



AHRQ Safety Program for Improving Surgical Care and Recovery

A collaborative program to enhance the recovery of the surgical patient

The Agency for Healthcare Research and Quality (AHRQ) Safety Program for Improving Surgical Care and Recovery (ISCR), a collaborative program between the American College of Surgeons (ACS) and Johns Hopkins Medicine Armstrong Institute for Patient Safety and Quality, is a new initiative that seeks to meaningfully improve clinical outcomes by supporting hospitals in the implementation of evidence-based enhanced recovery pathways applied within the framework of the Comprehensive Unit-based Safety Program (CUSP).

WHAT IS ENHANCED RECOVERY?

Enhanced recovery is a clinical pathway and approach to surgical care that promotes the delivery of evidence-based perioperative care and reduces variability.

Key elements of enhanced recovery include:

- Patient and family engagement, including counseling about expectations for surgery and recovery
- State of the art analgesia
- Early mobility and restoration of functional status
- Avoidance of prolonged periods of fasting
- Evidence-based best practices for preventing harms

WHAT IS CUSP? WHAT WILL CUSP BRING TO ENHANCED RECOVERY?

CUSP is a patient safety method that improves safety culture, teamwork, and communication to promote use of evidence-based practices. It has been used successfully to prevent central line-associated blood stream infections, ventilator-associated pneumonia, surgical site infections, and catheter-associated urinary tract infections, among other harms.

Utilizing CUSP, the ISCR program will:

- Enhance communication across the perioperative continuum
- Offer strategies for frontline engagement and buy-in for program implementation
- Help teams engage hospital executives in enhanced recovery

Hospitals are encouraged to apply CUSP to harness the intrinsic motivations of clinical leaders to ensure that the ISCR program is not only initiated, but most importantly, sustained.



WHAT ARE THE OUTCOMES OF USING THE ENHANCED RECOVERY PATHWAY?

Hospitals that utilize the enhanced recovery pathway can see:

- 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)
- Improvement in patient experience
- Improvement in teamwork and safety culture
- Improvement in length of stay and readmissions

WHAT ARE THE BENEFITS OF PARTICIPATING IN THE ISCR PROGRAM?

Participating hospitals will have access to:

- U.S. leaders in perioperative quality
- Evidence-based enhanced recovery pathways and order sets ready for local adaptation
- Tools and materials to facilitate implementation of enhanced recovery pathways
- Monthly coaching calls and in-person training to support hospital work
- Quality improvement implementation support from a nurse consultant
- ACS data collection platform and access to clinical support team

Hospitals: The ISCR program supports five of the eleven patient safety areas of focus for the Centers for Medicare & Medicaid Services (CMS) Partnership for Patients program.

Physicians and practitioners: The ISCR program aligns with the requirements for the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015. Provider participation in the program may encompass certain Clinical Practice Improvement Activities (CPIA) activities.

PARTICIPATION OVERVIEW

- The ISCR program will contain five anticipated cohorts, each lasting 12 months:

Cohort	Service line	Start date
Cohort 1	Colorectal	July 1, 2017
Cohort 2	Orthopedic	January 2018
Cohort 3 & 4	Gynecology & Emergency general surgery	January 2019
Cohort 5	Bariatrics	January 2020

- Participation is free and open to all hospitals in the U.S., Puerto Rico, and the District of Columbia
- Participation is voluntary and hospitals can pick which cohorts to participate in
- Participation is based on an individual hospital level, so not all hospitals within a hospital system need to participate

WHAT TIME COMMITMENT IS REQUIRED FOR PARTICIPATING HOSPITALS?

The ISCR core team leads should spend two to four hours per week on project-related work.

ARE THERE ANY SPECIAL IT REQUIREMENTS FOR PARTICIPATION?

No, data is entered online in a HIPAA-compliant, secure, web-based platform that can be accessed 24 hours a day. Built-in software checks provide guidance, and the ACS technical and clinical support staff will provide ongoing assistance for hospitals.

HOW DOES A HOSPITAL ENROLL?

Please contact Stacey McSwine, ACS Enrollment Project Manager, at smcswine@facs.org to enroll.

