Hello everyone and welcome! We really appreciate your continued interest in this collaborative and look forward to getting started. First we will start with a few housekeeping reminders:

1) To reduce the likelihood of feedback during the call, we’ve muted everyone.
2) Please use the chat function to ask questions. We have time at the end of the presentations to respond to any questions submitted during the webinar, and, we’ll open to a Q&A format at the end.
3) The webinar is being recorded. We will post it later and provide a link so you can review or share with any member of your team unable to be on the call. Please frame any questions with the understanding it will be part of the recording.
Meeting Agenda

- Brief update on PSQC (Fisher)
- ABX Data Collection Automation- Phoenix (Utendale)
- ABX Pilot Experience- Golisano (Levitano)
- Q&A
- Round Robin

Here is our agenda for today.

1) A broad overview of the PSQC
   1) Growth in membership
   2) Status on CT project
   3) Solicit questions on appy for next webinar

2) ABX data automation-Phoenix
   1) Working to create auto data harvest in EHR for ABX variables

3) ABX pilot experience- Golisano
   1) Data and reports

4) Discussion Prompts

5) Round Robin
Each webinar will start with a 15 minute presentation from me on PSQC projects (CT utilization reduction right now). In these 15 minutes, I’ll give you an update on:
- who is participating in the QI project;
- what we’ve learned; and
- answer your questions about it.

The next 30 minutes of the webinar will be dedicated to the topic highlighted below. This list will evolve as we identify other areas of interest. In this 30 minutes, the presenters will:
- Introduce you to the topic and its importance in NSQIP data collection;
- Share their QI project(s) approach on the topic;
- Share any tools they developed (as allowed);
- Share their data mining approach; and
- Answer questions

The next 10 minutes will be spent networking. I will facilitate this conversation.
- I will ask you to submit networking questions in advance of the meeting;
- I will post those questions and then use Poll Everywhere to help elicit
responses;
Open conversation will follow
**We may find we want to make this ‘networking’ time themed as well

The final 5 minutes will be spent in a round robin opportunity to share what you learned and/or liked about the meeting

I will send a follow-up evaluation to each webinar for you to provide feedback on how it went and offer suggestions for future meetings
New Members

<table>
<thead>
<tr>
<th>District of Columbia</th>
<th>North Carolina</th>
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</thead>
<tbody>
<tr>
<td>Children’s National Health System- Timothy Kane</td>
<td>Maynard Children’s- David Rodeberg</td>
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<tr>
<th>Florida</th>
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<tbody>
<tr>
<td>Nemours Children’s-Andrea Casas-Melley</td>
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<tr>
<th>Hawaii</th>
<th>Rhode Island</th>
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<tbody>
<tr>
<td>Kapi’olani Children’s-Russell Woo</td>
<td>Hasbro Children’s- Francois Luks</td>
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<tr>
<th>Illinois</th>
<th>Tennessee</th>
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<tbody>
<tr>
<td>Rush University Children’s- Sri Pillai</td>
<td>East Tennessee Children’s- Glaze Vaughn</td>
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<tr>
<th>Massachusetts</th>
<th>Virginia</th>
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<tbody>
<tr>
<td>Massachusetts General-Allan Goldstein</td>
<td>UVA Children’s Hospital- Eugene McGahren</td>
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<tr>
<th>New York</th>
<th>Wisconsin</th>
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<tbody>
<tr>
<td>Mt. Sinai-Brian Coakley</td>
<td>American Family Children’s- Charles Leys</td>
</tr>
<tr>
<td>NYU Langone- Jason Fisher</td>
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Since we last met on May 11, 13 more children’s hospitals have joined the collaborative. We now have 62 members.
Our first coaching session for the CT reduction project is this Friday. I will provide updates at our next webinar on some of the common challenges expressed by our participating sites.
Future Webinars

- Appendicitis
- Readmissions
- SSIs
- Antibiotics

Our next webinar is scheduled for July 13th which is right after the ACS Q&S conference starts. I think we should cancel the July webinar and pick back up in August on the topic of appendicitis.
CSV/NSQIP Variables & Definitions

Here are the CSV/NSQIP Variables
Sent the variables & definitions to IT
Developed Report Columns & Report Hub criteria
Reviewed EMR for data locations (next slide)
### NSQIP ABX Documentation

<table>
<thead>
<tr>
<th>IV Abx 48 Hrs to 3 Hrs Pre Incision</th>
<th>IV Abx Between 3 Hrs Before to 30 Min Post Incision</th>
<th>Documented Allergy to Penicillin or Cephalosporin based Abx</th>
<th>Abx 1 Name During Proph Window</th>
<th>Abx 1 Dtm During Proph Window</th>
<th>Abx 2 Name During Proph Window</th>
<th>Abx 2 Dtm During Proph Window</th>
<th>Abx 3 Name During Proph Window</th>
<th>Abx 3 Dtm During Proph Window</th>
<th>IV Abx Redose During Case</th>
<th>IV Abx Continued After Procedure Finish</th>
<th>Date Time of last dose of IV prophylactic Abx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

After developing report columns utilizing NSQIP /CSV variables list
Worked /c IT to add columns to NSQIP auto generated report
Review & verify data before entering into Worksheets
NSQIP ABX Documentation

• Follow-up
  • Review Data (IRR)
• Next Steps (in process)
  • Data Upload to NSQIP
  • Auto populate to Worksheets
  • Verify Data

Questions ??

Part of IRR review
Next steps – working /c IT & IQVIA to add data automation
  1. Uploads (Completed)
  2. Auto population – Pending Steve Merzlak (IQVIA)
  3. Verify
PSQC SCR Webinar
Antibiotic Stewardship
Data and Reports

Elizabeth Levatino, RN BSN
SCR/QAL Pediatric General Surgery
Golisano Children’s Hospital Rochester, NY
Discussion topics:

1. Data collected
2. Definitions
3. Reports (pilot group received)
Data definitions

NSQIP-Pediatric Surgical Antibiotic Prophylaxis Variables

Intron:
Three variables were created with the intent to promote agreement in the use of surgical antibiotic prophylaxis (SAP) so there is wide variation in SAP utilization amongst children’s hospitals and increasing public health implications associated with antibiotic resistance.

Cohort Definition:
The intent of data collection for Surgical Antibiotic Prophylaxis is to enhance the utilization of antibiotic prophylaxis for non-emergent clean or clean-contaminated procedures.
The collection and recording of antibiotic utilization data should be completed after the standard case review for Operative Information and Prop Risk Factors is completed.

The registry will automatically exclude the following conditions/ by checking the Surgical Antibiotic Prophylaxis data field/variable

- COPD code: 4927: Separate episode of care missed and no admission
- Ventilator status is assigned to the operation (Surgical Prophylactic)
- Case Status is coded as Contaminated or Dirty/Infected
- Case Status is coded as Contaminated, with the exclusion of the OTH code 4231, 4390, and 4500 (Involuntary)
- Any Concurrent Procedures is entered
- "Yes" is assigned for prophylactic anti-HNP1: Hematologic Disorder
- "Yes" is assigned for prophylactic anti-Stridor
- "Yes" is assigned for prophylactic anti-lower Intestinal
- "Yes" is assigned for prophylactic anti-lower Intestinal
- "Yes" is assigned for prophylactic anti-lower Intestinal

There are also exclusion criteria embedded for the SAP variables. If "Yes" is selected for any of the following variables, the remaining variables will be scored. Those codes will not be assigned for SAP.
- Prophylactic indicated for infection
- Immunodeficiency Disease
Reports

Released:

- **December 2019**: cases 5/17/2018 – 6/1/2019
- **February 2020**: (version 2 of above data)
- **November 2020**: cases 6/2/2019 – 6/30/2020
  - Add in balancing measures: UTI, SSI, and c. diff
  - Comparison to other cases with same procedure – no longer making recommendation
- **May 2021**: (version 2 of above data)

Mandatory data for all cases (with clear exclusion criteria) starting 1/1/2021

Report information and layout have changed through the pilot, expect this will continue
Discussion

1. Antibiotic stewardship questions

2. ACS Clinical Support:
   - Best source for definition questions and clarifications
   - Receive responses within just a few business days, sometimes same day
   - Include data points related to variable in question can help them understand your question and offer clarification

3. Future webinars:
   - Sign-up to share your success and challenges
   - If all sites participate – commitment is once every 2 years
We’d like to spend the remaining time answering your questions. Please use the raise hand function if you’re on the desk top app. Otherwise, please text me.
Networking
Any of you want to share your feelings about today’s webinar? I’ll send out a survey after in RedCAP so you can remain anonymous.
The slide deck and a link to the recording of this webinar will be forwarded to all as soon as it is available. It will also be posted on our website.