

# Quality Quarterly

## Pediatric Surgery Quality Collaborative Newsletter

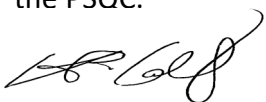
Hello all and Happy 2022! As I mentioned in our last newsletter, we are on the cusp of launching our second PSQC project centered on reducing the use of CT scans post operatively in complicated appendicitis cases. Coupled with that aim will be an exploration of the incidence of OS/SSIs and CT scans. We will get started on this project as soon as we have the most current data NSQIP SAR. Dr. Monica Lopez of Vanderbilt and Dr. Derek Wakeman of Golisano in Rochester will share the leadership responsibilities of this project. If you would be interested in being on this working group, please email Terry.

Our third project will be around antibiotic stewardship, capitalizing on the data sites began submitting to NSQIP in January 2021. Dr. Shawn Rangel from Boston Children's will be our lead. We anticipate starting to recruit workgroup members in late fall of this year as we expect the first reports to be available early next year.

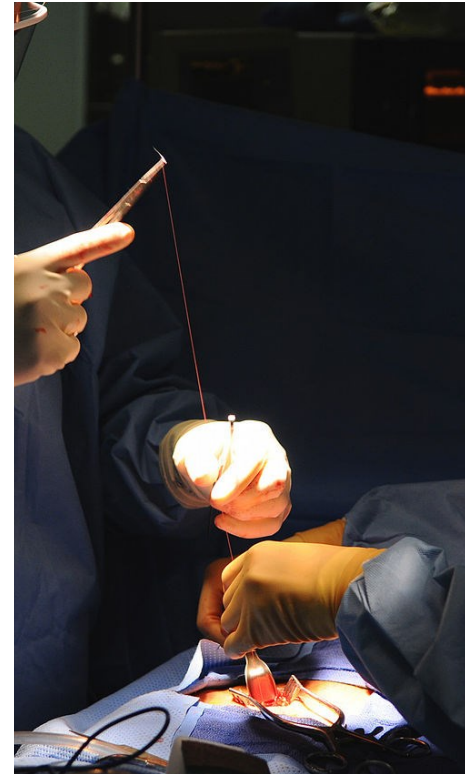
Also in this newsletter is our call for project submissions for the PSQC to tackle. These are wholly organic and do not rely on data from NSQIP. We look forward to a robust response from our membership and hope to cultivate several meaningful projects from your suggestions.

Finally, keep an eye out for information on our first in-person meeting on Wednesday, May 11th, at the APSA National Conference in San Diego in May. We are hoping to also have a meeting of the collaborative either before or after the ACS quality meeting in Chicago in July.

As always, thank you for your continued interest and support of the PSQC.



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



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## PSQC Project Development and Implementation Committee



**Monica E. Lopez, MD, MS,  
FACS, FAAP**

PSQC Executive Committee  
and Project Development and  
Implementation Committee  
Associate Professor of Surgery  
Vanderbilt Children's Hospital



**Derek Wakeman, MD**

PSQC Project Development  
and Implementation Com-  
mittee  
Assistant Professor of Surgery  
Golisano Children's Hospital

Hello PSQC members! We are the co-leads on the second project for the PSQC: post-op CT scan reduction in complicated appendicitis cases. As with our first project, we are aware of the long-term effect excess ionizing radiation has in pediatric patients. We will also be examining the correlation with OSI/SSI detection and CT scans.

We will be reaching out soon to ask for volunteers to serve on our workgroup for this project. We anticipate the project will proceed in much the same way that our first project did; making use of qualitative interviews, coding the responses, examining the literature and providing guidance on how to change practice with an implementation guide. The workgroup will be relatively small (no more than 7 members in addition to the co-leads) to ensure each member is able to participate in a meaningful way.

We look forward to working with you and learning from you. We hope to be able to share our findings with all of the PSQC by August. If you have an interest in volunteering for this group, please reach out to Terry. If this project is not your cup of tea, there will be other opportunities on future projects. You can email Terry at [terry.fisher@uth.tmc.edu](mailto:terry.fisher@uth.tmc.edu) anytime with comments.

A handwritten signature in black ink that reads "Monica Lopez".

A handwritten signature in black ink that reads "Derek Wakeman".

# PSQC Pilot Project Launch!

As we have mentioned, the PSQC is now soliciting Pilot Project suggestions from any of our members. We have set-up the project submission template in RedCAP for ease of tracking. The submission process will work as follows:

- 1) Members with a project idea will submit it using RedCAP. The link to the submission form is [here](#).
- 2) A subgroup of the PSQC Project Development and Implementation Committee (PDIC) will review submissions once per month.
- 3) Submissions will be evaluated using the following criteria:
  - A. Feasibility-20 points
  - B. Level of evidence-10 points
  - C. Importance to pediatric surgery community– 10 points
  - D. Outcome improvement– 20 points
  - E. Generalizability—20 points
- 4) Submissions scoring 60 points or more will be reviewed by the entire PDIC at its next occurring meeting
- 5) Projects deemed appropriate to pursue will be presented to the PSQC Executive Committee (EC) at its next occurring meeting
- 6) The EC will make a final decision on which projects to support
- 7) All project submitters will be notified of their project submission status
- 8) Projects selected for support will receive coordinating support by the PSQC Program Manager

Current instrument: **PSQC Pilot Project Submission Form v. 2.0** Return to edit view

NOTE: Please be aware that branching logic and calculated fields will not function on this page. They only work on the survey pages and data entry forms.

Record ID	<input type="text"/>
Please consider the difference between research and quality improvement as you formulate your answers. The goal of research is to add to the knowledge base or generate new knowledge through testing of a hypothesis. The goal of QI is to improve practices based on the best available knowledge.	
First Name	<input type="text"/>
Last Name	<input type="text"/>
Institution	<input type="text"/>
Email	<input type="text"/>
What is your QI project title?	<input type="text"/>
What data would you use from your current SAR to get started? (i.e. category, model, etc.)	<input type="text"/>
How will you measure success?	<input type="text"/>
Does your SCR have the time to participate in any additional abstraction needs for this project?	<input type="text"/>
Are there any hospitals within the PSQC you feel would be good partners on this project?	<input type="text"/>
Please list the hospitals here.	<input type="text"/>

We are very excited to hear from you. Remember-these project ideas are not contingent on currently available NSQIP data. You should, however, consider what data is currently available in your EMR for ease of abstraction and your available resources such as your SCR. We welcome collaborative submissions from two or more hospitals where you have coordinated some resource pooling to make your project viable.

There are no limits on the number of submissions in any time frame from a single entity or frequency of submissions. If you have any questions, please reach out to Terry at [terry.fisher@uth.tmc.edu](mailto:terry.fisher@uth.tmc.edu).



Hello all!

We are excited and hopeful for an in-person meeting at the APSA National Meeting in May and the ACS Quality and Safety Conference in July.

As we consider our options for July, we will be reaching out to you all for suggestions on best day for an off-site meeting as well as content requests.

In the meantime, don't forget to submit an abstract to ACS Q&S by **March 13th**. The link is [here](#).

Please email me at terry.fisher@uth.tmc.edu .if you have any questions or I can help in any way.

*Terry*

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

## Recent Publications of Interest by Our Members

### [Opioid stewardship in pediatric surgery: Approaching zero](#)

Adequate pain control at discharge after pediatric general surgical procedures can be achieved for most children with scheduled nonopioid medications only. A limited supply of opioids for analgesia after discharge may benefit small subset of patients. This strategy would help reduce opioid prevalence in the community.

### [Mentorship in pediatric surgery: A need for structure?](#)

Mentorship in surgical training is critical but differs greatly from the early apprenticeship model and often spans generations. This study evaluates the current state of and desire for structured mentorship in pediatric surgical training from the perspective of program directors (PDs) and trainees.

### [Measuring malnutrition and its impact on pediatric surgery outcomes: A NSOIP-P analysis](#)

The metric used to define malnutrition changed the association with post-operative outcomes. Nutritional supplementation, stunting, and hypoalbuminemia were associated with poorer postoperative outcomes. These findings have implications for pre-operative patient level counseling, accurate risk stratification, surgical planning, and patient optimization in pediatric surgery.

### [Management of intussusception in children: A systematic review](#)

Regarding intussusception in hemodynamically stable children without critical illness, pre-reduction antibiotics are unnecessary, non-operative outpatient management should be maximized, and minimally invasive techniques may be used to avoid laparotomy.

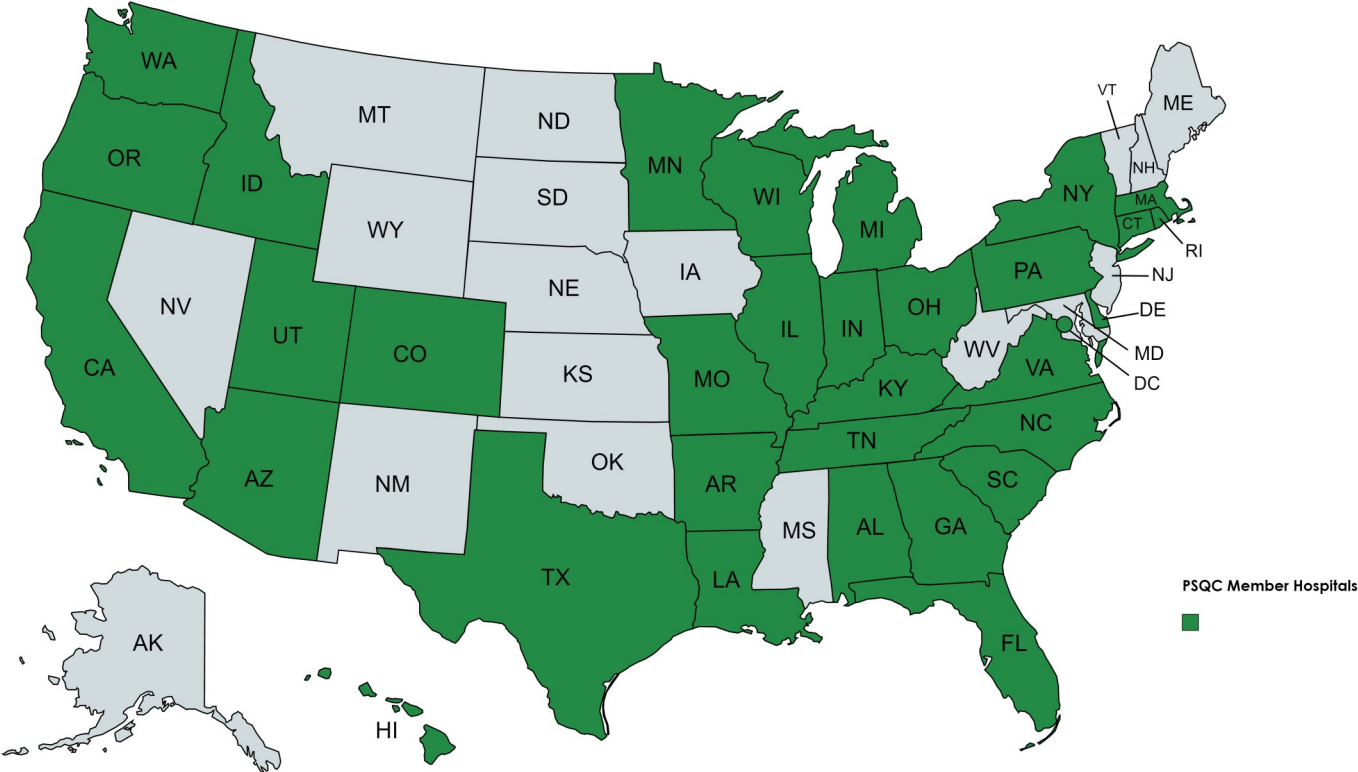
### [Trends in robotic surgery utilization across tertiary children's hospitals in the United States](#)

Utilization of robotic-assisted surgery in pediatric surgery and pediatric urology has increased both in case volume and the number of operating surgeons, with foregut and renal pelvis/ureter surgery responsible for the areas of greatest growth.

### [Pediatric surgical errors: A systematic scoping review](#)

This study revealed multiple error definitions, multiple error study methods, and common themes described in the pediatric surgical literature. Opportunities exist to improve the safety of surgical care of children by reducing errors.

Welcome New Members! We are now 82 members strong!



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New Members since November 2021	
<b>New York</b>	<b>Texas</b>
New York Presbyterian Morgan Stanley, Jen DeFazio	Children’s Medical Center Dallas, Lauren Gillory