PSQC Strategic Retreat Summary

The PSQC retreat was meant to address three areas of import: formal operational structure of the PSQC, PSQC relationship with ACS NSQIP-P and project selection standards. Three workgroups were constituted to examine each of these areas and provide recommendations for all retreat participants before meeting.

Recommendations:

1) Structure workgroup recommendations were agreed upon by retreat members. These include:
   a. Mission revision: *to improve the value and quality of pediatric surgery by improving surgical processes and outcomes using performance data and experience of our member hospitals*
   b. Membership restricted to general pediatric hospitals to include military
   c. Metrics to define PSQC success
      i. Some criteria around participation by members: *To be defined*
      ii. Movement on SAR: *X% of PSQC members identified as 'high' outliers in annual PSQC QI project improve by X% within 4 SAR cycles*
      iii. Measurement vehicle:
          1. *annual survey*
          2. *SAR*
   d. Committee membership criteria and terms of service
      i. Executive (EC)
         1. 12 members including executive director
         2. Aligned with organizational representation of importance to PSQC: *APSA, CSV, AAP, ACS, CHA*
         3. Service term to be staggered and a minimum of 3 years
         4. Ad hoc members will be invited on an as needed basis
      ii. Project Development and Implementation (PDIC)
         1. Minimum of 2 SCRs
         2. Chair to be appointed by Executive Committee (EC) and must be a member of the EC
         3. Chair will invite members to join
         4. PDIC Chair will appoint a vice chair
         5. Members must be from PSQC participating hospitals
         6. Chair service term minimum 5 years
         7. Member service staggered
      iii. PDIC subcommittees
         1. Will be project based and not necessarily for a PSQC wide project
         2. Chair will be appointed by PDIC-*does not need to be a member of PDIC*
         3. Chair must be a champion of the project

        4. Chair will invite members to join
            a. Members must be from PSQC participating hospitals
            b. At least 1 SCR
        5. Service term will be tied to longevity of project
        6. Chairs from each subcommittee will be expected to present regularly on progress to PDIC

2) Partnership with NSQIP workgroup recommendations. These include:
    a. One active ongoing NSQIP project (others in development or implementation phase)
    b. Clear outliers among member hospitals within the NSQIP Data
    c. Project suggestions generated by membership, vetted by PDIC and recommended to EC which will have final authority on project selection
    d. Project success measurement will be specific to the project

3) Non-NSQIP reliant projects would include pilot projects and projects generated solely as a PSQC QI exercise. These are future facing. These include:
    a. Pilot projects will be developed to generate custom fields which will be designed with NSQIP recommendation and involvement. These will likely be independent DUA agreements with the data center and a subgroup of hospitals prior to NSQIP integration/rollout.
    b. PSQC generated projects examples (independent of NSQIP data):
        i. Variations in care
        ii. Regional differences in care
    c. PSQC generated projects suggestions will come from members
    d. Execution would be specific to the project