AHRQ Safety Program for Improving

Surgical Care and Recovery

Red Light, Green Light: An Overview of Common Implementation Barriers and Facilitators

**Purpose of this tool:** To help team leadersidentify barriers to and facilitators of implementing Improving Surgical Care and Recovery (ISCR), an enhanced recovery program, at hospitals.

**How to use this tool:** ISCR team leaders may review this document with members of your entire team and discuss any “red” items (barriers) you do have and any “green” items (facilitators) you don't have. Plan strategies to remove or mitigate the “red” items and to identify or obtain and then utilize the “green” items during your ISCR pathway implementation.

## Implementation Barriers and Facilitators

Enhanced recovery pathways have the potential to reduce complications, hospital stays, and costs while improving the patient experience. However, such pathways must be implemented across the continuum of care to realize these intended benefits.

Implementation—which refers to the process of staff members’ skillful, consistent, and committed use of a practice1—can be challenging for multifaceted interventions such as pathways for enhanced surgical recovery. Surgical services are technically, organizationally, and culturally complex, and a concerted effort is required by frontline providers and administrators to manage the implementation process effectively. “A protocol is not enough” to ensure that enhanced recovery pathways are successfully implemented and sustained over time.”2 The information in this document is based on studies on enhanced recovery implementation and a systematic literature review1 conducted for the AHRQ Safety Program for ISCR. Factors that have been identified as barriers and facilitators through this review are summarized below.

## Common Barriers to ISCR Implementation:

* Resistance to change by both perioperative staff and patients (wanting to continue with the status quo)
* Limited institutional support and resources (e.g., shortages of staff and of technology resources needed to help with electronic health record (EHR) standardization and documentation)4
* Lack of consistency in staffing (e.g., rotating anesthesia practices, rotating residents)
* Providers’ belief that implementation would be too difficult or impractical and the impact on outcomes would be insignificant4
* Lack of buy-in from healthcare professionals (possibly due to lack of education provided to all healthcare providers)
* Absence of clear guidelines about when to deviate from the protocols created (such as when pain is not controlled with the standardized protocol)

## Common Facilitators of ISCR Implementation:

* Ongoing education about enhanced recovery elements for all healthcare professionals
* A strong multidisciplinary team with good lines of communication throughout planning and implementation
* Patient engagement and education
* Providing continuous auditing and verbal and written feedback of results to frontline providers, including articulation of specific goals3
* Hospital leadership and administrative support, including anesthesia, surgery, and nursing are vocally and visibly supportive in word and action
* Adapting ISCR pathways to current hospital practices
* Effective internal leaders/champions
* Involvement of a staff person/navigator willing to head up enhanced recovered efforts
* Regularly scheduled ISCR team meetings
* Standardization of protocol elements within a hospital (e.g., standardized order set)
* Piloting with small group of patients before large scale implementation
* Developing a time-line with specific and accountable actions

Citations

1. Stone AB, Yuan, CT, Rosen MA. Barriers to and facilitators of implementing enhanced recovery pathways using an implementation framework: a systematic review. JAMA Surg. 2018;153(3):270-9. PMID: 29344622.
2. Maessen J, Dejong CHC, Hausel J, et al. A protocol is not enough to implement an enhanced recovery programme for colorectal resection. Br J Surg. 2007;94(2):224-31. PMID: 17205493.
3. Pearsall EA, McLeod RS. Enhanced recovery after surgery: implementation strategies, barriers and facilitators. Surg Clin North Am. 2018 Dec;98(6):1201-10. doi: 10.1016/j.suc.2018.07.007. Epub 2018 Aug 24. PMID: 30390852.
4. Beal EW, Reyes JC, Denham Z, et al. Survey of provider perceptions of enhanced recovery after surgery and perioperative surgical home protocols at a tertiary care hospital. Medicine (Baltimore). 2021 Jun 18;100(24):e26079. doi: 10.1097/MD.0000000000026079. PMID: 34128845; PMCID: PMC8213318.

AHRQ Pub. No. 23-0052

June 2023