Identifying Facilitators of and Barriers to Sustaining Gains in Enhanced Recovery

AHRQ Safety Program for Improving

Surgical Care and Recovery

**Purpose of this tool:** To help team leadersidentify facilitators *of* and barriers *to* sustaining gains made after implementing the AHRQ Safety Program for Improving Surgical Care and Recovery (ISCR), an enhanced recovery program, at hospitals and health systems. After your team has met your initial ISCR implementation goals, this tool can help you plan for the long-term sustainment of those improvements.

**How to use this tool:** ISCR team leaders may review this document with the entire team and discuss facilitators and barriers you "do and don't have." Facilitators are the factors that enable sustainment, and barriers are factors that obstruct the sustainment of effective ISCR interventions. Plan strategies to reinforce the facilitators you have and to remove or mitigate the barriers you identify that may prevent you from sustaining the gains you have made since implementing your ISCR pathway. Discuss how to prioritize your efforts and generate action plans to sustain the improvements you have made through your enhanced recovery efforts. If you find that your team was unable to complete the implementation of the ISCR pathway as intended, consider revisiting the tool [Red Light, Green Light: An Overview of Common Implementation Barriers and Facilitators](https://www.ahrq.gov/sites/default/files/wysiwyg/hai/tools/surgery/5-red-light-green-light.docx).

Sustaining Gains in Enhanced Recovery

ISCR pathways can potentially reduce complications, hospital stays, and costs. However, such pathways must be implemented across the continuum of care to realize these intended benefits. Over time, teams often experience and overcome challenges in maintaining the ISCR pathway. The sustainability of a quality and safety improvement initiative is facilitated when the practices become embedded into the daily workflow and are no longer described as change but as "this is how we do things here." Sustainability is enabled by a combination of top-down and bottom-up supports to amplify and maintain improvements.1

**Implementing an ISCR pathway guides teams through the processes of establishing skillful, consistent, and committed use of a system in surgical services.2 The ISCR program guides tweaks to the highly technical activities aimed at enhanced recovery and engaging frontline providers and administrators to collaboratively manage the implementation process—prompting changes in the organizational culture to support efforts. Teams and leaders can highlight improvements in surgical outcomes for the practitioners and patients and reflect on how to continue to make gains in enhanced recovery.**

The information in this document is based on a systematic literature review2 and qualitative interviews conducted from a purposive sample at eight participating sites after the implementation phase of the AHRQ Safety Program for ISCR.

Factors that have been identified as facilitators and barriers through this review and synthesis are summarized in Tables 1 and 2.

Citations

1. Ament SMC, Gillissen F, Moser A, et al. Factors associated with sustainability of 2 quality improvement programs after achieving early implementation success. A qualitative case study. J Eval Clin Pract. 2017 Dec;23(6):1135-43. doi: 10.1111/jep.12735. Epub 2017 Apr 20. PMID: 28425574.
2. Stone AB, Yuan CT, Rosen MA, et al. Barriers to and facilitators of implementing enhanced recovery pathways using an implementation framework: a systematic review. JAMA Surg. 2018 Mar 1;153(3):270-9. doi: 10.1001/jamasurg.2017.5565. PMID: 29344622.

Table 1. Common Facilitators of ISCR Sustainability

Complete the list of action items in the table below to recognize whether the facilitators are present or missing to sustain ISCR gains at your hospital. If your ISCR team identifies facilitators that you do not have, or processes that are not as thorough as they could be, work with your stakeholders to develop ways to strengthen them. For example, if you are uncertain that your frontline providers are regularly reviewing process measure compliance data, use the [Engaging Frontline Staff With ISCR Process and Outcome Data](https://www.ahrq.gov/sites/default/files/wysiwyg/hai/tools/surgery/17-engaging-stakeholders-data.docx) tool to plan what data should be shared and what method works best for sharing it with them (e.g., during a Friday morning huddle on the unit).

| ****Recognizing Facilitators to ISCR Sustainability**** | ****Confirmatory Actions**** | ****Name of Person Responsible for Action**** |
| --- | --- | --- |
| Confirm that your team is adapting ISCR pathways to current hospital practices/workflow | *Enter Confirmatory Actions* | Example 1. All ISCR team members |
| List the processes for ongoing education about enhanced recovery elements for all healthcare professionals | *Enter Confirmatory Actions* | Example 2. (Name) Surgeon Champion or (Name) Nurse Educator |
| Describe the communication processes in place, both formally (ISCR meeting schedules) and informally (impromptu calls, text messaging), with your multidisciplinary team across surgical areas | *Enter Confirmatory Actions* | *Enter Name of Person Responsible for Action* |
| List the standardized processes for patient engagement and patient education across surgical areas | *Enter Confirmatory Actions* | *Enter Name of Person Responsible for Action* |
| List the names and contact information for your quality improvement/data abstraction contacts and those responsible for reporting data to the frontline | *Enter Confirmatory Actions* | *Enter Name of Person Responsible for Action* |
| Describe the process for continuous auditing and feedback of performance (i.e., process and outcome measures) and meaningful data to organizational leaders and frontline providers | *Enter Confirmatory Actions* | *Enter Name of Person Responsible for Action* |
| Review whether you have the support required from hospital leadership and administrative support, including anesthesia, surgery, and nursing, to sustain ISCR activities | *Enter Confirmatory Actions* | *Enter Name of Person Responsible for Action* |
| List your core and supporting ISCR team members (e.g., surgeon champion, senior executive, pharmacist) to serve as influencers across the organization, including who will lead or co-lead ongoing enhanced recovery efforts (e.g., quality improvement staff, data abstractor, nurse champion) | *Enter Confirmatory Actions* | *Enter Name of Person Responsible for Action* |
| Other | *Enter here* | *Enter here* |

Table 2. Common Barriers to ISCR Sustainability and Actions To Overcome

Common barriers to sustaining ISCR may look different at hospitals for various reasons, including their size, financial resources, affiliation with a larger system, and information technology resources. Some barriers, such as rotating residents, staffing shortages, and the release of updated clinical guidelines, are due to external forces, and ISCR teams have little control over them. Others may be addressed by using an electronic medical record to standardize order sets; sharing performance data; and engaging champions and executive leadership in advocating for change. Review the common barriers to ISCR sustainability in the table below and develop a list of actions that can be carried out to remove or mitigate the impact they may have on your hospital.

| ****Common Barriers to ISCR Sustainability**** | ****List Actions To Remove or Mitigate**** | ****Name of Person Responsible for Action**** |
| --- | --- | --- |
| Resistance to change by both perioperative staff and patients (wanting to continue with status quo) | *List Actions To Remove or Mitigate* | *Enter Name of Person Responsible for Action* |
| Providers' belief that efforts do not achieve desired results | *List Actions To Remove or Mitigate* | *Enter Name of Person Responsible for Action* |
| Lack of buy-in from healthcare professionals (possibly due to lack of education of all healthcare providers, or due to healthcare worker burnout) | *List Actions To Remove or Mitigate* | *Enter Name of Person Responsible for Action* |
| Changes to surgical service resources (e.g., personnel, types of surgeries permitted, reduction in surgical volumes, staff redeployment to other areas) | *List Actions To Remove or Mitigate* | *Enter Name of Person Responsible for Action* |
| Limited resources (e.g., furloughed or decreased staff, lack of integration with information technology staff for electronic health record standardization and documentation, lack of data analytics to create performance reports) | *List Actions To Remove or Mitigate* | *Enter Name of Person Responsible for Action* |
| Lack of consistency in staffing (e.g., rotating anesthesia practices, rotating residents and other trainees, floating and travel nurses) | *List Actions To Remove or Mitigate* | *Enter Name of Person Responsible for Action* |
| Other | *Enter here* | *Enter here* |

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