Pediatric Surgery Quality Collaborative

General Considerations

March 15, 2022

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Updates from PSQC

- SCR Coaches
- ACS Q&S Attendance
  - Dates
  - Agenda Topics
- Pilot Project

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New Members

New Members since January 2022	
California	**New Jersey**
Kaiser Roseville, Sean McNatt and Doug Miniati	Goryeb Children's, Eric Lazar

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Topics for the New Year!

- SAR data presentations/sharing
  - Protocols
    - Per site
- Open Forum

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Open Discussion

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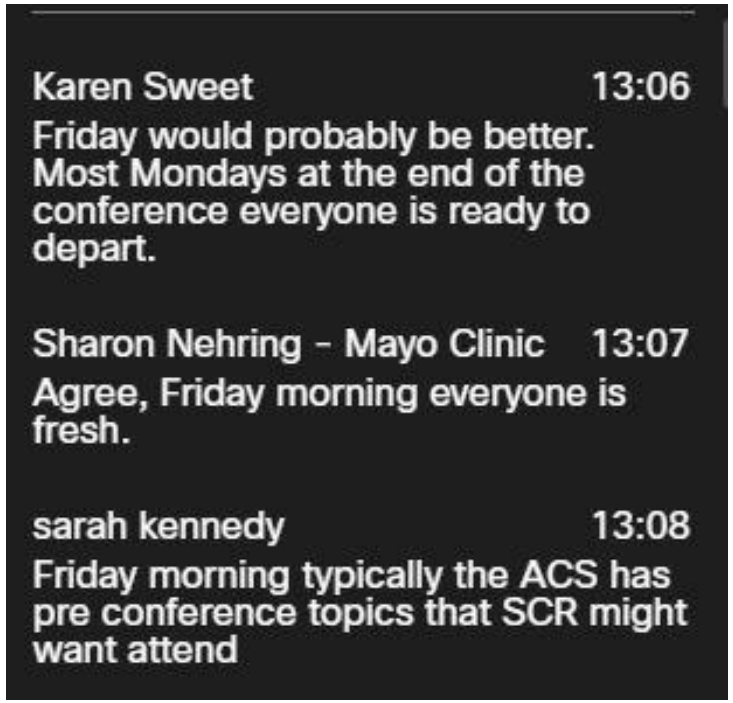
Chat on Best Day for PSQC Meeting at ACS



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Chat on SAR Data Sharing

Katie 13:11
I'd love to hear how the SCR presents SAR data, and SCR partnership with Surgeon Champion to use the data meaningfully.

Katie 13:16
yes, thank you

sarah kennedy 13:17
Had anyone created a dashboard with NSQIP data that the surgical division can access that show sar data and/or current raw data?

Veena Isaac 13:18
We do the same ,also send the Procedure Targeted reports to all the Surgeons/specialties involved

Charlene Barclay 13:19
Once SAR comes out we do Deep Dives analysis into outliers. We look at other benchmarks since sample size may be too small. We present to Executive team and service specific

Deb 13:19
Our dashboard is being developed

Laurie Mikles 13:20
We just had one developed here at Levine Children's.

Charlene Barclay 13:21
Yes I do the deep dive with the part time SCR

Charlene Barclay 13:21
sorry no mic

Laurie Mikles 13:22
At Levine Childrens, I do the deep dives.

Sarah 13:22
do you have recommended training for tableau? we use excel a lot

Karen Sweet 13:22
Deep dives for NSQIP specific abstracting can be done by the SCR but if entire hospital data is requested, the SCR does not have the bandwidth to do that type of deep dive.

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Sharon Nehring - Mayo Clinic 13:23
You absolutely need training to learn how to use Tableau. I taught myself using online tools.

Gail Lunsford 13:24
Gail form Wolfsons Childrens in Jax, Fl. I do a deep dive with my surgeon champion . I created a dashboard in powerpoint. which includes our action plans.

Veena Isaac 13:24
JUst NSQIP cases deepdives

Laurie Mikles 13:24
Yes, just the cases noted on the SAR get deep dives.

Charlene Barclay 13:24
I also look at our Data on a surgical QlikView to compare data ie APPY LOS

Devon Bleile-Kratzer 13:24
Just the NSQIP cases for deep dive

Etheridge, Lauraine 13:25
I do a deep dive as well on the NSQIP fallouts - personally - and compare to a complication list I keep (with current cases on it that we can discuss in more real time) - then meet with our NSQIP team (SC, other Surgeons if available, attendings from Peds, PICU, NICU etc) and here we discuss possible areas for improvement and potential projects. After this, I present an over view to our Children's Hospital Quality Group twice a year (after SAR) and once a year to our Executive level - the ability to show the "over time" is priceless

Charlene Barclay 13:25
EDW Electronic Data Warehouse and build QlikView platforms. Lots of data

Charlene Barclay 13:26
We adjudicate everyo occurence at a weekly NSQIP meeting with our NSQIP Surgeon Champions

Gail Lunsford 13:27
Gail at Wolfsons-I also send out monthly occurreces to each division chief for them to review at their M & Ms . We are in the process of getting a PIPS group set up.

Leana 13:28
Only NSQIP cases for deep dive

Cindy Katz 13:29
I send a SAR case list from division morbidity to each division w/modified details and the comments supporting the occurrences from the workstation. Saves the time we used to do the deep dive.

Gail Lunsford 13:29
I do an Executive Summary of the SAR which is presented to the board by the VP of Quality.

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Etheridge, Lauraine 13:29
The executive level highlights projects, improvements and subsequent improvements noted by NSQIP - highlights the NSQIP program and its use

Gail Lunsford 13:30
The Vp presents the Summary to the Board

Sarah 13:31
does anyone use other data analysis techniques like R or SAS, SPSS

Gail Lunsford 13:31
We use Vizient to compare complications and Readmission against the NSQIP data

Sarah 13:32
I would like to eventually - I am in grad school so use it externally but there is a high learning curve so I am wondering the application in this field

Karen Sweet 13:32
Really depends on how many hours the SCR is contracted in their role as to how much "extra time" they have to do further reporting/deep dives. Our organization uses the CSV Program manager & a Quality Improvement Specialist to do more of the PI work.

Sarah 13:32
yes :)

cheryl utendale 13:32
Sorry missed the first half. Anything about SAR dissemination?

cheryl utendale 13:33
Does anyone have a PI position?

cheryl utendale 13:33
K thanks

cheryl utendale 13:34
Yes

Gail Lunsford 13:34
Yes

Karen Sweet 13:34
Par time QIS to help with our PI work.

Laurie Mikles 13:34
Levine Childdrens

Gail Lunsford 13:34
Wolfsons

cheryl utendale 13:34
ANyone willing to share JD?

Veena Isaac 13:35
No-our CSV Program manager takes on the PI projects

Aemita 13:35
DCH has a PI Coordinator and more involved in CSV. Yes can share the JD

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cheryl utendale 13:36
Great thanks

cheryl utendale 13:36
Also if anyone is thinking of moving to PHX my job willbe open soon

cheryl utendale 13:37
:-)

Devon Bleile-Kratzer 13:37
Congratulations Cheryl :-)

Janelle Novotny 13:37
We'll miss Cheryl!

Sharon Nehring - Mayo Clinic 13:38
we have our CSV site visit tomorrow and Thurs

cheryl utendale 13:38
There is a report available in NSQIP Benchmarks. Otherwise our CSV data is pulled from the hospital as it covers all surgical cases

Josie 13:40
Decisions like those are somewhat out of an SCRs realm in some cases.

Devon Bleile-Kratzer 13:40
need to step away briefly, be right back.....

Chambers, Cindi 13:40
We have an opioid stewardship team and they report to PIPS annually

Chambers, Cindi 13:41
They are providers that do this in addition

Chambers, Cindi 13:41
yes

Charlene Barclay 13:41
Hot Topic regarding Opioid stewardship. Order Sets, Opioid usage (data) post op and Rxs being reviewed by our team (Quality and Data)

Joyce Smith 13:43
I reviewed the Opioid prescribing practice for several cycles to demonstrate to my surgeon champion that there are differences in practice. Our stewardship team is just starting up- a lot of enthusiasm.

Chambers, Cindi 13:44
We have a great app that we use. So all Service medical directors can pull thier own data if they want too. We have the same process for ABX

Veena Isaac 13:45
Yes we do

Deb 13:46
This was helpful

Charlene Barclay 13:46
Data abstraction TIME for difficult cases

Charlene Barclay 13:46
Yes, it take so long to abstract cases

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Charlene Barclay 13:46
Yes, it take so long to abstract cases

Charlene Barclay 13:47
therefore the sample size is smaller than some hospitals

cheryl utendale 13:47
We haven't found any way to avoid this. Sometimes it can take 2-3 hours to review the documentation

Sharon Nehring - Mayo Clinic 13:47
For those on EPIC- create a SNAPSHOT view for abstracting that contains a lot of the data you need in one place

Josie 13:48
You can start with looking at the vital signs records to see when changes occur if the patient is inpatient a long time. Also alot of resident notes create timelines in there note. Then you go look at all the stuff in those dates to find the info

Charlene Barclay 13:48
Great ideas

sarah kennedy 13:49
Also check labs prior to case abstract if you notice positive culture you will be able to keep you eye out for possible infection occurrences while abstracting

My Rieper 13:49
That sounds amazing with EPIC!!! CMH uses CERNER though.

Stephanie Swindall 13:49
We had someone on our Epic data team create a PEDS homepage for us. We gave them a list of where we go frequently during abstraction and it saves "click" time

Sharon Nehring - Mayo Clinic 13:52
Absolutely, create a system and stick to it

Etheridge, Lauraine 13:53
Can you send a list of what you included in your Snapshot and a screen shot if possible (with no patient data etc) - and the process you used to have this developed - we have lots of IT projects but they seem to keep getting pushed back for other more pressing changes

Karen Sweet 13:53
Depends on the case. Some cases obviously take longer than others. Long term cases, like NICU cases take a lot longer. If you can get a report built by a data anaylist it can save a lot of time to get the fields pulled in & automated. Steve Merzlak at ACS Tech support is awesome to help your organization build it !

cheryl utendale 13:53
Right we do the same thing with Allscripts-scrolling through documents saves a lot of time

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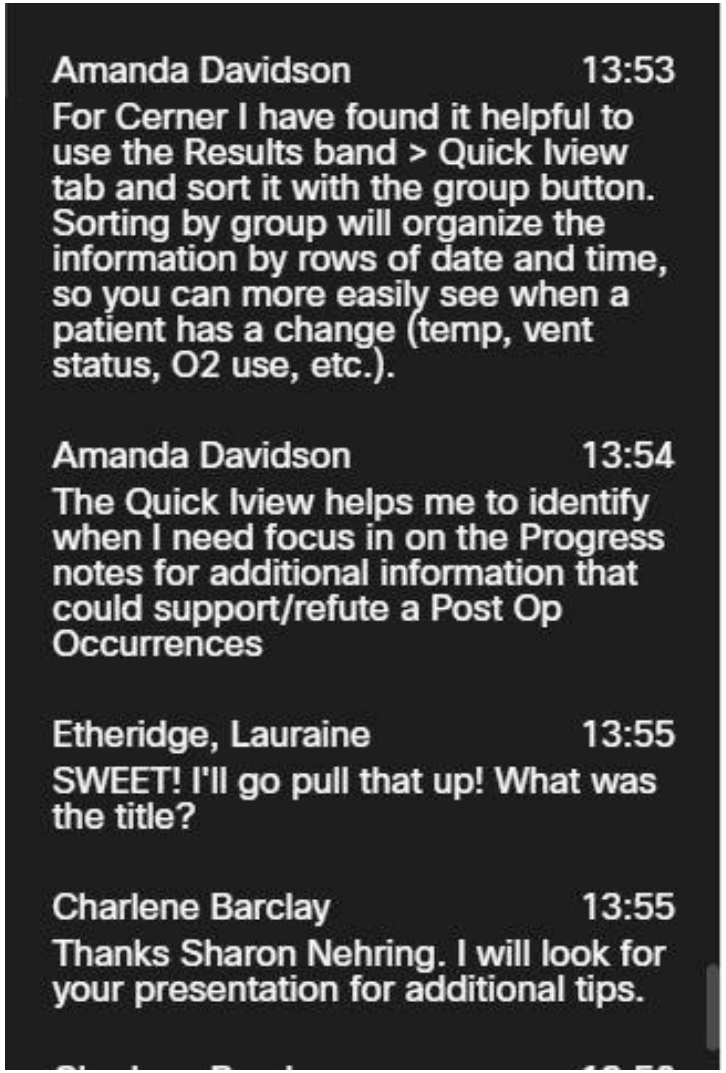

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Questions?

NEMOURS CHILDREN'S HEALTH

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