

Quality Quarterly

Pediatric Surgery Quality Collaborative Newsletter

Welcome!

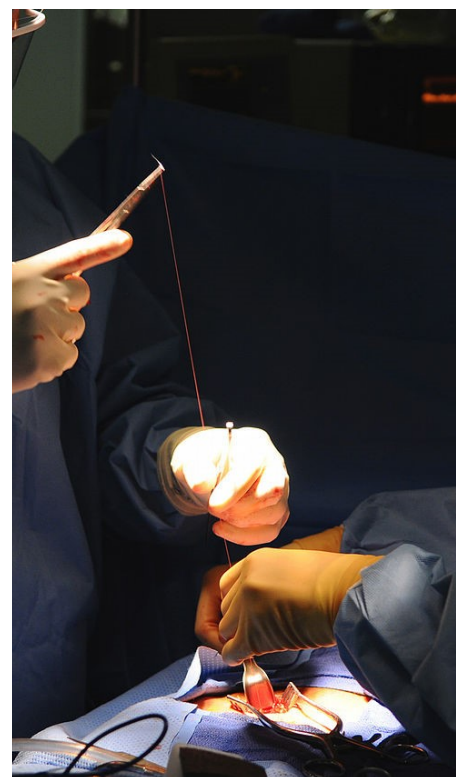
Welcome to the first issue of the **Quality Quarterly** a newsletter for PSQC member hospital teams we hope to put out 4 times per year. We have launched this newsletter to keep you informed about our quality improvement projects and provide updates from featured member hospitals on where they are in their quality improvement journey. Please feel free to share this newsletter with any colleagues or contacts who may be interested in the information provided.

As most of you know, the Pediatric Surgery Quality Collaborative (PSQC) is a quality improvement initiative comprised of children's hospitals in the U.S. We have 41 members as of this writing with several others exploring how to join us. A map of where members are located is on page 3. Ours is a robust collaborative with dedicated full time staff supporting our activities by providing training and hands on project management. The PSQC seeks to improve national surgical outcomes in commonly performed procedures across all member sites. PSQC members are active participants in ACS NSQIP-P data submission. We are leveraging the data submitted to NSQIP-P by each member hospital to identify opportunities for quality improvement .

Thank you for your continued involvement in the PSQC. We look forward to your feedback.



Kevin Lally, MD, MS, FACS
PSQC Executive Director
Surgeon-in-Chief, Children's Memorial Hermann Hospital
Houston, TX



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PSQC First Project: Reduction of CT use in Pre-op Imaging of Suspected Appendicitis



On October 1, 2020, the PSQC formally launched the CT utilization reduction project. [In Dr. Hauptman's study from The Netherlands](#), pediatric patients who had CT scans had a greater risk of developing cancer later in life than one would expect in the general population. The members of the pediatric surgery community agree with the principle of *ALARA*. There is also a strong desire to reduce any unnecessary surgery (NAR). Most of our hospitals receive patients from community hospitals where CT utilization may be higher than at a children's hospital. The differences in diagnostic approaches creates a bit of a dilemma in achieving a meaningful reduction in CT utilization for pediatric patients with suspected appendicitis.

The PSQC is pursuing a qualitative approach to assessing best practice among our collaborative members. Of particular interest are those

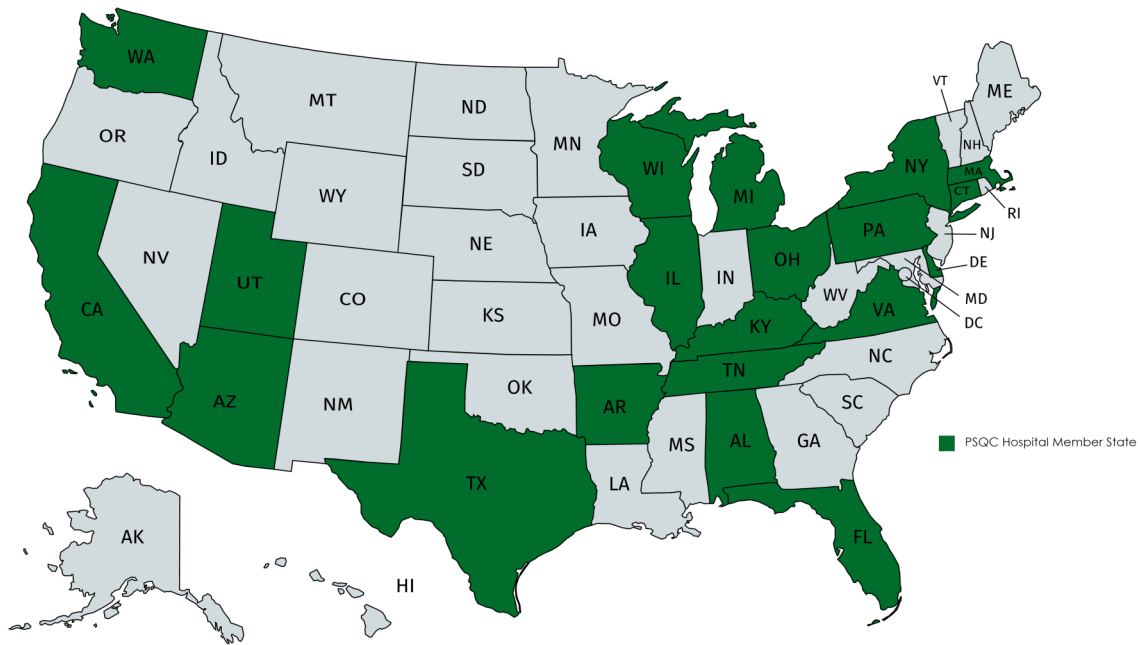
"ALARA is an acronym for "as low as (is) reasonably achievable," which means making every reasonable effort to maintain exposures to ionizing radiation as far below the dose limits as practical, consistent with the purpose for which the licensed activity is undertaken, taking into account the state of technology, the economics of improvements in relation to state of technology, the economics of improvements in relation to benefits to the public health and safety, and other societal and socioeconomic considerations"



practices which can be readily replicated with minimal costs. We have invited our low and high performers on this metric to participate in qualitative interviews with members of our Implementation Committee (IC). We are recording the interviews and coding the transcripts to identify areas of congruence across both settings as well as highlight areas of strength that might be used at any of our member hospitals.

To date we have interviewed 2 high performers and 2 low performers, with an additional 4 (2 high/2 low) scheduled for November. We are interviewing surgeon champions with follow up planned to radiology and pediatric emergency medicine team members at each hospital. We are also considering including at least 2 of our mid-range performers in the process. An intervention bundle is planned for release in February 2021.

If you have any questions, please reach out to the PSQC Program Manager, Terry Fisher, at terry.fisher@uth.tmc.edu.



PSQC MEMBER HOSPITALS

Alabama Children's Alabama, Rob Russell	Michigan Beaumont Children's Hospital, Robert Morden
Arkansas Arkansas Children's, Sid Dassinger	New York Cohen Children's, Jose Prince Golisano Children's, Derek Wakeman John Oishei Children's, David Rothstein
Arizona Phoenix Children's, Justin Lee	Ohio Akron Children's, Bob Parry Cincinnati Children's, Aaron Garrison Nationwide Children's, Brian Kenney* Rainbow Babies, Anne Kim Mackow
California Children's Los Angeles, Lorraine Kelly-Kwon Children's Orange County (CHOC), Yigit Guner Kaiser (Fontana/LA), Donald Shaul Lucille Packard Children's, Steve Shew UC Davis Children's, Shin Hirose Valley Children's, Jim Pierce	Pennsylvania Penn State Children's, Bob Cilley
Connecticut Connecticut Children's, Christine Finck	Tennessee Le Bonheur Children's, Regan Williams Vanderbilt Children's, Martin Blakely
Delaware Nemours/Alfred I. DuPont Children's, Loren Berman*	Texas Children's San Antonio, John Doski Cook Children's, Jose Iglesias UT Dell Children's, Nilda Garcia Children's Memorial Hermann, KuoJen Tsao* Texas Children's Hospital (TCH), Monica Lopez*
Florida Joe DiMaggio Children's, Holly Neville Johns Hopkins All Children's, Raquel Gonzalez Wolfson Children's, Dan Robie	Utah Primary Children's, Doug Barnhart*
Illinois Comer Children's, Mark Slidell Lurie Children's, Mehul Raval*	Virginia Inova Children's, Stephen Kim King's Daughters Children's, Michael Goretzky
Kentucky Norton Children's, Cindy Downard*	Washington Mary Bridge Children's, Tony Escobar Seattle Children's, Adam Goldin
Massachusetts Boston Children's, Shawn Rangel*	Wisconsin Children's Wisconsin, David Gourlay

*member of PSQC Executive Committee

Member Stories

In future issues of *the Quality Quarterly*, we will feature stories from our member hospitals. These stories will highlight the work being done on Quality Improvement for our first project as well as smart tips for how to approach QI at your institution.

These insights might include advice on team composition; frequency of feedback; best methods for PDSAs; or common challenges and vetted solutions to implementing change.

We want to focus first on the work being done by the PSQC, but we are also interested in hearing about other quality improvement initiatives being undertaken at your institutions, especially projects which touch several divisions.



Recent Publications of Interest

[Delayed presentation and sub-optimal outcomes of pediatric patients with acute appendicitis during the COVID-19 pandemic](#)

This free article in the Journal of Pediatric Surgery comes from pediatric surgery and pediatric medicine faculty at Presbyterian Children's in NYC. This retrospective review provides insight into the prevalence of an increase in the acuity of appendicitis due to delayed presentation during the COVID-19 pandemic in pediatric patients.

[The Use of Computed Tomography Versus Clinical Acumen in Diagnosing Appendicitis in Children: A Two-Institution International Study](#)

A retrospective review of surgical consults for suspected appendicitis in two institutions (Virgen del Rocio Children's Sevilla, Spain and Le Bonheur, Memphis, TN) comparing the diagnostic efficacy between overnight observation paired with clinical acumen to diagnostic imaging. Reliance.

[Mitigating disparity in children with acute appendicitis: impact of patient driven protocols](#)

A retrospective review of prospectively collected data on children undergoing laparoscopic appendectomy measuring the effect of a evidence based patient driven protocol at a single institution in reducing poor outcomes for racial and ethnic minority children.

[Community level socioeconomic status association with surgical outcomes and resource utilisation in a regional cohort: a prospective registry analysis.](#)

Research examining the effect of community socioeconomic status using the Distressed Community Index (DCI) on post surgical complications and resource utilization. The study found the DCI was an independent predictor of these findings even after applying ACS-NSQIP risk adjustment.

News from Regional SQCs



The Virginia Surgical Quality Collaborative (VSQC) has completed and published two research studies and is working on a third. Our first collaboration centered on implementing Early Recovery After Surgery across VSQC institutions and our second on

assessing the association of the Distressed Community Index on surgical outcomes. We are currently exploring the impact of Medicaid expansion on outcomes.

The Michigan Surgical Quality Collaborative (MSQC) has had an interesting year, continuing our work on surgical quality improvement while the Covid-19 pandemic rages on around us.



In mid-March, shortly following a declaration of a state of emergency the governor of Michigan declared that all elective surgeries must stop in order to leave capacity available for incoming Covid-19 patients. We had designed our quality improvement projects for 2020 to be “Rapid Improvement Cycles”, focused on implementing process improvement during the second and third quarters of the year, which corresponded rather inconveniently with the timing of the shutdown! In addition, many of the data abstractors (trained nurses) who collect data at our 70 participating hospitals were redeployed to duties related to the pandemic. This posed a two-fold challenge for our collaborative: lack of data and lack of abstraction manpower. Since we abstract 30-120 days following the surgical event, the loss of our abstractors meant that we were unable to abstract cases from December – February that were eligible for the registry. Further, there was a significantly lower volume of cases to abstract from March through May and those that were collected were emergent and urgent cases, which made an unforeseen adjustment to our normal sampling algorithm.

It will take us many months to review our data to see whether the cases collected during this time differ in significant ways from those collected during usual times. Those MSQC abstractors who were not deployed, but that had availability to pitch in, joined forces with the other CQIs also funded by BCBS of Michigan to collect data for the MI-Covid 19 Initiative (<https://www.mihms.org/quality-initiatives/mi-covid19-initiative>).

Alberta Health Services (AHS) is Canada’s first and largest province-wide, fully-integrated health system, responsible for delivering health services to nearly 4.4 million people living in Alberta, as well as to some residents of Saskatchewan, B.C. and the Northwest Territories. AHS employs more than 100,000 Albertans, and includes 106 acute care facilities as part of programs and services offered at over 850 facilities throughout the province.

In 2019, AHS enrolled their two pediatric acute care hospitals in NSQIP Pediatric. The Stollery Children’s Hospital in Edmonton, and the Alberta Children’s Hospital in Calgary. The introduction of the NSQIP Pediatric program provides decision support data for each site to include in the planning and execution of quality and safety activities to support optimal patient outcomes.

