Engaging Frontline Staff With ISCR Process and Outcome Data

AHRQ Safety Program for Improving

Surgical Care and Recovery

**Purpose of tool:** To engage frontline staff in the Agency for Healthcare Research and Quality (AHRQ) Safety Program for Improving Surgical Care and Recovery (ISCR) by showing process and outcomes data to show progress in meeting program goals. Too often, data are not shared with frontline providers, and opportunities for improvement are lost.

**How to use:** Share your hospital’s process and outcome measure performance with stakeholders who can help you improve. Stakeholders are anyone who will be involved in the ISCR program, including any group of people who will be asked to do something different or have influence over the project. Think about groups of people and specific individuals within those groups. Within each stakeholder group, who are influential people you should talk to? Typical ISCR stakeholder groups include: surgeons, anesthesiologists/certified registered nurse anesthetists, operating room nurses, pharmacy staff, infection control staff, prep/post-anesthesia care unit nurses, inpatient/postoperative nurses, and clinic/doctor’s office staff. Use the tables below as a guide to ensure that you are getting your data out to all stakeholders at regular intervals.

The sample core outcome and process measures are applicable across all ISCR pathways, and the sample surgery-specific process measures are applicable to one or more ISCR pathways, as noted. These tables can be modified to focus on the pathway(s) your team is implementing and to identify the outcomes and processes you choose to measure by adding or deleting processes or outcomes based on relevancy. In any case, measure criteria should be agreed upon and clarified beforehand, and they should be specific to the evidence-based processes your team has chosen to implement (e.g., your specific preoperative anti-emetic or multimodal pain management bundle) ). Measures do not need to come from one data registry (e.g., National Healthcare Safety Network). It is more important that the criteria are defined, consistent, and regularly collected by your hospital.

You may want to record your process and outcome measure definitions on a separate sheet that you can share with your frontline workers if they ask. You may want to focus on outcomes that need the most improvement or process measure components that have the lowest compliance according to your baseline data. The [Gap Analysis & Goal Setting Form](https://www.ahrq.gov/sites/default/files/wysiwyg/hai/tools/surgery/6-gap-analysis-goal.docx) can help you identify measures to improve. Think about the best way to share data—for some hospitals it has been helpful for data presenters to attend existing staff meetings, while others have posted data on huddle boards, or shared them by email. Make sure to celebrate areas where you note high adherence or improvement!

Core Process Measures

| **Sample Process Measures**  | **Relevant Stakeholders** | **Approach to Data Sharing** |
| --- | --- | --- |
| *Example: Patient education provided to patient/caregiver* | *Ex: Surgeons, inpatient nurses, clinic nurses* | *Ex: Friday morning huddle in the operating room (OR)* |
| Patient education provided to patient/caregiver | *-*  *Enter here* | *-*  *Enter here* |
| Evidence of advanced care planning (for patients age 65 years and older)a | -*Enter here* | - *Enter here* |
| Preadmission counseling (e.g., preoperative [preop] opioid use)a | - *Enter here* | - *Enter here* |
| Allow clear liquids preoperatively  | - *Enter here* | - *Enter here* |
| Normothermia | - *Enter here* | - *Enter here* |
| Multimodal pain management  | - *Enter here* | - *Enter here* |
| Regional anesthesia | - *Enter here* | - *Enter here* |
| Preop or intraoperative (intraop) anti-emetic prophylaxis | - *Enter here* | - *Enter here* |
| Skin preparation (e.g., preop bathing)a | - *Enter here* | - *Enter here* |
| Preop delirium screening (patients age 65 years and older)a | - *Enter here* | - *Enter here* |
| Postoperative (postop) venous thromboembolic event (VTE) chemoprophylaxisa | - *Enter here* | - *Enter here* |
| Intravenous fluid discontinued by postoperative day (POD) 1a | - *Enter here* | - *Enter here* |
| First postop mobilization | - *Enter here* | - *Enter here* |
| First postop intake of liquids | - *Enter here* | - *Enter here* |
| First postop intake of solids  | - *Enter here* | - *Enter here* |
| Postop delirium screening (patients age 65 years and older)a | - *Enter here* | - *Enter here* |
| Prolonged indwelling urinary catheterization (POD 1 or longer) | - *Enter here* | - *Enter here* |
| Opioids prescribed at discharge | - *Enter here* | - *Enter here* |
| Quantity of opioid pills prescribed | - *Enter here* | - *Enter here* |
| Other: | - *Enter here* | - *Enter here* |

aIf applicable, based on the procedure and patient risk factors

Surgery-Specific Process Measures

| Additional Colorectal Process Measures | Relevant Stakeholders | Approach to Data Sharing |
| --- | --- | --- |
| Preoperative VTE chemoprophylaxis | *-*  *Enter here* | *-*  *Enter here* |
| Preoperative mechanical bowel prep | - *Enter here* | - *Enter here* |
| Preoperative oral antibiotics  | - *Enter here* | - *Enter here* |
| Other: | - *Enter here* | - *Enter here* |

| Additional Gynecology Process Measures | Relevant Stakeholders | Approach to Data Sharing |
| --- | --- | --- |
| Preoperative VTE chemoprophylaxis | *-*  *Enter here* | *-*  *Enter here* |
| Preoperative mechanical bowel prepa | - *Enter here* | - *Enter here* |
| Preoperative oral antibiotics (prep)a | - *Enter here* | - *Enter here* |
| Local wound analgesia | - *Enter here* | - *Enter here* |
| Other: | - *Enter here* | - *Enter here* |

aIf applicable, based on the procedure and patient risk factors

| Additional Orthopedic Process Measures | Relevant Stakeholders | Approach to Data Sharing |
| --- | --- | --- |
| Intraoperative tranexamic acid use | *-*  *Enter here* | *-*  *Enter here* |
| VTE prophylaxis for 28 days postop | - *Enter here* | - *Enter here* |
| Other: | - *Enter here* | - *Enter here* |

Outcome Measures

| **Sample Outcome Measures** | **Relevant Stakeholders** | **Approach to Data Sharing** |
| --- | --- | --- |
| *Example: Surgical site infection* | *Ex: Surgeons, inpatient nurses, anesthesia colleagues* | *Ex: Friday morning huddle in the OR* |
| Intraop transfusion of packed red blood cells | - *Enter here* | *- Enter here* |
| Surgical site infectiona | - *Enter here* | *-* *Enter here* |
| Urinary tract infectiona | - *Enter here* | - *Enter here* |
| Venous thromboembolic event (VTE)a | - *Enter here* | - *Enter here* |
| Return of bowel function (e.g., resolution of postop ileus)b | - *Enter here* | - *Enter here* |
| New postop delirium (patients aged 65 years and older) | - *Enter here* | - *Enter here* |
| All-cause mortalitya | - *Enter here* | - *Enter here* |
| All-cause readmissiona | - *Enter here* | - *Enter here* |
| Length of stay | - *Enter here* | - *Enter here* |
| Patient satisfaction (as measured by hospital)  | - *Enter here* | - *Enter here* |
| Safety culturec | - *Enter here* | - *Enter here* |
| Other: | - *Enter here* | - *Enter here* |

aOutcomes 30 days postop or 30 days post-discharge, depending upon the definition of the measure

bIf applicable, based on the procedure and patient risk factors

cExamples of assessments include the [AHRQ Hospital Survey on Patient Safety Culture](https://www.ahrq.gov/sops/surveys/hospital/index.html) and the [Safety Attitudes and Safety Climate Questionnaire](https://www.uth.edu/chqs/safety-survey)

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