Pediatric Surgery Quality Collaborative

February 21, 2023
Updates from PSQC

- On going Projects
  - Post-op CT reduction

- Pilot Projects
  - Abx duration post appy
  - Opioid stewardship
  - Colo bundle

- PSQC SAR
  - Data challenge
Exploring SPS and NSQIP intersection

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Solutions for Patient Safety

OUR MISSION:
Working together to eliminate serious harm across all children’s hospitals

OUR VISION:
All Kids, All Hospitals, All Safe

Zero Harm to Pediatric Patients
Our Approach

• Hospital leadership commitment
• Our mission motivates all that we do
• Network hospitals will NOT compete on safety
• “All Teach, All Learn”
• Network hospitals must commit to building a “culture of safety”
• Commitment to safety for patients and employees/staff
2005 Idea
2009 Launch
2011 National Network
2014-2018 International
SPS Hospitals: 144+
Network Goals

By June 30, 2023:

- 75% of hospitals will complete milestones of the Recognizing & Eliminating Disparities in Safety goal
- Every network hospital CEO/Top Pediatric Leader attends SPS-offered learning opportunities focused on Employee Safety Culture
- At least 80% of network hospitals submit DART data to SPS
What is a HAC

• HAC: **Hospital Acquired Condition**
  • A potential complication
  • Conditions and/or complications that are not present on admission

• Why do we focus on HAC’s
  • They often cause some degree of harm
  • Are preventable
  • We have tools and resources to reduce them
What is a bundle

• Best practices identified that will contribute to the prevention of a specific occurrence

• Definition of Standards
  • Standard Elements
  • Recommended Elements
  • Minimum number of audits per month

• Website
  • https://www.solutionsforpatientsafety.org
The Process For Each HAC

- **Implement Best Practice Bundles**
- **Benchmark Our Outcomes Data**
- **Implement a Bundle Reliability Process**
- **Utilize a Visual Display of Our Reliability & Occurrences**

**Prevention Bundle**
- **Insertion**
  - Technique: Perform hand hygiene immediately before and after manipulation of the catheter device or site.
  - Use sterile gloves, gowns, sponges, and appropriate sterile solution for venous or arterial access, and a single lubricant jelly for insertion.
- **Maintenance**
  - Aseptic technique: Follow aseptic technique for the same procedure.
  - Perform perineal hygiene at least every 8 hours.
  - Level of bladder: Do not rest bag on floor.
  - Lubricated flow: Keep the catheter and collecting tube free from lint.
  - When not in use: Review and document daily need.
Building a Culture of Safety

- Cause Analysis
- Error Prevention
- Leadership Methods
- Safety Governance
Intersection

SPS & NSQIP

Overlapping Data:

- SSI
- CLABSI
- Unplanned Extubations/Intubation

Quality Improvement and Patient Safety Projects

- leverage best practice bundles

Structures for Pediatric Safety and Improvement

- leverage the culture training
- Implement SPS High reliability strategies
Discussion

How do you connect SPS and NSQIP or CSV?

Where do you see an overlap to share resource?
Thank you