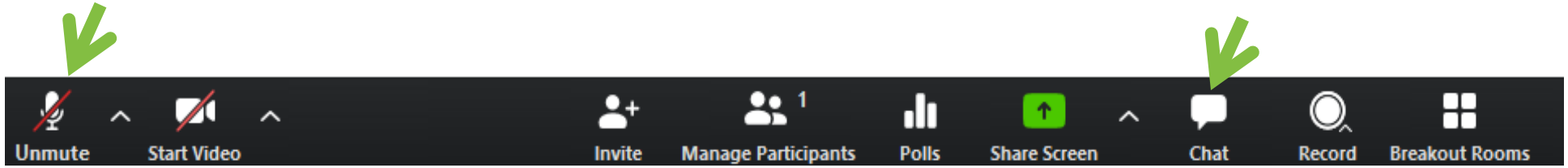
Neonatal Initiatives

Action Period Call
April 24th, 2024
12:00 – 1:00 PM CT

Welcome

- Please type your name and the organization you represent in the chat box and send to "Everyone."
- Please click on the three dots in the upper right corner of your Zoom image, click "Rename" and put your name and organization.
- Please also do for all those in the room with you viewing the webinar.
- Attendees are automatically muted to reduce background noise.
- You may enter questions/comments in the "chat" box during the presentation. We will have a Q&A session at the end.
- Slides will be available via email and at http://www.alpqc.org/initiatives/nhp
- We will be recording this call to share, along with any slides.



Agenda

Activity	Time
Welcome, Updates, & Reminders	12:00-12:10
Hospital Poll	12:10-12:15
Baseline Data Review	12:15-12:35
Model for Improvement	12:35-12:50
Q&A	12:50-12:55
Reminders & Next Steps	12:55-1:00

Updates

Updates & Reminders

- Monthly (March) *and* Quarterly data (Jan-March) for NHP will be due April 30th
  - Links to all surveys sent on April 15th
  - Please let us know if you did not receive links and we will send them out ASAP

- Tableau access for teams should be happening soon.
  - If you have not set up an XIAS ID, please reach out to me and we will get one set up

- New Honor Roll Program starting in July

Quarterly Structural Measures- Levels 1 and 2

Structure Measures
S1. Unit Normothermia Policies & Procedures Does your hospital have neonatal hypothermia prevention policies and procedures (reviewed and updated in the last 2 years) that contain the following? A. Standardized recommended delivery room temperatures. B. A standardized checklist for delivery care based on estimated gestational age.
S2. Nursing and Provider Education Does your hospital have a programmatic means of educating hospital staff regarding normothermia policies and procedures?
S3. Unit Hypothermia Management Policies & Procedures Does your hospital have a policy and procedure for the management of moderate or severe hypothermia inclusive of the following? A. Debriefs *with the clinical team* after moderate to severe neonatal hypothermic events. B. A standardized clinical approach to managing infants with moderate or severe hypothermia.
S4. Reporting of Performance Does your hospital have a means by which hospital performance is shared with both obstetrical and newborn/NICU staff?
Note *Structure measures reported as:* *Not started* *In progress* *Fully in place*

Quarterly Structural Measures – Levels 3 and 4

Structure Measures (Quarterly)
S1. Unit Normothermia Policies & Procedures Does your hospital have neonatal hypothermia prevention policies and procedures (reviewed and updated in the last 2 years) that contain the following? A. Standardized recommended delivery room temperatures. B. A standardized checklist for delivery care based on estimated gestational age.
S2. Unit Policies and Procedures for Infants Born at <30 weeks' GA Does your hospital have standard policies related to the following clinical practices? A. Eligible patients for delayed cord clamping. B. Guidelines for the use of noninvasive and invasive respiratory support.
S3. Nursing and Provider Education Does your hospital have a programmatic means of educating hospital staff regarding policies and procedures by gestational age?
S4. Unit Hypothermia Management Policies & Procedures Does your hospital have a policy and procedure for the management of moderate or severe hypothermia inclusive of the following? A. Debriefs *with the clinical team* after moderate to severe neonatal hypothermic events. B. A standardized clinical approach to managing infants with moderate or severe hypothermia.
S5. Reporting of Performance Does your hospital have a means by which hospital performance is shared with both obstetrical and newborn/NICU staff?
Note *Structure measures reported as:* *Not started* *In progress* *Fully in place*

ALPQC Quarterly Honor Roll

We will recognize outstanding hospitals on our first-ever Honor Roll **this July!**

- Hospitals will earn points for each of the following activities:
  - **1 point earned for each activity completed in April, May, & June**
    - Monthly Data Reporting
    - Participation in Monthly Action Period Calls
    - 1-on-1 Monthly Meetings with QI-RN
  - **1 point earned for completing Quarterly Reporting due April 30th**

- **Total of 10 points possible per quarter**
- **Hospitals with ≥9 points will be recognized on our quarterly Honor Roll**
- **The Honor Roll will be posted on our website and shared with our partners including ALAHA and BCBS.**

Hospitals who have entered 100% of their Monthly AND Quarterly Data for March
(as of 04/24/24)

1. Madison Hospital	9. DCH Northport (x2)
2. Marshall Medical South	10. East Alabama Medical Center
3. Gadsden Regional Medical Center	11. Russell Medical Center
4. DCH Regional (x2)	12. Marshall Medical North
5. USA Children's & Women's	13. St. Vincent's Hospital
6. Medical Center Enterprise	14. Flowers Hospital
7. USA Providence	15. Huntsville Hospital for Women & Children
8. Jackson Hospital	16. UAB (x2)

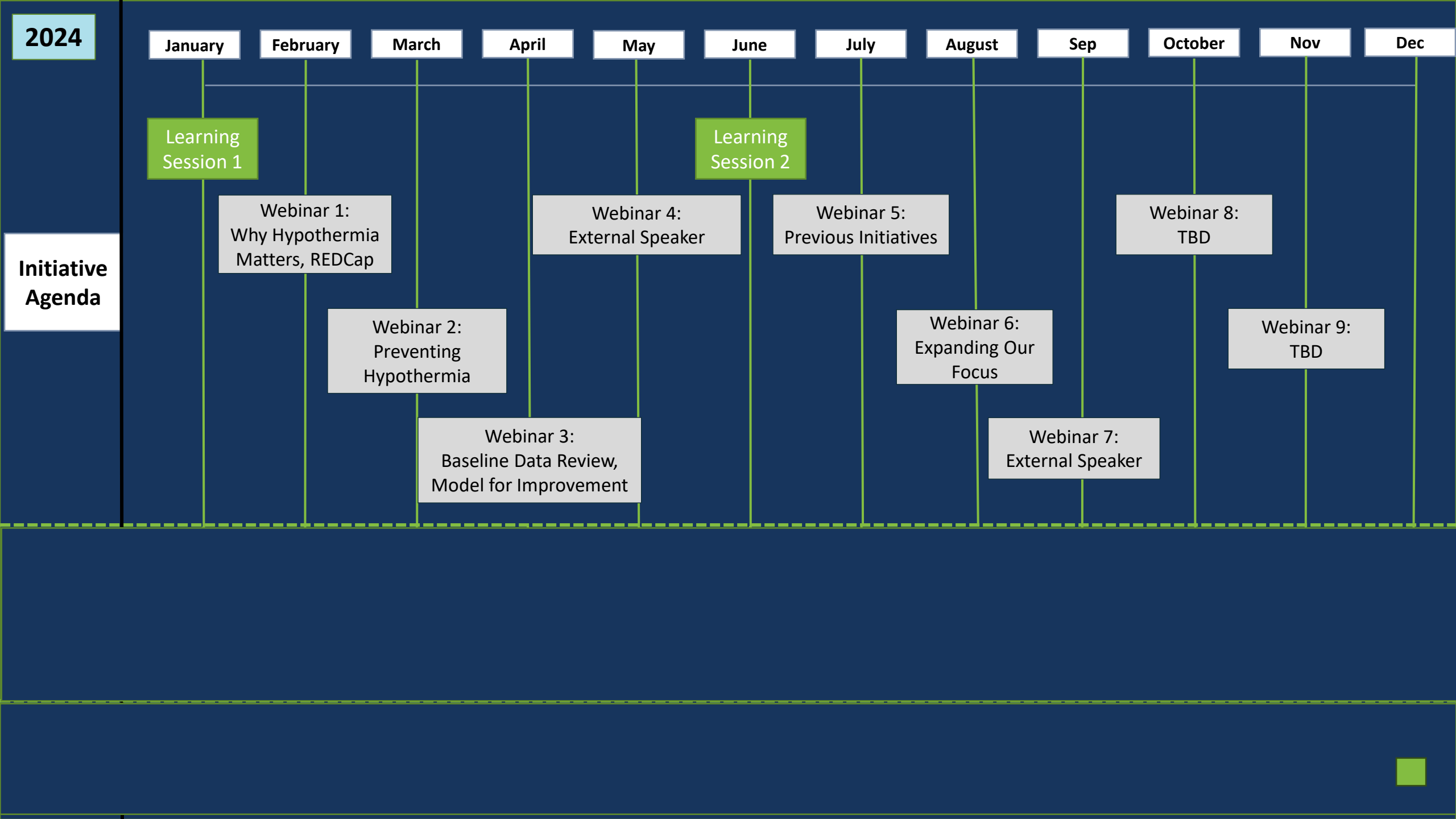
Hospital Poll/Breakouts

Poll Questions

Which of the following has your team completed?

(click all that apply)

1. We have entered data
2. We have scheduled recurring team meetings
3. We have decided on where we'd like improve
4. We are currently running PDSAs


2024
January
February
March
April
May
June
July
August
Sep
October
Nov
Dec
Initiative Agenda
Learning Session 1
Learning Session 2
Webinar 1: Why Hypothermia Matters, REDCap
Webinar 2: Preventing Hypothermia
Webinar 3: Baseline Data Review, Model for Improvement
Webinar 4: External Speaker
Webinar 5: Previous Initiatives
Webinar 6: Expanding Our Focus
Webinar 7: External Speaker
Webinar 8: TBD
Webinar 9: TBD

Baseline Data Review
Levels 1 and 2

ALPQC NHP

(From December, 2023 to March, 2024)

Hide Filters

Measure Names
All-Hospitals
User Fix HospThermia 02 Co..

Hospital	No Hospital
Race	All
Birth Wt	All
Date	All
GA	All
Levels	All
Hospitals	All

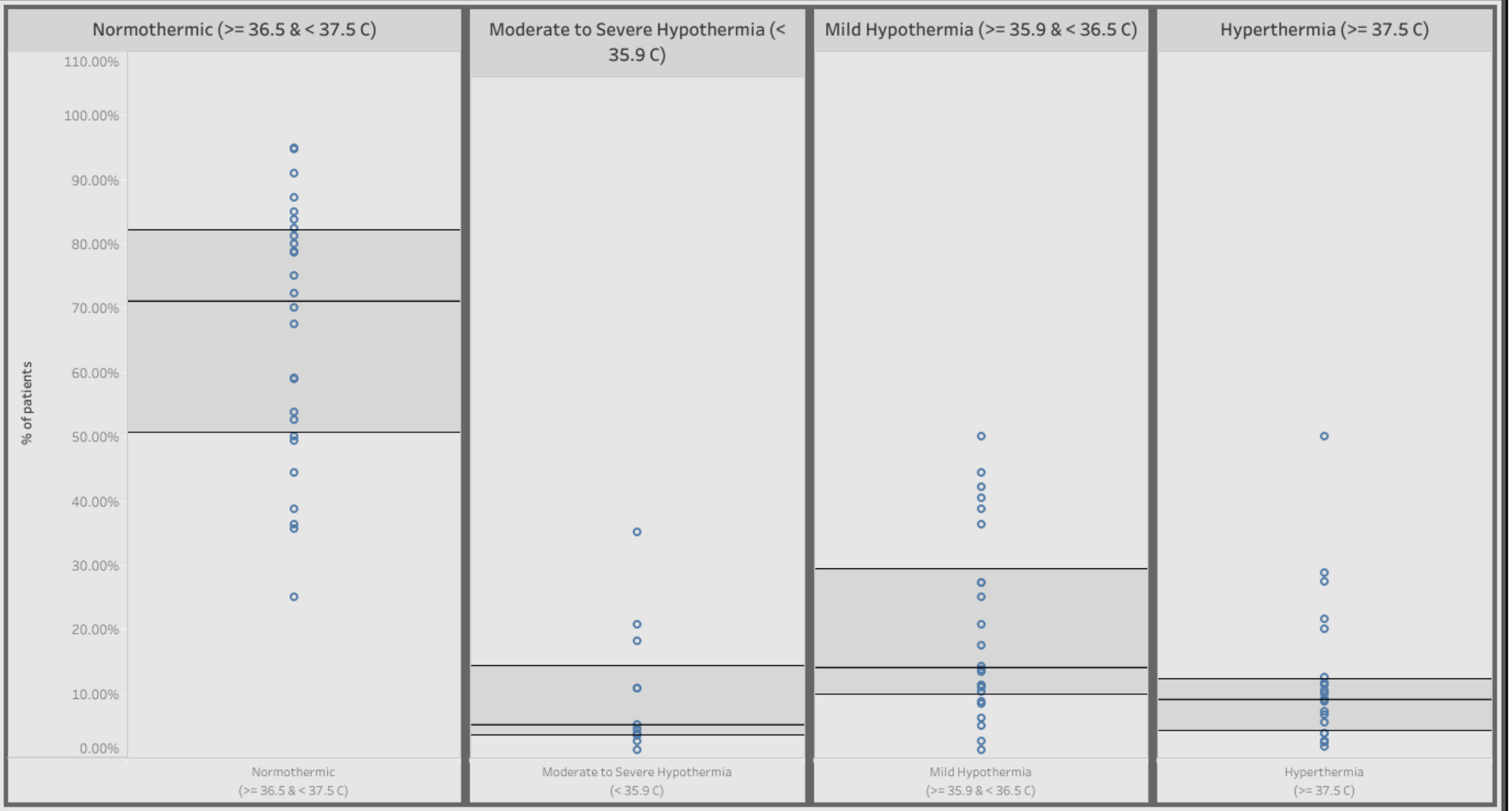
Navigation Tabs

Raw Temp

Control Charts

Race/Ethnicity Data

Main Page



Prior Initiative Outcomes

Study	Year	Journal	Result
A multimodal quality improvement approach to promote normothermia in very preterm infants	2021	Acta Paediatr	Normothermia increased from 58% to 75%
A quality improvement initiative to reduce hypothermia in a Baby-Friendly nursery – our story of algorithms, K-cards, and Key cards	2021	J Perinatology	Normothermia increased from 79% to 85%
Reducing Admission Hypothermia in Neonates Born at Less Than 32 Weeks or 1500 g	2021	*Practice improvements in Neonatal Care*	Moderate hypothermia decreased from 10% to 2%
The Golden Hour: a quality improvement initiative for extremely premature infants in the neonatal intensive care unit	2019	J Perinatology	Normothermia increased from 41% to 74%

ALPQC NHP

(From December, 2023 to March, 2024)

Hide Filters

Legends
- All Hospitals
- User O2 Temp Hosp

Hospital	No Hospital
Date	All
Race	All
GA	All
Birth Wt	All
Levels	All
Hospitals	All

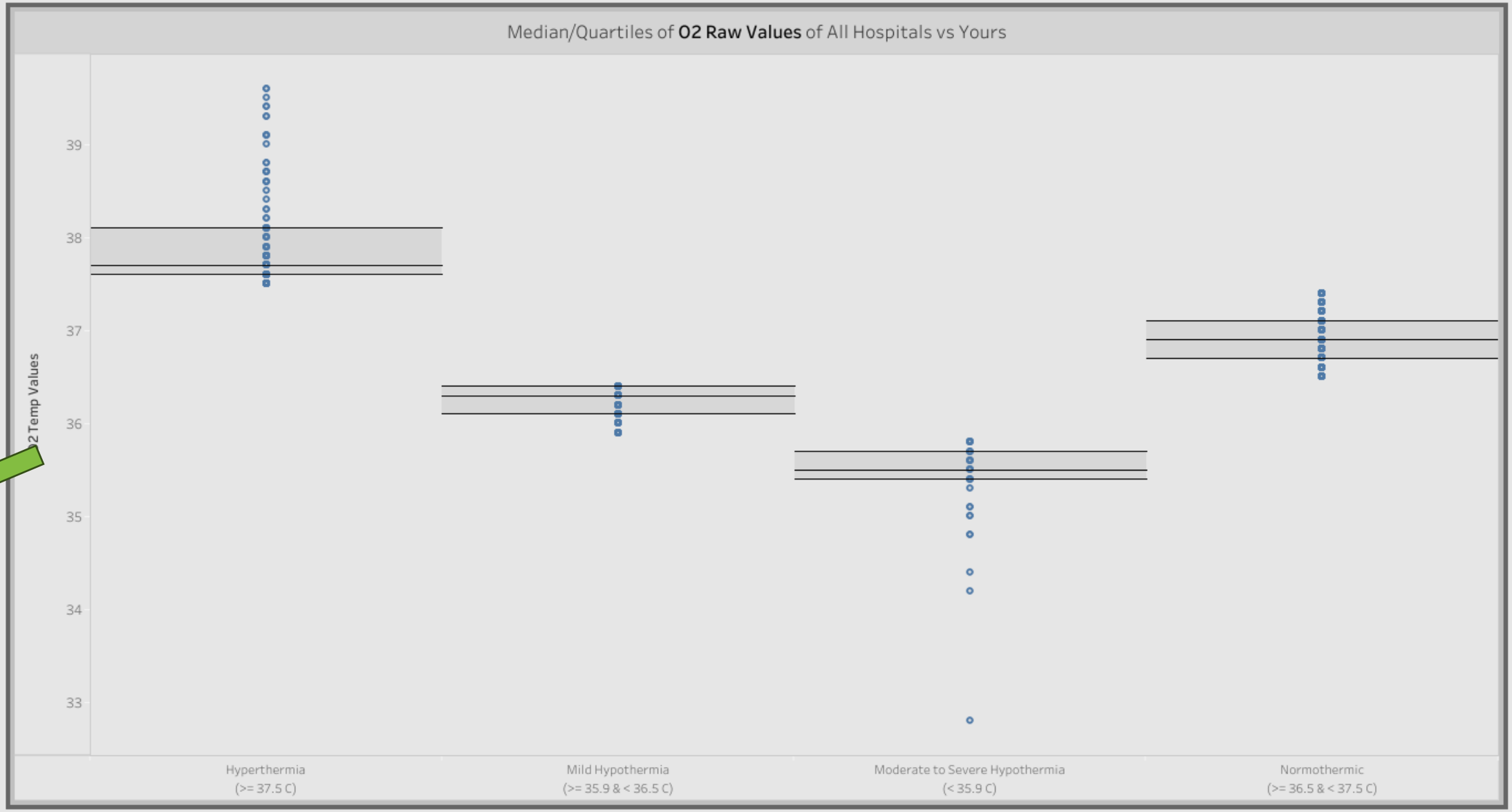
Navigation Tabs

Raw Temp

Control Charts

Race/Ethnicity Data

Main Page



ALPQC NHP

(From December, 2023 to March, 2024)

Hide Filters

Legends
- Lower Control Limit
- Upper Control Limit
- Your Hospital
- All Hospitals

Hospital	No Hospital
Outcomes	Mild Hypothermia
Thermias	Mild Hypothermia ..
Race	All
Birth Wt	All
GA	All
Date	Multiple values
Your Hospital	All
Hospitals	All

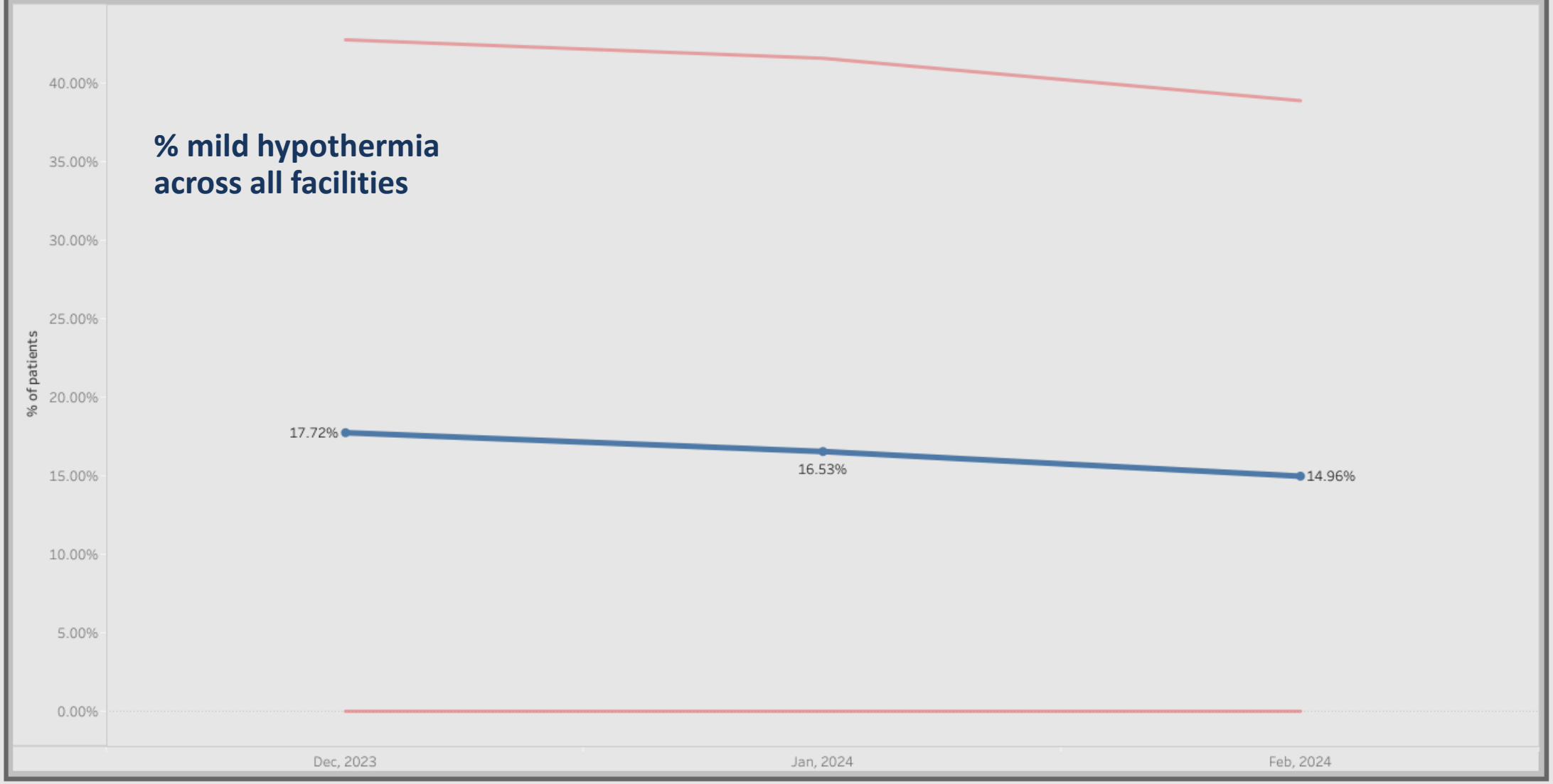
Control Charts

Race/Ethnicity Data

Main Page

Control Charts: **All Hospitals Vs. Your Hospital**

% mild hypothermia across all facilities



ALPQC NHP

(From December, 2023 to March, 2024)

Hide Filters

Legends
- Lower Control Limit
- Upper Control Limit
- Your Hospital
- All Hospitals

Hospital	No Hospital
Outcomes	Mod-Sev Hypother..
Thermias	Moderate to Sever..
Race	All
Birth Wt	All
GA	All
Date	Multiple values
Your Hospital	All
Hospitals	All

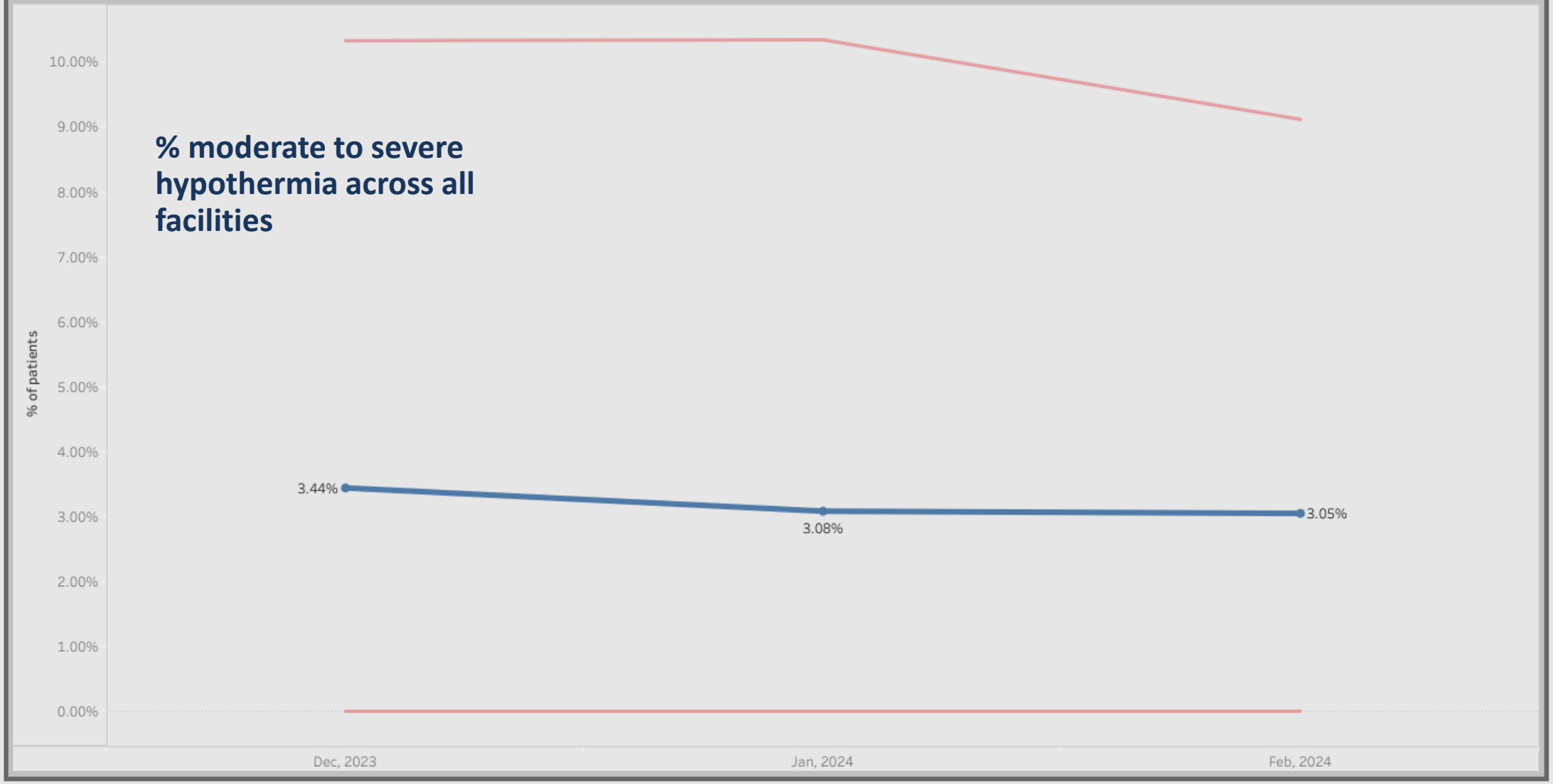
Control Charts

Race/Ethnicity Data

Main Page

Control Charts: **All Hospitals Vs. Your Hospital**

% moderate to severe hypothermia across all facilities



ALPQC NHP

(From December, 2023 to March, 2024)

Hide Filters

Legends
- Lower Control Limit
- Upper Control Limit
- Your Hospital
- All Hospitals

Hospital	No Hospital
Outcomes	Hyperthermia
Thermias	Hyperthermia (>= ..
Race	All
Birth Wt	All
GA	All
Date	Multiple values
Your Hospital	All
Hospitals	All

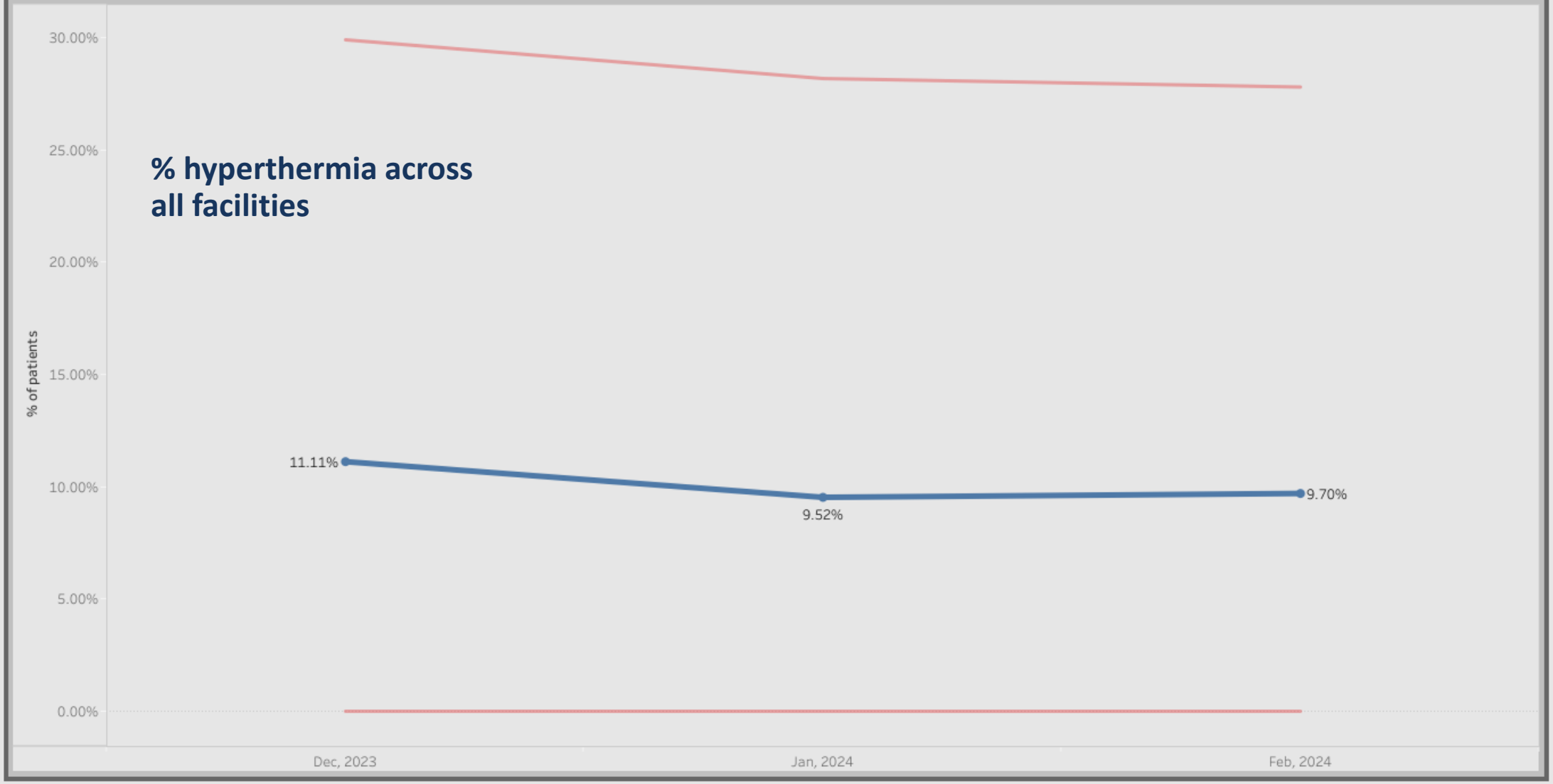
Control Charts

Race/Ethnicity Data

Main Page

Control Charts: **All Hospitals Vs. Your Hospital**

% hyperthermia across all facilities



Revert Filters

Hide Filters

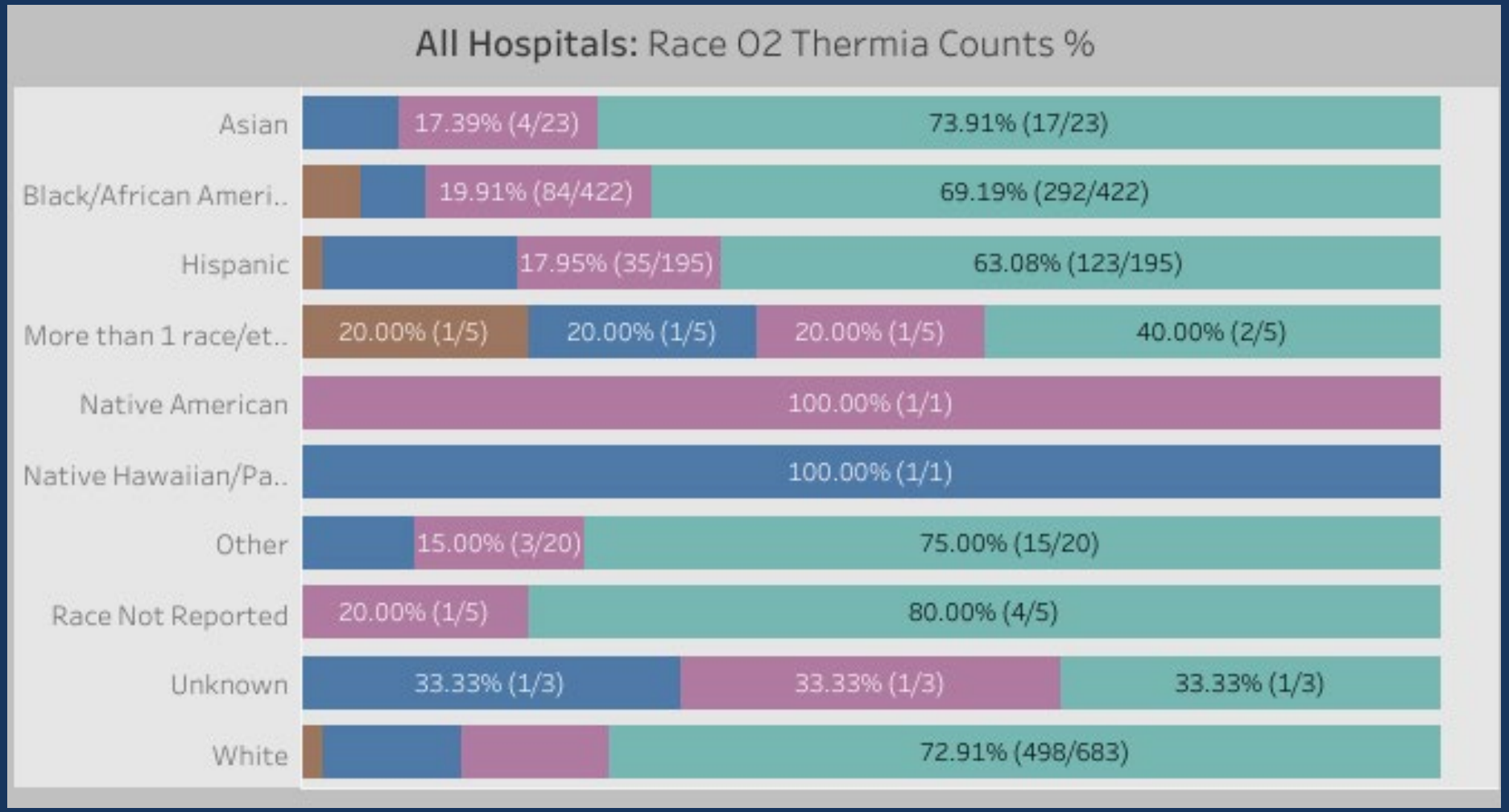
Thermias Legends
- Normothermic (>= 36.5 ...
- Mild Hypothermia (>= 3...
- Hyperthermia (>= 37.5 C)
- Moderate to Severe Hyp...

Hospital	No Hospital
Thermias	(Multiple values)
Race	(All)
Date	(All)
GA	(All)
Birth Wt	(All)
Levels	(All)
Hospitals	(All)

Race/Ethnicity Data

Main Page

ALABAMA PERINATAL ALPQC QUALITY COLLABORATIVE



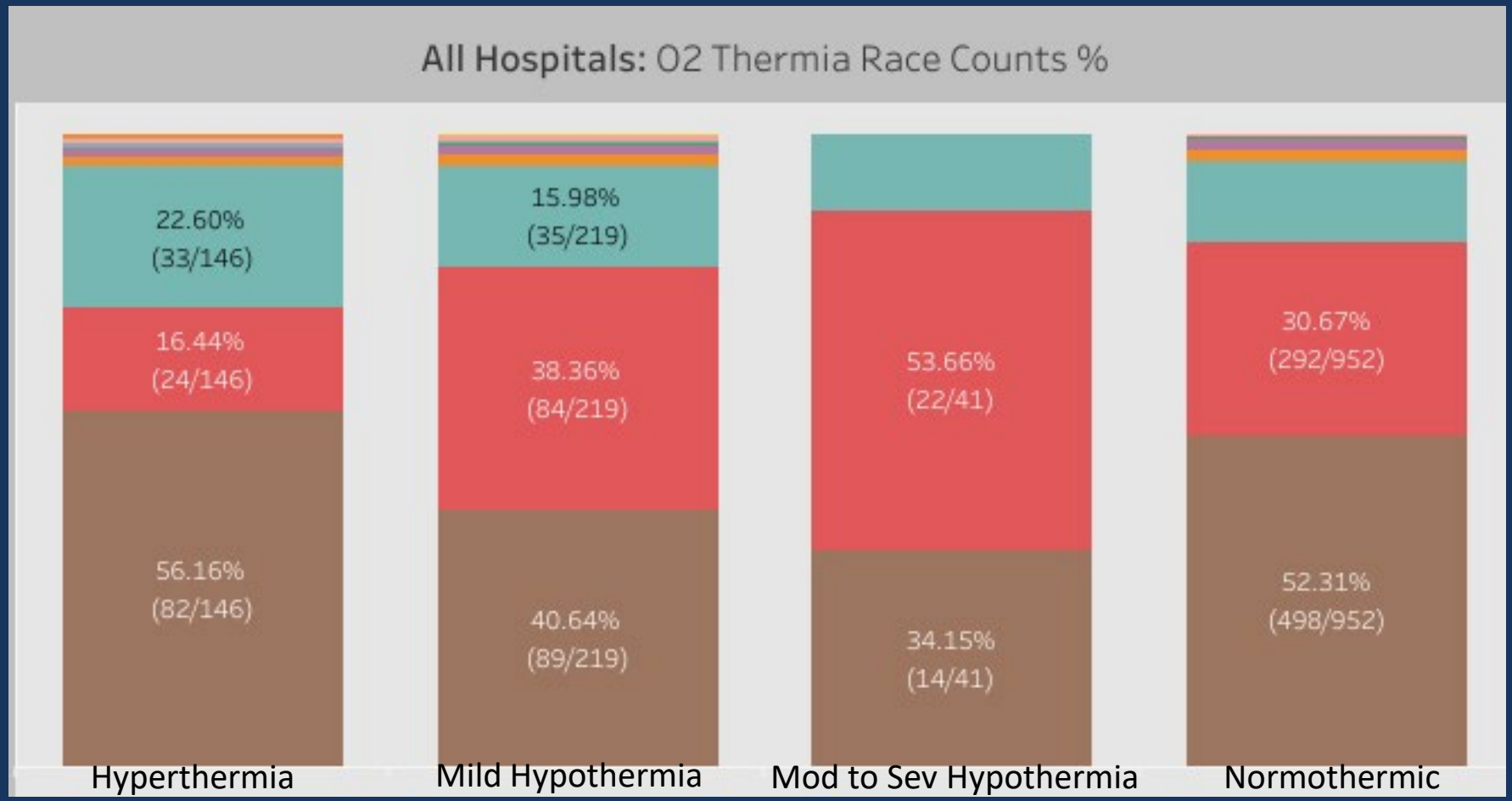
Races
Unknown
More than 1 race/ethnicity
Race Not Reported

Races
Asian
Hispanic
Black/African American
White

Hospital: No Hospital
Thermias: (Multiple values)
Race: (All)
Date: (All)
GA: (All)
Birth Wt: (All)
Levels: (All)
Hospitals: (All)

Race/Ethnicity Data

Main Page



Baseline Data Review
Levels 3 and 4

ALPQC NHP (Golden Hours)

(From December, 2023 to March, 2024)

Hide Filters

Legends
All Hospitals
User Fix Hosp04CPAP 02 Co..

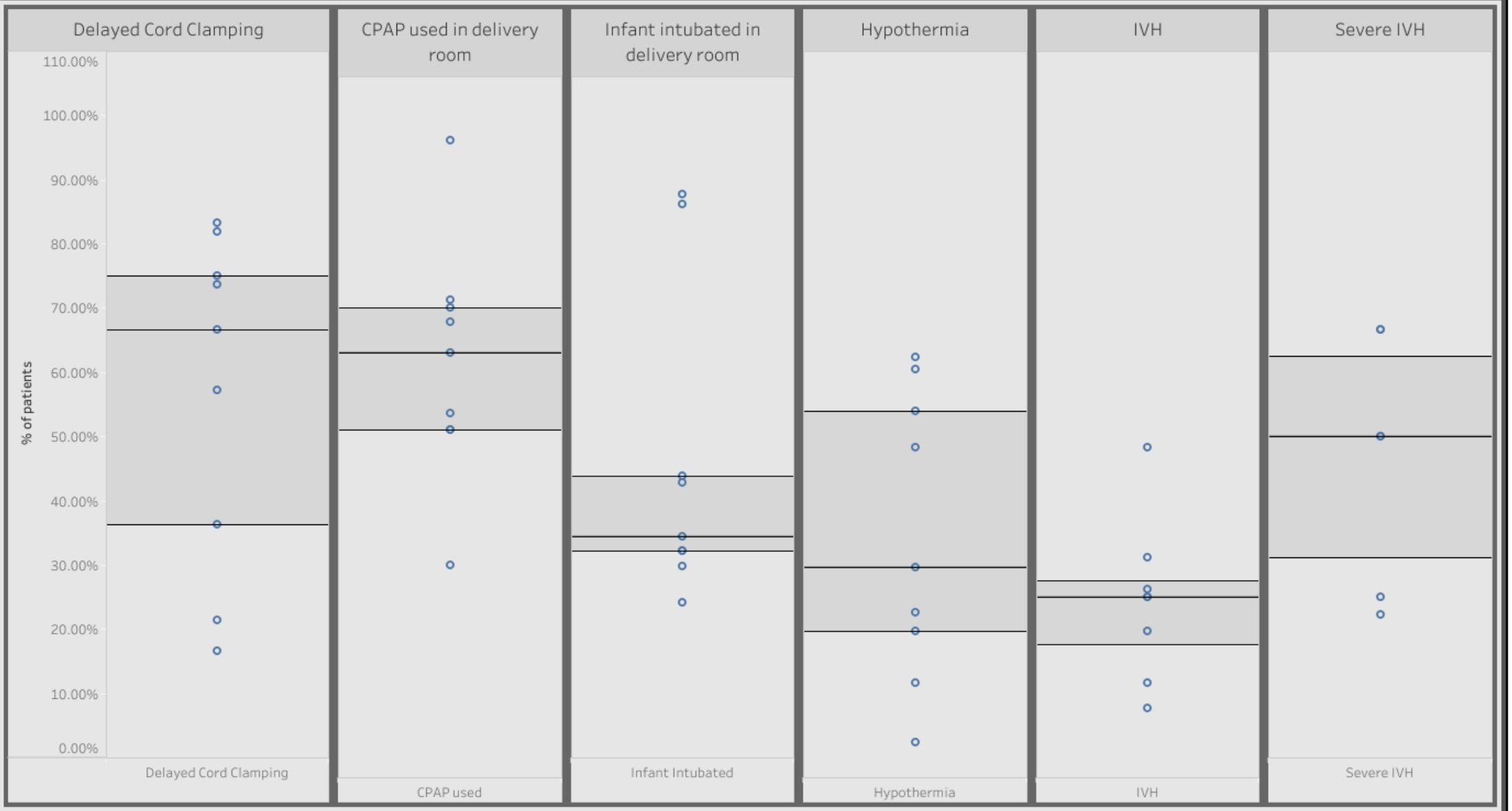
Hospital	No Hospital
Date	All
Race	All
Birth Wt	All
GA	All
Hospitals	All

Temp page

Control Charts

Race/Ethnicity Data

Main Page



ALPQC NHP (Golden Hours)

(From December, 2023 to March, 2024)

Hide Filters

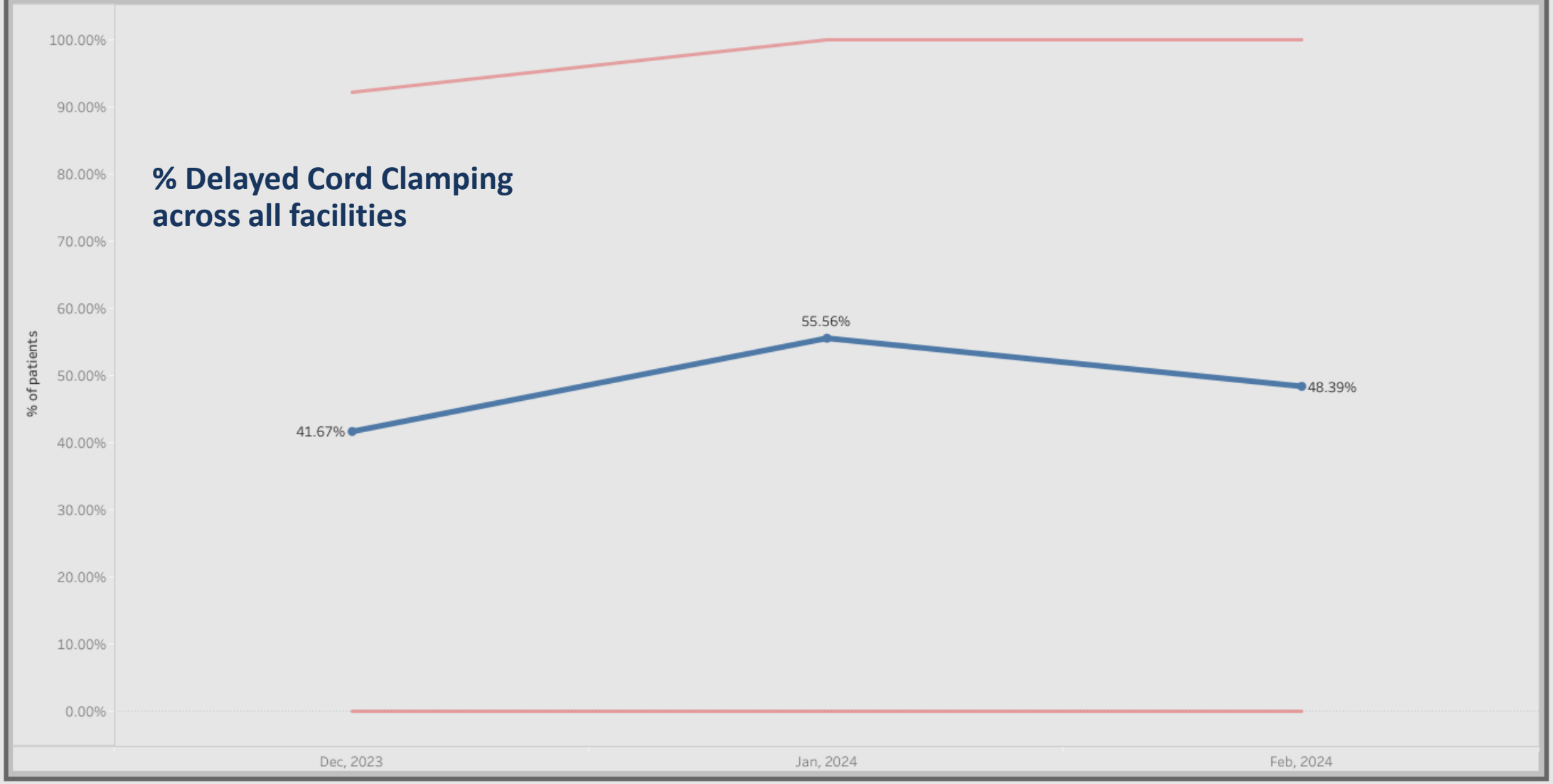
Legends
- Lower Control Limit
- Upper Control Limit
- Your Hospital
- All Hospitals

Hospital	No Hospital
Outcomes	03. DCC
Thermias	All
Race	All
Birth Wt	All
GA	All
Date	Multiple values
Your Hospital	All
Hospitals	All

Race/Ethnicity Data

Main Page

Control Charts: **All Hospitals Vs. Your Hospital**



ALPQC NHP (Golden Hours)

(From December, 2023 to March, 2024)

Hide Filters

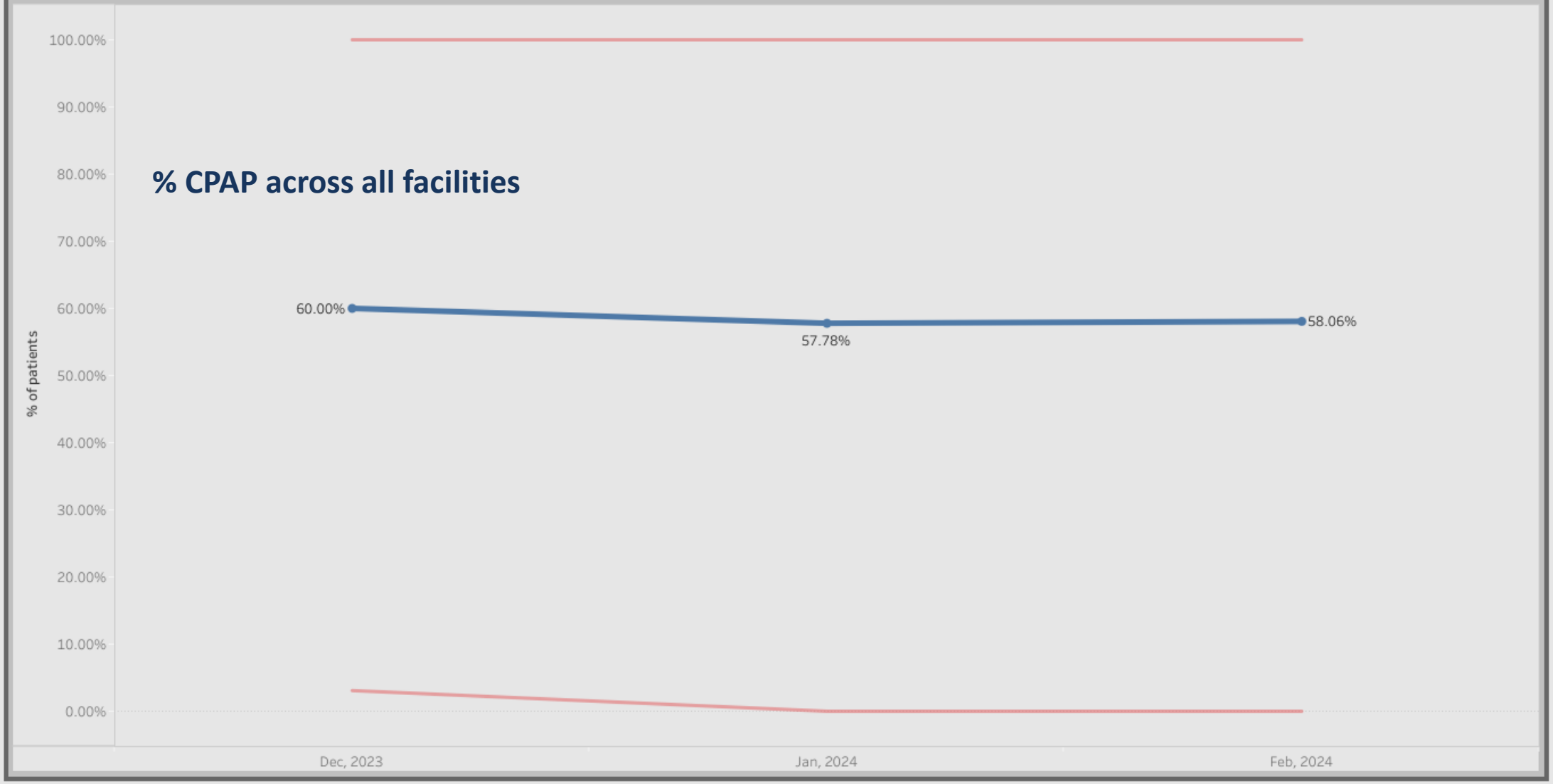
Legends
- Lower Control Limit
- Upper Control Limit
- Your Hospital
- All Hospitals

Hospital	No Hospital
Outcomes	04. CPAP
Thermias	All
Race	All
Birth Wt	All
GA	All
Date	Multiple values
Your Hospital	All
Hospitals	All

Race/Ethnicity Data

Main Page

Control Charts: **All Hospitals Vs. Your Hospital**



ALPQC NHP (Golden Hours)

(From December, 2023 to March, 2024)

Hide Filters

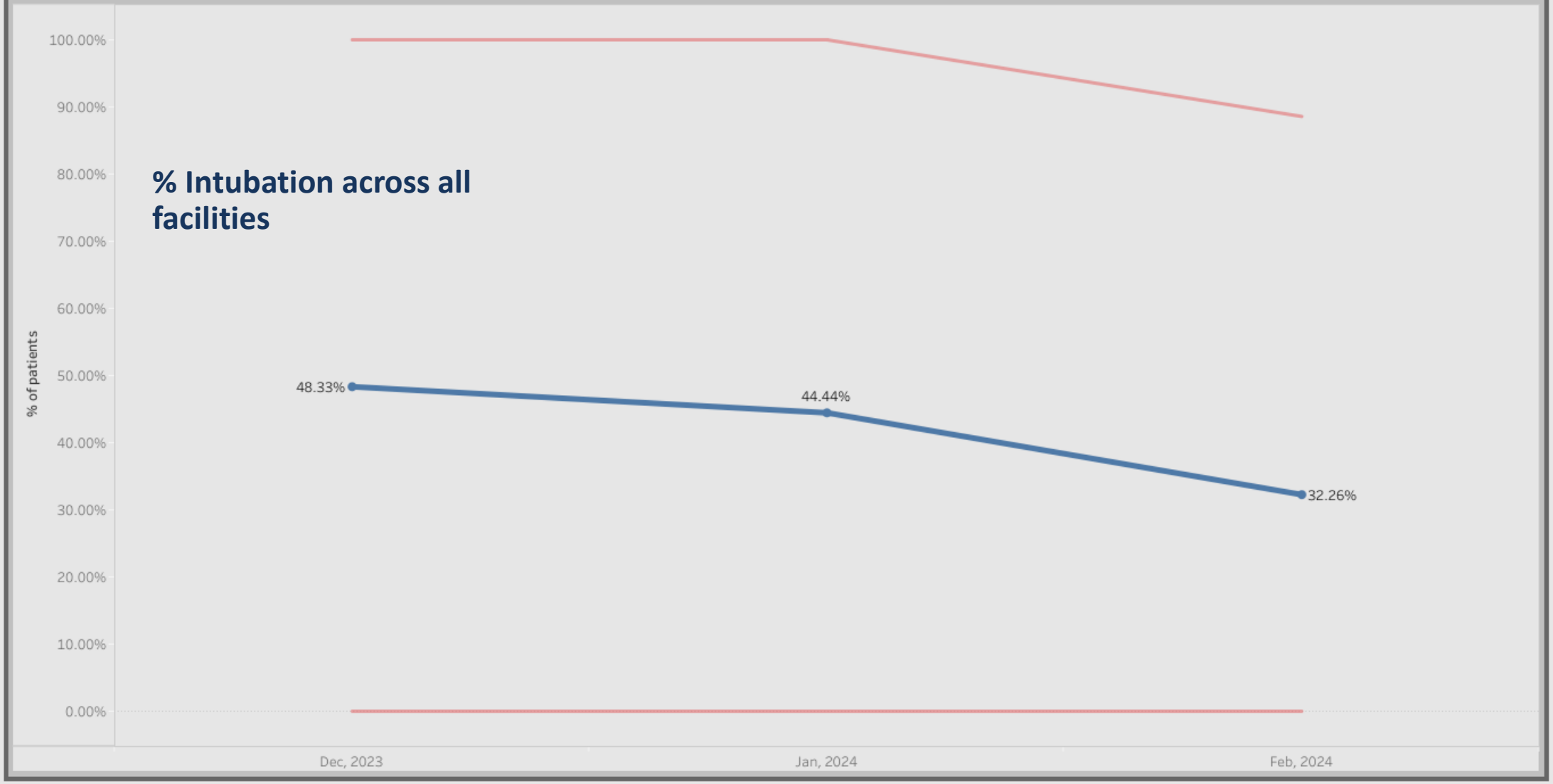
Legends
- Lower Control Limit
- Upper Control Limit
- Your Hospital
- All Hospitals

Hospital	No Hospital
Outcomes	05. Intubation
Thermias	All
Race	All
Birth Wt	All
GA	All
Date	Multiple values
Your Hospital	All
Hospitals	All

Race/Ethnicity Data

Main Page

Control Charts: **All Hospitals Vs. Your Hospital**



ALPQC NHP (Golden Hours)

(From December, 2023 to March, 2024)

Hide Filters

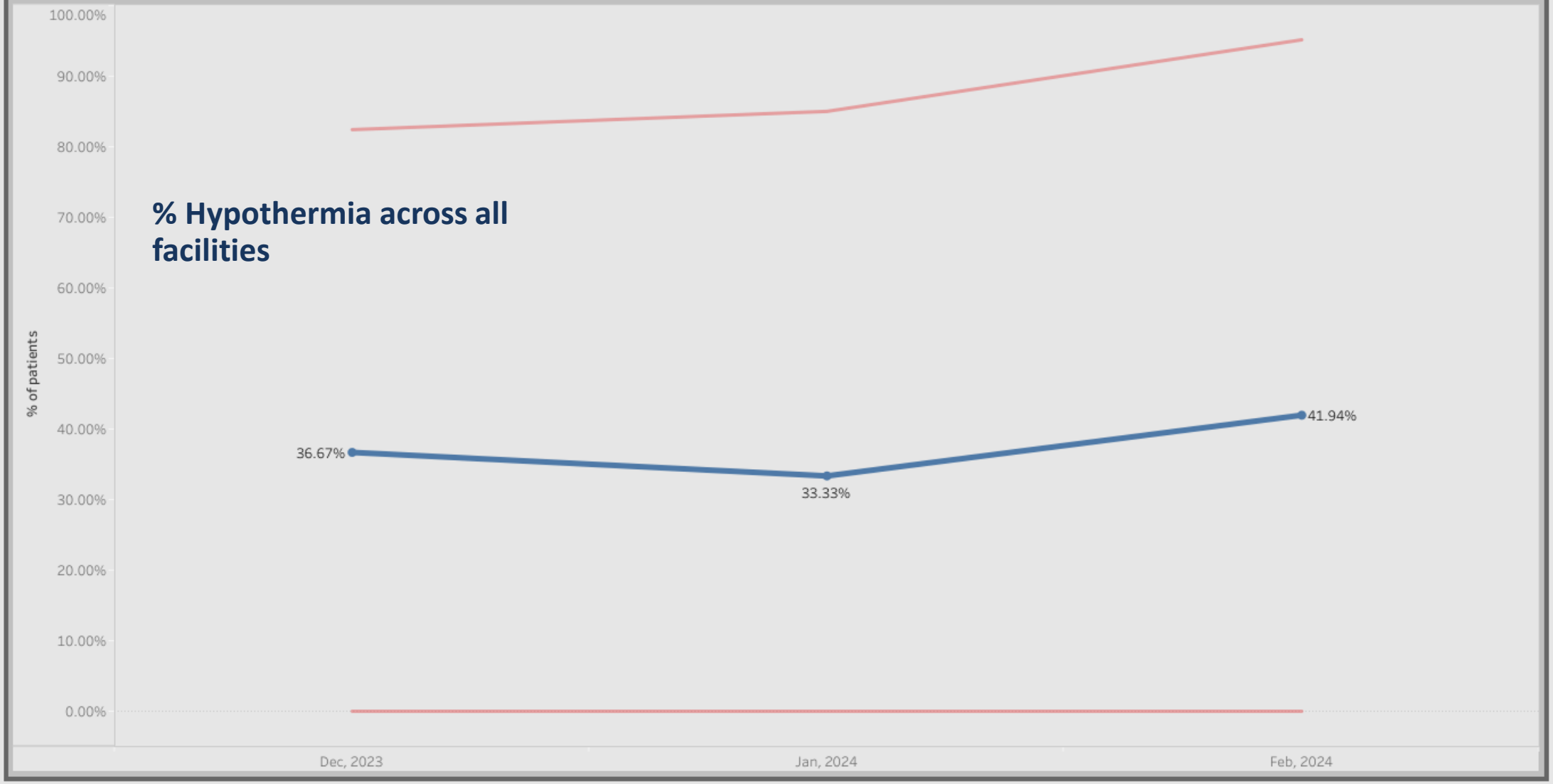
Legends
- Lower Control Limit
- Upper Control Limit
- Your Hospital
- All Hospitals

Hospital	No Hospital
Outcomes	Any Hypothermia
Thermias	Multiple values
Race	All
Birth Wt	All
GA	All
Date	Multiple values
Your Hospital	All
Hospitals	All

Race/Ethnicity Data

Main Page

Control Charts: **All Hospitals Vs. Your Hospital**



ALPQC NHP (Golden Hours)

(From December, 2023 to March, 2024)

Hide Filters

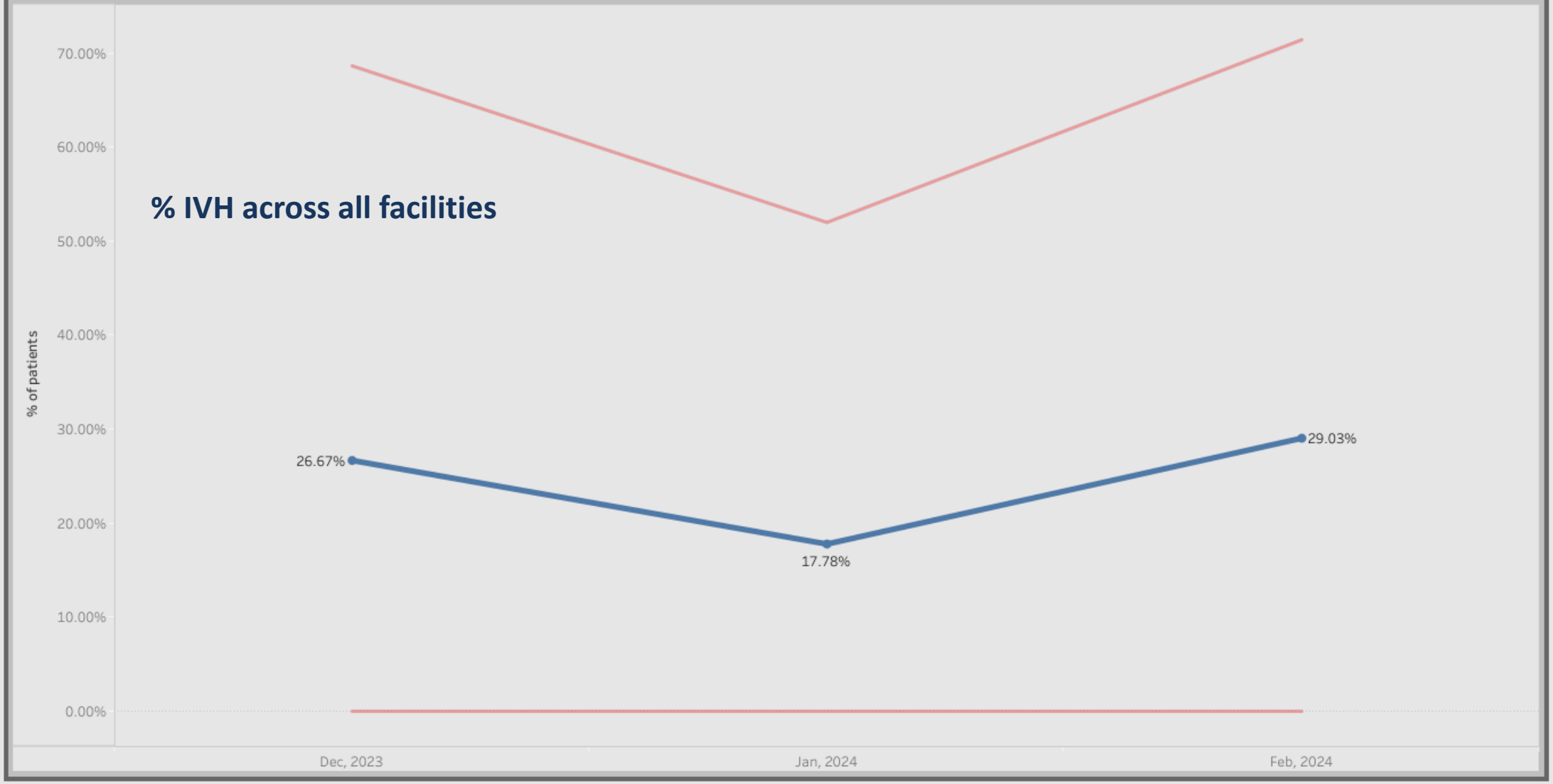
Legends
- Lower Control Limit
- Upper Control Limit
- Your Hospital
- All Hospitals

Hospital	No Hospital
Outcomes	06. IVH
Thermias	All
Race	All
Birth Wt	All
GA	All
Date	Multiple values
Your Hospital	All
Hospitals	All

Race/Ethnicity Data

Main Page

Control Charts: **All Hospitals Vs. Your Hospital**



ALPQC NHP (Golden Hours)

(From December, 2023 to March, 2024)

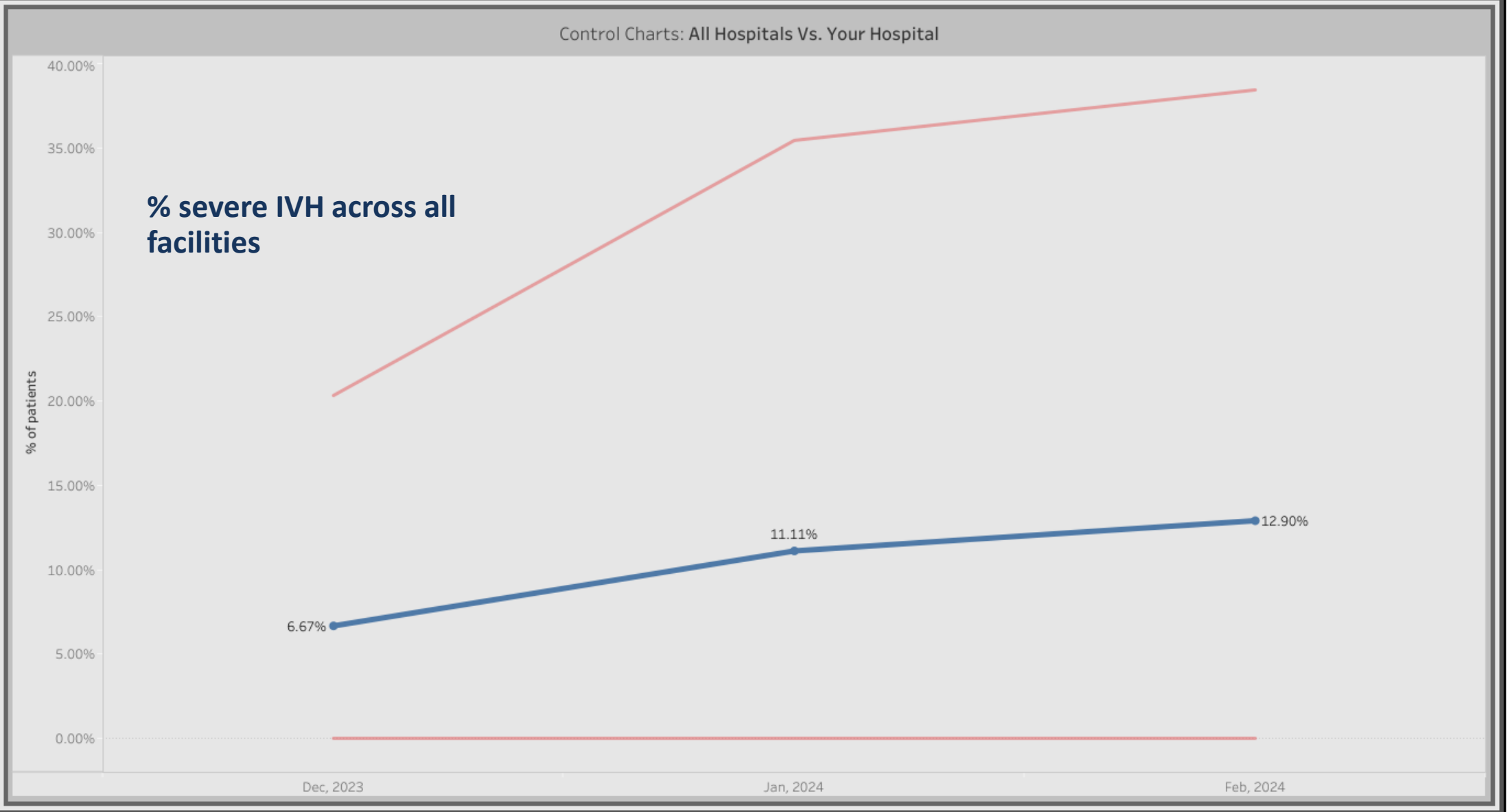
Hide Filters

Legends
- Lower Control Limit
- Upper Control Limit
- Your Hospital
- All Hospitals

Hospital	No Hospital
Outcomes	06a. IVH Severe
Thermias	All
Race	All
Birth Wt	All
GA	All
Date	Multiple values
Your Hospital	All
Hospitals	All

Race/Ethnicity Data

Main Page



ALPQC NHP (Golden Hours)

(From December, 2023 to March, 2024)

Hide Filters

Measure Names
- All-Hospitals
- User Fix HospThermia 02 Co..

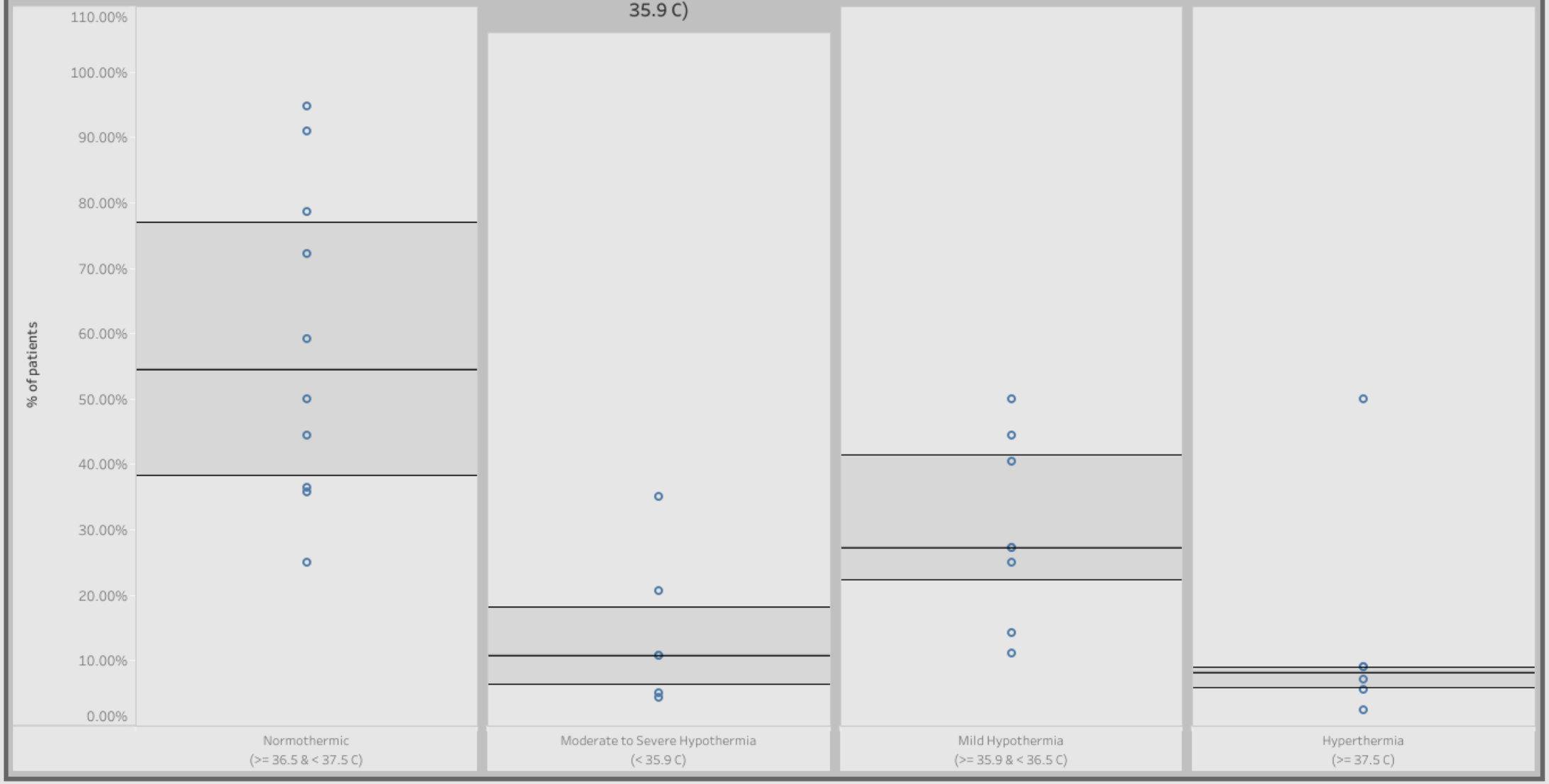
Hospital	No Hospital
Birth Wt	All
GA	All
Date	All
Race	All
Hospitals	All

Temp page

Control Charts

Race/Ethnicity Data

Main Page



ALPQC NHP (Golden Hours)

(From December, 2023 to March, 2024)

Hide Filters

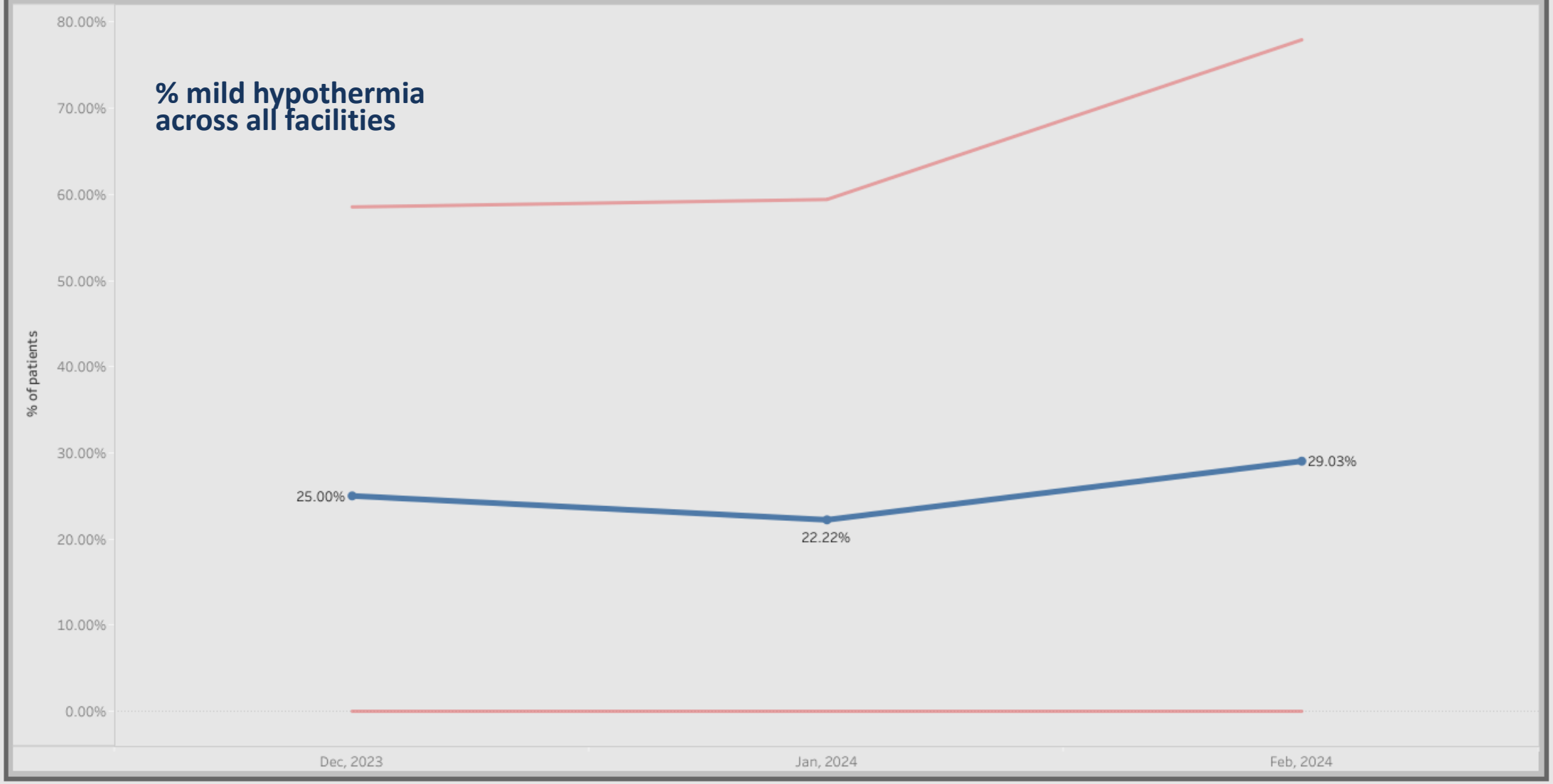
Legends
- Lower Control Limit
- Upper Control Limit
- Your Hospital
- All Hospitals

Hospital	No Hospital
Outcomes	Mild Hypothermia
Thermias	Mild Hypothermia ..
Race	All
Birth Wt	All
GA	All
Date	Multiple values
Your Hospital	All
Hospitals	All

Race/Ethnicity Data

Main Page

Control Charts: **All Hospitals Vs. Your Hospital**



ALPQC NHP (Golden Hours)

(From December, 2023 to March, 2024)

Hide Filters

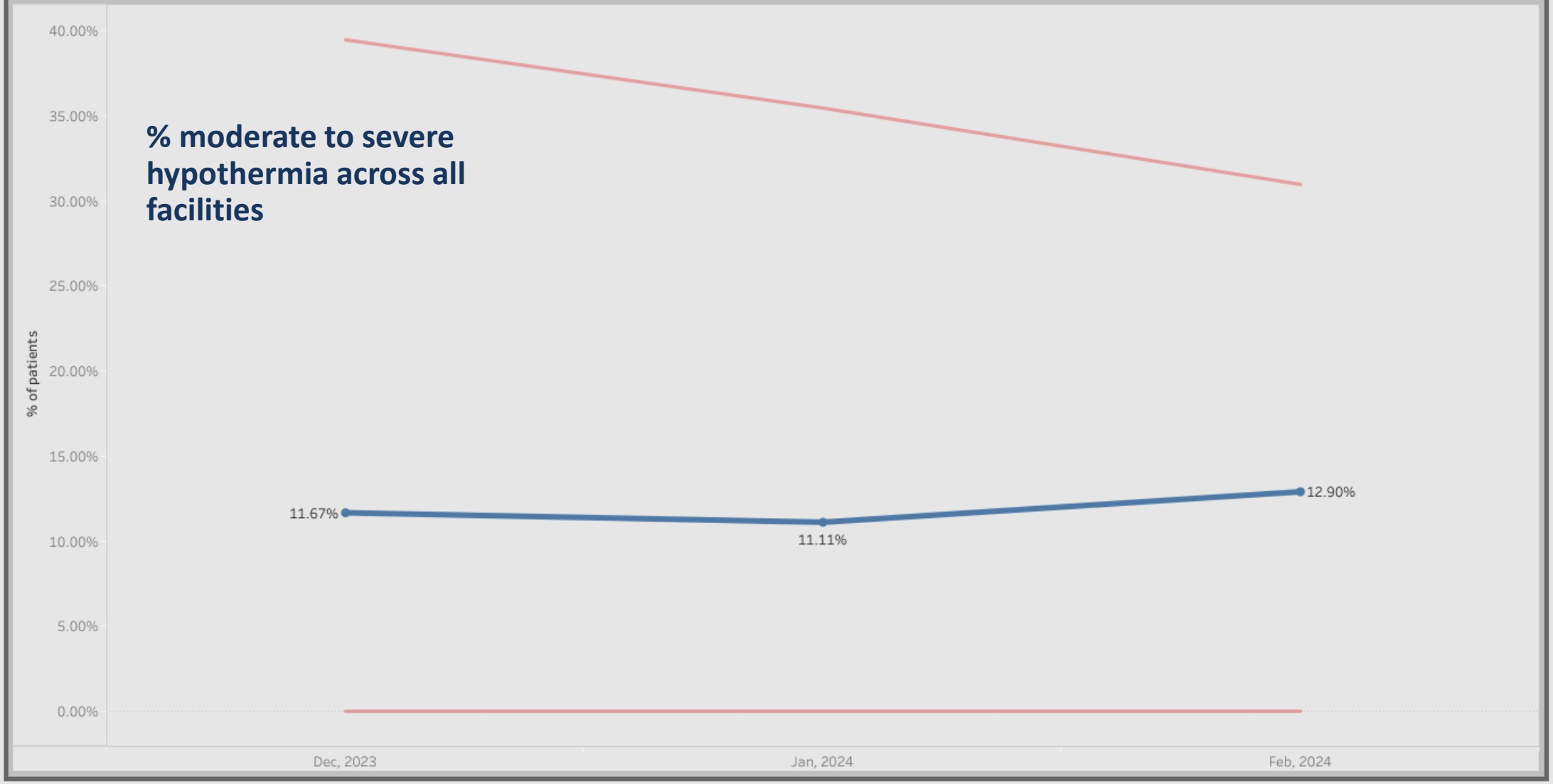
Legends
- Lower Control Limit
- Upper Control Limit
- Your Hospital
- All Hospitals

Hospital	No Hospital
Outcomes	Mod-Sev Hypother..
Thermias	Moderate to Sever..
Race	All
Birth Wt	All
GA	All
Date	Multiple values
Your Hospital	All
Hospitals	All

Race/Ethnicity Data

Main Page

Control Charts: **All Hospitals Vs. Your Hospital**



ALPQC NHP (Golden Hours)

(From December, 2023 to March, 2024)

Hide Filters

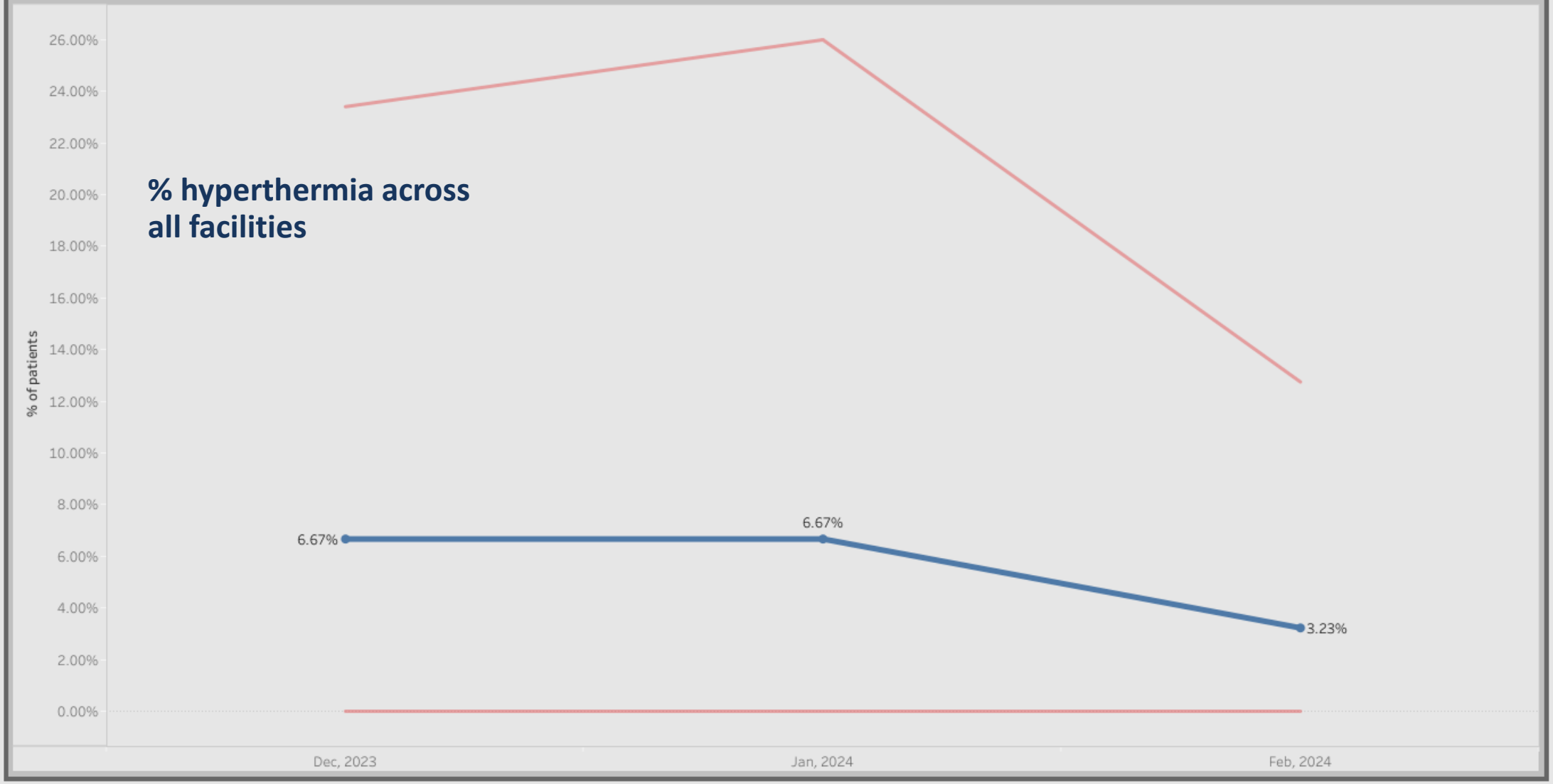
Legends
- Lower Control Limit
- Upper Control Limit
- Your Hospital
- All Hospitals

Hospital	No Hospital
Outcomes	Hyperthermia
Thermias	Hyperthermia (>= ..
Race	All
Birth Wt	All
GA	All
Date	Multiple values
Your Hospital	All
Hospitals	All

Race/Ethnicity Data

Main Page

Control Charts: **All Hospitals Vs. Your Hospital**



Prior Initiative Outcomes

Study	Year	Journal	Result
Improving the Rate of Delayed Cord Clamping in Preterm Infants: A Quality Improvement Project	2023	Hosp Pediatr	Delayed cord clamping increased from 40% to 65%
Reduction of Severe Intraventricular Hemorrhage in Preterm Infants: A Quality Improvement Project	2022	Pediatrics	Severe IVH decreased from 14% to 1.2%
A Quality Improvement Bundle to Improve Outcomes in Extremely Preterm Infants in the First Week	2022	Pediatrics	Severe IVH decreased from 16% to 10%
Quality Improvement Project to Decrease Delivery Room Intubations in Preterm Infants	2019	Pediatrics	DR intubation decreased from 58% to 37% BPD from 26% to 13%

Revert Filters

Hide Filters

Thermias Legends

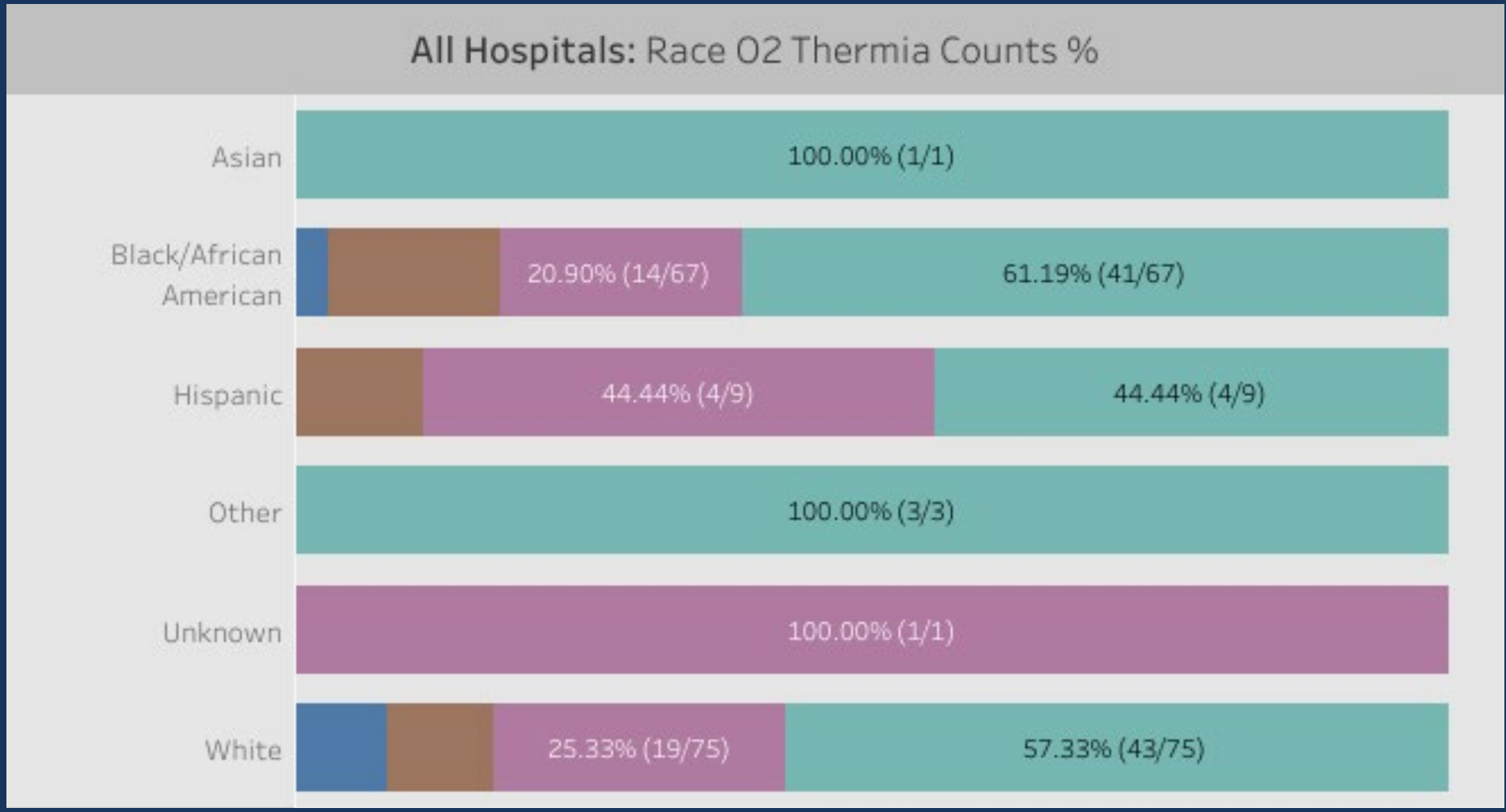
- Normothermic (>= 36.5 ...
- Mild Hypothermia (>= 3...
- Hyperthermia (>= 37.5 C)
- Moderate to Severe Hyp...

Hospital	No Hospital
Thermias	(Multiple values)
Race	(All)
Date	(All)
GA	(All)
Birth Wt	(All)
Levels	(All)
Hospitals	(All)

Race/Ethnicity Data

Main Page

ALABAMA PERINATAL QUALITY COLLABORATIVE ALPQC



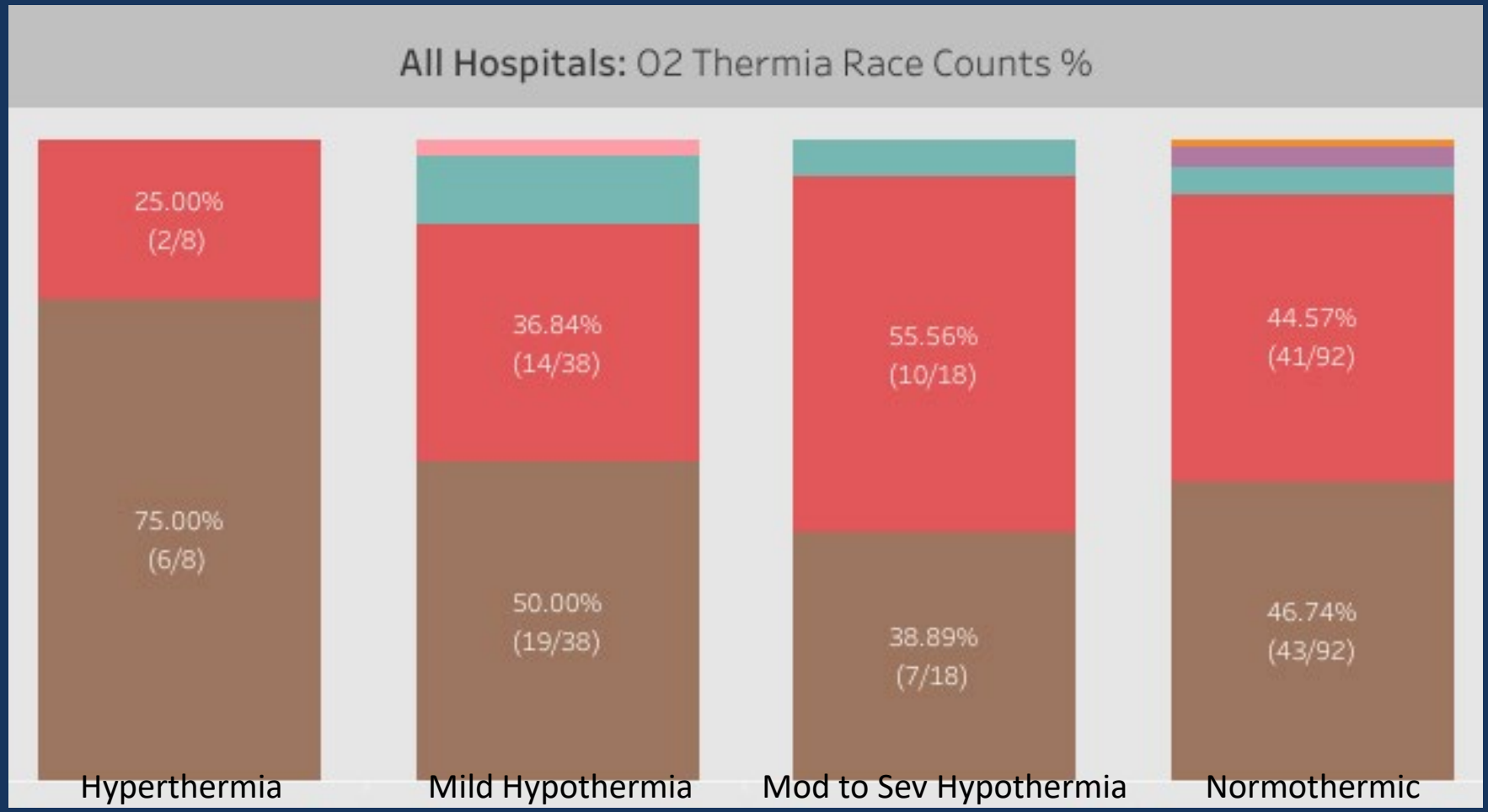
Races
- Asian
- Unknown
- Other
- Hispanic
- Black/African American
- White

Hospital: No Hospital
Thermias: (Multiple values)
Race: (All)
Date: (All)
GA: (All)
Birth Wt: (All)
Levels: (All)
Hospitals: (All)

Race/Ethnicity Data

Main Page

ALPQC Alabama Perinatal Quality Collaborative



PDSA Cycles

Sustainable Improvement

Subject Matter Knowledge

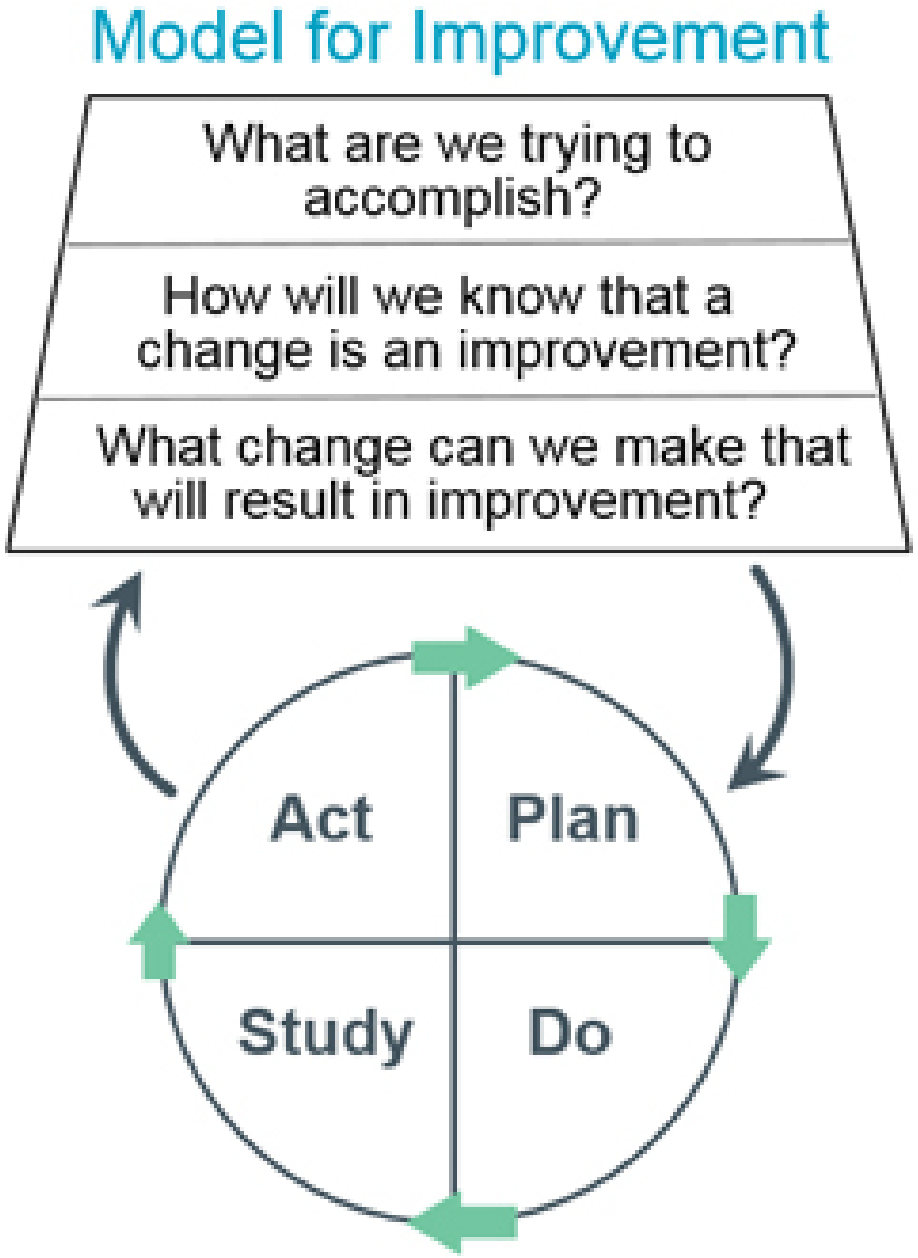
+

Knowledge for Improvement

Sustainable Improvement

- *Will* to do what it takes to change to a new system
- *Ideas* on which to base the design of the new system
- *Execution* of the ideas

Operationalizing the Model



- Setting your SMART aim
- Measurement Strategy
- Key Driver Diagram -> Change Package
- Testing Changes via PDSA cycles

SMART Aim Statement

Specific (clearly stated)
Measurable (measurable numeric goals)
Actionable (within control/influence)
Relevant (aligned with organization)
Time bound (specific time frame)

Measurement Strategy

- Reflect the aim statement
- Guide improvement and test changes
- Purpose is to enhance not learning, NOT judgement
- Measures do have limitations
- Makes improvement goal oriented

PDSA

- Happening constantly
- Not all changes result in improvement
- Important to adapt components of the change package to the actual environment
- Start with small tests of change
- PDSA **cycles**

Plan

- Assemble a team
- Identify the issue
- Ask basic questions:
  - How do we do it?
  - What are steps in the process?
  - Who should we involve?
  - How can we reduce variation in the process?
- Predict what will happen

Do

- Test your idea
- Prepare (training, resources)
- Start small (n=1); less risk, work out kinks
- Monitor your progress (continuous system)

Study

- Reflect on your test
- What has changed?
- Was it effective?
- Changes worth keeping?
- How does this differ from your prediction?

Act

- Adapt, Adopt, Abandon
- Act on your reflection
- Implement positive changes
- Consider spread
- If negative results, consider removing/revising
- Failures during testing can be useful!

TEST DETAILS
Project Name: ALPQC Hypothermia Initiative
Project SMART Aim: Reduce hypothermia by 20% within 1 year of initiative start
Test Name: Nursing implementation of broadened use of plastic wrap
Test Start Date: 4/1/2024 **Test Complete Date:** 5/1/2024
What key driver does this test impact? Delivery room management
What is the objective of the test? To standardize the use of plastic wraps at delivery in infants born between 29 and 32 weeks' gestation.

Hypothermia Prevention Key Driver Diagram

Global Aims

To optimize care delivery practices for infants born in the state of Alabama.

SMART Aims

By July 1, 2025, in infants born at 1) ≥32w GA and 2) <32w GA

1) Outcome measure: Reduce the proportion of infants that are hypothermic on admission by 20%
2) Balancing measure: Maintain the proportion of infants that are hyperthermic at delivery

Population

Infants born at delivery hospitals in the state of Alabama.

Drivers

Interventions

Readiness: Optimize preparation prior to delivery

- Standardize delivery room temperatures
- Checklist of supplies for delivery
- Pre-warm radiant warmer to 100%

Management: Optimize support throughout delivery

- Use of warm towel to receive baby
- Timely application of head cap
- Temperature check at 10 min

Debrief: Real time identification of opportunities for improvement

- Complete a debrief form for hypothermic deliveries
- In hypothermic infants, check temperature every 10 minutes until normothermic

Education: Provide resources to staff, patients, and families.

- Systematic dissemination of best care practices to stakeholders
- Systematic dissemination of hypothermia prevention performance

ALABAMA PERINATAL ALPQC QUALITY COLLABORATIVE

PLAN:			
Briefly describe the test: Given the high proportion of infants between 29 and 32 weeks' with hypothermia, we are planning to expand our use of plastic wraps in this population.			
How will you measure the success of this test? By measuring the frequency of plastic wrap use and frequency of hypothermia within this population			
What would success look like? 1) >80% of NOWS infants receiving plastic wrap exposure in the DR 2) a 10% reduction in the frequency of hypothermia in this GA range 3) no increase in the frequency			
What do you predict will happen? There may be inconsistency in the use of plastic wraps as we roll out a new process			
Plan for collection of data: Audit our random sample for the use of plastic wraps in this patient population			
Tasks:			
Name of Task	Person Responsible	Dates:	Location
Nursing Education	Barbara (nurse educator)		
Confirm higher volume of plastic wrap availability	Debbie (nurse leadership)		
Division education	Harold (physician lead		

DO:
Was the cycle carried out as planned? ☒ Yes ☐ No
Record data and observations: Some nurses were not aware of the change in this process.
What did you observe that was not part of the plan? Some DRs did not have plastic wraps available.

STUDY:
Did the results match your predictions? ☐ Yes ☒ No
Compare the result of your test to your previous performance: There was inconsistency in the use of plastic wraps in this patient population (~50%).
What did you learn? We need to identify additional opportunities to remind staff of this new process, such as morning huddles, improved education for delivery staff, and sharing data regarding our plastic wrap use with staff.

ACT: Decide to Adapt, Adopt, or Abandon
☒ Adapt: Improve the change and continue testing the plan. Plan/changes for the next test: Roll out additional reminders to staff
☐ Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability
☐ Abandon: Discard the change idea and try a different one

Q&A

Please feel free to **unmute** and ask questions

You may also enter comments or questions in the “chat” box

Reminders

- NOWS Sustainability reporting will be due April 30th
  - Reporting period: Jan-Mar 2024
  - Link sent out on April 15th

- Monthly (March) *and* Quarterly data (Jan-March) for NHP will be also be due April 30th
  - Links to all surveys sent on April 15th
  - Please let us know if you did not receive links and we will send them out ASAP

Stay Connected!

Website:
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https://twitter.com/alpqc

Next Meeting

Wednesday, May 22nd at 12pm

Thank you!

Thank you for all your hard work!!

We will see you next month!