



New York State  
Partnership  
for Patients



# Introducing the Improving Surgical Care and Recovery Collaborative

May 2019

*A partnership of the Healthcare Association of New York State  
and the Greater New York Hospital Association*



# Agenda

---

Topic	Speaker
Welcome and Introductions	NYSPFP Staff
SSI Rates in New York	NYSPFP Staff
Educational Webinar for the AHRQ Safety Program for Improving Surgical Care and Recovery	Liza Wick, MD, AHRQ ISCR Program Stacey McSwine, MBA, AHRQ ISCR Program
Hospital Questions and Discussion	Hospital Participants Facilitated by NYSPFP Staff
Next Steps	NYSPFP Staff



# Why Focus on Surgical Site Infections?

---

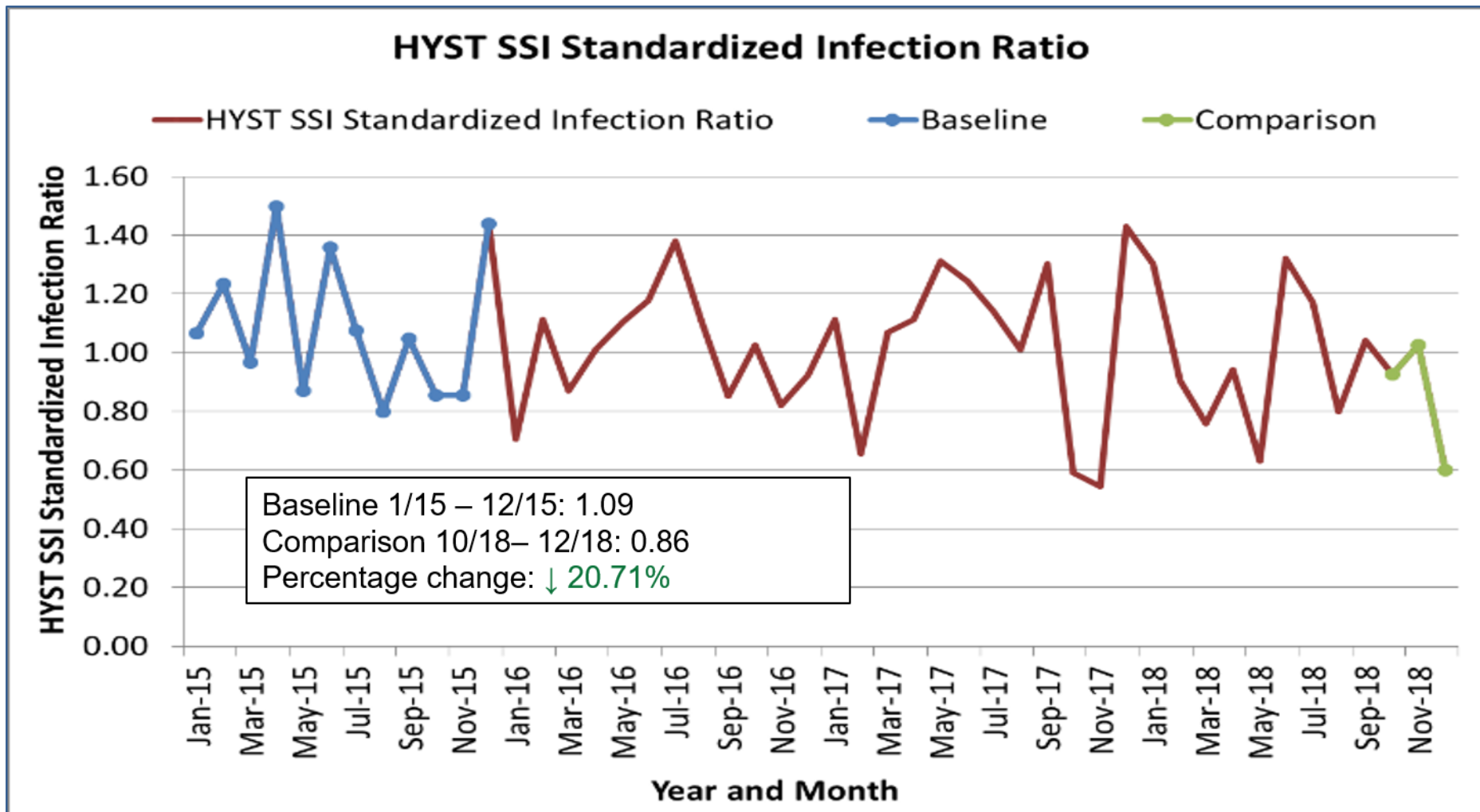
- 2.6% of 30 million operations per year are complicated by SSI (800,000 – 2 million SSI annually)
- SSI accounts for 38% of HAI in surgical patients
- SSIs are associated with:
  - Increased length of stay
  - Increased hospital costs (estimated increase of \$1,300 – \$5,000 per case)
  - Increased patient morbidity and mortality
  - Increased readmission rates

#### References:

1. Boyce JM, Potter-Bynoe G, Dziobek L. Infect Control Hosp Epidemiol. 1990; 11(2):89-93
2. Poulson KB, Bremmelgaard A, Sorensen AI, Raahave D, Petersen JV. Epidemiol Infect. 1994; 113(2); 283-295
3. Martone WJ, Jarvis WR, Culver DH, Haley RW, Bennet JV, Brachman PS, eds. Hospital Infections, 3<sup>rd</sup> ed. Little, Brown & Co. 1992:577-596
4. Vegas, AA, Jodra VM, Garcia ML. Eur J Epidemiol. 1993;9(5):504-510
5. Murray BW, Huerta S, Dineen S, Anthony T. J Am Coll Surg 2010;211(6):812-822

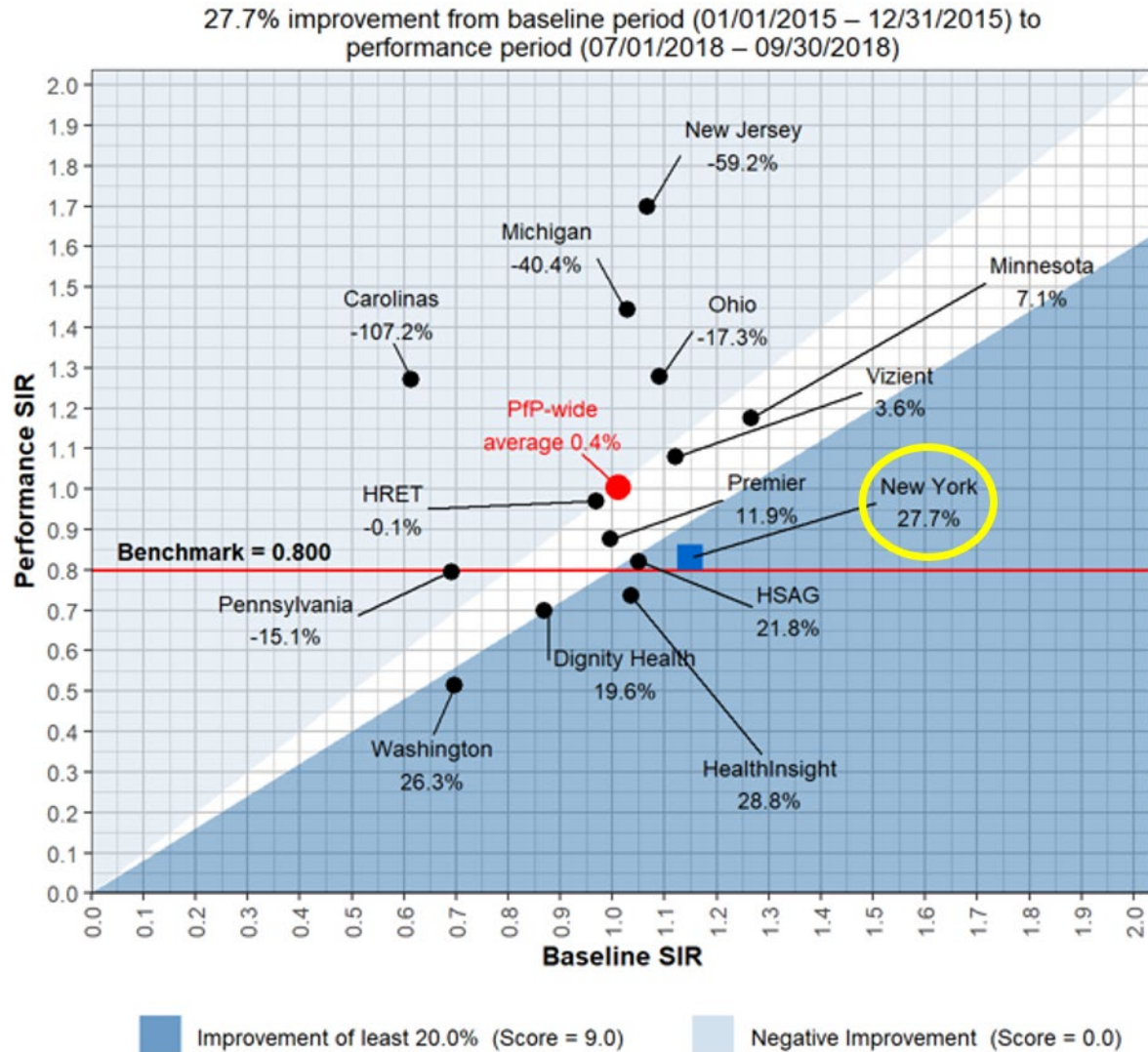


# NYSPPFP SSI SIR: Hysterectomy



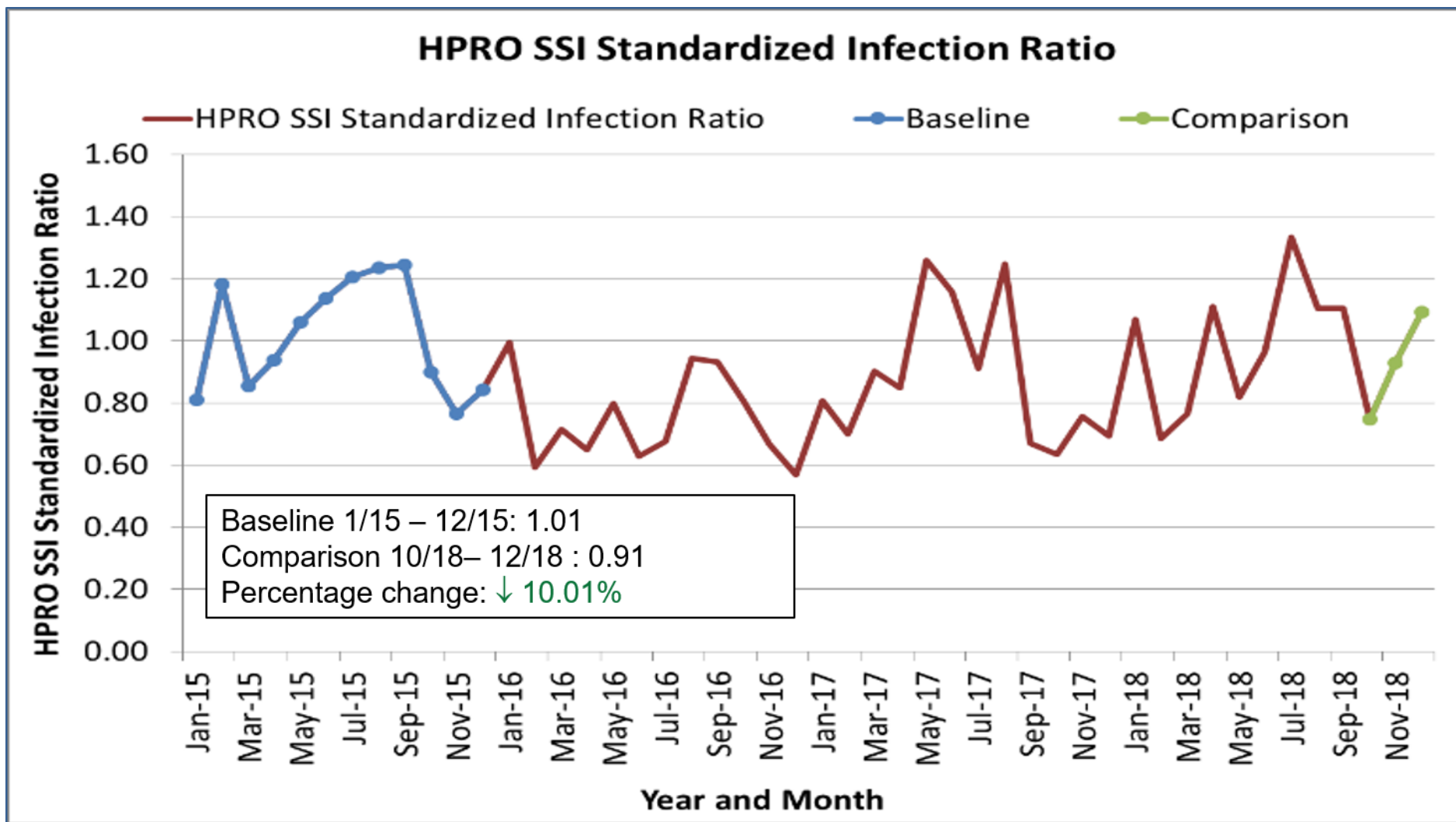


# Hysterectomy SIR Benchmarks





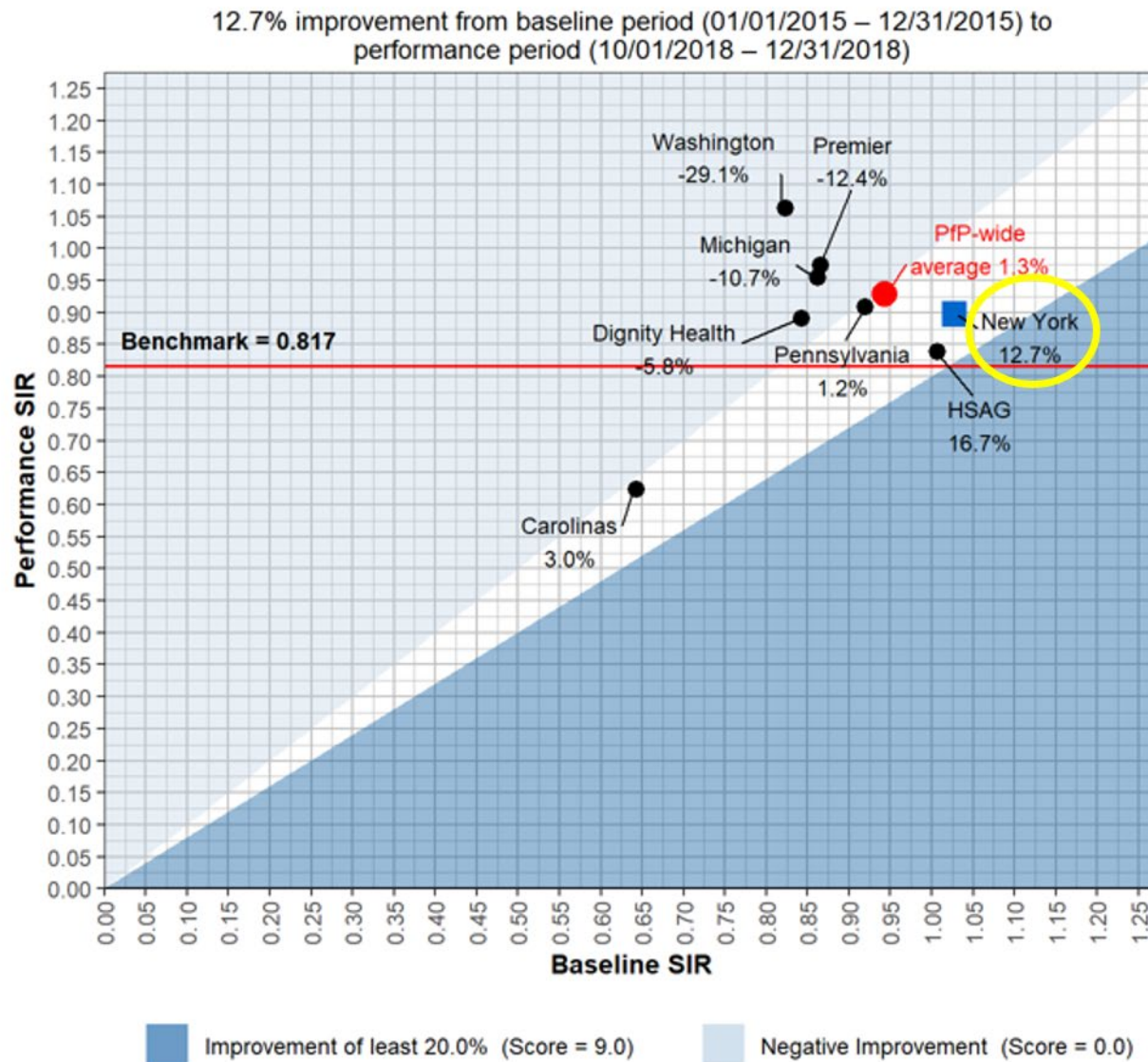
# NYSPPFP SSI SIR: Hip Replacement





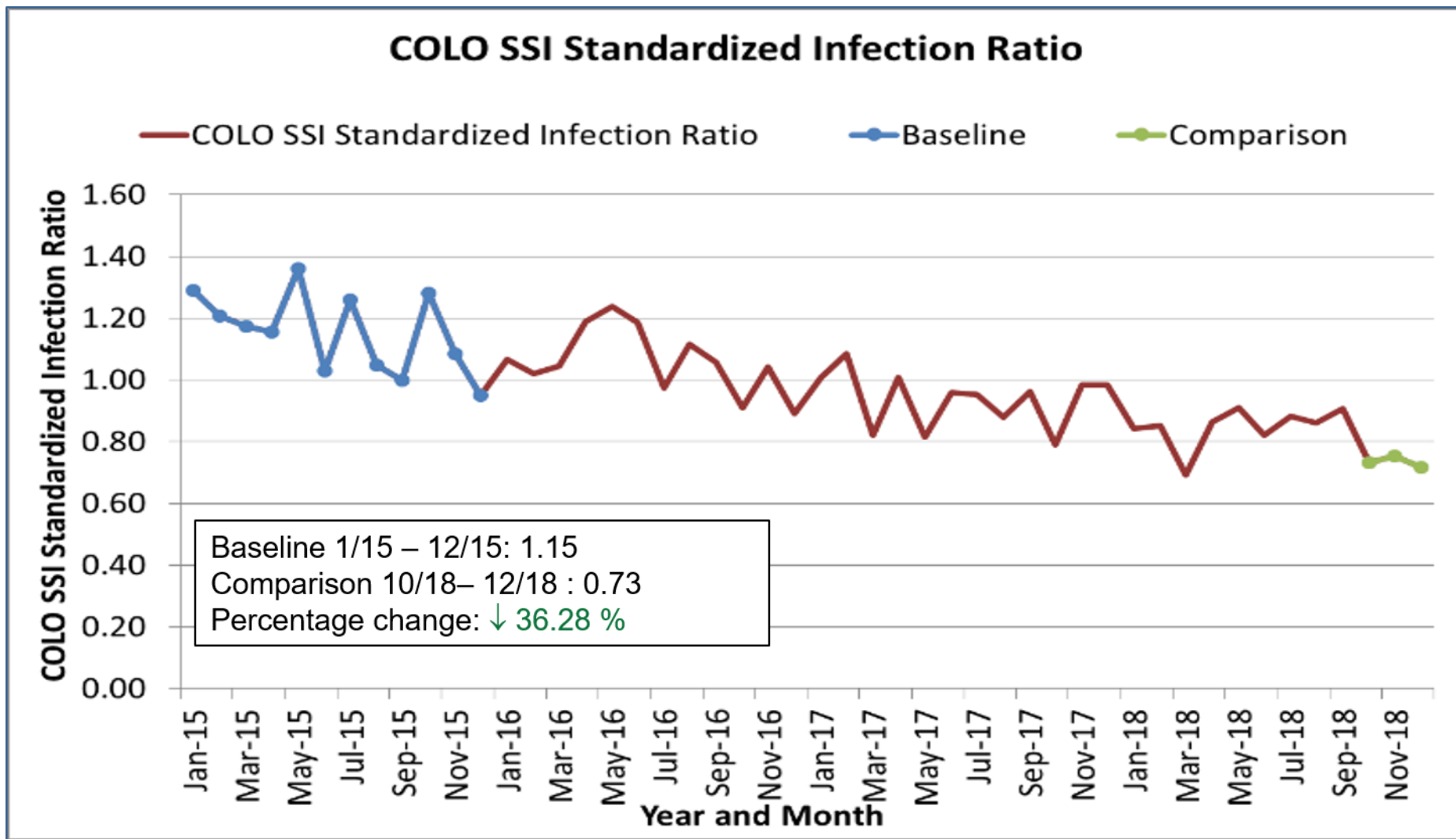


# Hip SIR Benchmarks





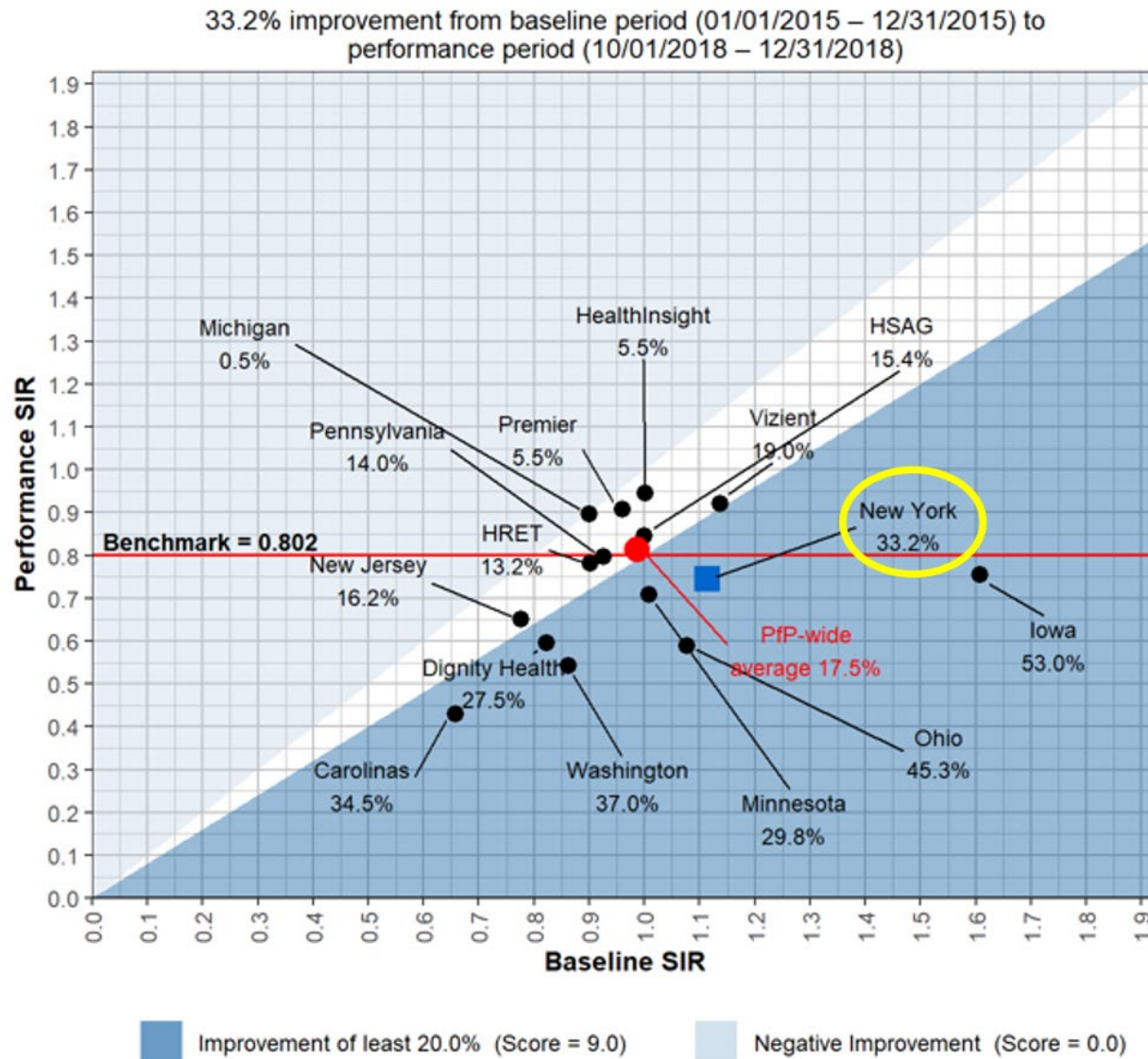
# NYSPPF SSI SIR: Colon





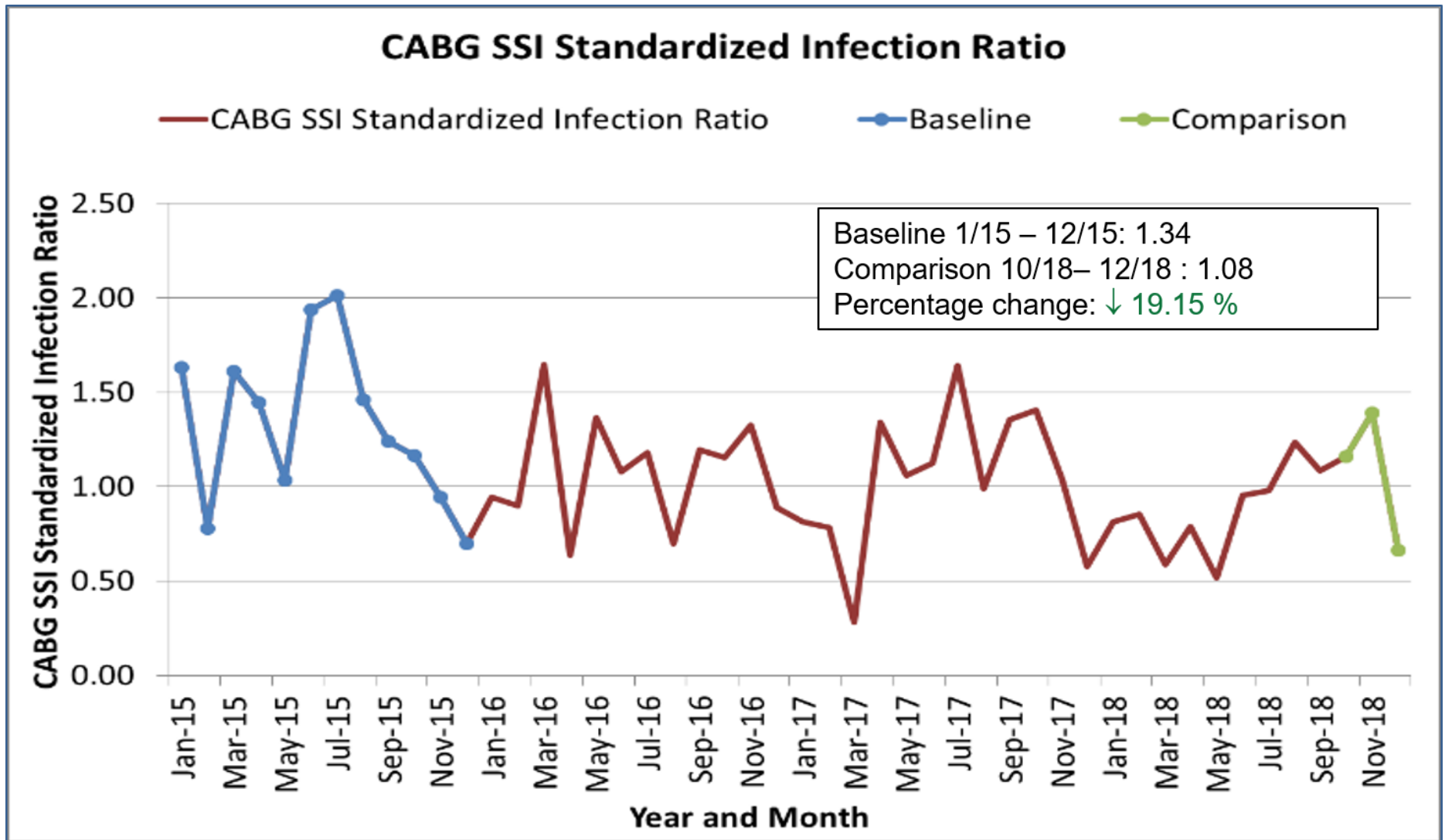


# Colon SIR Benchmarks





# NYSPFP SSI SIR: CABG





# Advanced Colon Bundle Surgery Elements

---

Normothermia

Glucose Control

Antimicrobial  
Prophylaxis

Increased  
Perioperative  
Oxygenation

Skin Preparation

Clean Standardized  
Fascia Close

Wound Management

**NEW: Mechanical  
Bowel Preparation  
in Combination  
with Oral  
Antibiotics**



# Surgery Bundle Elements Applicable Across Other Surgical Service Lines

---

Normothermia

Glucose  
Control

Antimicrobial  
Prophylaxis

Increased  
Perioperative  
Oxygenation

Skin  
Preparation

Clean  
Standardized  
Fascia Close

Wound  
Management



# NYSPPFP Resources

## Tools & Resources

**New York State Partnership for Patients**  
*A partnership of the Healthcare Association of New York State and the Greater New York Hospital Association*

myNYSPPFP ABOUT **INITIATIVES** CALENDAR

**Surgical Site Infections**

Infection Prevention Initiatives

INITIATIVE OVERVIEW MEETING MATERIALS **TOOLS & RESOURCES**

Check this page often for updated tools and resources from the NYSPPFP Surgical Site Infection and OR Safety Initiative.

Suggested Best Practices and Corresponding Tools & Resources

- Operating Room Safety
- NYSPPFP Advanced Colon Bundle
  - Advanced Colon Bundle Flow Chart
  - Advanced Colon Bundle Summary
  - Advanced Colon Bundle Resource Guide
  - Advanced Colon Bundle Gap Analysis
  - Advanced Colon Bundle Companion Document

**New York State Partnership for Patients**  
*A partnership of the Healthcare Association of New York State and the Greater New York Hospital Association.*

myNYSPPFP ABOUT **INITIATIVES** CALENDAR DATA eLEARNING

**Surgical Site Infections**

Infection Prevention Initiatives

INITIATIVE OVERVIEW **MEETING MATERIALS** TOOLS & RESOURCES

Filter By Year: All ▼

Title	Type	Date	View
NYSPPFP SSI Conference: Optimizing Patients for Surgery and Early Recovery	In Person	Thursday, December 13, 2018	Details
NYSPPFP SSI Prevention Webinar: Implementing the American College of Surgeons' Strong for Surgery Bundle	Webinar	Friday, June 15, 2018	Details
NYSPPFP SSI Prevention Webinar: Using the American College of Surgeons Strong for Surgery Toolkit to Optimize Patients for Surgery	Webinar	Monday, April 9, 2018	Details
NYSPPFP SSI Webinar: Reducing Hysterectomy SSIs Using a Bundled Approach	Webinar	Thursday, February 22, 2018	Details



New York State  
Partnership  
for Patients



# Educational Webinar for the AHRQ Safety Program for Improving Surgical Care and Recovery

---

Liza Wick, MD, AHRQ ISCR Program

Stacey McSwine, MBA, AHRQ ISCR Program

# Welcome

## Presented by:



### On Behalf of the Lead Investigators:

#### **Clifford Ko, MD, MHS**

Director Division of Research &  
Optimal Patient Care  
American College of Surgeons

#### **Michael Rosen, PhD**

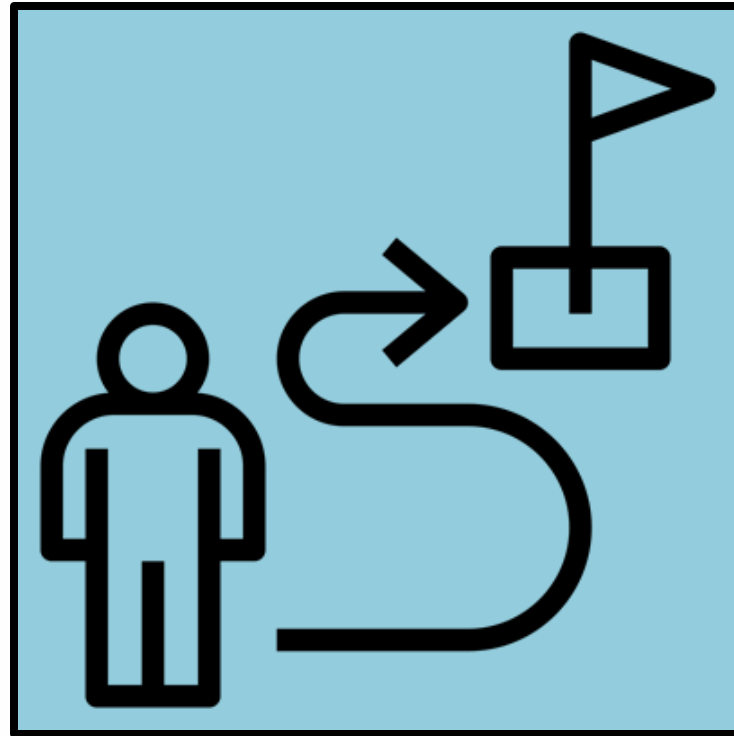
Associate Professor  
Johns Hopkins University  
Armstrong Institute Q & S

#### **Elizabeth Wick, MD**

Associate Professor  
University of California San  
Francisco  
Armstrong Institute Q&S



# What is ISCR?



*Journey to enhance the recovery of surgical patients*

*Started July 1, 2017 & Ends February 28, 2021*

Program Overview

What's Different?

Key Learnings from  
ISCR Teams

Enrollment

# AHRQ Safety Program Improving Surgical Care and Recovery: A National Collaborative to Enhance the Recovery of Surgical Patients



Agency for Healthcare Research and Quality  
Advancing Excellence in Health Care

ARMSTRONG INSTITUTE  
FOR PATIENT SAFETY AND QUALITY



AMERICAN COLLEGE OF SURGEONS  
*Inspiring Quality:  
Highest Standards, Better Outcomes*

100+years

IMPROVING  
SURGICAL  
CARE *and*  
RECOVERY

## News from the American College of Surgeons

For Immediate Release

Contact: Sally Gameski | 312-202-5409 or  
Dan Hamilton | 312-202-5328

Email: [pressinquiry@facs.org](mailto:pressinquiry@facs.org)

## American College of Surgeons Will Recruit 750 Hospitals for New Program to Lower Costs, Improve Safety, and Shorten Recovery Times for Surgical Patients

*Enhanced Recovery After Surgery project funded by AHRQ will be implemented as an integrated combination of clinical and hospital-team cultural interventions in all participating hospitals.*

CHICAGO (February 6, 2017): In collaboration with the Johns Hopkins Medicine Armstrong Institute for Patient Safety and Quality, the American College of Surgeons (ACS) has launched a new multimillion dollar surgical quality improvement initiative funded and guided by the Agency for Healthcare Research and Quality (AHRQ).

This new program will enable hospitals across the U.S. to implement Enhanced Recovery After Surgery (ERAS) protocols, which have been shown to lower costs, improve safety, and shorten recovery times for surgical patients.

This new initiative, the AHRQ Safety Program for Enhanced Recovery After Surgery, seeks to improve surgical patient outcomes by increasing the implementation of ERAS practices in participating hospitals through the use of an adaption of AHRQ's Comprehensive Unit-based Safety Program (CUSP). Earlier this month, ACS announced plans to recruit 750 hospitals to participate in the program.

Program Overview

What's Different?

Key Learnings from  
ISCR Teams

Enrollment

# Project Goals

To measurably improve patient outcomes in four surgical areas by increasing the implementation of enhanced recovery practices in hospitals, through the use of an adaptation of the comprehensive unit-based safety program. In addition, it is anticipated to reduce healthcare utilization, and improve the patient experience.

# Service Lines Available

- Comprehensive joint replacement
- Hip fracture
- Colorectal
- Gynecology

# Specialty Specific Participation Benefits

## Orthopedics

- Harmonizes with CMS bundle payment program
- Allows you to measure and optimize preop risk factors and evaluate impact of preop risk factors on outcomes
- Patient centered with materials to engage patients and families
- Separate hip fracture program targeted at elderly, frail, high cost/ high risk patients

## Gynecology

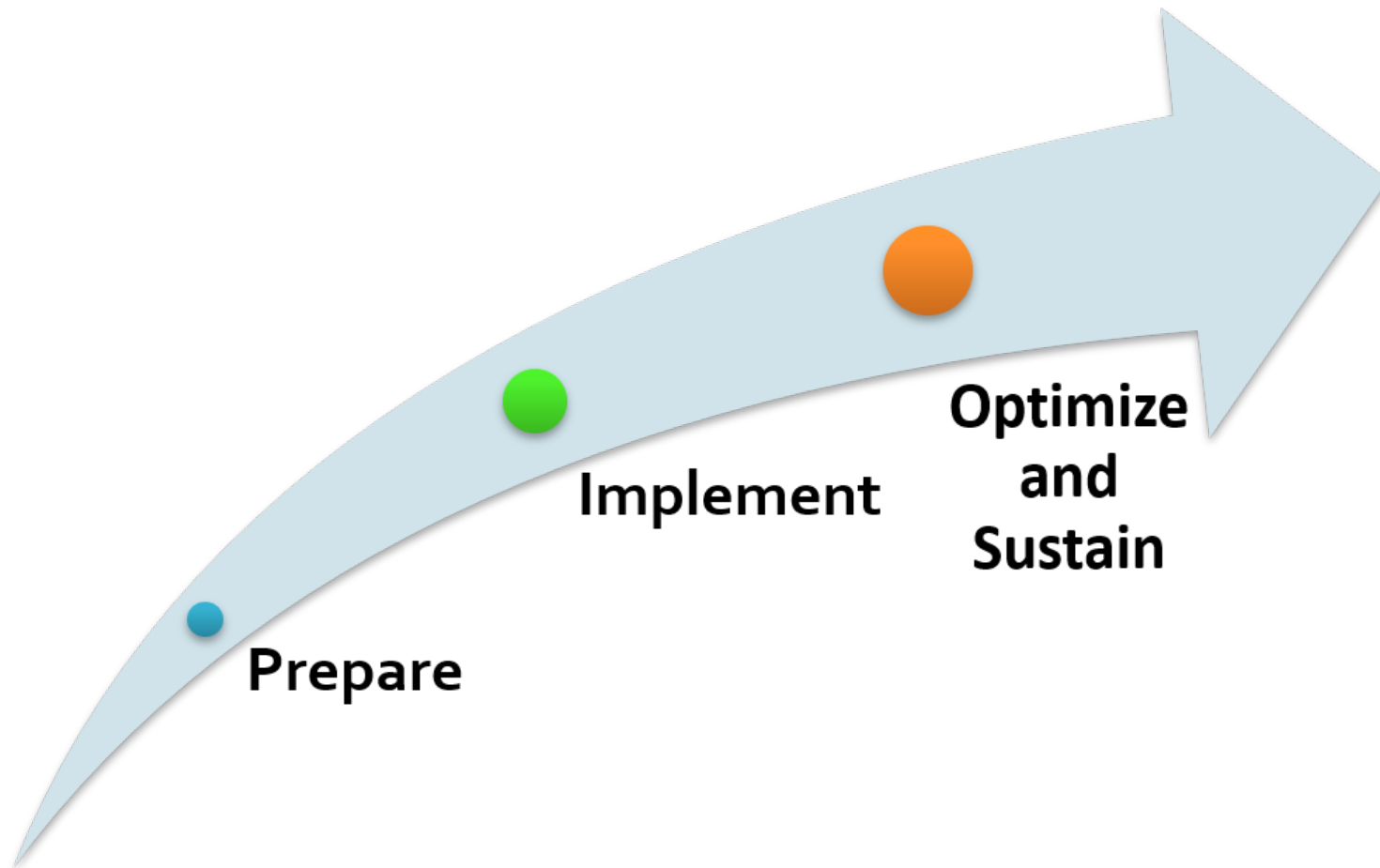
- Optimize analgesia and reduce opioid use
- Implement SSI bundle
- Improve efficiency in frequent, straightforward patients (benign gynecology)
- Reduce morbidity in complex, high risk patients (gynecologic oncology)

## Colorectal

- Continue to reduce SSI (with highly functioning pathways rates can approach 2-3%)
- Reduce healthcare utilization length of stay and readmissions
- Develop a framework that can be used for more complex care coordination (rectal cancer, inflammatory bowel disease management etc.)

Promote Teamwork and Embrace *the Patient* Along the Continuum

# 12 Month Participation



# Implementation Goal

- To have a **comprehensive pathway** that spans the **continuum of care** and is successfully implemented with surgeons, anesthesiologists, nurses and hospital leadership
- Includes:
  - **Best practices for preventable harms** (SSI, VTE, CAUTI)
  - **Enhanced recovery principles** (patient engagement, early mobility, non-opioid analgesia)



# Implementation Science



## How do we make sure we succeed?

- ISCR is grounded in **implementation science**
- **Comprehensive Unit-based Safety Program (CUSP)**
  - Successfully used to reduce CLABSI, CAUTI and SSI
- **Change management**
  - Help you get the skills you need to help with difficult conversations and buy-in
- Woven into program through **calls, implementation tools and simulation**

# Overview of ISCR Components



- Up-to-Date Evidence Reviews
- State of the Science Pathways
- Implementation Tools
- Registry with Benchmarking Reports including Patient Reported Outcomes and Experience

- One-on-One Support
- Group Support
- Networking

# Registry

- Available to **NSQIP and non-NSQIP** hospitals
- **NSQIP** hospitals have data collection integrated into their registry
- **Non-NSQIP** hospitals have a limited dataset that is focused on high yield enhanced recovery processes and outcomes
- The registry provides benchmarked reports to help hospitals visualize data and drive improvement

# ISCR Process Measures

Colorectal ISCR Pathway	
Required	Optional
Preop mechanical bowel prep	Pre-admission counseling
Preop oral antibiotics (prep)	Preop VTE chemoprophylaxis
Use of regional anesthesia	Clear liquids up to 2 hrs before induction
Multi-modal pain management	Anti-emetic prophylaxis
Postop VTE chemoprophylaxis	First postop BID mobilization
First postop mobilization	IV fluid discontinuation
First postop intake of liquids	Date Tolerating Diet
First postop intake of solids	Date Pain Controlled with PO Medication
Foley Removal	
Prolonged Foley catheterization	
Date of Return of Bowel Function	

# ISCR Process Measures

## Gynecology ISCR Pathway

Required	Optional
Concurrent Colorectal Resection	Pre-admission Counseling
Cytoreduction for Advanced Malignancy	Preop Mechanical Bowel Prep
Use of Regional Anesthesia	Preop Oral Antibiotics
Multi-modal Pain Management	Clear Liquids up to 2 hrs before Induction
First Postop VTE Chemoprophylaxis	Anti-emetic Prophylaxis
First Postop Mobilization	First BID Mobilization
First Postop Intake of Liquids	IV Fluid Discontinuation
First Postop Intake of Solids	Tolerating Diet
Foley Removal	Pain Controlled w/ PO Medication
Prolonged Foley Catheterization	Return of Bowel Function
Patient Controlled Analgesia	
Local Wound Analgesia	

# ISCR Process Measures

## Joint Replacement/Hip Fracture ISCR Pathway

### Required

Evidence of Advance Care Planning

Tranexamic Acid Use

Use of Regional Anesthesia

Multi-Modal Pain Management

Foley Removal

First Postop Mobilization

Medical DVT prophylaxis 28 days Post Op

Weight Bearing as Tolerated on POD#1

### Optional

Preadmission Counseling

Preop Delirium

Smoking Cessation 4 weeks preop

Date Pain Controlled with PO Medication

Postop Delirium

# ISCR Outcome Measures

Colorectal/Gynecology/Joint Replacement/Hip Fracture
30-Day Surgical Site Infection
30-Day Vein Thrombosis
30-Day Pulmonary Embolism
30-Day Urinary Tract Infection (UTI)
30-Day Readmission
30-Day Mortality
<i>Patient Experience (Survey)*</i>



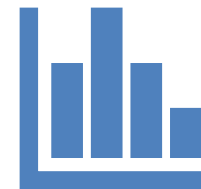
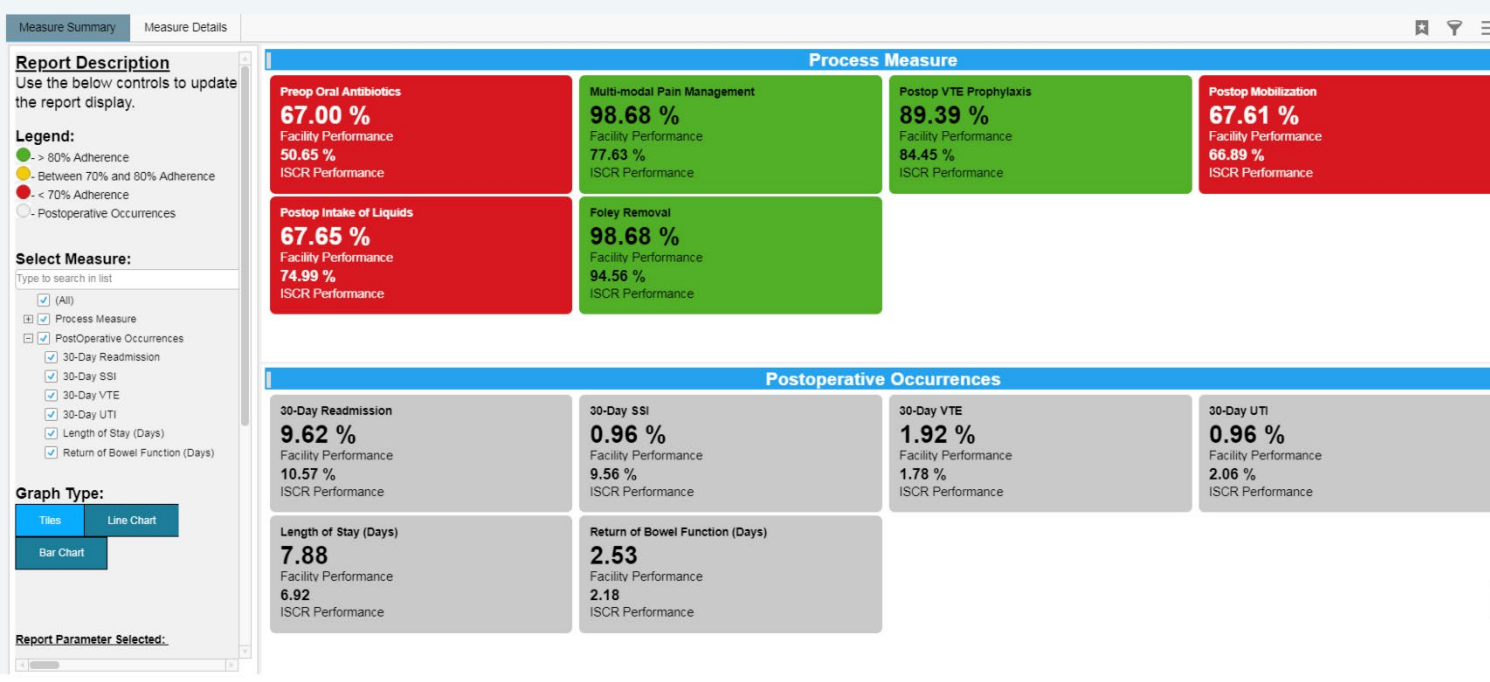
# The ISCR Data Registry

- Available to **NSQIP** and **non-NSQIP** hospitals
- **NSQIP** hospitals have data collection integrated into their registry
- **Non-NSQIP** hospitals have a parsimonious dataset that is focused on high yield enhanced recovery processes and outcomes
- All teams are asked to designate a data abstractor
- Specific trainings and dictionaries available
- “Mentor Program” to help new abstractors get acclimated to data collection (existing ISCR data abstractors are partnered with new ISCR data abstractors)



# ISCR Registry Reports

## Benchmarked Performance Data



- Easy to access and visualize data reports
- Benchmarked against other ISCR hospitals
- Discussion on coaching calls about how to improve specific process measures and best practice in data sharing

# Partnering with Our Patients



Are we meeting our patients expectations?  
How do we know what *they* think of our perioperative care  
and providers?

- Patient education and engagement materials and tools available to all hospitals (specific to each service line)
- Opportunity to survey PATIENTS on their experience with care
- UNIQUE opportunity to share direct patient feedback with frontline staff
- Improve your care based on patient input!

# Website

- [qi.facs.org/iscr](http://qi.facs.org/iscr)
- Username and password available for all team members
- Tools, schedules, registry information available from website
- Robust “sharing library” for hospitals to share things that worked for them

## Colorectal Resource Center


**NEWS** **Tip of the Week**

We are aware that hospitals have been experiencing several issues relating to the displayed compliance ratings on the ISCR registry reports, which has negatively impacted your ability to successfully get data out of the registry, and to help guide your quality improvement efforts at your institutions. We know it has been frustrating for you, and it has been frustrating for us as well. In light of these issues, the ACS has worked with experts from IQVIA to deploy a number of fixes over the upcoming weeks to correct the compliance calculation errors currently impacting report accuracy. To expedite the deployment of fixes required to correct these issues, the ISCR registry reports will not be accessible to participating hospitals **beginning on February 15**.

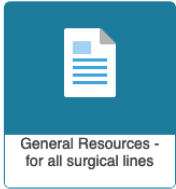
**Please note, the coaching call scheduled for February 19 will be cancelled** and rescheduled. Please visit the Resource Center for more information regarding the ISCR registry reports.

*Thank you for your time and attention, and for your patience, as we work to fix these issues. We will be sending out weekly updates until the ISCR registry reports are working as designed and accessible.*

**If you have questions, please email:** [iscr@facs.org](mailto:iscr@facs.org)

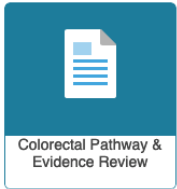


General FAQ




General Resources - for all surgical lines

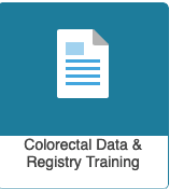
### Colorectal Information



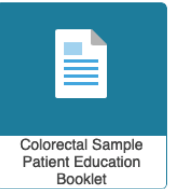
Colorectal Pathway & Evidence Review



Colorectal Gap Analysis & Goal Setting



Colorectal Data & Registry Training



Colorectal Sample Patient Education Booklet

# National Leader Webinars:

*A Chance to Ask the  
Guideline Writers  
Questions*

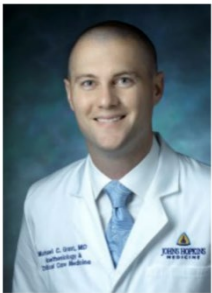
Once a month  
30 – 40 min call  
Plenty of time to ask questions  
~150+ people per call; Excellent  
mix of roles

- March: Surgical Site Infection Prevention I (Dr. M. Calderwood)
- April: Venous Thromboembolism Prevention I (Dr. J. Caprini)
- May: Catheter-associated urinary tract infection (Dr. S. Saint)
- June: Multimodal Analgesia (Dr. Hsu)
- July: Surgical Site Infection II (Dr. V. Simha)
- August: Delirium Prevention
- September: Mobility
- October: Venous thromboembolism Prevention II
- November: Preoperative Optimization

# Coaching Calls

- Colorectal and Gynecology focused coaching call
- Orthopedic focused coaching call
- ~100+ people per call
- Mostly project leads but some surgeons and anesthesiologists
- Vibrant chat box on webinar

- 1) Team-sharing on topic of the month
- 2) Change management scenarios
- 3) Data review
- 4) New papers or pertinent papers



Michael Grant,  
MD  
Johns Hopkins  
Anesthesiology



Della Lin, MD  
Anesthesiology



Deb Hobson,  
RN, MSN  
Johns Hopkins



# Many of us have met up...



2018 ACS Quality and Safety Conference (Orlando)



# WHAT HAVE WE LEARNED



# ISCR Current Landscape

## Why did ~250 hospitals across the US join cohorts 1 and 2?

- To partner with national leaders
- A desire to adopt enhanced recovery
- Gain access to a central place for data entry and benchmarking
- Opportunity to work on a quality improvement program that spans all phases of care
- To collaborate and learn from other hospitals
- Don't think they are doing as well as they could be doing

# How Are We Evaluating the Impact of the ISCR Program?

## How Do We Know How What is Happening at Hospitals and With Patients?

### ACS ISCR Registry



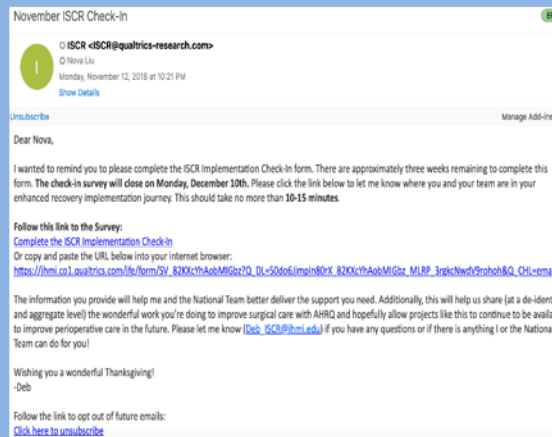
Process Measures  
(bowel prep,  
multimodal  
analgesia, foley  
removal, VTE  
prophy etc)



Outcome Measures  
(30 day)

SSI  
VTE  
UTI  
LOS  
Readmission  
Mortality

### 4, 8 and 12 month Implementation Surveys



### Our Patients Experience Surveys



Program Overview

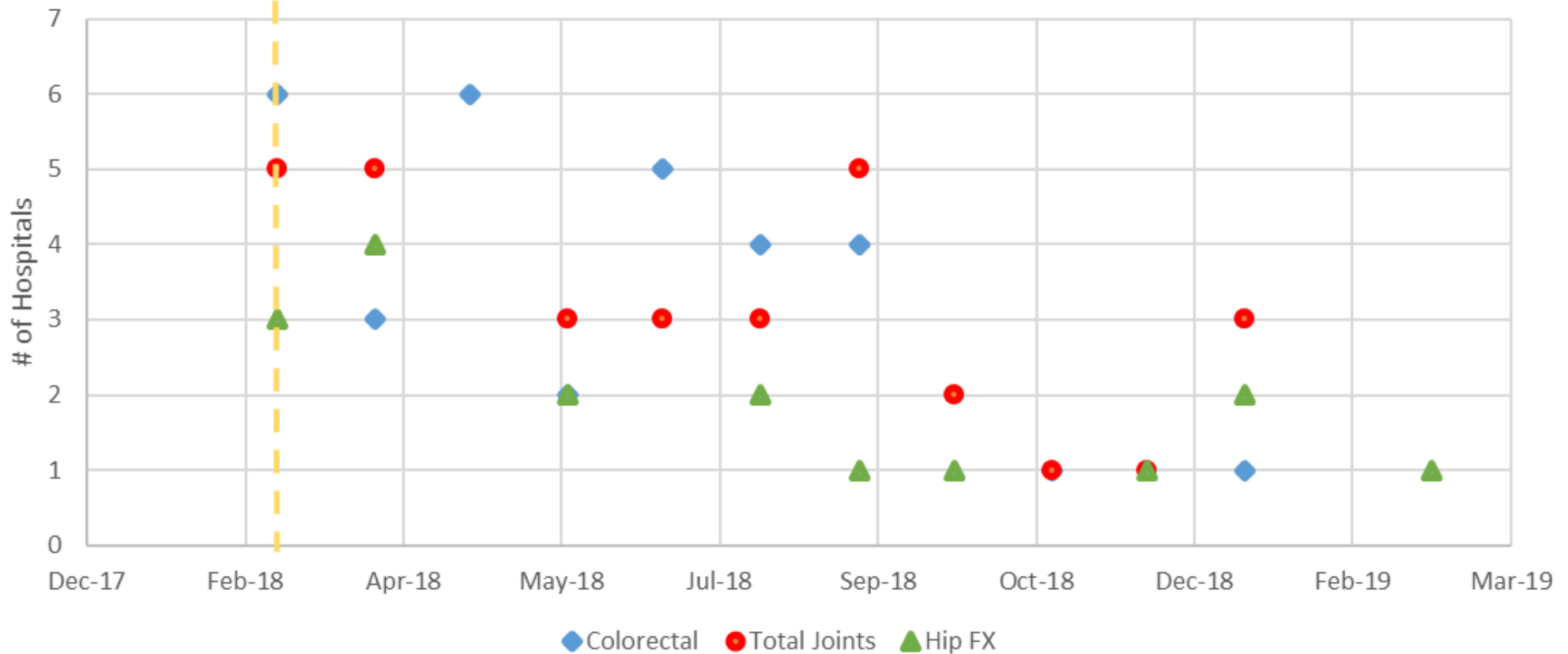
What's Different?

Key Learnings from  
ISCR Teams

Enrollment

# It's Take A Village & A Lot Of Time...

Self- Reported Cohort 2 Enhanced Recovery and ISCR Implementation Start Dates



# How Are People Doing the Work?

*Data source: Cohort 2, four and twelve month implementation check in survey*

## Hospitals are standardizing and reducing variation across the continuum of care

### Building Consensus for the ISCR Pathway



66.5% of teams started their patients on their ISCR pathway within the first 6 months

### Multidisciplinary Meeting



On average, 55% of ISCR teams met monthly during the first 6 months of the program

### Partnering With Senior Leaders



94% of hospitals have executive sponsor

# What Has This Translated Into For Our Patients?

*Data Source: ISCR Patient Experience Survey*

## Hospitals are partnering with their patients

ISCR improved the patients perception of care **ACROSS ALL** questions



Communications to the patient about their procedure **increased 11%**



Respondents that rated their hospital as a 9 or 10 **increased by 16 %**



# What Has This Translated Into For Our Patients?

*Data Source: ISCR Registry Outcome Measures (Cohort 1)*

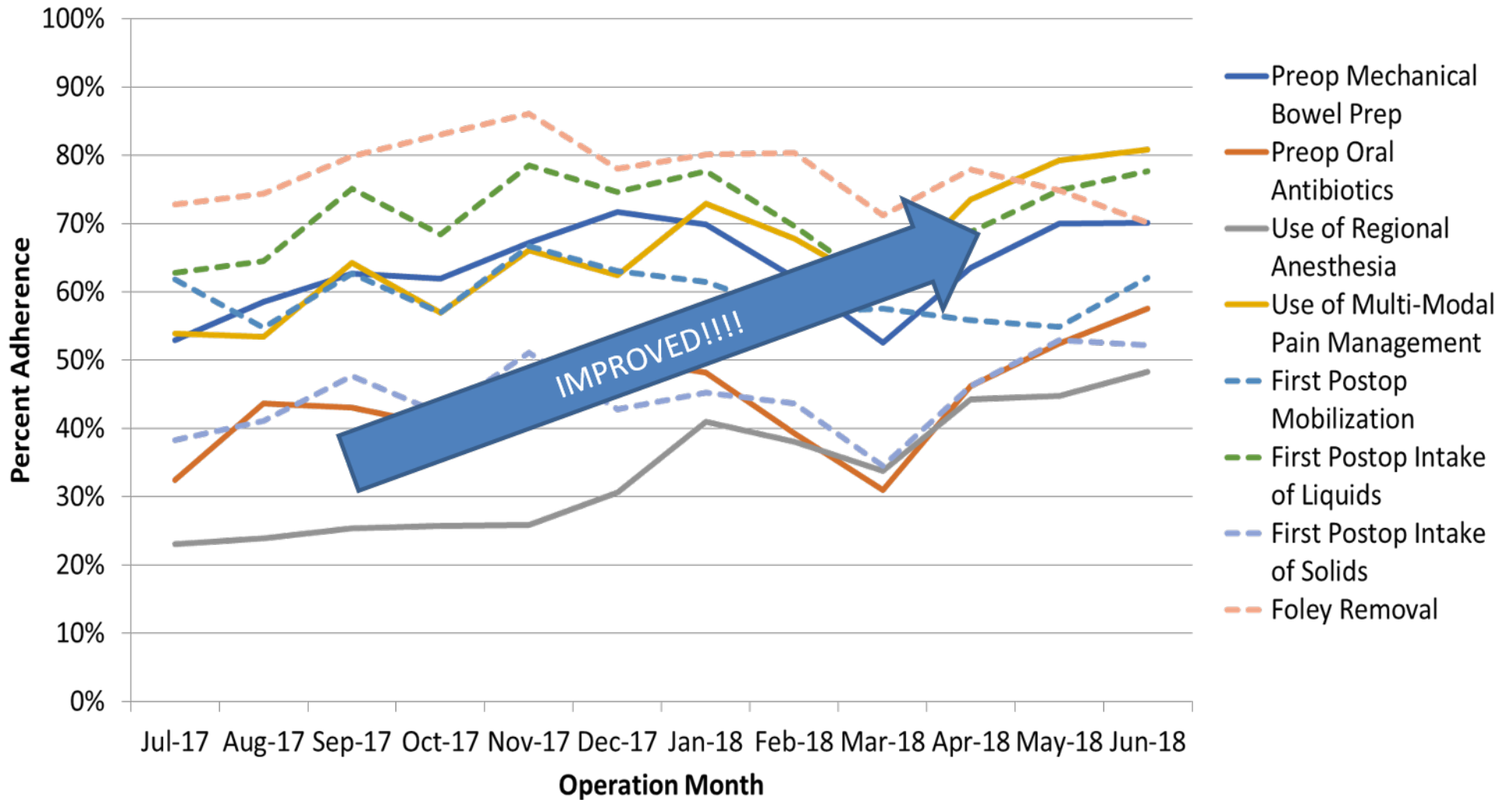
46.6% reduction  
in VTE risk

16% reduction in  
delayed return of  
bowel function

11% reduction in  
length of stay

# We Are Improving Compliance with Process Measures

*Data Source: ACS ISCR Registry*





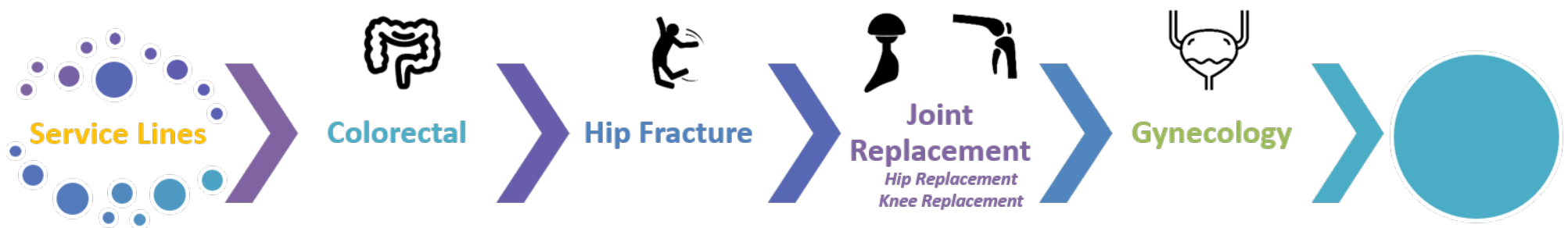
***IS IT TIME FOR YOU TO DO BETTER  
FOR YOUR PATIENTS?***

# Join the Next Cohort!

- Customize your participation to make it work for you
- Elect to participate in one, two, or three areas



September 2019 – *but start enrolling early!*



# Participation Overview

- Open to all **U.S., Puerto Rico and the District of Columbia** hospitals
- Organized by **cohorts** to promote collaboration and learning
  - **Cohort 3B** (September 2019) – **colorectal, total joints, hip fractures and gynecology**
  - **Cohort 4** (March 2020) - **colorectal, total joints, hip fractures, gynecology and emergency general surgery**
- Hospitals can **participate in one or more cohorts**
- Each cohort **lasts 12 months**



- **No fee** to participate!

\* Tentative order

# Who should participate?



## Hospitals looking to :

- **Catch up** because they don't have an enhanced recovery program
- **Implement or optimize** an existing enhanced recovery program or clinical pathway
- **Add enhanced recovery principles** to existing clinical pathways
- Enhance **patient-centered care**
- Have a **platform to standardize care** across a health system
- Gain **access to a central place for data collection** (process and outcome)
- Gain **access to reports** to share data with team
- Forge **collaboration** between surgeons, nurses and anesthesiologists

# ENROLLMENT



Start enrolling as soon as possible!

- Can take up to 3+ months for program contracts to be signed by appropriate parties at hospital.

Once contracts are signed, hospitals will receive access to the data registry and then ISCR pathway resources!

PATHWAY POCKET GUIDE CONCEPT IMPLEMENTATION TEAMWORK CLINICAL SUPPORT NURSE CONSULTANT PROJECT TEAM NATIONAL LEADERS COACHING CALLS WEBINARS EVIDENCE REVIEWS

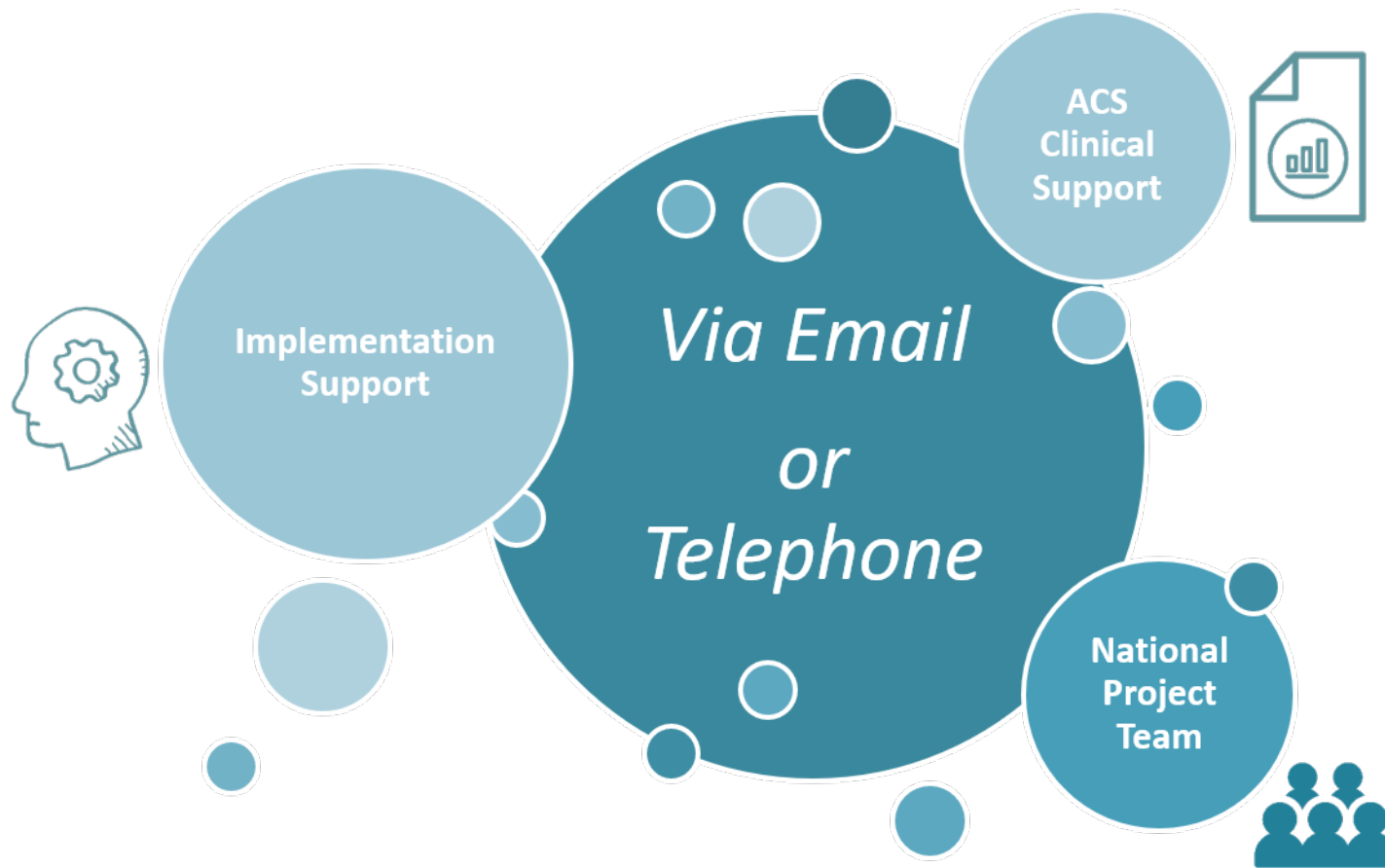
# ISCR RESOURCES

ORDER SETS  
Posters  
Checklist  
SKILLS

GOAL VISION SUPPORT TEAMWORK VISION TECHNIQUES Case Studies



# Available Assistance (One-on-One)





# PATIENT QUOTES

**"It was a wonderful experience, they made my pain and stress go in a better way during my stay."**

**"Every phase of my care was well-coordinated, contributing to a very pleasant hospital experience."**

**"Every phase of my care was well-coordinated, contributing to a very pleasant hospital experience."**

**"I was amazed that I didn't experience any pains or discomfort when I woke up from the operation or even weeks later. I would like to thank all of you who participated in it."**

**"Excellent communication."**



?

# Questions

Visit us at:  
[qi.facs.org/iscr/](http://qi.facs.org/iscr/) to  
begin the enrollment  
process

Please direct questions  
to: *ISCR Program Team*  
at: [iscr@facs.org](mailto:iscr@facs.org)



New York State  
Partnership  
for Patients



# Hospital Discussion and Questions

---

Hospital Participants

Facilitated by NYSPFP Staff



## Next Steps

---

- Gather team to review webinar and decide if ISCR is a good fit for your hospital.
  - For more information refer to the ISCR Fact Sheet
    - <https://www.facs.org/quality-programs/iscr>
  - Visit the ISCR Portal to register for the Collaborative
    - <https://qi.facs.org/iscr/>
-