.g., new EMR, accreditation visit)

29. Any suggestions for future webinar topics?

CHECK ONE: YES. Please list: NO.

30. How can the ISCR program further support your enhanced recovery efforts?