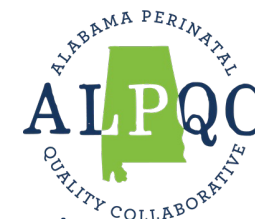




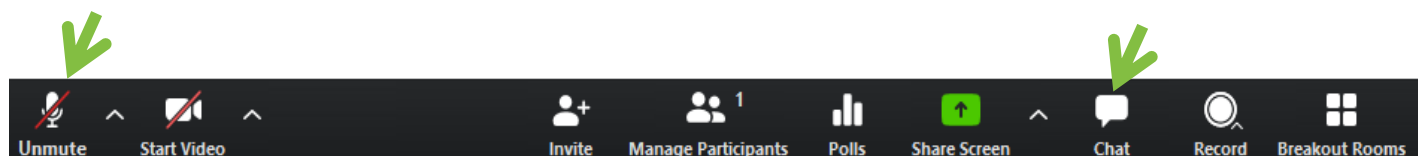
Neonatal Initiatives

Action Period Call
May 22nd, 2024
12:00 – 1:00 PM CT



Welcome

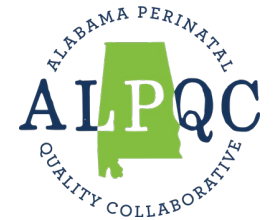
- Please type your **name** and the **organization** you represent in the chat box and send to "Everyone."
- Please click on the three dots in the upper right corner of your Zoom image, click "Rename" and put your name and organization.
- Please also do for all those in the room with you viewing the 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.



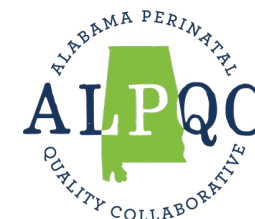
Agenda



Activity:	Time:
Welcome, Updates, & Reminders	12:00-12:05
External Speaker: Dr. Amrita Nayak	12:05-12:35
NHP March Data Review	12:35-12:45
Q&A	12:45-12:50
Reminders & Next Steps	12:50-12:55
NOWS Sustainability Data Review	12:55-1:00



Updates



Updates & Reminders

- Monthly (April) NHP data will be due May 31st
 - Links to survey sent on May 15th
 - Please let us know if you did not receive links and we will send them out ASAP
- Tableau access should be live for all hospital teams
 - If you have not received a link to access Tableau, please reach out to Caitlin (caitlinl@uab.edu) and we will get one sent out ASAP
- Quarterly Honor Roll starting in July
 - Points calculated based on April, May, and June data collection and participation in Action Period and 1:1 calls

Hospitals who have entered 100% of their Monthly Data for April
(as of 05/22/24)

1. East Alabama Medical Center (x2)

2. USA Children's and Women's Hospital

3. Madison Hospital

4. Marshall Medical North

5. Gadsden Regional Medical Center

6. Baptist Medical Center East

7. Huntsville Hospital for Women & Children (x2)

8. Jackson Hospital

9. Russell Medical Center

10. Baptist Medical Center South

11. Medical Center Enterprise

12. Brookwood Medical Center

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

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Nov	Webinar 9: TBD
Dec	

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2024

Month	January	February	March	April	May	June	July	August	Sep	October	Nov	Dec
Learning Session 1	Yes	No	No	No	No	No	No	No	No	No	No	No
Webinar 1: Why Hypothermia Matters, REDCap	No	Yes	No	No	No	No	No	No	No	No	No	No
Webinar 2: Preventing Hypothermia	No	No	Yes	No	No	No	No	No	No	No	No	No
Webinar 3: Baseline Data Review, Model for Improvement	No	No	No	Yes	No	No	No	No	No	No	No	No
Learning Session 2	No	No	No	No	Yes	No	No	No	No	No	No	No
Webinar 4: External Speaker	No	No	No	No	Yes	No	No	No	No	No	No	No
Webinar 5: Previous Initiatives	No	No	No	No	No	Yes	No	No	No	No	No	No
Webinar 6: Expanding Our Focus	No	No	No	No	No	No	Yes	No	No	No	No	No
Webinar 7: External Speaker	No	No	No	No	No	No	No	Yes	No	No	No	No
Webinar 8: TBD	No	No	No	No	No	No	No	No	Yes	No	No	No
Webinar 9: TBD	No	No	No	No	No	No	No	No	No	Yes	No	No

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Initiative Agenda

The diagram illustrates the monthly schedule for the initiative throughout 2024. It features a horizontal timeline at the top labeled with months from January to December. Below this, specific events are placed along vertical grid lines representing each month:

- January:** Learning Session 1.
- February:** Webinar 1: Why Hypothermia Matters, REDCap.
- March:** Webinar 2: Preventing Hypothermia; Webinar 3: Baseline Data Review, Model for Improvement.
- April:** Webinar 4: External Speaker.
- June:** Learning Session 2.
- July:** Webinar 5: Previous Initiatives.
- August:** Webinar 6: Expanding Our Focus; Webinar 7: External Speaker.
- October:** Webinar 8: TBD.
- November:** Webinar 9: TBD.

A dashed green line runs horizontally across the bottom of the main event area.

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External Speaker: Dr. Amrita Nayak

Improving the success rate of maintaining normothermia in the delivery room: a Quality Improvement project

Amrita Nayak MD FAAP CHSE

New York University Langone Health System – Long Island Hospital

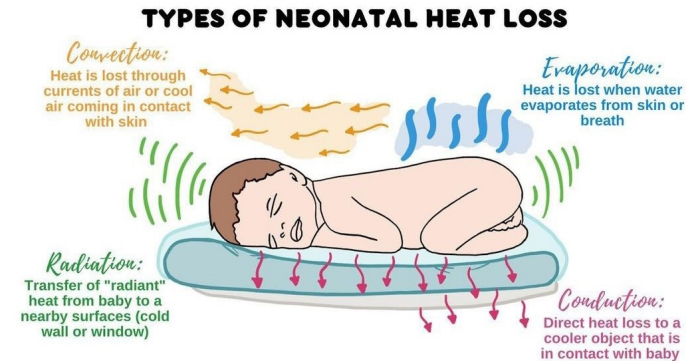
NYU Grossman Long Island School of Medicine



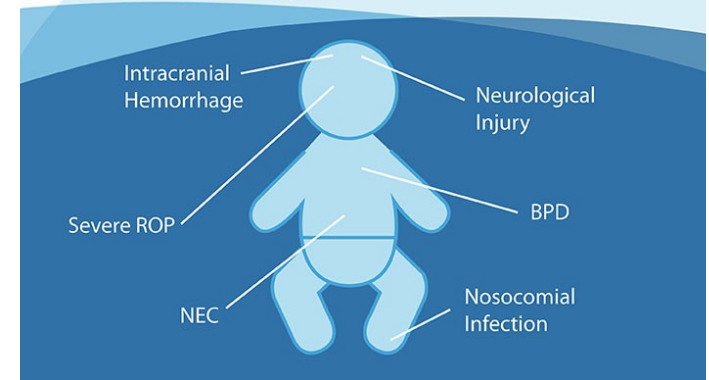
I have no relevant financial relationships to disclose

Background

- Premature babies are at increased risk of hypothermia, core body temperature $<97^{\circ}\text{F}$ due to evaporative heat loss, decreased heat production and delivery room environment.
- Cold delivery room environment may contribute and lead to complications.
- At birth, infants are covered in fluid and prone to evaporative heat loss, resulting in hypothermia.
- Term infants transition well after drying under the radiant warmer but very low birth weight infants (VLBW) cannot thermoregulate well due to minimal subcutaneous fat and immature nervous system.
- Hypothermia in VLBW infants results in many complications such as hypoglycemia, neurological impairment and longer hospital stay.
- One study demonstrated an increase in mortality of 28% with every decrease of 1°C in core body temperature.



Potential complications for cold, stressed or hypothermic babies



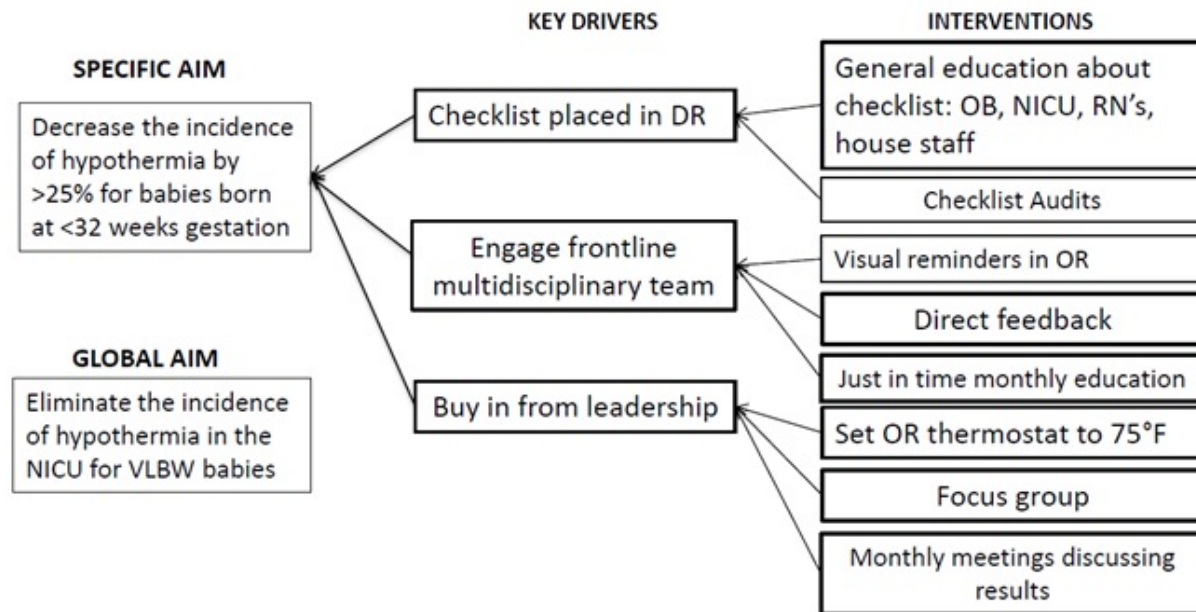
Objectives

- In a retrospective chart review among our NICU admissions in 2011, 48% of infants less than 1500 gm had admission temperatures less than 36° C compared to the 25% in the Vermont Oxford Network.(National database)
- The objective of this study was to reduce hypothermia in VLBW infants by 25% in 2012.

Key Driver Diagram

Key Driver Diagram

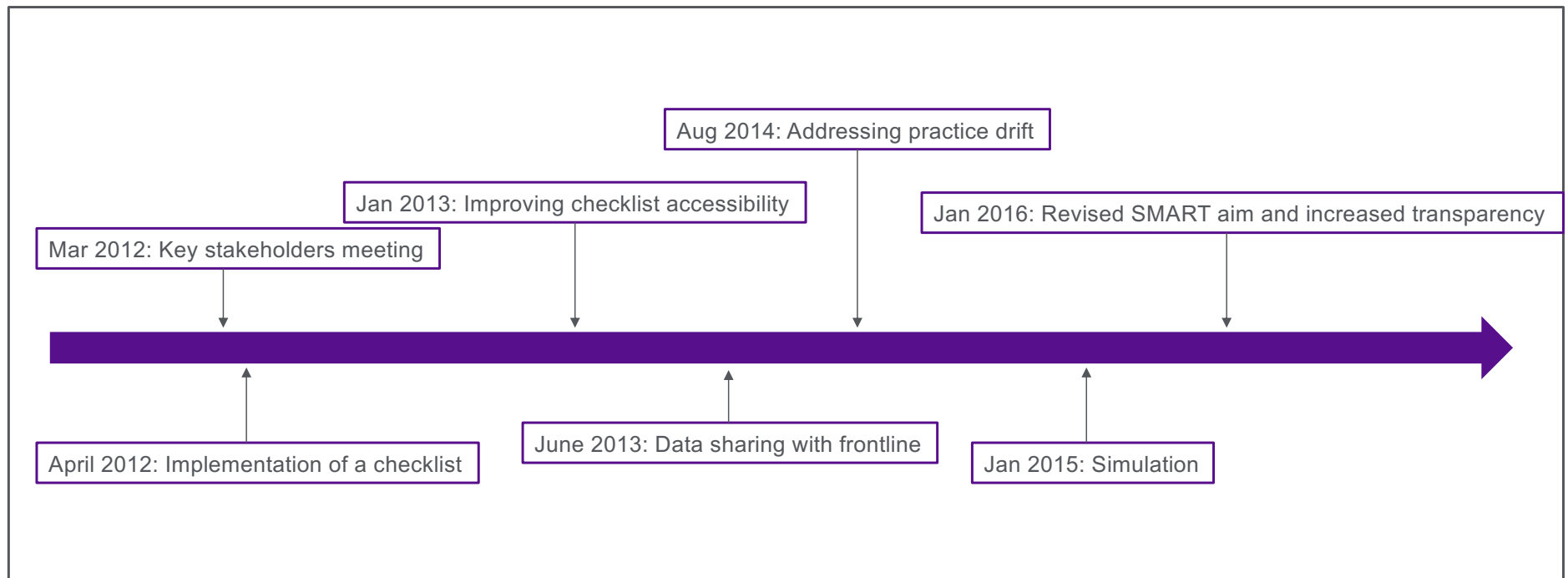
A Quality Improvement Initiative to Improve Rates of Normothermia in the Delivery Room



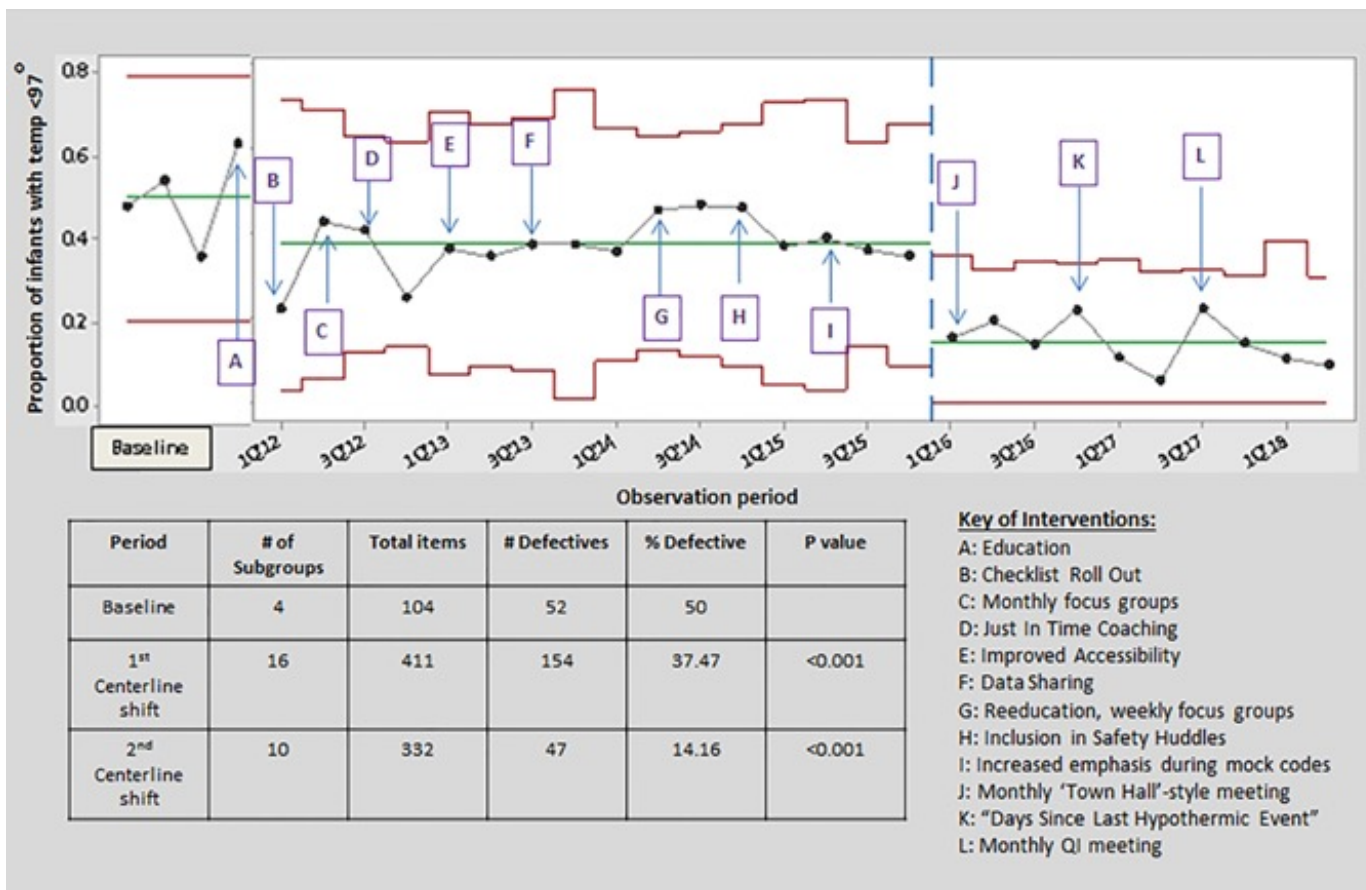
Checklist

Premature Infants <32 weeks GA Delivery Room Checklist			
Patient Name:		MR#	Date:
	Before Delivery:		
1	NICU Charge Nurse and Respiratory Therapy aware of pending delivery/admission	YES	NO
2	OR Temperature set at 75°F	YES	NO
3	OR Temperature at time of delivery	Temperature:	
4	Infant warmer turned on	YES	NO
5	Warm blankets under radiant warmer	YES	NO
6	Gel pad placed under infant	YES	NO
7	Polyethylene bag on warm blankets	YES	NO
8	Temperature probes plugged into warmer	YES	NO
9	Transport incubator turned on	YES	NO
	After Delivery:		
10	Rectal temperature within 30 minutes of birth	Temperature:	

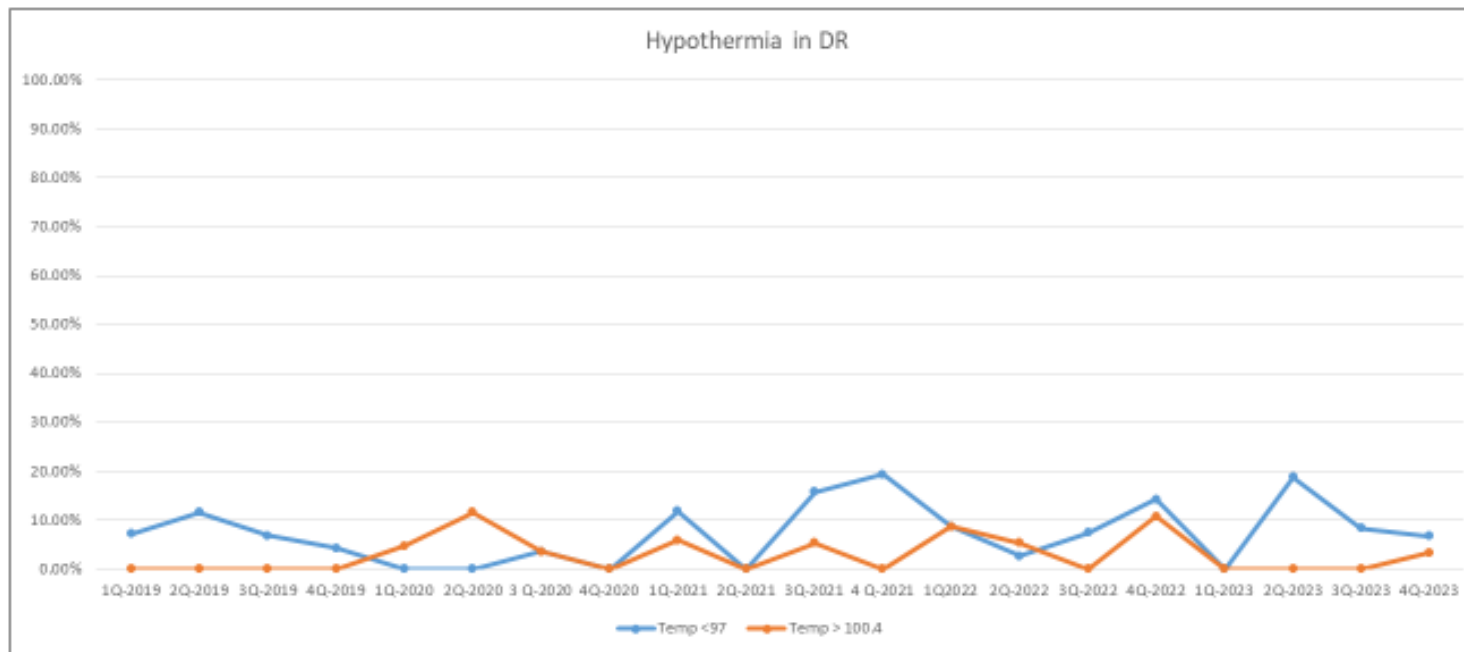
Time line of interventions



Results



Through the years....



1Q-2018	2Q-2018	3Q-2018	4Q-2018	1Q-2019	2Q-2019	3Q-2019	4Q-2019	1Q-2020	2Q-2020	3Q-2020	4Q-2020	1Q-2021	2Q-2021	3Q-2021	4Q-2021	1Q-2022	2Q-2022	3Q-2022	4Q-2022	1Q-2023	2Q-2023	3Q-2023	4Q-2023
10.53%	8.89%	17.95%	3.23%	7.14%	11.54%	7%	4%	0%	0.00%	3.57%	0.00%	11.76%	0.00%	15.79%	19.35%	8.70%	2.63%	7.41%	14.29%	0.00%	18.75%	8.33%	6.67%
5.26%	2.22%	0.00%	0.00%	0.00%	0.00%	0%	0%	4.76%	11.54%	3.57%	0.00%	5.88%	0.00%	5.26%	0.00%	8.70%	5.26%	0.00%	10.71%	0.00%	0.00%	0.00%	3.33%

VON data

	VON 2022	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Temp< 36	12.6	38.6	33.8	22.2	10.1	11.1	7.9	5.9	5.1	10.4	10.3	12.6
Temp> 37.5	6.5	3.4	2.8	6.2	9.1	6.5	14.6	16.2	17.9	23.4	6.9	6.5

slido



Audience Q&A Session

① Start presenting to display the audience questions on this slide.

slido



How many feel that there is push back from the L and D in terms of OR temp

ⓘ Start presenting to display the poll results on this slide.

slido



Buy in from leadership

① Start presenting to display the poll results on this slide.

slido



Is there a point QI person to contact if there is a hypothermic infant in the NICU on admission

① Start presenting to display the poll results on this slide.

slido



Is there a PSI placed every time there is a hypothermic infant?

ⓘ Start presenting to display the poll results on this slide.

Conclusions

- Collaboration between the OB and NICU teams was very important to make this project successful.
- Compliance with the checklist was essential to evaluate the gap in maintaining normothermia
- Buy in from engineering to set the room temp at 75 F for any preterm delivery < 32 weeks.
- Timely huddles with interdisciplinary groups to hardwire the protocol
- ACA for every baby who is hypothermic till the incidence decreases
- Re-education at regular intervals

Future Directions

- We have extended our success in delivery room thermoregulation through the years to include post op management, well baby nursery, recovery room and ED.
- We use checklists and protocols to decrease hypothermia system wide in the neonatal population.

A Quality Improvement Intervention to Decrease Hypothermia in the Delivery Room Using a Checklist

Alexandra Vinci, MD, FAAP¹; Shahidul Islam, MPH, PStar®¹; Lyn Quintos-Alegheband, MD¹; Nazeeh Hanna, MD¹; Amrita Nayak, MD¹

Abstract
Introduction: Premature babies are at increased risk of hypothermia, core body temperature <37°C. Delivery room environment may contribute and lead to complications. The objective was to reduce hypothermia in babies <32 weeks of gestation in the delivery room to <40% using a checklist and sustain it for 6 months. **Methods:** We created a delivery room checklist in 2012. Chart review established a baseline rate of hypothermia (<37°C). The team analyzed the checklist's effect on hypothermia from 2012 to 2016 and utilized numerous interventions to maintain compliance. Chi-square test and Fisher's exact test analyzed hypothermia and hypothermia as a balancing measure. All calculations performed in SAS 9.3. **Results:** The checklist reduced hypothermia from a baseline of 50% in 2011 (n = 104) to 35% in 2012 (n = 106). In 2013, the proportion of hypothermia slightly increased to 36% (n = 81). The year 2014 brought larger gains, and proportion of hypothermia increased to 44% (n = 117). In 2015, we reinforced the use of the checklist and proportion of hypothermia improved to 36% (n = 90). Further interventions through 2016 decreased hypothermia further to 14% to achieve statistical significance. **Conclusions:** A checklist is a simple tool that may yield beneficial changes in practice and helped to decrease the proportion of neonatal hypothermia. *Pediatr Qual Saf* 2018;6(3):e125. doi: 10.1097/pq9.000000000000125. Published online December 6, 2018.

INTRODUCTION

Hypothermia is a complication of prematurity that results in increased morbidity and mortality. It may lead to unwanted outcomes, such as hypoglycemia, acidosis, neurological deficits, intraventricular hemorrhage, and longer hospital stays.¹⁻⁴ One study demonstrated an increase in mortality of 24% with every decrease of 1°C in core body temperature.⁵ Premature newborns are susceptible to hypothermia for various reasons. Gestational



From the NYU Winthrop Hospital Children's Medical Center, Mineola, NY, 1; and 1State University of New York (SUNY) Downstate Medical College, Brooklyn, NY. Received at the Eastern Society of Pediatric Research, March 2016; Winthrop University Hospital Annual Research Day, April 2016; Winthrop University Hospital Quality Symposium, November 2016; Eastern Society of Pediatric Research, March 2016; and Pediatric Academic Society, April 2016.

Corresponding author: Address: Amrita Nayak, MD, Department of Pediatrics, NYU Winthrop Hospital, 259 First Street, Mineola, NY 11501 (E: 516-641-5863; Fax: 516-663-5855; Email: amrita.nayak@nyulangone.org).

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To cite: Vinci A, Islam S, Quintos-Alegheband L, Hanna N, Nayak A. A Quality Improvement Intervention to Decrease Hypothermia in the Delivery Room Using a Checklist. *Pediatr Qual Saf* 2018;6(3):e125.

Received for publication March 20, 2018; Accepted October 30, 2018. Published online December 6, 2018.

DOI: 10.1097/pq9.000000000000125

Vinci A, Islam S, Quintos-Alegheband L, Hanna N, Nayak A. A Quality Improvement Intervention to Decrease Hypothermia in the Delivery Room Using a Checklist. *Pediatr Qual Saf*. 2018 Dec 6;3(6):e125. doi: 10.1097/pq9.000000000000125. PMID: 31334457; PMCID: PMC6581478.

Hanna M, Htun Z, Islam S, Hanna N, Kothari U, Nayak A. A Quality Improvement Initiative to Improve Perioperative Hypothermia Rates in the NICU Utilizing Checklists. *Pediatr Qual Saf*. 2020 Sep 2;5(5):e367. doi: 10.1097/pq9.000000000000367. PMID: 33062906; PMCID: PMC7470004.

Joseph N, Dror T, Takhalova E, Kamity R, Kothari U, Connolly A, Hanna N, Nayak A. A quality improvement initiative to reduce hypothermia in a Baby-Friendly nursery – our story of algorithms, K-cards, and Key cards. *J Perinatol*. 2021 Jul;41(7):1760-1768. doi: 10.1038/s41372-021-01073-y. Epub 2021 May 13. PMID: 33986475.

A Quality Improvement Initiative to Improve Perioperative Hypothermia Rates in the NICU Utilizing Checklists

Morcos Hanna, DO¹; Zeyar Htun, DO¹; Shahidul Islam, DrPH, MPH¹; Nazeeh Hanna, MD¹; Ulka Kothari, MD¹; Amrita Nayak, MD¹

ABSTRACT

Background: Premature infants are at high risk for heat loss. Infants undergoing surgical procedures outside of the neonatal intensive care unit have an increased risk of hypothermia. Hypothermia can lead to delayed recovery, hypoglycemia, metabolic acidosis, sepsis, and end-organ stress for the patients. We aimed to reduce the incidence of hypothermia for infants undergoing surgical procedures from a baseline of 44.4% to less than 25% over 3 years (2016–2018) with the utilization of a checklist and education. **Methods:** We conducted a retrospective chart review for all infants undergoing surgical procedures from 2014 to 2015 and prospective data for 2016–2018. Next, we created a multidisciplinary team, educated staff members, and instituted a checklist comprising 9 tasks. We conducted Plan-Do-Study-Act cycles quarterly and audited checklist compliance monthly. **Results:** From 2014 to 2015, the total incidence of perioperative hypothermia was 44.4% (n = 54). After the initiation of the checklist, the overall incidence of hypothermia decreased to 25.4% (n = 124, P = 0.007). Hypothermia occurred most frequently while the patient was in the operating room. Furthermore, we noticed that hypothermia was significantly associated with neonates requiring emergency procedures. There was an inverse correlation between overall compliance with checklist usage and the incidence of hypothermia. **Conclusions:** A checklist is a useful and simple tool for maintaining an optimal temperature for postoperative neonates. Frequent re-education and enforcement of the protocol is necessary. Overall, implementation of the checklist, along with regular education, decreased the total incidence of perioperative hypothermia in the neonatal intensive care unit. *Pediatr Qual Saf* 2020;5(5):367. doi: 10.1097/pq9.000000000000367. Published online September 2, 2020.

INTRODUCTION

Infants admitted to the neonatal intensive care unit (NICU), particularly low-birth-weight infants, have a limited capacity to thermoregulate and are at risk for developing hypothermia.¹ These infants are also prone to rapid heat loss due to internal factors such as high body-surface-area to weight ratio,² reduced glycogen and fat



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Published online September 2, 2020.

DOI: 10.1097/pq9.000000000000367

stores, higher body water content, immature skin leading to increased evaporative and heat loss, as well as a poor metabolic mechanism for responding to thermal stress (eg, no shivering).³ Infants undergoing surgical procedures outside of the NICU have an augmented risk of hypothermia.⁴ This risk is due to suboptimal thermal environments within the operating room (OR) and during transportation to and from the OR. Hypothermia in the newborn period is associated with increased morbidity and mortality.⁵⁻¹¹ Cold stress in neonates causes increased sympathetic activity and norepinephrine release. This response increases cellular metabolism as the newborn tries to stay warm.¹² The increased metabolism results in increased oxygen and substrate consumption, putting the newborn at risk for hypoxia, cardiorespiratory complications, and metabolic acidosis. These newborns are also at risk for hypothermia because of the increased glucose consumption necessary for heat production.¹³

Perioperatively, the consequences of hypothermia include patient discomfort, placental dysfunction, coagulopathy,¹⁴ and increased peripheral vasoconstriction associated with a higher risk of wound infection.¹⁵⁻¹⁸ One research study investigating the impact of perioperative



A quality improvement initiative to reduce hypothermia in a Baby-Friendly nursery – our story of algorithms, K-cards, and Key cards

Noel Joseph¹, Tal Dror², Eva Takhalova², Ranjith Kamity², Ulka Kothari², Aiena Connolly², Nazeeh Hanna², Amrita Nayak²

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Abstract

Background Baby-Friendly hospitals encourage rooming-in newborns with mothers. In our institution, we noticed increased incidence of hypothermia following Baby-Friendly designation. We aimed to reduce the incidence of hypothermia in the mother-baby-unit to <15% and to decrease the rate of isolated hypothermia admissions to the neonatal intensive care unit (NICU) by 20% over two years.

Methods After a retrospective review of newborns >35 weeks gestation in the mother-baby-unit with hypothermia, we implemented multiple interventions such as nursing education, hypothermia algorithm, Kamishibai cards, and Key cards. **Results** Hypothermia incidence in the mother-baby-unit decreased from 20.5 to 14.5% (p < 0.001) and infants requiring NICU admission decreased by 71% (p < 0.001) following all interventions. Apart from nursing education, all interventions led to significant reductions in both outcomes from baseline.

Conclusion Instituting a hypothermia algorithm and utilizing K-cards and Key cards reduces the incidence of hypothermia in the mother-baby-unit and NICU admissions for isolated hypothermia.

Introduction

Newborns are susceptible to hypothermia (temperature < 97.7°F) due to their large surface area to body weight ratio, reduced glycogen and fat stores, immaturity of compensatory mechanisms and environmental factors that promote heat loss [1]. Upon exposure to a hypothermia-inducing stressor in the infant, compensatory mechanisms increase the metabolic rate to maintain normothermia. During this process, infants utilize reserve substrates, such as carbohydrates, which predispose them to become hypoglycemic. Oxygen

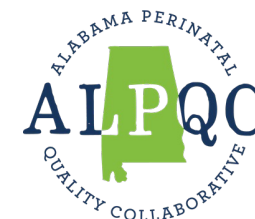
demand also increases, leading to metabolic acidosis and respiratory distress [2]. These infants are also at risk for poor feeding. Hypothermia can also be a risk factor for clinical signs of sepsis in the neonate and as a result these infants are often admitted to the Neonatal Intensive Care Unit (NICU) from the Mother-Baby Unit (MBU) for evaluation and management of suspected sepsis, thereby increasing the emotional stress among parents during this time [3].

Frequent skin-to-skin contact (SSC) has been proven to reduce hypothermia in the newborn. In a randomized controlled trial by Nishabaker et al. 2014, newborns weighing >1800 g who were not exposed to SSC had 8.0 times the risk of hypothermia (95% CI 1.94–32.99) compared to those who were exposed to SSC [4]. Early SSC has also been shown to improve breastfeeding outcomes [5]. Early SSC is one of the ten key steps in the Baby-Friendly Hospital Initiative (BFHI) launched by the World Health Organization (WHO) and United Nations Children's Fund in 1991 to promote exclusive breastfeeding [6]. This initiative involves rooming newborn infants with their mothers full-time, thereby encouraging frequent SSC and potentially reducing the incidence of hypothermia.

Currently, there is limited data on the impact of Baby-Friendly units on hypothermia rates in the newborn. In



thank
you



CEUs for today's presentation

To receive CEUs for attending today's presentation by Dr. Nayak, please use the QR code below to fill out the survey:



[Qualtrics Survey | Qualtrics Experience Management](#)



Poll Questions

- 1. I have accessed our hospital dashboard and shared it with my hospital team
 - A. Yes
 - B. No

- 2. If you have NOT accessed your hospital dashboard, are you aware of how to do so?
 - A. Yes
 - B. No
 - C. N/A



March Data Review Levels 1 and 2



ALPQC NHP

(From December, 2023 to March, 2024)

Hide Filters

Measure Names

- All-Hospitals
- ZN([User Fix HospThermia O..

Your Hospital: No Hospital

Race: All

Birth Wt: All

Date: March, 2024

GA: All

Levels: All

Navigation Tabs

Raw Temp

Control Charts

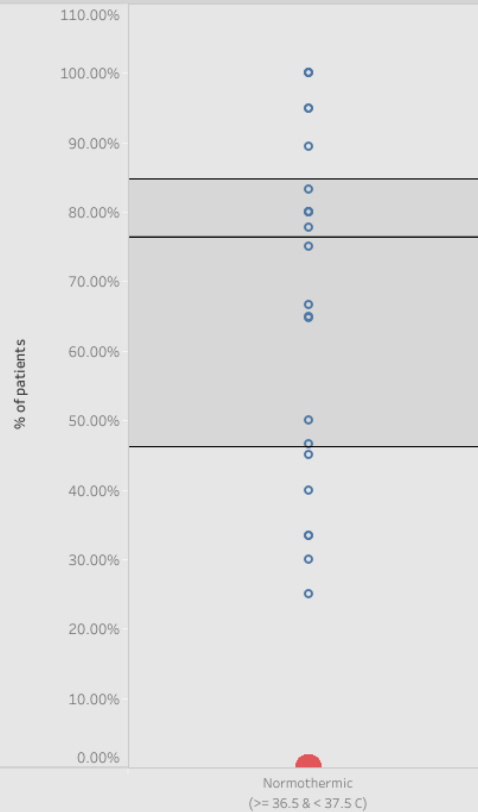
Race/Ethnicity Data

Structural

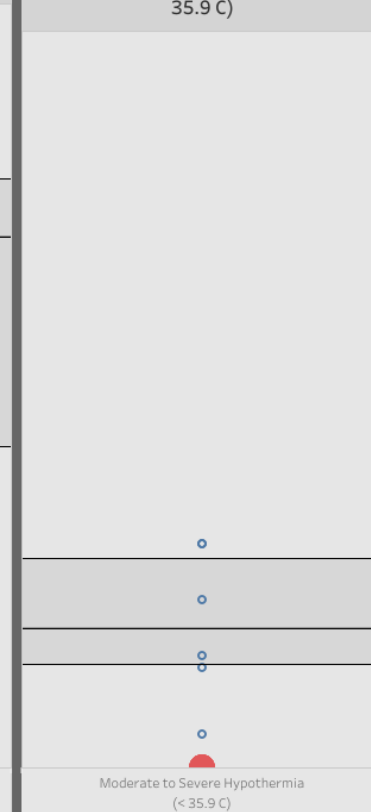
Main Page



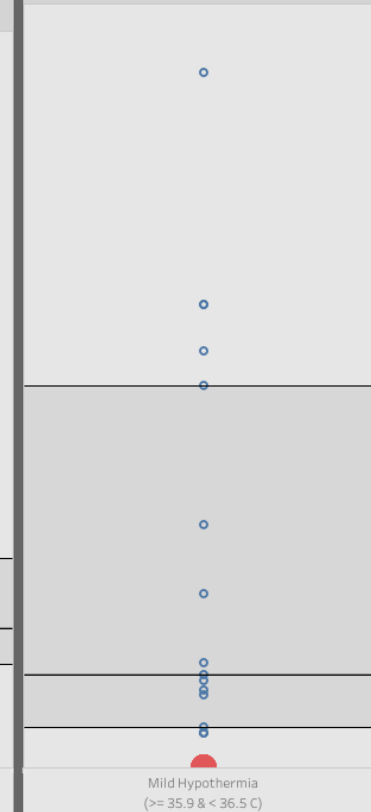
Normothermic (≥ 36.5 & < 37.5 C)



Moderate to Severe Hypothermia (< 35.9 C)



Mild Hypothermia (≥ 35.9 & < 36.5 C)



Hyperthermia (≥ 37.5 C)



ALPQC NHP

(From December, 2023 to March, 2024)

Hide Filters

Legends

- Lower Control Limit
- Upper Control Limit
- Your Hospital

All Hospitals

Your Hospital No Hospital

Outcomes Any Hypothermia

Thermias Multiple values

Race All

Birth Wt All

GA All

DeliveryMode All

Date Multiple values

Only Your H.. All

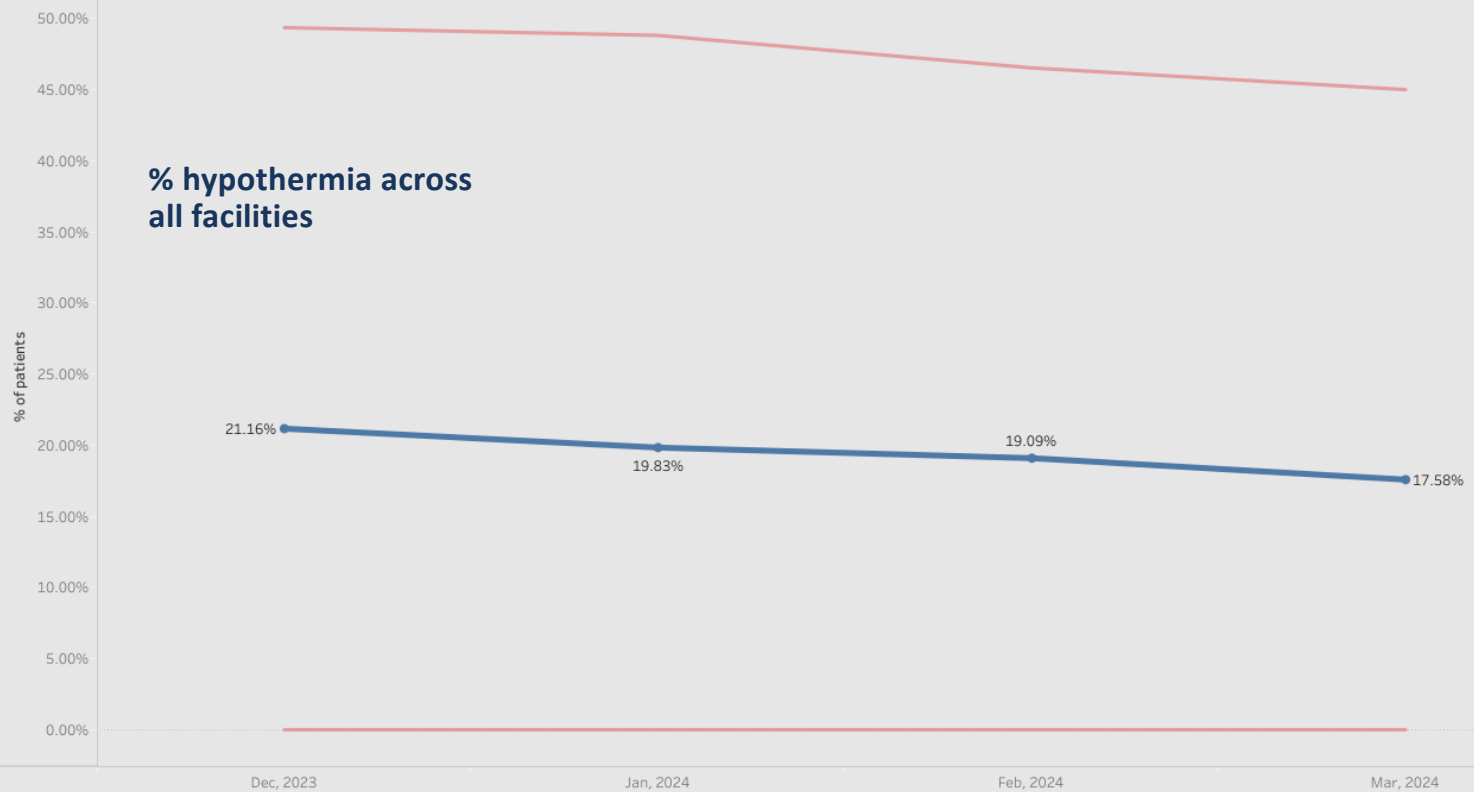
Race/Ethnicity Data

Structural

Main Page



Control Charts: All Hospitals Vs. Your Hospital



ALPQC NHP

(From December, 2023 to March, 2024)

Hide Filters

Legends

- Lower Control Limit
- Upper Control Limit
- Your Hospital

All Hospitals

Your Hospital No Hospital

Outcomes Hyperthermia

Thermias Hyperthermia (>= ..

Race All

Birth Wt All

GA All

DeliveryMode All

Date Multiple values

Only Your H.. All

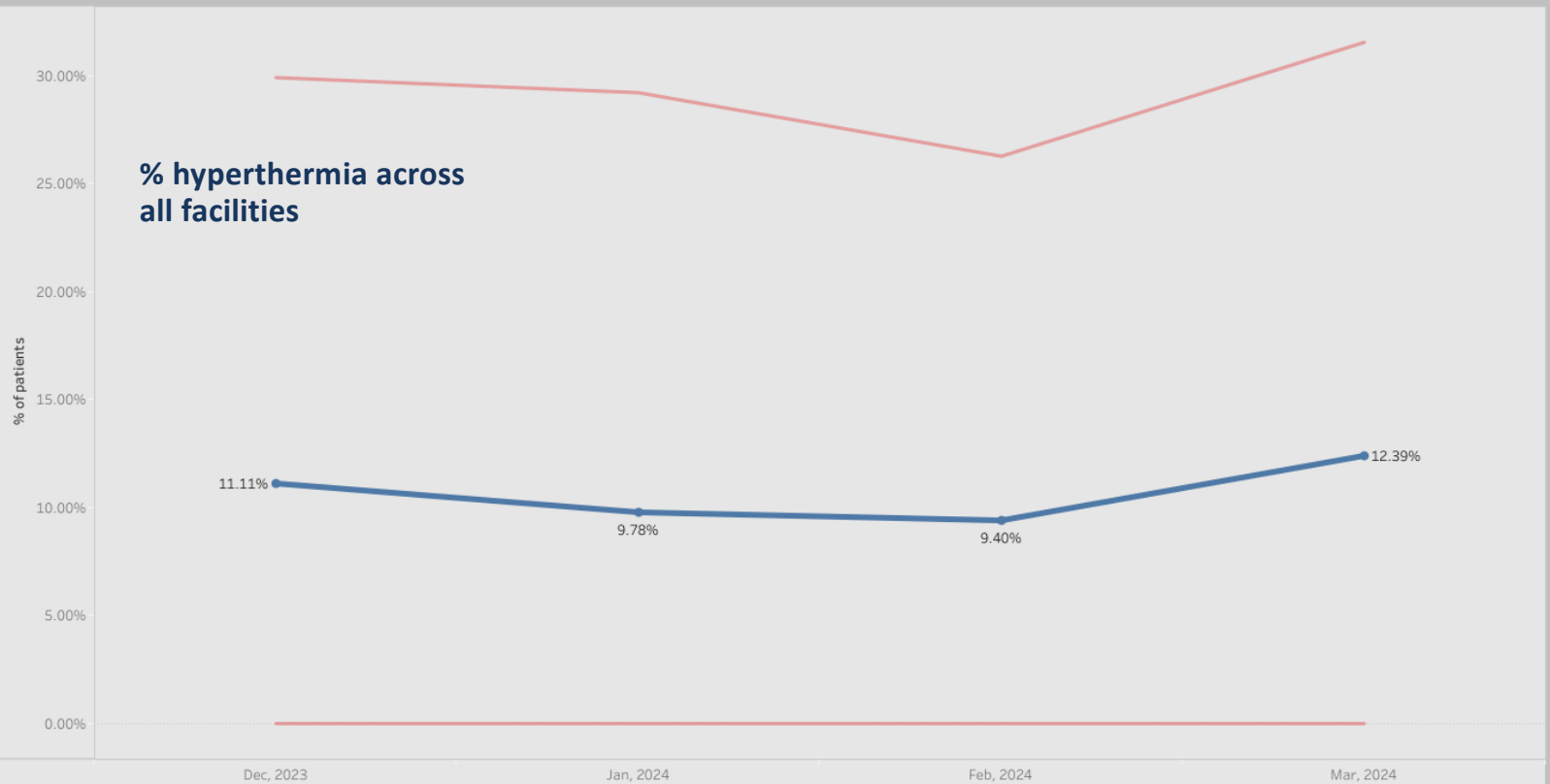
Race/Ethnicity Data

Structural

Main Page



Control Charts: All Hospitals Vs. Your Hospital





March Data Review Levels 3 and 4



ALPQC NHP (Golden Hours)

(From December, 2023 to March, 2024)

Hide Filters

Legends

All Hospitals

ZN([User Fix Hosp04CPAP O..

Your Hospital

No Hospital

Date

March, 2024

Race

All

Birth Wt

All

GA

All

Temp page

Control Charts

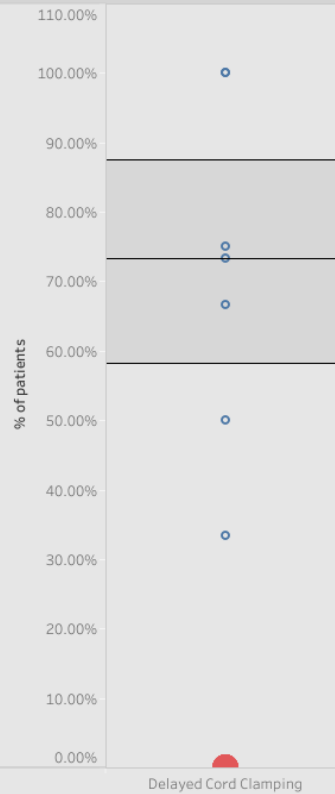
Race/Ethnicity Data

Stuctural

Main Page

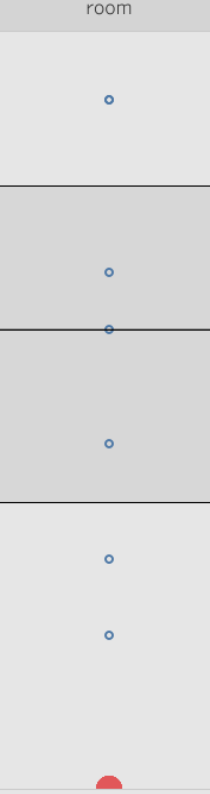


Delayed Cord Clamping



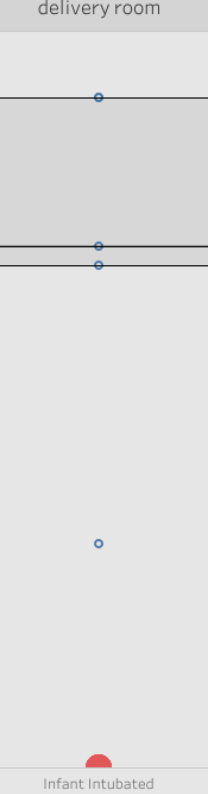
Delayed Cord Clamping

CPAP used in delivery room



CPAP used

Infant intubated in delivery room



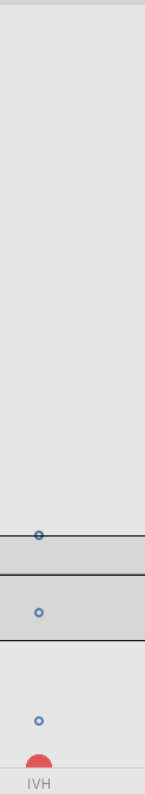
Infant Intubated

Hypothermia



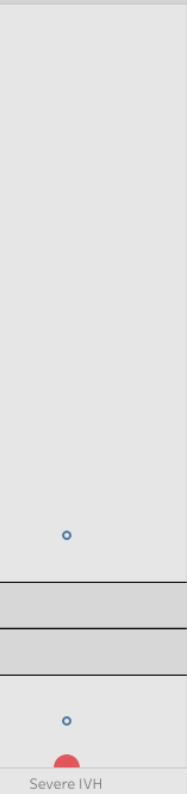
Hypothermia

IVH



IVH

Severe IVH



Severe IVH

ALPQC NHP (Golden Hours)

(From December, 2023 to March, 2024)

Hide Filters

Legends

- Lower Control Limit
- Upper Control Limit
- Your Hospital

All Hospitals

Your Hospital No Hospital

Outcomes O3, DCC

Termias All

Race All

Birth Wt All

DeliveryMode All

GA All

Date Multiple values

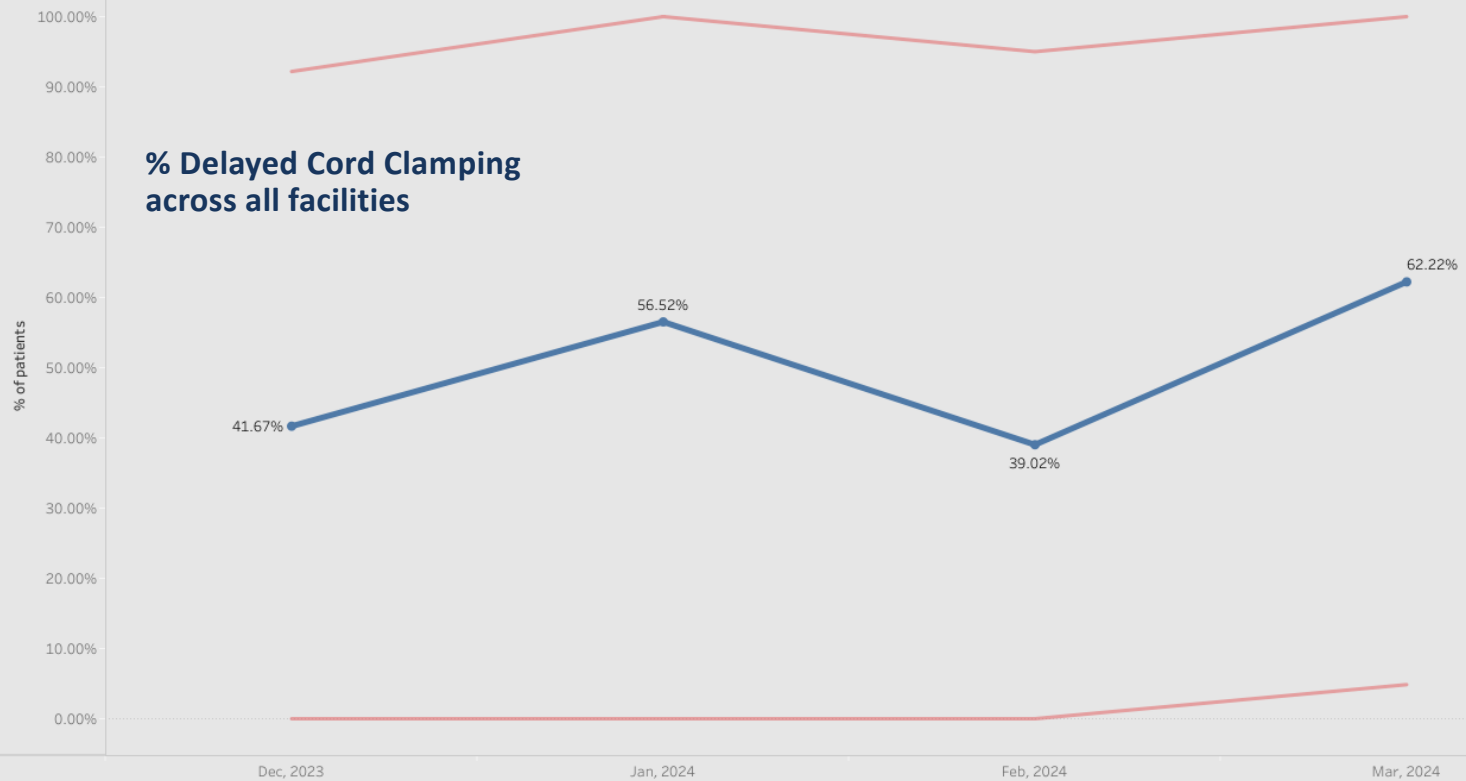
Only Your H.. All

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

Your Hospital No Hospital

Outcomes O4, CPAP

Thermas All

Race All

Birth Wt All

DeliveryMode All

GA All

Date Multiple values

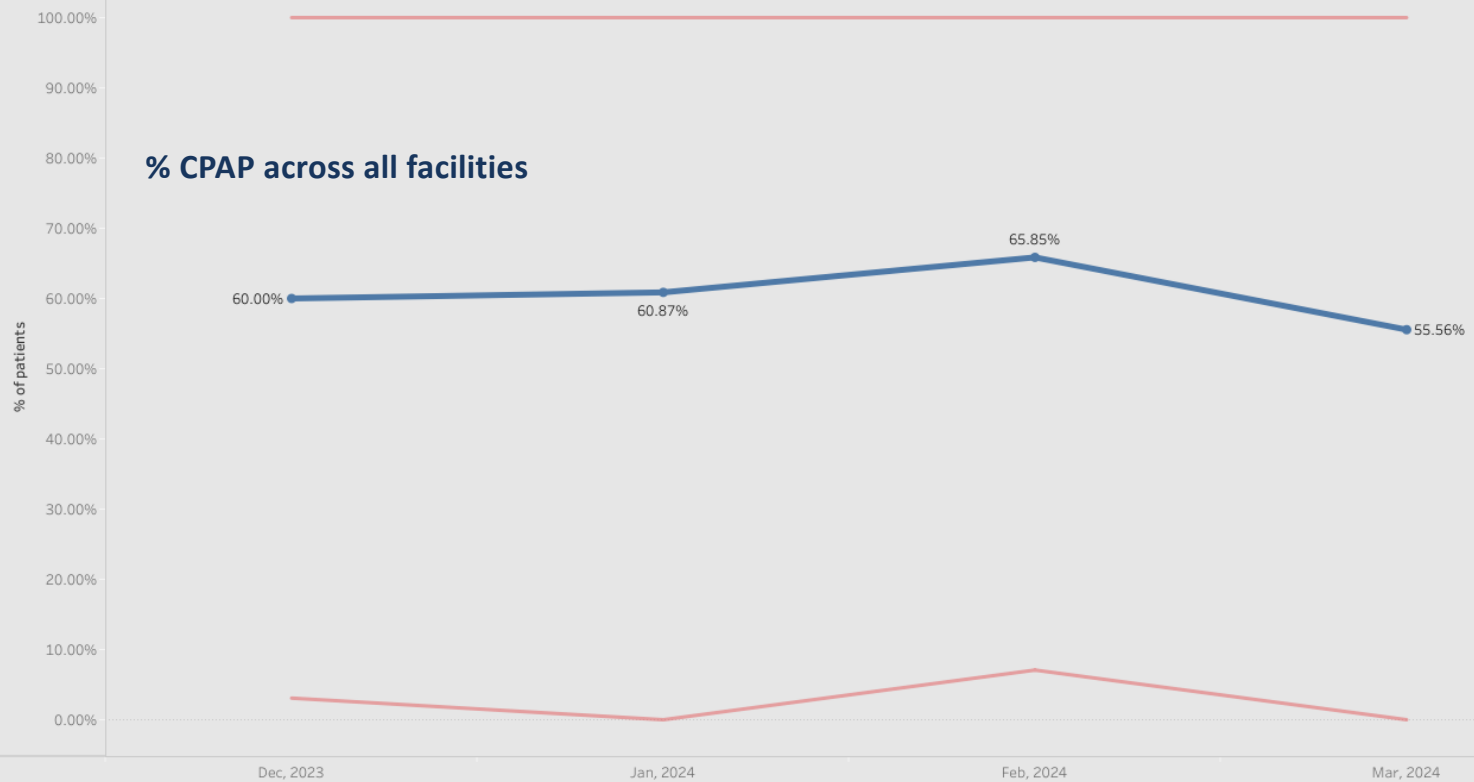
Only Your H.. All

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

Your Hospital No Hospital

Outcomes OS, Intubation

Term/vars All

Race All

Birth Wt All

DeliveryMode All

GA All

Date Multiple values

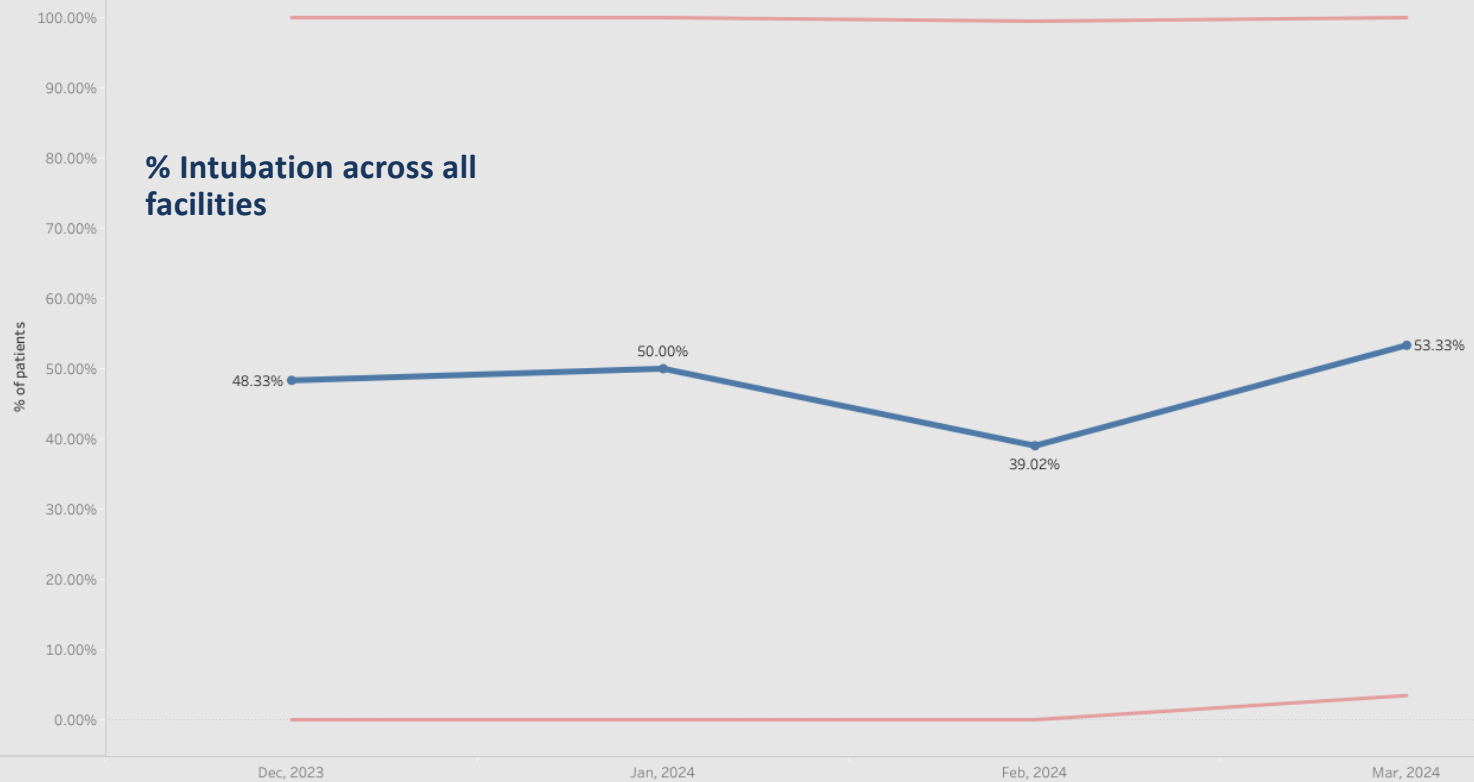
Only Your H.. All

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

Your Hospital No Hospital

Outcomes O6, IVH

Termias All

Race All

Birth Wt All

DeliveryMode All

GA All

Date Multiple values

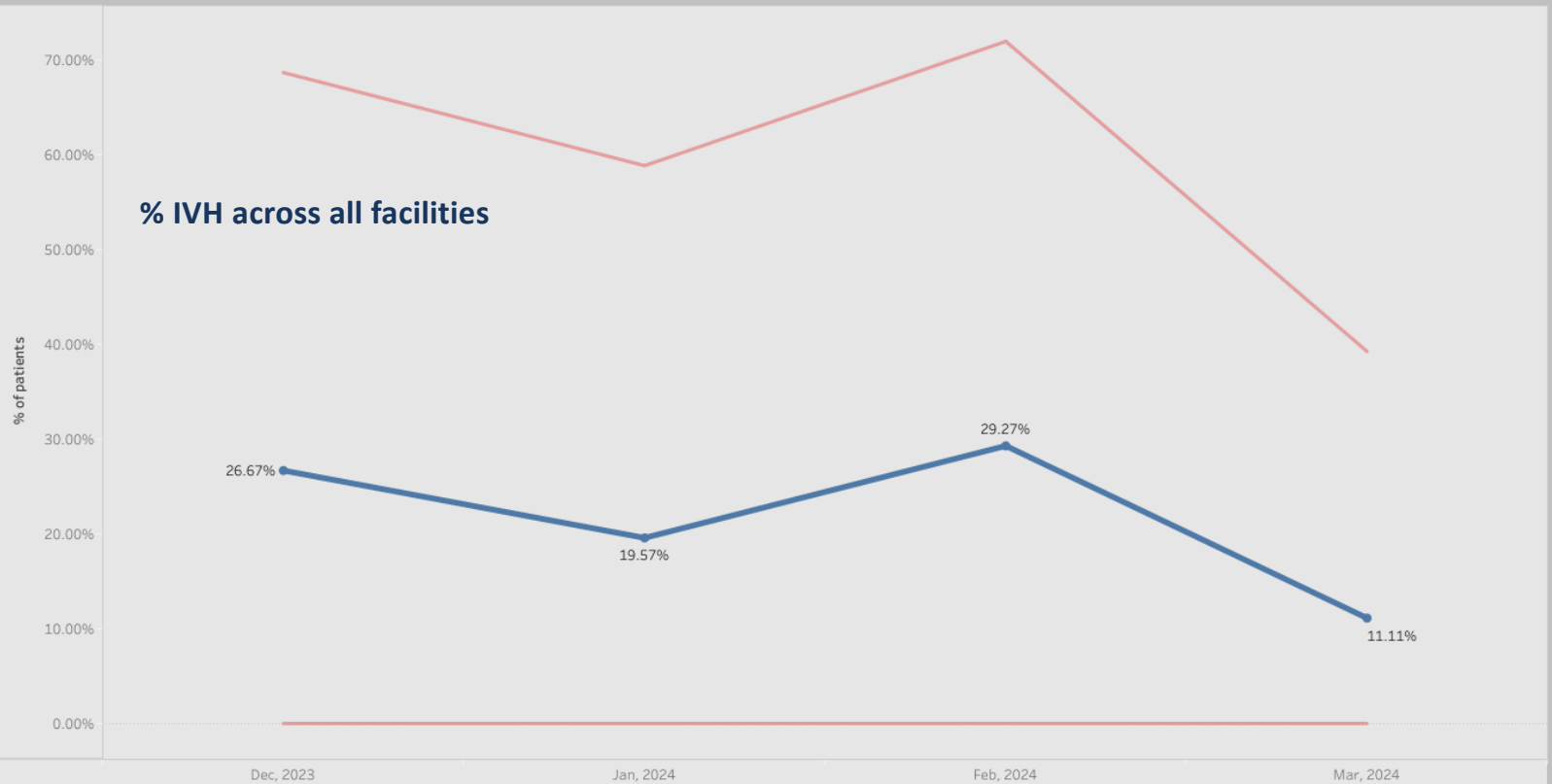
Only Your H.. All

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

Your Hospital No Hospital

Outcomes O6a. IVH Severe

Termias All

Race All

Birth Wt All

DeliveryMode All

GA All

Date Multiple values

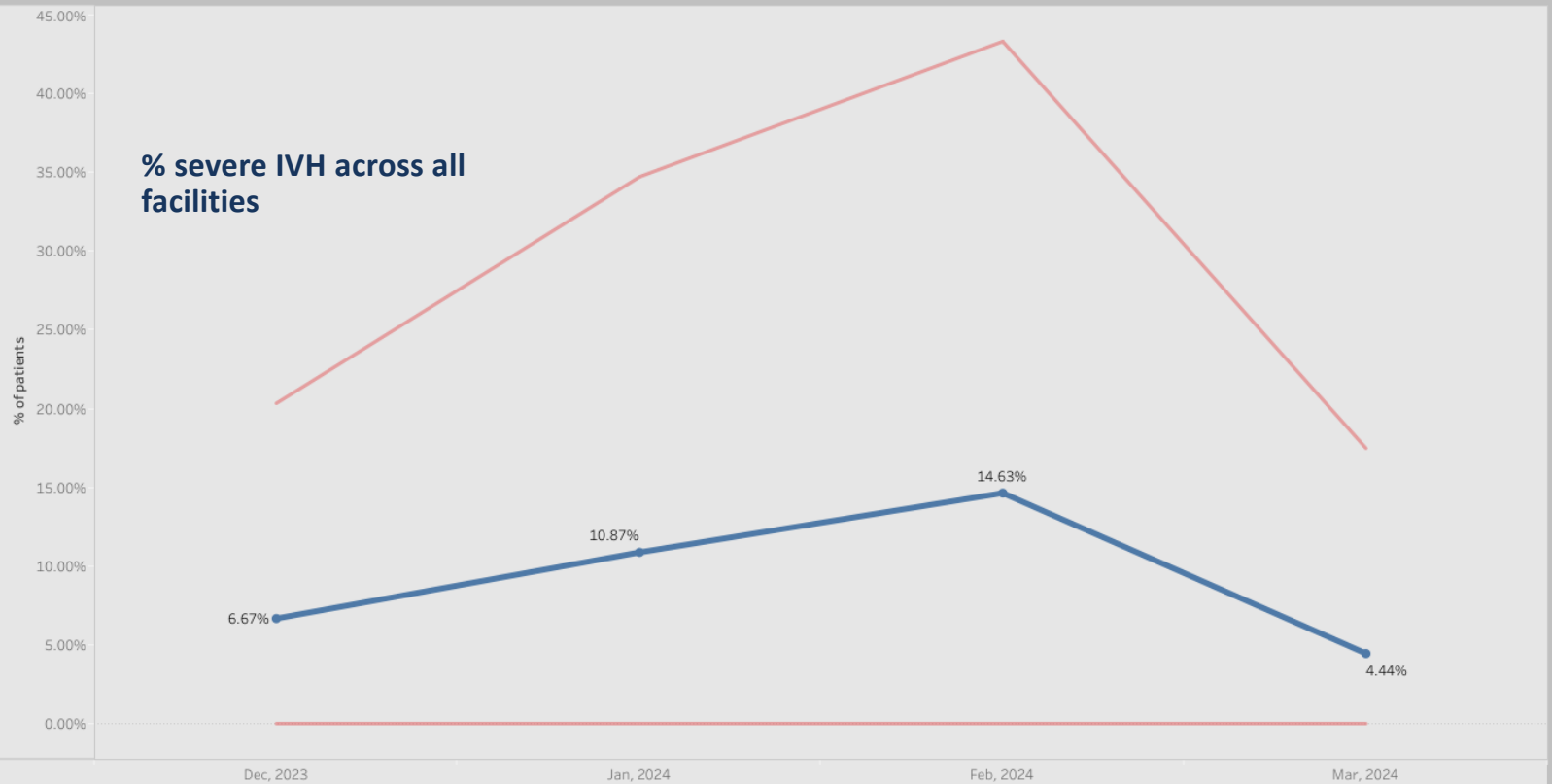
Only Your H.. All

Race/Ethnicity Data

Main Page



Control Charts: All Hospitals Vs. Your Hospital



ALPQC NHP (Golden Hours)

(From December, 2023 to March, 2024)

Hide Filters

Measure Names

- All-Hospitals
- ZN([User Fix HospThermia O..

Your Hospital
No Hospital

Birth Wt
All

GA
All

Date
March, 2024

Race
All

Temp page

Control Charts

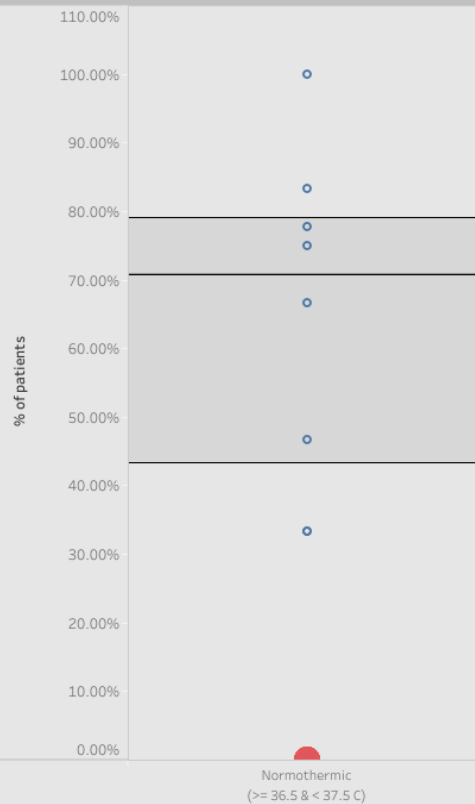
Race/Ethnicity Data

Structural

Main Page

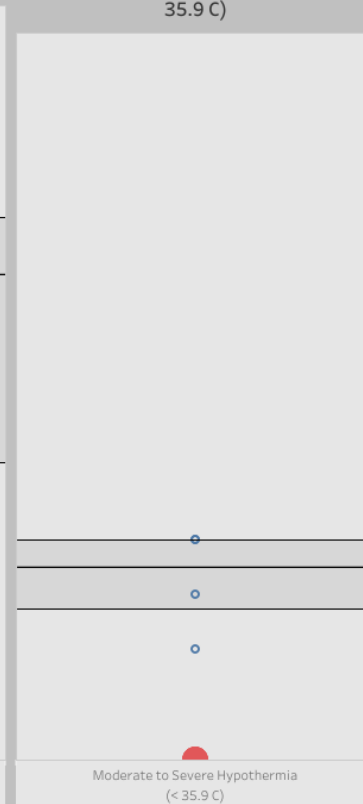


Normothermic (≥ 36.5 & < 37.5 C)



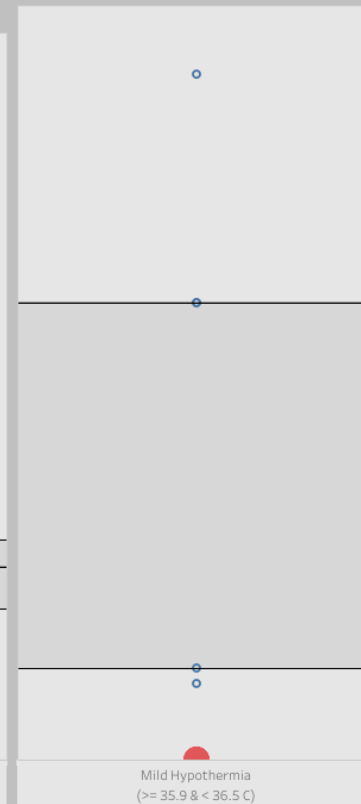
Normothermic
(≥ 36.5 & < 37.5 C)

Moderate to Severe Hypothermia (< 35.9 C)



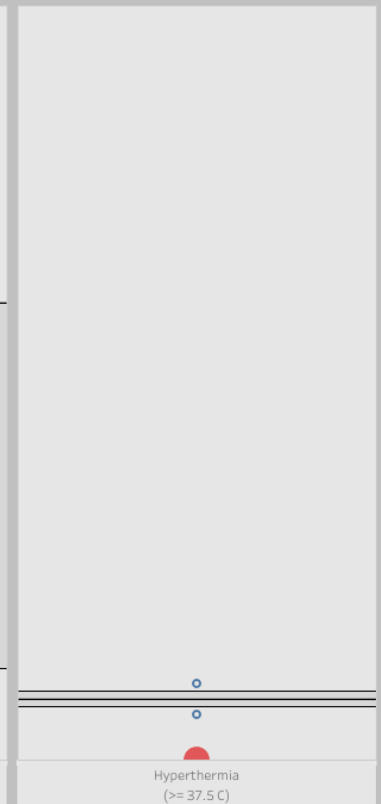
Moderate to Severe Hypothermia
(< 35.9 C)

Mild Hypothermia (≥ 35.9 & < 36.5 C)



Mild Hypothermia
(≥ 35.9 & < 36.5 C)

Hyperthermia (≥ 37.5 C)



Hyperthermia
(≥ 37.5 C)

ALPQC NHP (Golden Hours)

(From December, 2023 to March, 2024)

Hide Filters

Legends

- Lower Control Limit
- Upper Control Limit
- Your Hospital

All Hospitals

Your Hospital No Hospital

Outcomes Any Hypothermia

Thermias Multiple values

Race All

Birth Wt All

DeliveryMode All

GA All

Date Multiple values

Only Your H.. All

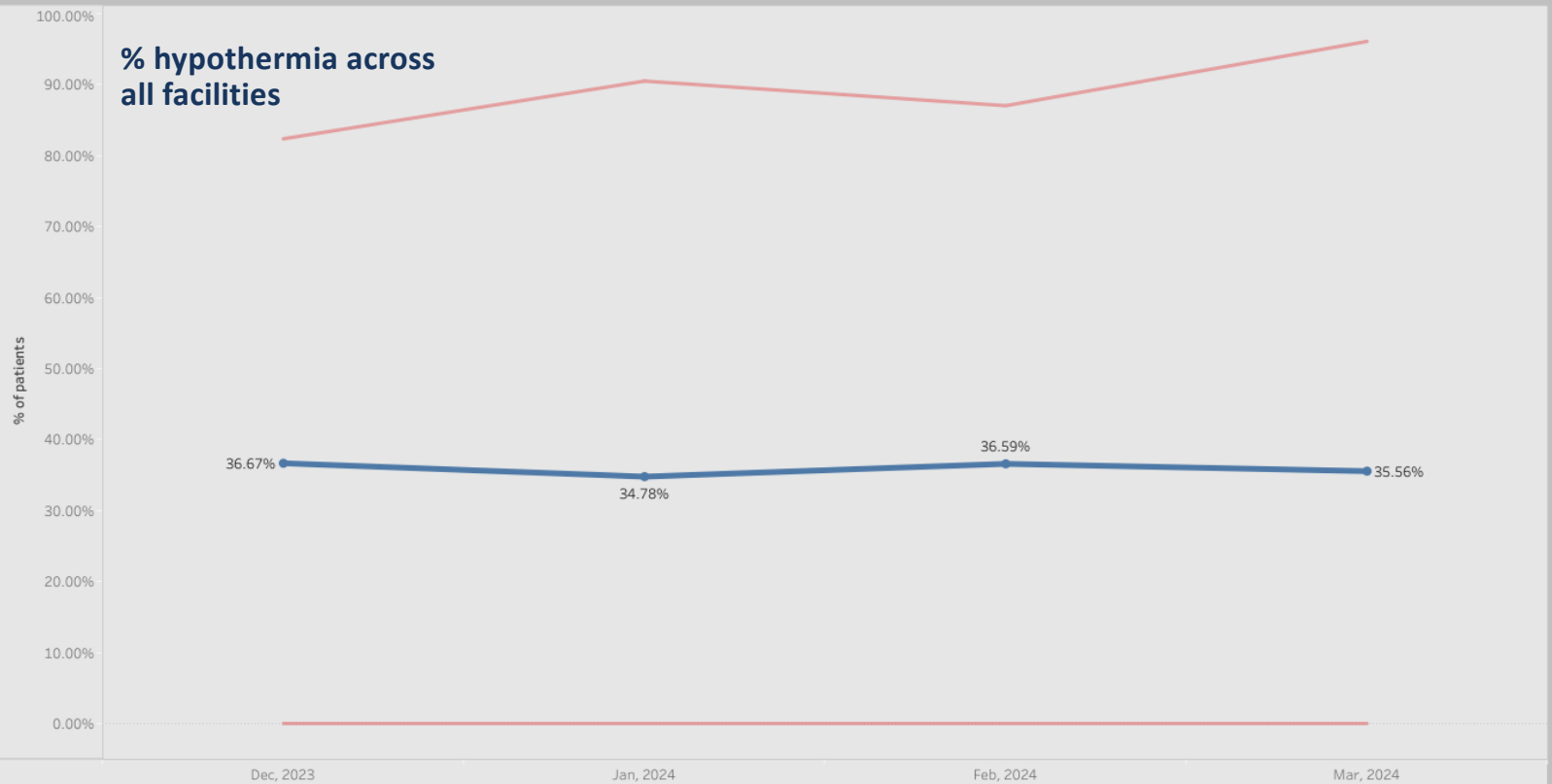
Race/Ethnicity Data

Structural

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

Your Hospital No Hospital

Outcomes Hyperthermia

Thermias Hyperthermia (>= ..

Race All

Birth Wt All

DeliveryMode All

GA All

Date Multiple values

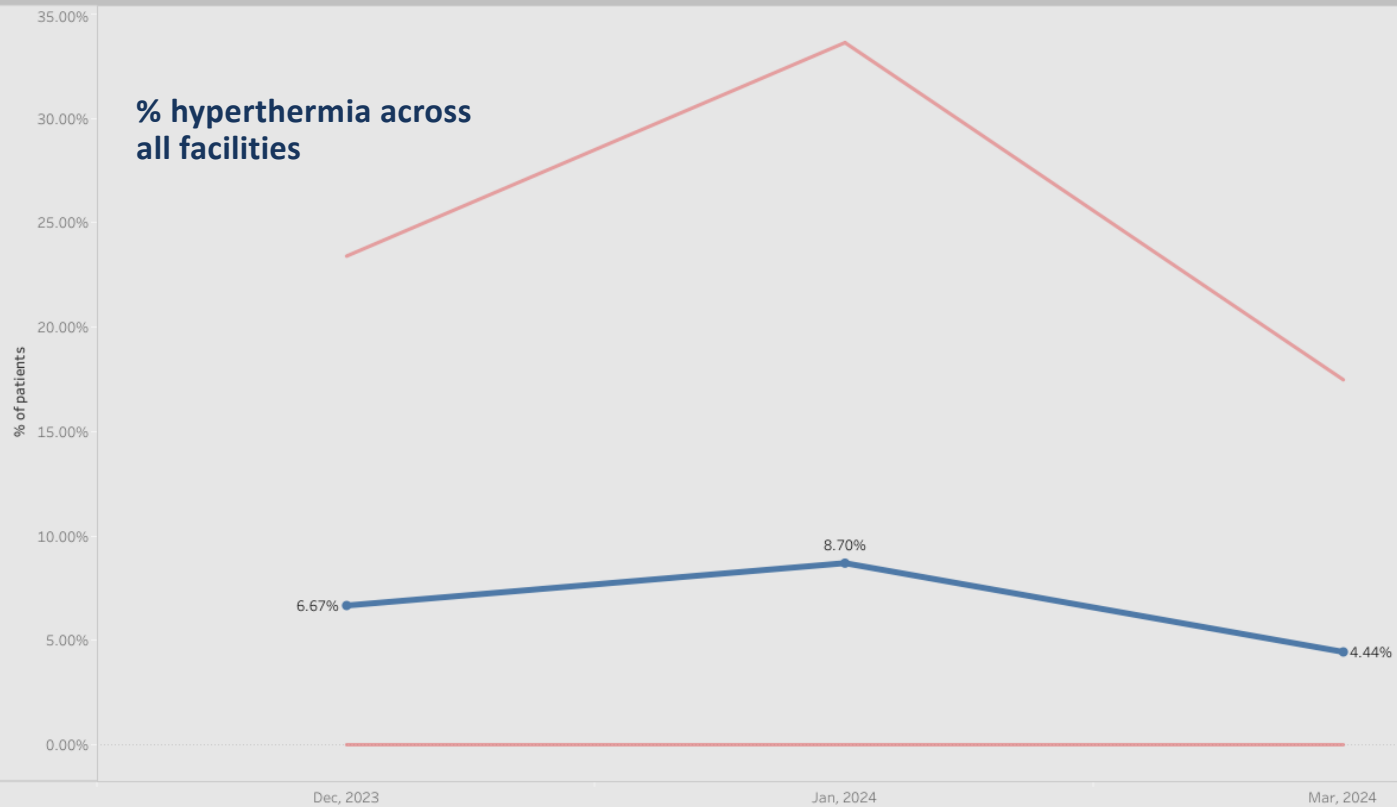
Only Your H.. All

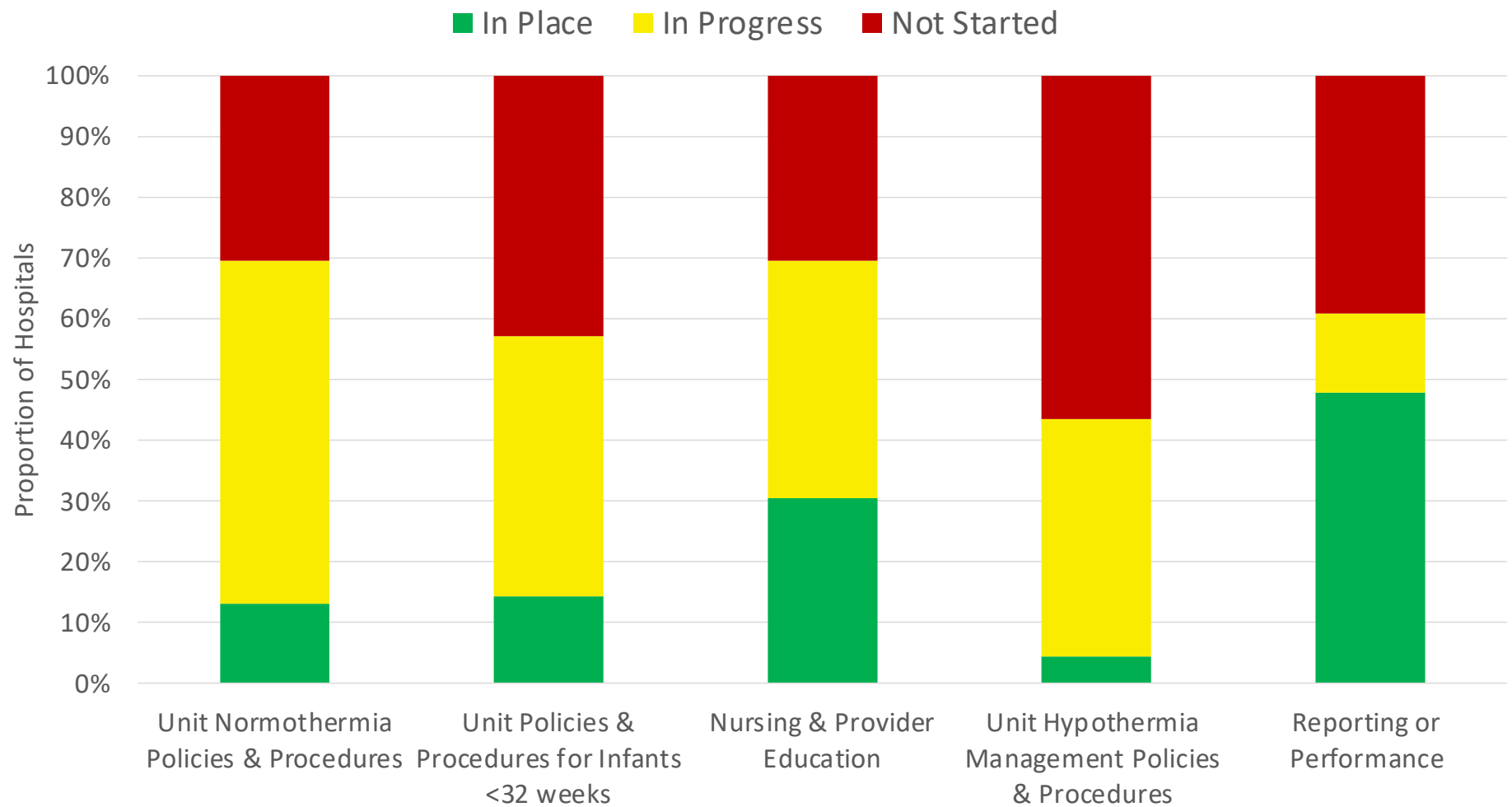
Race/Ethnicity Data

Main Page



Control Charts: All Hospitals Vs. Your Hospital





Q&A



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

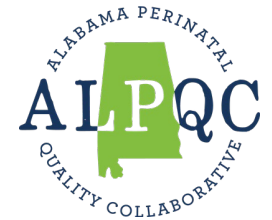
You may also enter comments or questions in the “chat” box



Reminders

- Monthly (April) NHP data will be due May 31st
 - Links to survey sent on May 15th
 - Please let us know if you did not receive links and we will send them out ASAP
- Hospital Shares are encouraged!
 - A great way to celebrate your successes or share your challenges
 - Fosters collaboration and builds relationships
 - Please sign up to share by emailing info@alpqc.org. We look forward to hearing from everyone!

Stay Connected!



Website:

<http://www.alpqc.org>

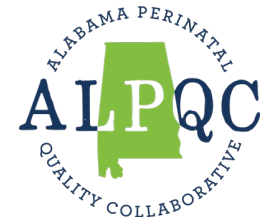
Email:

info@alpqc.org

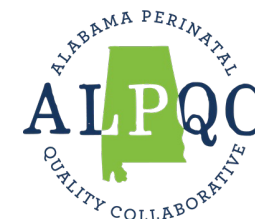
X (Twitter): @alpqc

<https://twitter.com/alpqc>

Next Meeting



Wednesday, June 26th at 12pm



CEUs for today's presentation

To receive CEUs for attending today's presentation by Dr. Nayak, please use the QR code below to fill out the survey:



[Action Period Call Survey](#)

[Qualtrics Survey | Qualtrics Experience Management](#)



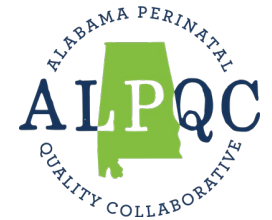
NOWS Sustainability Data Review

ALPQC NOWS Sustainability Data

Measures	Initiative Average (April '22-Oct '23)	Sustainability Phase (Oct '23-Mar '24)
1 – Referred to addiction services (%yes)	39.29%	78.89%
2 – Narcan Counselling Documented (%yes)	35.53%	46.67%
3 – Days old at Discharge- Length of stay (days)	12.79	12.06
4 –Collaborative Discharge Plan completed (%yes)	89.88%	93.33%

*Missing Sustainability Reporting from 4 Hospitals

Thank you!



**Thank you for all your hard work!!
We will see you next month!**