***SUBMISSION OF INFORMATION COLLECTION UNDER THE***

***Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery***

***DATE OF REQUEST:*** 01.03.2021

***SUB AGENCY (I/C):*** HHS/AHRQ

***TITLE:*** The AHRQ Safety Program for Improving Surgical Care and Recovery (ISCR) Qualitative Evaluation

***GENERIC CLEARANCE UNDER OMB#:*** 0935-0179 ***EXP. DATE: 11***/30/2023

# ***ABSTRACT:***

The AHRQ Improving Surgical Care and Recovery (ISCR) project is designed to help hospitals implement evidence-based practices to improve outcomes and prevent complications among patients who undergo surgery. Enhanced recovery pathways include preoperative, intraoperative, and postoperative practices that decrease complications and accelerate recovery. Through this project, AHRQ helped over 200 hospitals implement surgical practices designed to reduce infections and other complications.

This qualitative evaluation is to understand hospitals’ experiences as they extended the ISCR enhanced recovery intervention from the colorectal surgical line to hip/knee replacement, hip fracture, gynecological, and emergency general surgery. In-depth, semi-structured individual interviews will be conducted with key staff from six hospitals that initiated the intervention in the colorectal line, extended it to one or more surgical lines, and are currently participating in at least one of the surgical lines.

Users. Examples of Host Users include: state agencies, public health departments, hospital associations, hospital systems, and individual hospitals, multi-stakeholder alliances and coalitions, Quality Improvement Organizations (QIOs), and health plans.

***TOTAL ANNUAL BURDEN APPROVED: 3,383 Hours Per year***

***BURDEN USED TO DATE:*** ***1687 hours***.

***BURDEN THIS REQUEST: 54 hours***.

***FEDERAL COST:*** The estimated annual cost to the Federal government is **$38,545**\_\_.

***IS RACE AND ETHNICITY DATA COLLECTED AS REQUIRED?***

\_\_\_\_\_\_YES \_\_\_\_\_\_ NO \_x\_\_\_\_ N/A

***OBLIGATION TO RESPOND:***

\_\_\_x\_\_\_ VOLUNTARY

\_\_\_\_\_\_ REQUIRED TO OBTAIN OR RETAIN BENEFITS

\_\_\_\_\_\_ MANDATORY

***HOW WILL THIS SURVEY BE OFFERED?***

\_\_\_\_\_\_ WEB SITE

\_\_\_X\_ \_ TELEPHONE INTERVIEW

\_\_\_\_\_ MAIL RESPONSE

\_\_\_\_ IN PERSON INTERVIEW

\_\_X\_\_ OTHER: \_\_Zoom -\_Web Conferencing \_\_\_\_\_\_\_\_\_\_

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