

Member Stories

Please share with us any stories you'd like highlighted in this newsletter. Stories which describe the work being done on Quality Improvement at your institution can offer insights for others.

These insights might include advice on team composition; frequency of feedback; best methods for PDSAs; or common challenges and vetted solutions to implementing change.

We are especially interested in hearing about projects which are interdisciplinary and touch several areas within your hospital.



Recent Publications of Interest

[Implementation of a gastrostomy care bundle reduces dislodgements and length of stay](#)

Pediatric gastrostomy tubes (G-tubes) are associated with considerable utilization of healthcare resources. G-tube dislodgement can result in tract disruption and abdominal sepsis. The team found that an interdisciplinary team using quality improvement science methodology can significantly reduce G-tube dislodgement and improve value after pediatric gastrostomy tube insertion.

[Reducing resource utilization for patients with uncomplicated appendicitis through use of same-day discharge and elimination of postoperative antibiotics](#)

A prospective study of efficacy of a management pathway for patients undergoing appendectomy for uncomplicated acute appendicitis. The pathway included a same day discharge route with no postoperative antibiotics for patients with gangrenous appendicitis. The study found a significant decrease in LOS with no increase in postoperative complications, such as superficial SSI and OS/SSI.

[Button Gastrostomy Tubes for Pediatric Patients: A Tertiary Care Center Experience](#)

A retrospective cross-sectional descriptive study in a nascent pediatric surgery service. In Bahrain. Neurological disorders are the main diagnosis for the cases operated upon. Laparotomy with gastrostomy is the procedure of choice at our center. Majority of patients had no reported complications of button tube replacement. These children are likely to benefit from the button tube with fewer complications.

[Impact of an institution-designed algorithm for the management of dislodged gastrostomy tubes](#)

A treatment study of pediatric patients presenting to the ED for GT dislodgment at a single institution. An algorithm for replacement of dislodged GT is usable, effective, and increased surgical team involvement without significant changes in patient outcomes.

[Minimizing Variance in Gastroschisis Management Leads to Earlier Full Feeds in Delayed Closure](#)

For infants undergoing delayed closure, the time to full feeds in this group now appears to match that of patients undergoing primary closure, indicating that delayed closure should not be a reason for slower advancement. Additional studies are needed to assess the impact of earlier full enteral nutrition on rare complications and rates of necrotizing enterocolitis.