AHRQ Safety Program for Improving

Surgical Care and Recovery

Gap Analysis and Goal-Setting Form

Creating a sense of urgency is an important strategy to gather institutional support and provide engagement in quality improvement work. One of the best approaches is to evaluate current performance and identify deficiencies or outcome measures that could be improved. For many perioperative teams, learning that their patients’ postoperative length of stay or complication rate is higher compared to other hospitals has been an impactful approach to engaging frontline staff and leadership in Improving Surgical Care and Recovery (ISCR) practices.

Use this document to help you assess your hospital’s current performance and start to develop your hospital’s narrative on reasons and opportunities to improve.

**Why are these data important?** Collecting the information below will help you and your team understand the current state of your outcome measures before you adopt ISCR practices. This will help identify opportunities for improvement, allow your team to set goals for the year, and possibly be a driving force toward embracing these practices. Additionally, this will help demonstrate improvements that may result from adopting ISCR practices. The main purpose of this form is for your institution to see where you are starting from and plan ahead for your goals. There are no “right” or “wrong” answers.

**How to use this tool:** This tool is divided into three sections. The **ISCR core team** should coordinate the collection of this data. Once all sections are completed, please review with your ISCR team. This tool references using data collected by your hospital for the Centers for Disease Control and Prevention’s (CDC) National Healthcare Safety Network (NHSN) because it is a commonly used registry, but you may use what is readily available and consistently collected at your hospital.

**Section A** is to be completed by your **department administrator or quality improvement (QI) personnel.**

**Section B** is to be completed by your **infection control representative or related personnel.**

**Section C** is to be completed by your **ISCR core team.**

* Review the data collected in the Gap Analysis and Goal-Setting Form with your team.
* Identify areas important to your hospital for improvement and set goals for the year.
* Communicate goals to frontline staff.

**Section D** is to be completed by your **ISCR core team.**

Section A: To be completed by your department administrator or by quality improvement personnel

*Directions:*

1. Calculate the following numbers for the most recent complete calendar year (January 1 through December 31, YYYY). Examples of procedures that may be included and of interest to your hospital are listed in the appendix for your reference.
2. The total number of cases per calendar year can be calculated using the operation, admission, or discharge date, as long as this is done consistently any time totals are calculated for comparison.
3. If length of stay and 30-day readmission rate are not readily available, these will need to be calculated using the following definitions:
   1. Length of stay (in days) is the discharge date minus the admission date.
   2. 30-day readmission is an unplanned readmission within 30 days after the discharge date. If possible, exclude planned readmissions per Centers for Medicare & Medicaid Services (CMS) definitions under the [Hospital Readmissions Reduction Program](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/HRRP/Hospital-Readmission-Reduction-Program).
4. Enter the information below and send this document back to your ISCR core team point of contact.

Hospital name:

Calendar year (CY) tracked:

Total number of cases done in CY:

Mean length of stay (days):

Median length of stay (days):

Unplanned 30-day readmission rate (post-discharge):

All-cause inpatient mortality rate:

Optional outcome measures

Venous thromboembolism (VTE) rate:

Patient satisfaction:

Completed by:

Department/unit:

Date:

Section B: To be completed by your infection control representative or related personnel

*Directions:* Fill in the table below using information from your hospital’s CDC NHSN registry for the most recent complete calendar year (January 1 through December 31, YYYY). Please refer to the Appendix at the end of this document for a list of procedures that may be included in your review. Once you are finished, please send this document back to your ISCR team point of contact.

We understand some of these data may not be available and that some sites may only have information on one or two of the following event types. Please fill out the table to the best of your ability.

The relevant post-operative surveillance period should be based on the NHSN operative procedure category guidance. Per NHSN convention, “day one” = the date of the procedure.

**Table 1. Centers for Disease Control and Prevention National Healthcare Safety Network Surgical Site Infection (SSI) Rate/Numerator/Denominator (complete if data available) for [specify procedures]**

| **Type** | **Rate (%)** | **Numerator (number of SSI events within the surveillance period)** | **Denominator (number of relevant procedures performed within the surveillance period)** |
| --- | --- | --- | --- |
| Superficial Incisional SSI | *%* | *#* | *#* |
| Deep Incisional SSI | *%* | *#* | *#* |
| Organ Space SSI | *%* | *#* | *#* |
| **Total** | *%* | *#* | *#* |

NHSN surgical site infection [standardized infection ratio (SIR)](https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf) for specified relevant procedures, when available, for the most recent calendar year:

Optional Outcome Measures

Catheter-associated urinary tract infection (CAUTI) rate, per [NHSN Patient Safety Component (PSC) Manual criteria](https://www.cdc.gov/nhsn/psc/index.html):

NHSN SIR for specified relevant procedures, when available, for the most recent calendar year:

Completed by:

Department/unit:

Date:

Section C: To be completed by your ISCR core team

*Directions:* Review sections A and B of the Gap Analysis and Goal-Setting Form with your ISCR team. In the first column of the table below, enter metrics from sections A and B that you would like to improve, based on your hospital’s implementation of ISCR practices. In the second column, note the observed performance for the most recently completed calendar year for which you have data. In the third column, state your performance goal(s) for an upcoming calendar year that allow(s) for some desired interval of implementation (e.g., after 6 months or 1 full year after starting patients on your pathway). Share these goals and updates on progress with frontline staff in staff meetings and other communications (bulletin boards, emails, etc.).

**Table 2. ISCR Performance Goals**

| **Metric** | **Current Performance**  **(CY YYYY)** | **Goal Performance**  **(CY YYYY)** |
| --- | --- | --- |
| Example: specified surgical site infection “rate” | Example: 12% | Example: 7% |
| *Enter metric* | *Enter current performance* | *Enter performance goal* |
| *Enter metric* | *Enter current performance* | *Enter performance goal* |
| *Enter metric* | *Enter current performance* | *Enter performance goal* |

Completed by:

Department/unit:

Date:

Section D (Optional)

Enter team notes about narrative and messaging:

Completed by:

Department/unit:

Date:

Appendix: Procedure Lists

The ISCR program was developed for colorectal, gynecologic, orthopedic, and emergency general surgery procedures. Some examples of these types of procedures are listed below. However, hospitals have spread enhanced recovery pathways to other surgical procedures (e.g., bariatric and spine surgeries). The procedures below are provided as examples of what may be included in your gap analysis and goal-setting evaluation. NHSN operative procedure codes may be used to specify exact procedures for inclusion in the evaluation.

Colorectal Surgery

* Colon surgery – Incision, resection, or anastomosis of the large intestine; includes large-to-small and small-to-large bowel anastomosis
* Rectal surgery – Operations on rectum

Gynecologic Surgery

* Abdominal hysterectomy – includes those done by laparoscope
* Ovarian surgery – operations on ovary and related structures
* Vaginal hysterectomy – includes those done by laparoscope

Orthopedic Surgery

* Total knee replacement
* Total hip replacement
* Hip fracture surgery

Emergency General Surgery

(nonelective cases; includes urgent and emergency cases)

* Open or laparoscopic appendectomy
* Open or laparoscopic cholecystectomy
* Surgery for perforated ulcer, wound, or injury of stomach or upper small bowel
* Open or laparoscopic procedures on the intestines (except procedures performed on the rectum)
* Enterectomy or resection of small intestine
* Partial or total colectomy
* Partial removal of large bowel and reattachment to rectum using an endoscope
* Open or laparoscopic hernia procedures

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