1) **How does a pilot project get started?**

Pilot Projects are generated by PSQC members based on member interest. All project submissions must be submitted using the form available in REDCap. You can access the form [here](#). Before submitting a project, you should consider the feasibility of the project as proposed, what the current level of evidence exists to support it, its impact on the pediatric surgery community, if it is a process or outcome improvement, and how generalizable it is across multiple settings; e.g. could it be pursued in both low and high resource institutions. These project ideas are not contingent on currently available NSQIP data. You should, however, consider what data is currently available in your EMR for ease of abstraction and your available resources such as your SCR. We welcome collaborative submissions from two or more hospitals where you have coordinated some resource pooling to make your project viable.

Finally, consider that if you submit a proposal and it is selected, you must serve as the project lead. We do encourage you to identify early in the process an individual who can serve as your co-lead to reduce the project oversight burden.

2) **How is a pilot project submission evaluated?**

All pilot project submissions are reviewed by the PSQC Project Development and Implementation Committee (PDIC) once a quarter. Submissions are evaluated on the same considerations as stated above: feasibility; level of evidence in support of the proposal; importance to pediatric surgery community; level of expected improvement in either a process of health outcome; and the generalizability of the project.

The PDIC will make recommendations to the PSQC Executive Committee (EC) by the next quarterly meeting of the EC on which projects should be considered. The EC will evaluate the information and formally accept or reject the recommendations.

3) **What happens after the EC meets?**

After the EC accepts a project, the PSQC Executive Director (ED) will inform the project lead(s) the project has been accepted.

4) **What happens next?**

The PSQC Program Manager (PM) will reach out to you to discuss developing a workgroup for the project. The PM will develop a timeline, project charter, database template and data analysis plan if necessary. The PM will send out an open invitation for each project to the PSQC membership to serve on the workgroup, participate as a pilot
site or both. We expect between 10-15 sites per project. If interest is very high, we can expand that number.

Each hospital that wishes to participate in the pilot project will need to complete a Data Use Agreement (DUA) with the University of Texas, Houston Health Science Center (UTH). It is anticipated that projects will not include any PHI in the data collection. The PSQC PM will build a data collection vehicle within REDCap. Each site will directly enter its data into this secure database. The PM will serve as the administrator and provide help and guidance to each site on data questions.

5) **Who is on the workgroups?**
   The workgroup should be comprised of 8-10 members, including surgeons, 2 SCRs, and other pertinent personnel (IR, Radiology, Specialties, institutional QI staff, etc.). It is advisable to have an EMR expert serve in a consulting role as well as a member of the ACS NSQIP staff. The PM will provide project management support throughout the project lifecycle. Occasionally, medical students, residents on a research year, or fellows, may participate under the mentorship of a member surgeon.

6) **What does the workgroup do?**
   The workgroup will provide structure for how the project should proceed; what data should be collected, frequency of data collection, creation of data dictionaries, training on data collection and review and sharing of the data received. The workgroup provides project oversight and expertise.

   As the project progresses and the data reveal which institutions may be performing well, qualitative interviews may be recommended by the workgroup. These interviews will identify best practices, protocol development, and change strategies, as well as tools and reference material—which can be incorporated into any final project product. Workgroup members will participate in interviewing those sites which have agreed to participate in the project, using an interview guide based on the Theoretical Domains Framework (TDF). Each interview is one hour long. You will typically participate in 2-3 interviews over a 3-4-month period.

7) **How frequently does the workgroup meet?**
   At the start of the project, meeting frequency will be determined through consensus among workgroup members. Typically, beginning of projects have more frequent meeting (2x month), and as the project progresses, meeting frequency will reduce (1x month). Workgroup meetings last for an hour (unless additional time is needed).
8) Am I expected to attend every workgroup meeting?
You are not expected to attend every meeting, although every effort should be made to attend as many as possible. If you find the meeting frequency does not suit your schedule, you should resign from the group. There will be other opportunities. Each meeting is recorded and available for review if you are not able to attend in person. The PSQC PM provides notes of each meeting to every workgroup member.

9) How long does a project typically last?
Each project will have its own timeline. It is anticipated that Pilot Projects will last a minimum of two years.

10) What is the work product?
The ultimate goal of each PSQC pilot project, if it achieves the desired outcome, to be adopted by ACS NSQIP and rolled into the work flow of NSQP SCRs. In service of that goal, implementation guides will be created along with appropriate training and shared with all PSQC member hospitals. The guide highlights findings from the qualitative interviews—including best practices, protocol development, change strategies— as well as tools and reference material sites can use in implementing change at their respective hospital.

11) What happens after the work product is completed?
After the work product is completed, PSQC may host one-on-one coaching sessions with those hospitals that might like an opportunity to discuss issues they face and hear how coaches have addressed these challenges along with suggestions on how to overcame the barriers. These coaching sessions are one hour and occur approximately 1x month over 3-6 months after the work product has been introduced to the PSQC as a whole. Coaches are recruited from the workgroup team as well as staff from PSQC hospital member who are good performers on the metric.