Post-Op CT Reduction for Complicated Appendicitis

This project is led by Dr. Tamar Levene at DiMaggio in Hollywood, Florida and Dr. Derek Wakeman at Golisano in Rochester, NY. As we did for the Pre-Op CT Reduction project, the PSQC has conducted qualitative interviews with 12 of our member hospitals, using a guide built on the Theoretical Domains Framework (TDF). These hospital were invited to participate based on their utilization of CT scans in the post-op environment and incidence of SSIs. We interviewed both low utilizers and high utilizers. We capitalized on this opportunity to also ask about antibiotic protocols, SSI reduction efforts and discharge algorithms.

Our findings have been incorporated into an Implementation Guide which is under review. Once the guide has been fully vetted, we will share the document with the entire PSQC and explore our findings in a webinar. Included in the document are various protocols, algorithms and other processes sites were generous enough to share with us.

Antibiotic Stewardship

This project will be led by Dr. Shawn Rangel at Boston Children’s, in Boston, MA. Slated for launch in Fall 2023, this project will evolve in a fashion similar to the Pre and Post-Op CT Reduction projects. Using the new Surgical Antibiotic Prophylaxis (SAP) report from NSQIP, high and low outliers will be identified and invited to participate in qualitative interviews. The interviews will be transcribed and coded and an Implementation Guide developed and shared with all of PSQC.

Pilot Project General Update

As shared via email, a comprehensive training for all pilot project sites will be shared in April. This training will cover what data is being collected, the rationale behind the data collection, how to create custom fields and how to properly scrub any data download of all PHI before sending to the PSQC. The training materials will include a step-by-step guide, video tutorial, a live training and one-on-one coaching. All will be archived on the PSQC website for download at later dates.

Pilot Project #1: Antibiotic Duration Post Appendectomy

Building on the STOP-IT Trial findings published in 2015 in adult abdominal surgery patients, this project, lead by Dr. Monica Lopez from Vanderbilt in Louisville, KY and Dr. Eric Grethel and Ms. Kathryn Danko at Dell Children’s in Austin, TX This project was inspired by the findings of the STOP-IT trial in the adult population^1. The STOP-IT trial demonstrated that a set duration of 4(+/-1) days of antibiotic administration after source control of intra-abdominal infections had similar outcomes to those treated with longer duration antibiotics.
The Antibiotic Duration Workgroup is considering two approaches. First is a standard antibiotic protocol for post appendectomy to be piloted by interested sites. Data collection will measure compliance. Second approach would be a baseline data collection for 2 months to determine current practice among pilot sites and then pilot the post-op protocol.

Additional information incoming soon.

**Pilot Project #2: Colorectal Bundle Checklist**

The Colorectal Bundle project is led by Dr. Justin Lee at Phoenix Children’s in Phoenix, AZ and Dr. Elizabeth Fialkowski at Doernbecher in Portland, OR. This project’s objective is to substantially reduce the incidence of SSIs post operatively for our pediatric patients undergoing colorectal procedures with an anastomosis and abdominal closure through the use of a standard procedure checklist.

Pilot project sites will need to build custom variables which correspond to the 9 items on the checklist. These variables will be simple yes or no questions, measuring compliance with the checklist. Volume of eligible procedures is relatively low and we do not anticipate data collection burden to be immense. In addition to custom variables, each site will need to create some type of templated note in their EMR in order to incorporate the checklist.

**Pilot Project #3: Opioid Stewardship**

The Opioid Stewardship project is led by Dr. Steve Shew at Lucille Packard Children’s in Palo Alto, CA and Dr. Robert Ricca at Prisma Health in Greenville, SC. This project is planned for two phases. Phase I will capitalize on the six newly created opioid variables in the NSQIP portal all sites are now collecting. NSQIP requires sites to collect two of these variables with the other four being optional. Pilot sites will be required to collect all six of the variables. The PSQC will be able to take this data and demonstrate how each pilot site is performing compared to the other pilot project sites in real time. No custom variables will be needed for this project.

Phase II will be introduced later this year. Its goal will be to reduce opioid prescribing by 50% across all service lines currently measured in NSQIP. This project will build on Phase I findings by sharing best practices and strategies for alternate pain reduction approaches.