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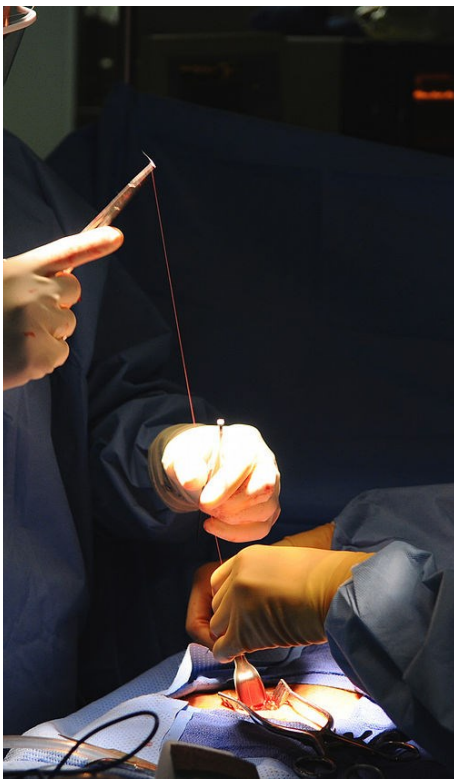
Quality Quarterly

Pediatric Surgery Quality Collaborative Newsletter



I hope all of you are well and feeling some sense of relief as we slowly emerge from the pandemic. We are growing quickly! With the launch of our first QI project, CT use reduction, we felt it was time to invite more of our colleagues to join this collaborative. The Executive Committee approved expanding our membership to all Pediatric NSQIP hospitals across the globe. Earlier this month, I reached out to the majority of Children's Hospitals in the U.S., as well as our colleagues in Australia and Canada. As of the publication date of this newsletter, the PSQC has grown by 10 new members!

On April 22nd, we officially released our first work product, The PSQC CT Reduction Implementation Guide, to all our members. This was due to a great amount of work by the Implementation team and Terry, who was central in getting things done. We hosted a webinar to review the rationale and methods on which we built the guide and provided a brief tour of the guide. You can review both the Guide and the webinar on our website at https://med.uth.edu/pediatricsurgery/research/research-centers-and-programs/psqc/.
On page 2, our Implementation Committee Chair, Mehul Raval, provides more detail on exactly ***how*** we plan to support our members who have decided to try to make changes at their hospitals around CT utilization.

In June, Terry will be asking each of you to provide feedback on which project the PSQC should consider next. We will use a ranked voting approach to narrow our selection and plan to launch the next project in January 2022.

Thank you for your continued involvement in the PSQC!

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

Inside this issue

PSQC Implementation Committee

On behalf of the PSQC Implementation Committee, we are pleased to share the PSQC CT Reduction Implementation Guide (*insert hyperlink*) which represents our Collaborative's first work product. Several PSQC member hospitals have requested assistance surrounding implementing changes in appendicitis imaging practices at their home institutions. In true collaborative spirit, other PSQC members from some of our high performing hospitals have agreed to share their practices and expertise in quality improvement. These "peer coaches" will be available during virtual office hours each month hosted by the Implementation Committee. Terry will create this virtual meeting space and disseminate the details to interested parties in the coming weeks. We plan to start these monthly meetings in June. If we find this "peer coaching" strategy to be successful and valuable, we will continue it for any future projects.

"If you want to truly understand something, try to change it." ***Kurt Lewin.***

If any of you have ideas on future projects, or on approaches to supporting change management in a virtual setting, please do not hesitate to reach out to us. This is a collaborative-it is essential our members feel included and empowered to participate in decision making and implementation. You can email Terry at terry.fisher@uth.tmc.edu anytime with comments.

Mehul Raval, MD, MS, FACS, FAAP
Chair PSQC Implementation Committee
Associate Professor of Surgery and Pediatrics
Lurie Children's Hospital

Characteristics of peer coaching

GROUP OF EQUAL RANK
The members of a group are of equal rank. That does not mean that persons in the group can have different qualifications, but that everyone in the group may bring in their problem equally and no one in the group is a professional coach who leads the group or process.

COMMON PROFESSIONAL FOCUS
Usually there is a common professional interest. People in the group have a common objective, because they may have the same professional background.

TARGET-ORIENTED PROCESS
The process is about a solution-focused exchange to find one or more solutions that can be transferred into work afterwards.

COLLABORATIVELY DEFINED STRUCTURE
The structure that supports the peer coaching process is collaboratively defined. (A general structure will be provided to you in this online course).

IDEA OF GIVING & TAKING
Peer coaching is based on reciprocity, which means that you learn from each other and help each other.

COUNSELLING WITHOUT FEE
Peer coaching is without a fee because there is no professional needed and there are no concepts to be licensed.

VOLUNTARINESS & COMMITMENT
Peer coaching should be voluntary, but within the group there is a need for commitment to actively take part and feel responsible for the processes.

Lewin's Theory of Change

SCR Discussion Forum

We have launched our SCR webinar series! The first webinar was hosted on May 11th. In this webinar, we talked about SSI/Organ Space QI projects from Golisano Children's and fielded questions on challenges our SCR members face in interpreting NSQIP variable definitions.

We will meet monthly throughout 2021 with a different topic each month. A new space will be created on our website as an SCR resource portal.

We are also cultivating a roster of SCR peer coaches, similar to our effort on the CT reduction project. These coaches are SCRs wilth an extended tenure and willingness to field newer SCRs' questions.

Stay tuned!

Terry

Terry Fisher, MPH, PMP
PSQC Program Manager
McGovern Medical School
Houston, TX

Recent Publications of Interest

Does the Introduction of ACS NSQIP Improve Outcomes?

Comprehensive systemic review of published literature on the effectiveness of ACS NSQIP. The review reveals a positive effect on healthcare systems regardless of funding model.

Standardized discharge antibiotics may reduce readmissions in pediatric perforated appendicitis

Prescribing seven additional days of oral antibiotics post discharge was associated with reduced odds of readmission for this patient population.

Additional prophylactic antibiotics do not decrease surgical site infection rates in pediatric patients with appendicitis and cholecystitis

Single institution retrospective review over a 5 year period of patients undergoing appendectomy or cholecystectomy found no statiscally significant difference in rates of of organ space or superficial SSI in patients who received preoperative prophylactic antibiotics.

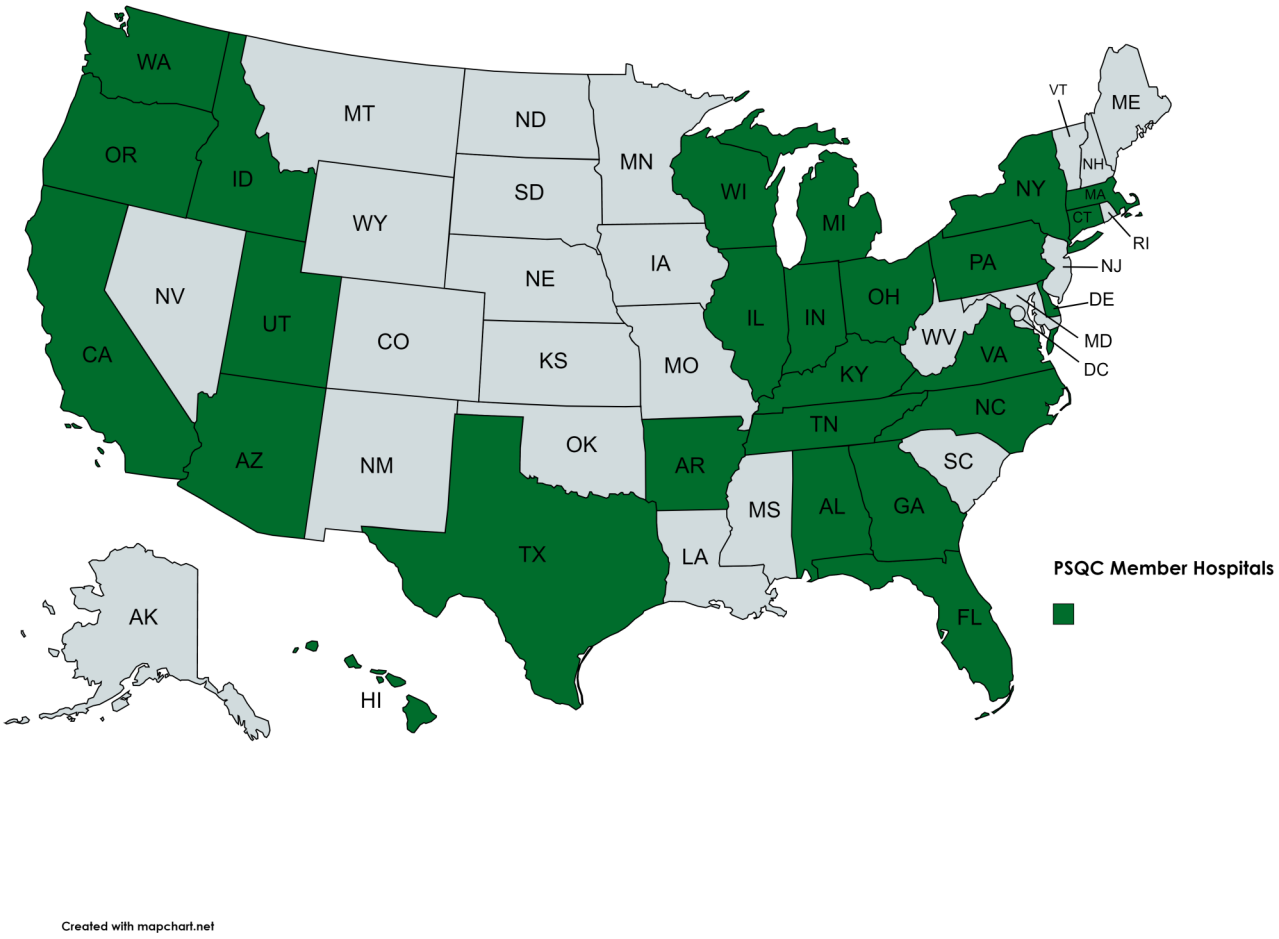
A cluster randomized stepped-wedge trial to de-implement unnecessary postoperative antibiotics in children: the optimizing perioperative antibiotic in children (OPerAtiC) trial

This clinical trial will assess the effectiveness of reducing the inappropriate ordering of post-operative antibiotics through two startegies-order set change and facilitation training. The trial has nine participating U.S. children's hospitals.

Transfusions in Children's Surgery: Characterization and Development of a Model for Benchmarking

Using NSQIP PUF data, from 2012-2015, the authors propose a model focused on those procedures most likely to utilize transfusions with preoperative factors.

Welcome New Members!



Georgia	**New York**
Children's Healthcare of Atlanta-Matthew Clifton	Albany Medical Center-Mary Edwards
Florida	**North Carolina**
Arnold Palmer Children's-Donald Plumley	North Carolina Children's- Michael Phillips
Hawaii	**Oregon**
Kapi'olani Children's-Russell Woo	Randall Children's- Cynthia Gingalewski
Idaho	**Pennsylvania**
St. Luke's- Ellen Reynolds	Children's Hospital of Pittsburgh-Barbara Gaines
Indiana	**Virginia**
Peyton Manning Children's-Evan Kokoska	UVA Children's Hospital- Eugene McGahren