



AHRQ Safety Program for Improving Surgical Care and Recovery

A collaborative program to enhance the recovery of surgical patients

The Agency for Healthcare Research and Quality (AHRQ) Safety Program for Improving Surgical Care and Recovery (ISCR), a collaborative program being conducted by the American College of Surgeons (ACS) and Johns Hopkins Medicine Armstrong Institute for Patient Safety and Quality, seeks to meaningfully improve clinical outcomes by supporting hospitals in the implementation of evidence-based enhanced recovery pathways as part of a national perioperative collaborative.

WHAT ARE THE BENEFITS OF PARTICIPATING IN THE ISCR PROGRAM?

Participating hospitals will have access to U.S. leaders in perioperative quality, evidence-based clinical pathways ready for local adaptation, tools and materials to facilitate implementation of pathways, monthly coaching calls and in-person training to collaborate and support hospital work, quality improvement implementation support from a nurse consultant, ACS data collection platform with process and outcome data and access to clinical support team, and performance reports with benchmarking against other participating hospitals.

WHAT ARE THE ISCR PROGRAM IMPROVEMENT GOALS?

Participating hospitals can experience an improved uptake of multimodal analgesia and reduced opioid use, reductions in surgical site infections (SSI), reductions in catheter-associated urinary tract infections (CAUTI), reductions in venous thromboembolic events (VTE), and improvement in length of stay and readmissions.

PARTICIPATION OVERVIEW

- Local teams can be led by surgeons, anesthesiologists, nurses and/or quality improvement professionals or hospital administrators and must be multidisciplinary.
- Participation is voluntary, free and open to all hospitals in the United States, Puerto Rico, and the District of Columbia and hospitals can pick which available service lines to begin participating in during each cohort. Hospitals can participate in one or more procedure areas.
- Hospitals join ISCR at designated times, select procedure areas of interest and participate for 18 months.
- Next cohort starts September 1, 2020 and areas of focus include colorectal and emergency general surgery.



IMPLEMENTATION AND SUSTAINABILITY OVERVIEW FOR EACH 18 MONTH COHORT

Enrollment to three months (pre-work)

During this period, hospitals will identify core team members and initiate regular team meetings; gather baseline data; adapt the enhanced recovery pathway and other implementation tools to your hospital; meet with frontline staff to introduce, gather buy-in, and train in the ISCR approach; identify a data abstractor and train on ISCR registry; and develop an order set in your electronic health record system (sample will be provided).

Four to eighteen months (implementation and sustainability)

Hospitals will start providing ISCR care to surgery patients! Continue to have monthly meetings with core team to monitor progress, review performance data and address barriers. Participate in webinars, peer learning opportunities, and utilize one-on-one support to optimize the program at your hospital.

HOW DOES A HOSPITAL ENROLL?

Please contact the ISCR National Project Team at iscr@facs.org to enroll. If your hospital is interested in participating in the next cohort, we encourage you to begin enrollment now.

