Hello all! We are fresh off our first in-person meeting at the APSA national conference in San Diego. Thank you to those of you who were able to join us. A special thank you to our presenters who provided updates on current and future PSQC projects as well as a short tutorial on Implementation Science. The slide presentations are included in this issue of the newsletter and will be posted to our website.

We look forward to seeing many more of you in Chicago at the ACS Quality and Safety Conference in July. Terry has sent out a ‘Save-the-Date’ and agenda information will be provided in mid-June. We will have a special focus on issues of import to our SCRs, without whom this NSQIP work would not be possible.

We are reviewing the proposals for our first PSQC designed project (#4). We have had several proposals and these will all be vetted by our Project Development and Implementation Committee (PDIC) with a decision on which projects to start. We hope to launch two projects. To review our plan, these will be pilot projects designed to ultimately roll into the NSQIP. These will each require individual DUAs between participating hospitals and UT. Once the projects are agreed on, we will solicit interest in folks who might want to participate in one or both.

Any and all of the PSQC projects need volunteers from our community. Project #2 which is post appendicitis CT reduction is being led by Derek Wakeman from Rochester. Project #3 will likely move forward after we see the antibiotic stewardship report. If you have any interest in current or upcoming projects, please email Terry and she can provide information.

As always, thank you for your continued interest and support of the PSQC.

Kevin Lally, MD, MS, FACS
PSQC Executive Director
Surgeon-in-Chief, Children’s Memorial Hermann Hospital
Houston, TX
Each of our presenters provided slide decks. Although we were not able to record the sessions, we hope a review of the slides will give you an idea of what was discussed and the context. If you click on any of the below slide set, you will be able to review the entire presentation. These slides will also be posted to the PSQC website.
We look forward to seeing you in July in Chicago!

Dinner after meeting: Starting left: Dr. Mehul Raval, Lurie; Dr. Shawn Rangel, Boston; Dr. Kevin Lally, Dr. Lillian Kao, Terry Fisher, Memorial Hermann; Dr. Steve Shew, Stanford; Dr. Monica Lopez, Vanderbilt.
Hello all!

We are excited to launch pilot projects and our Radiation Stewardship and Antibiotic Stewardship projects. If you have any interest in participating in any PSQC project, please send me a note and I’ll get you additional information.

I’d also like to share that I am available to discuss quality improvement projects you may be trying to get started at your own institution. I am happy to discuss your projects and provide some guidance on development and measurement strategies.

Please email me at terry.Fisher@uth.tmc.edu if you have any questions or I can help in any way.

Terry

Terry Fisher, MPH, PMP, CPHQ
PSQC Program Manager
McGovern Medical School
Houston, TX

Recent Publications of Interest

**Multi-Institutional Quality Improvement Project to Minimize Opioid Prescribing in Children after Appendectomy Using NSQIP-Pediatric**

Opioid prescribing can be minimized in children after appendectomy without increasing emergency room visits or decreasing patient satisfaction. Furthermore, NSQIP-Pediatric can be used as a platform for multi-institutional collaboration for successful implementation of QI projects.

**Current status of subspecialization in pediatric surgery: A focus on fetal surgery**

Fetal surgery is a growing field within pediatric surgery. A survey was sent to all active non-trainee surgeons within the American Pediatric Surgical Association. Respondents were stratified based on self-reported fetal affiliations. Fetal centers vary by services offered, team composition, and interventions performed, with few surgeons performing a wide range of fetal surgery.

**Patient-reported outcome measures in pediatric surgery - A systematic review.**

PROMs are increasingly used in pediatric surgery. Disease-specific PROMs predominate the field, yet validated and especially individualized PROMs are notably absent. Future efforts are needed to develop robust tools that reflect individual patient and family needs, preferences, and values, with the aim of furthering family-centered pediatric surgical care.

**Association between index complication and outcomes after inpatient pediatric surgery**

A cascade of complications is believed to be the primary mechanism underlying failure to rescue (FTR), or death of a patient after a postoperative complication. It is unknown whether specific types of index complications are associated with the incidence of secondary complications and FTR after pediatric surgery.

**A Comparison of Adult and Pediatric Enhanced Recovery after Surgery Pathways: A Move for Standardization**

Utilization of robotic-assisted surgery in pediatric surgery and pediatric urology has increased both in case volume and the number of operating surgeons, with foregut and renal pelvis/ureter surgery responsible for the areas of greatest growth.

**Utilization and Performance Benchmarking for Postoperative Imaging in Children With Complicated Appendicitis: Results From a Multicenter Collaborative Cohort Study**

Significant variation exists across hospitals in imaging practices to diagnose suspected OSI following appendectomy. Imaging utilization benchmarking may assist hospitals in prioritizing quality improvement efforts to optimize resource utilization and radiation stewardship.
Welcome New Members! We are now 85 members strong!

<table>
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<th>New Members since February 2022</th>
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<tbody>
<tr>
<td><strong>California</strong></td>
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<tr>
<td>Kaiser Roseville, Sean McNatt and Doug Miniati</td>
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<tr>
<td><strong>Indiana</strong></td>
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<td>Riley Children’s, Alan Ladd</td>
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Terry

Terry Fisher, MPH, PMP, CPHQ
PSQC Program Manager
McGovern Medical School
Houston, TX

PSQC Member Projects

Development of a Surgical Antibiotic Prophylaxis Dashboard

Johns Hopkins All Children’s Hospital participates in ACS NSQIP Pediatric and has participated in the Antibiotic Stewardship Pilot since its inception. After reviewing our May 2021 Antibiotic Stewardship Pilot Report, we identified areas for improvement and implemented a QI project surrounding the use of antibiotics in the surgical patient. A multi-disciplinary group that included our surgeon champion, pharmacy, CSV manager, SCR, and a quality advisor was formed in order to standardize and implement appropriate spectrum antibiotics for clean and clean contaminated cases performed at our hospital.

Utilizing NSQIP SAP Report Card Rules document, charts were created and laminated and made available in each operating room for surgeons and anesthesia to reference the appropriate antibiotic choice based on surgical procedure/report card bucket, starting with pediatric general surgery. Information was disseminated to anesthesia, surgeons, and OR staff and a go-live took place on July 1, 2021.

A dashboard was created in Tableau by our analytic specialist. The dashboard references the SAP Report Card Rules document. Our SCR runs a Case Details and Custom Fields Report from the NSQIP workstation on a monthly basis and this data is used to populate the case level data in the dashboard.

Our dashboard measures mimic the measures on the NSQIP SAP report and include:

- Non-compliance with appropriate spectrum
- Postoperative prophylaxis > 24 hours
- Non-compliance with appropriate timing
- Any SSI
By filtering the data, we are able to assess surgical specialty, spectrum bucket, attending/staff surgeon, wound classification, allergy to cephalosporins, case status, # of concurrent procedures, and immunodeficiency diagnosis, as well as filter by date.

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For additional information on this project, please reach out to Jessica Siebold at Johns Hopkins All Children’s Hospital, St. Petersburg, FL, at jsiebol1@jhmi.edu.