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.
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>New York</th>
<th>Oregon</th>
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<tbody>
<tr>
<td>Upstate Golisano, Jennifer Stanger</td>
<td>Doernbacher Children's, Sanjay Krishnaswarmi</td>
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<tr>
<td><strong>Ohio</strong></td>
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<tr>
<td>Dayton Children's, Daniel Robie</td>
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Since we last met, 3 more children’s hospitals have joined the collaborative. We now have 77 members.
Readmissions

From the July 2021 SAR. All categories.
13% of collaborative hospitals are in the “needs improvement” category on readmissions. That equates to 6 hospitals out of the 48 included in this SAR.
From anecdotal reports to me, the majority of readmissions are driven by SSIs. We can see that 21% of the 48 collaborative hospitals (10 hospitals) need to improve on this metric.
You can see here too that amongst all NSQIP pediatric hospitals, several members of our collaborative perform poorly on this metric.
We appear to experience the greatest readmissions in the pediatric population. Neonates had a 100% as expected rating.
And although I am told, again anecdotally, that appendectomies contribute the most to readmissions, this data were not included for complicated appys on the July 2021 SAR. And although readmissions for uncomplicated were fairly low, it does appear that revisits and emergency department rates are an area which needs attention.
Quality Improvement Project
Phoenix Children’s

- In July 2020 SAR
  - Uncomplicated Appys
    - 106 cases
    - 14 Revisits
    - 14 Emergency Department
    - Was in 87th adjusted percentile for NSQIP Pediatric

- Rated as “Needs Improvement”
NSQIP Definitions

- **T Appendectomy Revisit**: A T Appendectomy Revisit event following an appendectomy is defined as either (1) a postoperative Emergency Department visit or (2) an inpatient readmission (for any reason).

- **T Appendectomy ED**: A T Appendectomy ED event is defined as a postoperative Emergency Department visit following an appendectomy.
Quality Improvement Project
Phoenix Children’s

- All patients and families were instructed on discharge to
  - Call clinic with any post op issues
  - Do not automatically go to ED
  - Reminded in follow up calls from clinic to call with issues
- All surgeons and residents were made aware of this process step
Quality Improvement Project Phoenix Children’s

- In July 2021 SAR
  - Uncomplicated Appys
    - 132 cases
    - 6 Revisits
    - 7 Emergency Department
    - Moved to 41st adjusted percentile for NSQIP Pediatric

- Rated as “As Expected”
Quality Improvement Project
Phoenix Children’s

- Simple change created substantial decline
  - Change did not require any additional resources
  - Built-in to EMR
    - If EMR build is not an option, create a flowchart for discharge to use
  - Communicate change to all surgeons and residents
    - This portion of change model may be most challenging to sustain because of staff rotation
    - Make part of onboarding to service
Discussion
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.
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.