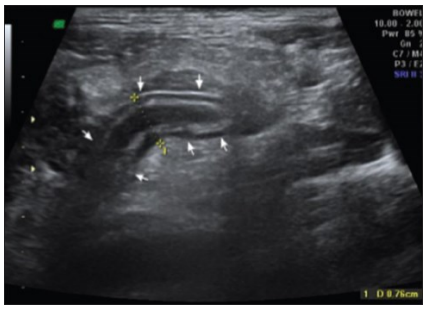
PSQC Implementation Committee

In October 2020, members of the PSQC Implementation Committee (IC) pursued an accelerated qualitative approach to understanding how the PSQC member hospitals approach treating patients who present to the emergency department with suspected acute appendicitis. From the ACS NSQIP Pediatric Targeted Appendectomy Report, we observed that our PSQC member hospitals have similar distributions of preoperative CT utilization and negative appendectomy rates as the 131 NSQIP-Pediatric hospitals. While some of PSQC hospitals are leaders on this report (e.g., low CT use and low negative appendectomy rates), other PSQC hospitals have opportunities for improvement. Thus, we decided to take advantage of our collaborative relationship through PSQC and explore practices at sites performing better than expected and at sites that have room for improvement.

Paul Batalden and Frank Davidoff define quality improvement in healthcare as "the combined and unceasing efforts of everyone—healthcare professionals, patients and their families, researchers, payers, planners and educators—to make the changes that will lead to better patient outcomes (health), better system performance (care) and better professional development (learning)."



Confirmed appendicitis via US

All the PSQC member hospitals we approached and asked to unblind for the purposes of this project graciously agreed to do so. We developed a qualitative interview guide, built on the Theoretical Domains Framework (TDF) and started to interview key stakeholders at various PSQC sites including surgeons, radiologists, emergency medicine physicians, and surgical clinical reviewers. Between October and December, IC team members interviews ~13 hospitals. After qualitative analyses there were four themes that distinguished high performing hospitals emerged: (1) consistent availability of resources such as magnetic resonance imaging, ultrasound technicians, and pediatric radiologists; (2) presence and adherence to protocols to guide imaging modality decisions and delivery; (3) culture of inter-departmental collaboration; and (4) presence of radiation reducing champion or leader. We are currently putting the final touches on our Intervention Bundle using QI methodology. The Intervention Bundle will be shared with all our member hospitals after it has been reviewed and approved by the PSQC Executive Committee.

We think you will find the Intervention Bundle a useful document if you decide to pursue a pediatric appendicitis CT reduction strategy at your hospital. In addition, we have identified PSQC members that are willing to share protocols, provide guidance, and serve as peer-coaching to support your QI endeavors. The Intervention Bundle and our amazing PSQC network can be tailored for any hospital to use spanning from those that are lower performers to those who are average or high performers that want to move their performance on this metric in a positive way.

I would like to recognize the members of the IC listed below and thank each of them for their time and commitment to the PSQC. Thank you all for your continued interest in our unique community.

If you have any questions or comments, please reach out to PSQC Program Manager, Terry Fisher at terry. fisher@uth.tmc.edu.

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