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Quality Quarterly

Pediatric Surgery Quality Collaborative Newsletter

Happy upcoming holidays to our membership. May this holiday season be less stressful than the last! Our first project on CT scan reduction continues with several of our newer members taking the Implementation Guide we created and shared in April and using it to improve processes at their hospitals. We hope to feature some of these hospitals in our next webinar in early 2022. The project development team is looking at targets for our project, which will likely focus on appendicitis. Once we have a better view of the data, we'll be soliciting folks to participate both as program lead or participant in the working group. We are targeting announcing in January 2022.

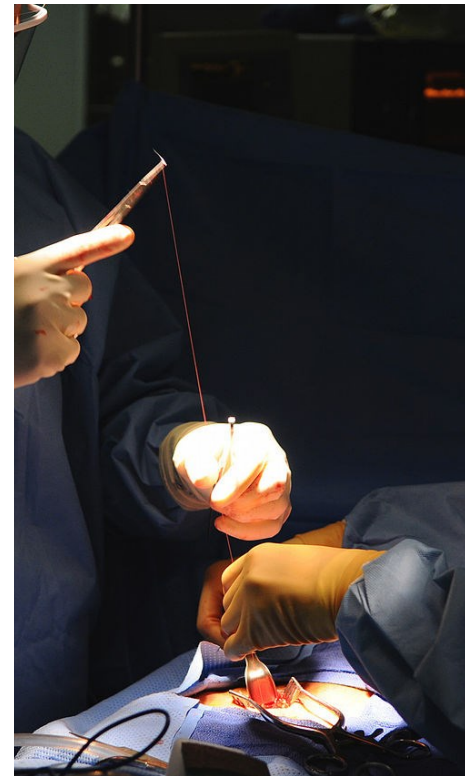
We convened an ad-hoc steering committee to inform the development of a strategic plan for the PSQC in Chicago in early September. The meeting was a success and we are in the final edits of the plan which we will share with all of you before the end of the year. We believe we have a clear path forward which will ensure the success of the PSQC for the long term.

In this issue, we are highlighting a member QI project, recent publications from our members, and a heads-up around our intended call for a wholly organic project for the PSQC to tackle. Dr. Shew provides some additional information in the issue. We are excited about this next step in our journey as a quality collaborative. We hope you will be too. As always, any comments or other ideas any of you might have are more than welcome.

Thank you for your continued support of the PSQC!



Kevin Lally, MD, MS, FACS
PSQC Executive Director
Surgeon-in-Chief, Children's Memorial Hermann Hospital
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Inside this issue

Project updates.....	2
Meetings	3
Recent Publications.....	4
New Member Welcome.....	5
Member QI Projects.....	6

PSQC Project Development and Implementation Committee



As part of the PSQC evolution, we are ready now to explore ideas and opportunities for a project wholly organic to the PSQC; i.e. we will not be relying on data already collected by NSQIP. This will amount to a pilot project we hope will eventually be rolled into standard data reporting in NSQIP. To achieve that cohesion, any pilot project will be approached utilizing NSQIP as a partner in custom field development to make a transition from 'pilot phase' to standard NSQIP data reporting seamless.

We are asking you, our members, to submit project ideas for the PSQC to consider. We will develop a template for project submission which will be shared in January 2022 with our membership. I'm asking you to start thinking now about projects you'd like to submit for consideration-these can be process, structural or outcome measures you feel have a large effect on our patients' satisfaction and quality of life. As part of the proposal process, you will be asked to identify a lead for the project as well as any literature which supports your approach as well metrics and balancing measures. These project proposals can come from any member of the hospital team- surgeon, radiology, nursing, SCRs, etc. Projects should address the feasibility of collecting data outside normal NSQIP demands.

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.

A handwritten signature in blue ink, which appears to read "Shew".

Stephen B. Shew, MD, FACS, FAAP

PSQC Project Development and Implementation Committee

Clinical Professor of Surgery

Lucille Packard Stanford Children's Hospital

Return to In-Person Meetings

After so much Zooming, Teaming and WebExing, we are certainly ready to get back to some in-person meetings! And lucky for us, the American Pediatric Surgical Association is also ready to dip their toes into an in-person meeting in San Diego, CA, May 12-15, 2022. The PSQC is planning to host a half day meeting during or immediately following the APSA meeting. More details will be shared as we get closer to the event.

In addition to this, we are considering hosting an in-person meeting for all our members, including SCRs, NSQIP program managers, surgeons and quality staff, who may be attending the ACS Quality and Safety Conference in Chicago, IL, July 15-18, 2022 at the Hilton Chicago. We are exploring our options for both a suitable site and day which would be convenient to the Hilton and conference attendees.



As we consider this option, it would be useful to hear from you about your appetite for such a meeting. We would like to hear from as many of you as possible your opinions about such a meeting of the PSQC—in support or against. Your opinion matters a great deal to us. We don't want to continue to explore this if we find our membership does not support it. Please reach out to Terry at terry.fisher@uth.tmc.edu and let us know.



Hello all!

Every time I start on the newsletter, I'm amazed at just how much we've done over such a short time span. Its awe inspiring!

In addition to our QI projects and associated peer coaching, we are also happy to help you on individual projects or questions you may have. We refer to this colloquially as a 'matchmaking' service.

If you would like some help on a particular project at your hospital, please feel free to reach out to me and I will connect you with others who have experience addressing the issue at their institutions.

Please email me at terry.fisher@uth.tmc.edu .

Happy Holidays!

Terry

Terry Fisher, MPH, PMP
PSQC Program Manager
McGovern Medical School
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Recent Publications of Interest by Our Members

[Reduction of surgical site infections in pediatric patients with complicated appendicitis: Utilization of antibiotic stewardship principles and quality improvement methodology.](#)

Utilization of a clinical practice guideline was associated with reduced morbidity after appendectomy for CA. Intra-operative fluid culture during appendectomy for CA appears to facilitate the selection of appropriate post-operative antibiotics and, thus, minimize SSIs and overall morbidity.

[Selection of Screening Tool for Sleep-Disordered Breathing or Obstructive Sleep Apnea in Pediatric Patients in the Perianesthesia Setting](#)

Use of a screening tool to help predict risk of OSA and postanesthetic complications also helps to dictate anesthesia technique, nursing staffing requirements, and plans of care for postoperative management of pediatric patients.

[Telemedicine in Pediatric Surgery](#)

Telemedicine is an emerging strategy for healthcare delivery that has the potential to expand access, optimize efficiency, minimize cost, and enhance patient satisfaction. The objectives of this review are to explore common terms in telemedicine, provide an overview of current legislative and billing guidelines, review the current state of telemedicine in surgery and pediatric surgery, and provide basic themes for successful implementation of a pediatric surgical telemedicine program.

[Pediatric Surgery Simulation-Based Training for the General Surgery Resident](#)

We successfully created a model and SBT curriculum to teach general surgery residents how to place a silastic silo for patients with gastroschisis, a percutaneous drain for patients with perforated necrotizing enterocolitis, and how to complete a laparoscopic pyloromyotomy for patients with pyloric stenosis. These were deemed high fidelity models based on a survey of our pediatric surgeons.

[Guidelines for Opioid Prescribing in Children and Adolescents After Surgery: An Expert Panel Opinion](#)

These are the first opioid-prescribing guidelines to address the unique needs of children who require surgery. Health care professionals caring for children and adolescents in the perioperative period should optimize pain management and minimize risks associated with opioid use by engaging patients and families in opioid stewardship efforts.

Member Projects:

We will be using this space to highlight Quality Improvement projects from our members

Ever wonder how your patient is doing after Surgery Discharge?

Texting for 30 Day Follow-up by:

Children's Surgery Program (CSP) at Phoenix Children's Hospital
Cheryl Utendale, MBA, BSN, RN

Description:

The hospital participates in ACS/NSQIP. Quality Analysts/Surgical Clinical Reviewers (QA/SCR's) audit a sampling of surgical charts and do a 30-day follow-up utilizing the medical record and making calls.

Baseline Benchmarks (BM) must be at a minimum of 80% to participate in NSQIP, currently we are at 80 to 90%. This is very labor intensive, requiring multiple rounds of calls - approx. 8-12 hours every 1-2 weeks.

Solutions/Actions:

The hospital implemented a texting project which included increasing BM in a more time efficient way. The following actions were instrumental in the success of this project:

- Approval of Project Charter by multiple departments (IT, Project Management, Quality, CSP, Risk, Legal, Surgeon-in-chief...)
- Involvement & commitment of time from key players (IT/QA/SCR's, for development/ meetings and testing...)
- Development of texting template/scripts (PCH already had texting capabilities)
- Creation of tracking reports:
 1. NSQIP Text Response Report via. PCH Report Hub/Got Data. This is an automated daily report, which allows SCR's to capture any comments & requested call backs.
 2. NSQIP Completion Data is a spreadsheet that SCR's use to capture # of texts/responses.
 3. Comments report is run via NSQIP. This information will be shared monthly with other depts. As part of the hospital wide pt. satisfaction QIP.

Success Measurements:

- Go Live 9/28: Our initial data capture was for 4 cycles that were pending follow-up after audits, we needed to follow-up on 53 charts/calls.
 - ◇ We were able to achieve a 95% success rate with texting/calls in approx. 4 hours vs. history of 80-90% in 12 hours without texting (calls only)
 - ◇ Only 14 calls vs. 53 were required = < 2 hrs. vs. 12 hrs. for 3 rounds of calls

- Moving forward (next 4 cycles) we decided to send 1st text at the time of the initial audit; 2nd text 3 days later and 3rd attempt at contact via calls - 3 days after that. So far data shows:
 - ◊ 1st round of audits/texts has increased our completion rate to 83% vs. 40-60%
 - ◊ 2nd round of texting has put our completion rate at approx. 83 to 89%
 - ◊ 3rd round = calls, approx. 3-6 calls per cycle, increasing completion rate to > 91%

Of Note: Data is not 100% complete yet, but results are very promising.

- Texting & tracking takes approx. 1-2 minutes per audit or approx. 2 additional hrs. per cycle but has eliminated the 5-6 hrs. spent on calls per cycle
- Goals for inclusion per ACS/NSQIP = 80%; PCH set goal of 90% (2018 to 2020 = 87%)
 - ◊ 2021 Results to date:
 - * Qtr 1: 42% of Cycles reached 90% = Overall: 90%
 - * Qtr 2: 33% of Cycles reached 90% = Overall: 88%
 - * Qtr 3: 100% of Cycles completed (5 or 45%) reached >90% = **Overall: 94%**

Conclusions:

- Overall: We have been able to achieve a 5 to 15% increase in response/completion rates with a 50 to 67% reduction in labor (time).
- The closer to surgery date the better the response rate (30 Day follow-up).
- The more we do the faster we will become (streamlining process).
- Future Follow-up – Comparison of annual data after 2021 completed.

