

Improving Surgical Care and Recovery Program- Organizational Simulation for Patient Safety Leadership
Implementation Feedback Handout

Tactic	Implementation Framework	Description	Feedback	Category
Engage stakeholders in customizing protocols	Adapt the enhanced recovery pathway to your local hospital	Invite staff to help adapt the ISCR protocols for your organization. Work with them to identify which components should be a priority given the opportunity for patients and the constraints in your organization.	Your efforts to engage staff in customizing the protocol for the unique needs of your patients and staff was successful. The end result focused on the top priority areas that all stakeholders felt comfortable implementing.	Optimal
Create a multi-disciplinary approach	Assemble a multidisciplinary core team	Recruit key people and gather support for ISCR from surgeons, anesthesia providers, nurses and allied health professionals, as well as hospital leaders.	Your time spent building a multi-disciplinary team has paid off. Your team members proactively surfaced potential challenges during the planning phase. Team members from different professions and units were able to keep all stakeholder groups up to date and make sure their concerns were heard and addressed.	Optimal
Seek out informal leaders to participate	Assemble a multidisciplinary core team	Identify some providers who you admire for their dedication to high quality surgical care as well as teamwork and have the reputation for that at the hospital and invite them to be part of this effort. Message this as an opportunity for staff to learn and grow into leadership opportunities. Seek out and actively engage more junior staff who are respected by their peers, eager for new challenges, and passionate about patient care.	The informal leaders were diligent, innovative, and influential. Their passion for the work and time commitment to getting things right were evident to everyone and they inspired many to adopt new practices.	Optimal
Use data from your organization	Collect and analyze baseline data	Gather baseline data for length of stay, readmissions, SSIs, and patient experience and compare to other hospitals in the program.	Using data from your organization was eye opening for some stakeholders. There were some large discrepancies in what people believed current practice to be and what was actually happening. This helped to motivate people and focus them on some key areas for improvement.	Optimal

Use patient stories from your organization	Collect and analyze baseline data	Gather stories from care providers with examples of patients with poor pain control, nausea, vomiting, and ileus causing prolonged hospital stay, infections, and other complications.	Patient stories helped people connect to the opportunity to improve care. Numbers are one thing, but many people were more drawn to the voice of the patient. This helped to engage a wider range of staff in the project.	Optimal
Build a financial case	Engage stakeholders	Make the financial case for why upfront costs will save money down the line. Use estimates of cost savings from the literature and data from your organization to demonstrate financial return on investment.	Several key senior leaders were impressed by the financial case your team made for the program. In turn, their support helped bring other stakeholders on board.	Optimal
Focus messaging on the vision for the change	Engage stakeholders	Use all existing communication channels (e.g., meetings, newsletters) to broadcast the vision for change. This includes addressing the need for change and the specific approach taken to making those changes.	Focusing on a clear and comprehensive vision for the change was critical. The consistent messaging helped people to understand what was changing, why, and what we could expect from those efforts.	Optimal
Share the evidence of ISCR effectiveness	Engage stakeholders	Make the case that the evidence firmly supports that ISCR is good for patient outcomes. Use available studies and evidence summaries. Share this information in leadership briefings, departmental, and unit meetings.	Your campaign to disseminate the evidence of ERAS effectiveness was successful in swaying several key staff members who were initially reluctant to engage in the work. This shifted the discussion from 'if' the organization should implement, to 'how'.	Optimal
Use stories of other institutions' success with ISCR	Engage stakeholders	Tell stories of other peer institutions that have done ISCR to make the case that the program works in organizations like yours. Share the ACS' ERIN pilot results. Reach out to facilities who have implemented and get their story to share.	The success stories you provided in addition to the data were very compelling to staff. They helped people to believe that the ERAS changes were achievable and meaningful.	Optimal
Pay for 20% project management support and/or 20% data abstractor time	Establish a process/person for data collection	Identify administrator with interest in clinical care who will spend one day a week assisting with project management. Identify existing resource that can help with data abstraction but supervisor not sure that she will have the capacity to abstract all of the cases.	Your investment in project management support and data abstracting was a good decision. The project manager was able to track details and ensure follow up on key action items. Your use of a data abstractor within the organization sped up the process of data abstraction and reporting.	Optimal

Pay for 50% project management support and full time data abstractor	Establish a process/person for data collection	Hire project manager to lead and manage hospital's ISCR work who will also assist with perioperative efficiency projects. Hire new data abstractor just for ISCR.	The investment you made in project management support was vital for the team. It ensured that details were tracked and progress was made in between meetings. Clinicians were able to focus on clinical issues and the project manager supported them efficiently. Data is critical for driving change. Your decision to adequately staff the data abstractors has greatly advanced the project. Clinicians now receive timely feedback on process and outcome measures.	Optimal
Streamline abstracting process	Establish a process/person for data collection	Work with your IT department and core team members to identify a mechanism to streamline the abstracting process to ensure there is feedback by 30 days.	By making the abstracting process more efficient, you increased the availability of timely feedback to the frontline. This created strong awareness of the progress and impact that was being made and helped to engage and motivate staff members in the program.	Optimal
Collaborate with senior leadership on strategy	Identify a senior leader to partner with	Develop strategy with leadership that clearly defines what resources will be required and what the organization will receive in return. What resources will you need and for how long? What you will achieve?	Negotiating this strategy with senior leaders was time consuming, but the clarity of expectations it generated helped to build trust and support on both sides. This team understood what they were working with and the leaders understood what they were getting in return for the organization. The increased leadership support was visible to frontline staff who took it as a sign of the project's importance and longevity.	Optimal
Start with small tests of change	Kickoff and follow your protocol for the surgery-specific patients	Implement protocols with a small group of surgeons and anesthesia providers who are comfortable with the changes. Consider this a "pilot." Repurpose existing staff as needed and then reassess after a few months. Clearly define the scope of the pilot to promote success.	The pilot approach helped to ease concerns over initial financial investments in the program. After several months, there was enough data that the improvements were real and substantial to convince leaders and other stakeholders to expand efforts.	Optimal

Listen to others concerns so you can address them	Troubleshoot and sustain	Create an approach for surfacing and addressing the concerns people have about the project and respond to them. Include staff surveys, staff meetings, and 'town hall' style meetings to discuss the program. Take the concerns to your team and work to address them in your planning.	Your efforts to surface and address staff concerns were successful. Staff felt they were listened to, and multiple real barriers were identified before project launch and planned for appropriately, avoiding potential delays and failures.	Optimal
Build relationships amongst your core team members	Assemble a multidisciplinary core team	Host off-site retreats so that team members can develop a shared sense of the hospital's problems and opportunities and create a minimum level of trust and communication.	The team building was a useful approach. Some people had never worked together before, and this created an opportunity for the team to get to know one another and to form clear expectations for the project and one another's roles.	Moderately effective tactic
Make the case to leadership that a multidisciplinary team is needed	Assemble a multidisciplinary core team	Highlight other trans disciplinary quality improvement efforts that have been successful in your hospital. Make the connection for people that the team is capable of successful implementation of complex projects. For example, there have been clear success in projects to improve door to balloon time for patients entering the Emergency Department and going to cath lab, as well as projects in surgery to revise and streamline preference cards.	Senior leaders were convinced of the need to build a strong team across disciplines and locations in the organization. The next step: find representatives from the different professions and areas to participate!	Moderately effective tactic
Pay 10% non-clinical time for surgeon	Assemble a multidisciplinary core team	To ensure surgical engagement in the program, a surgeon is paid 10% salary support for participation.	Providing protected time for a surgeon was not as beneficial as it seemed. It was a small amount of time where the surgeon was not able to make much progress. They focused on clinical issues and many details were not tracked or followed up on.	Moderately effective tactic
Pay 10% non-clinical time for anesthesiologist	Assemble a multidisciplinary core team	To ensure anesthesiologist engagement in the program, an anesthesiologist is paid 10% salary support for participation.	Providing protected time for an anesthesiologist was not as beneficial as it seemed. It was a small amount of time where the anesthesiologist was not able to make much progress. They focused on clinical issues and many details were not tracked or followed up on.	Moderately effective tactic

Explore potential reputational benefits	Engage stakeholders	Look closely at performance in this area. How are you performing relative to comparable institutions? Is there opportunity to grow your ISCR surgery volume? Could the hospital advertise the good outcomes that come from a successful ISCR program?	Senior leaders appreciated the information about how your organization currently compared to national rankings as well other hospitals in your market. This was well received and viewed as a potential to expand hospital business.	Moderately effective tactic
Hold launch until all protocols are in place	Kickoff and follow your protocol for colorectal surgery patients	Do not initiate changes until you can ensure that every patient receives all components of the ISCR pathway.	Your attempt to solve all issues with all protocols before any implementation occurred slowed the implementation down. Some protocols were ready to be launched but not implemented due to unrelated issues. Momentum was lost and, once launch did occur, there were still issues including a few drugs not being in the formulary.	Moderately effective tactic
Implement ISCR protocols completely	Adapt the enhanced recovery pathway to your local hospital	To ensure maximum benefit from the project, use all available ISCR protocols as they are described in project materials and the literature. These are what have worked in the past for other organizations. Use their work.	Staff felt overwhelmed by the amount of changes involved in the project. Also, many staff members did not feel comfortable implementing all components of the project. They had legitimate concerns about their skill levels and risks to patients.	Ineffective or counterproductive tactic
Assign members to the team	Assemble a multidisciplinary core team	Pick the people you think are best suited to help the project and require their participation. You know the skill sets you will need. Choosing team members this way ensures you have the right mix of skills.	Requiring participation from certain team members did not go well. Some of the people chosen did not have time to participate. Others were resentful of being 'told' to participate when your authority to do so was not clear.	Ineffective or counterproductive tactic
Build the team within Surgery Department	Assemble a multidisciplinary core team	Start the program within Surgery to meet leadership's expectations of who should own the work and minimize any challenges working with other departments.	You have encountered several delays in the implementation due to resistance from other stakeholder groups. These are mostly due to communication breakdowns with frontline staff.	Ineffective or counterproductive tactic
Focus messaging on what is changing	Engage stakeholders	Communicate clearly what changes are being put in to place. Do not complicate the message by describing the rationale for changes. Let people know what they need to do.	Being clear about what changes are happening is critical. However, the absence of a rationale for the changes made people critical. They questioned the need to change and the efficacy of the changes being put in place.	Ineffective or counterproductive tactic

Let the C-Suite create the vision	Engage stakeholders	Senior leadership support is critical for project success. Work the vision for your ISCR implementation around what the C-Suite wants to ensure their support.	Pursuing senior leadership support for the vision of the project was a good idea; however, staff felt they had no voice. The vision created did not connect to what the frontline thought was important. The project was viewed as another top down change forced on the frontline.	Ineffective or counterproductive tactic
Use your organization's mission statement	Engage stakeholders	Instead of creating a new vision for the ISCR project, use your organization's current mission statement to show alignment with the broader goals.	Illustrating alignment with the organization's goals was positive, but few people had actually heard of the organization's mission statement before this project. Also, the mission statement was very broad and people had difficulty understanding exactly what this project was attempting to achieve.	Ineffective or counterproductive tactic
Ensure formal leaders are owning and driving the change	Identify a senior leader to partner with	This project is important to the organization and, therefore, people in formal leadership roles must 'own' this work and be responsible for all project tasks.	People noticed leadership's role in this work. However, due to competing priorities, scheduling of project meetings was a challenge and the full team rarely met. Tasks were not followed up on from one meeting to the next and progress was slowed.	Ineffective or counterproductive tactic
Play it safe and fly under the radar	Kickoff and follow your protocol for the surgery-specific patients	Given there are multiple large initiatives currently underway, the team decides to play it safe, downplay the urgency of this project, and attempt to implement key practices without much fanfare.	The attempt to minimize the project, its goals, and changes to practice has resulted in very little forward progress. People have heard about it, but not focused on it and now perceive the effort to be 'complete' before really getting started.	Ineffective or counterproductive tactic