



# Neonatal Initiatives

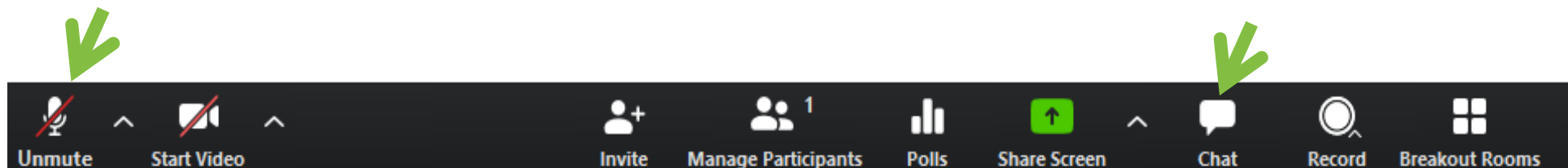
---

Action Period Call  
June 26<sup>th</sup>, 2024  
12:00 – 12:55 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:
Updates, Reminders, & New Resources	12:00-12:10
NHP April Data Review	12:10-12:25
Other PQC Initiatives/Literature	12:25-12:40
Poll Questions	12:40-12:45
Q&A	12:45-12:50
Reminders & Next Steps	12:50-12:55



# Updates

# Updates & Reminders

---

- Monthly (May) NHP data will be due June 30<sup>th</sup>
  - Links to survey sent on June 15<sup>th</sup>
  - Please let us know if you did not receive links and we will send them 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
- Tableau should be active for all teams
  - Please let us know if you are having access issues

# 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  $\geq 9$  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.**



# New Resources

---

## Now on the ALPQC website!

- Safe Sleep Flier (English and Spanish versions)
- Congenital Syphilis One-Pagers
  - Updated screening guidelines
  - How to access previous records and treatment
  - Congenital Syphilis 101 for Pediatricians
  - Fast facts for OBGYN offices

# Safe Sleep Campaign

## HOW TO CREATE A SAFE SLEEPING ENVIRONMENT FOR YOUR BABY

**B:** BACK IS BEST WHENEVER SLEEPING.

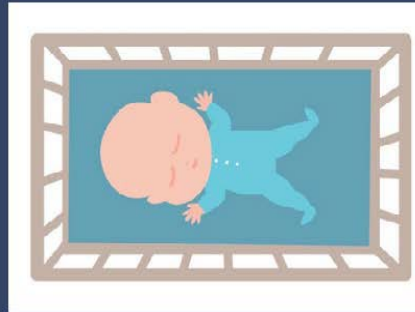
**E:** ENSURE BABY'S HEAD IS UNCOVERED.

**S:** SLEEP IN THE SAME ROOM, NOT THE SAME BED.

**A:** AREA SHOULD BE CLEAR OF OBJECTS.

**F:** A FIRM, FLAT, MATTRESS SHOULD BE USED.

**E:** EVERY TIME, NO EXCEPTIONS.



### WHAT IS YOUR 2AM PLAN?

WHO WILL FEED THE BABY IN THE MIDDLE OF THE NIGHT?

BREASTFEED OR BOTTLE FEED?

HOW WILL YOU STAY AWAKE AND MAKE SURE THE BABY IS SAFE?


*TALK ABOUT THESE THINGS WITH YOUR FAMILY/SUPPORT TEAM BEFORE YOUR BABY COMES HOME.*

For more information and resources, please visit [www.alpqc.org](http://www.alpqc.org) or scan the QR code below to visit the CDC website on safe sleep:






# Congenital Syphilis Information




### ACCESSING RECORDS & REPORTING IN ALABAMA FOR CONGENITAL SYPHILIS




#### ACCESSING PATIENT HISTORY

- To access a patient's Syphilis history (including previous titers and treatments), you may call the Alabama Department of Public Health's Bureau of Communicable Diseases at 205-206-5350.




#### WHAT YOU NEED

- You will need the following information when calling about a patient's history:
  - Patient name
  - Date of Birth
  - SSN (if able)
  - Partner's name (if applicable)



#### REPORTING SYPHILIS


- All physicians, nurses, medical examiners, hospital administrators, and lab directors are responsible for reporting Notifiable Diseases in Alabama. Syphilis is a Notifiable Disease.
- Report all cases of Syphilis (congenital or non-congenital) through the **REPORT CARD for Reportable Diseases/Condition**.
- Report cases of Syphilis within 3 days of diagnosis.




#### WHAT YOU NEED


- You will need the following information when reporting:
  - Patient Name
  - Address/Phone Number
  - DOB
  - Gender
  - Race/Ethnicity
  - Marital Status
  - SSN
  - Patient's Payor Source
  - Date of onset
  - Date of diagnosis
  - Date of exam
  - Date of lab results
  - Performing Lab
  - Lab Accession number
  - Specimen test site
  - Qualitative results
  - Quantitative results
  - Date of treatment

Scan the QR code for quick access to the ADPH REPORT CARD for Reportable Diseases/Condition.






## Congenital Syphilis: New Screening during Pregnancy Guidelines




### Updated Screening Protocols for Pregnant Individuals

Congenital syphilis cases increased by 755% from 2012 to 2021.




### New Screening Guidelines

- Initial Screening
  - Serological screening at first prenatal care visit
- Third Trimester Screening
  - Early third trimester between 28-32 weeks gestation
- Screening at Birth
  - Re-screening at the time of birth



### Key Considerations for Healthcare Providers


- Use every healthcare encounter as an opportunity for screening
- Consider ED's and obstetric care as part of annual check-ups.
- Address stigma and barriers to completing treatment regimen (multiple injections). Follow reporting requirements.



### Rationale for New Guidelines

- 3,755 cases of congenital syphilis reported in 2022
- 88% could have been prevented with timely screening and treatment
- 2 in 5 infants with congenital syphilis were born to individuals who received no prenatal care

For more information, click the QR code to visit the ACOG Website.





## FIVE FAST FACTS ABOUT CONGENITAL SYPHILIS

### 1 WHAT IS IT?

Congenital syphilis occurs when a mother with untreated syphilis passes the infection to her baby during pregnancy. It can result in serious health consequences for the baby if left untreated.



### 2 SIGNS & SYMPTOMS

For Mom:	For Baby:
<ul style="list-style-type: none"><li>• Rash on face or other at the site of infection</li><li>• Swollen lymph nodes</li><li>• Swollen throat</li><li>• Swollen joints</li><li>• Swollen liver or spleen</li><li>• Bone pain</li><li>• Deformed bones</li></ul>	<ul style="list-style-type: none"><li>• Rash on palms or soles</li><li>• Fever</li><li>• Swollen liver or spleen</li><li>• Bone pain</li><li>• Deformed bones</li></ul>

### 3 STI SCREENING

- Regular STI testing before and during pregnancy is highly recommended.
- Many signs and symptoms can go unnoticed, so regular STI screenings can be helpful for early diagnosis and treatment. This may prevent transmission to the baby and protect both mother and child.



### 4 WHAT IT MEANS FOR MOM & BABY

- Congenital syphilis can have long-lasting effects on both the mother and the baby's health.
- Babies born to mothers with syphilis require immediate medical attention and follow-up care to monitor and treat any potential complications, including check-ups, blood tests, and antibiotics.



### 5 ADDITIONAL TIPS

- Keep track of your own health by attending all prenatal appointments and discussing any concerns with your healthcare provider.
- Be proactive in asking about STI testing and treatment options before and during pregnancy.



To learn more about congenital syphilis and STI screenings, scan the QR code.







## Congenital Syphilis



Up to 40% babies born to women with untreated syphilis die from the infection

### Introduction

- Congenital syphilis is a serious infection passed from mother to baby during pregnancy. The number of cases in the U.S. has increased dramatically in recent years. In 2019, there were 1,070 cases, including stillbirths and infant deaths. Early detection and treatment are crucial to prevent severe outcomes.

### Prevention and Detection

- Routine Screening
  - Test all pregnant women for syphilis at their first prenatal visit, at 28 weeks, and at delivery if they are at high risk.
- Identify Risk Factors
  - History of Sexually Transmitted Infection
  - No mother or newborn should leave the hospital without confirmed syphilis test results.

### Maternal Risk Factors

- Sex with multiple partners/ Sex with a new partner
- Drug use with injection drugs
- Drug Use with non-injection drugs (Methamphetamine & Heroin)
- Transactional sex
- Late and prenatal care
- Failure to comply/comply with treatment
- Incarceration
- Unstable housing or homelessness

### Contact Info

Alabama Perinatal Quality Collaborative  
1700 University Blvd., LHL 408  
Birmingham, AL 35233  
info@alpqc.org

### Congenital Syphilis 101

A Guide for Pediatricians on Evaluation, Treatment, and Follow-Up Procedures

Scan the QR Code for quick access to CDC Recommendations.







## CONGENITAL SYPHILIS

According to the Alabama Department of Public Health, there has been a 667% increase in the number of congenital syphilis cases reported in Alabama between 2015 and 2020 so the more education we can provide, the better! Check out the fliers below that discuss updated screening guidelines, how to access previous syphilis records and treatments, as well as other information for patients and providers throughout the state.

### CONGENITAL SYPHILIS RESOURCES

[Congenital Syphilis Flyer](#)

[Congenital Syphilis 101 Brochure](#)

[Syphilis Screening During Pregnancy](#)

[Accessing Records & Reporting](#)

Current  
Initiatives ▾

Past  
Initiatives ▾

Pilot Projects

Health  
Education

### SAFE SLEEP RESOURCES

[Safe Sleep Flyer – ENGLISH](#)

[Safe Sleep Flyer – SPANISH](#)

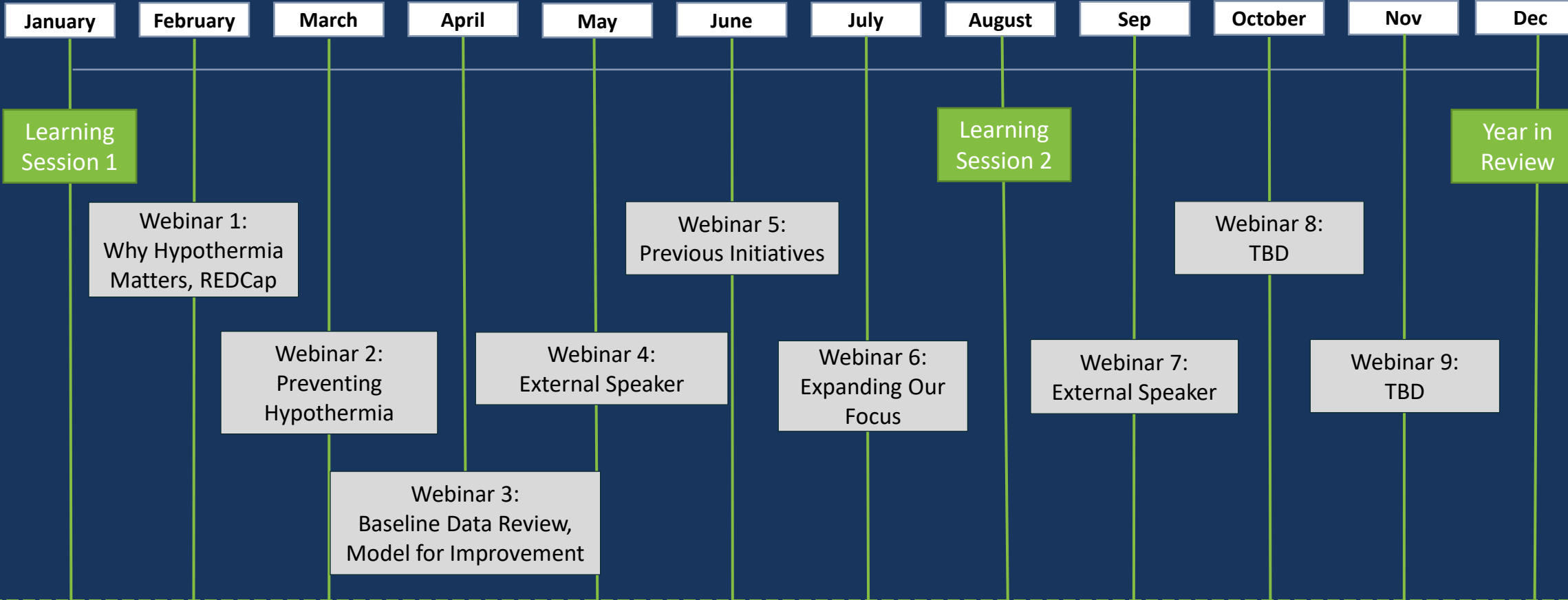
## SAFE SLEEP EDUCATION

Safe sleep is a key component of newborn care. Sudden unexpected infant deaths (SUIDs) happen all too often and spreading awareness of best safe sleep practices is key in prevention. See the flier that the ALPQC made below to help spread awareness of the importance of safe sleep. (Also available in Spanish)

Hospitals who have entered 100% of their Monthly Data for May (as of 06/26/24)	
1. East Alabama Medical Center (x2)	2. UAB (x2)
3. Brookwood Medical Center	4. Gadsden Regional Medical Center
5. DCH Northport (x2)	6. Russell Medical Center
7. Marshall Medical North	8. Jackson Hospital
9. DCH Regional Medical Center (x2)	10. USA Children’s and Women’s
11. Huntsville Hospital (x2)	12. Madison Hospital
13. Flowers Hospital	14. Marshall Medical South

2024

Initiative  
Agenda





# April Data Review Levels 1 and 2

---



# ALPQC NHP

(From December, 2023 to May, 2024)

## Hide Filters

### Measure Names

All-Hospitals

Your--Hospital

Your Hospital No Hospital

Race All

Birth Wt All

Date April 2024

GA All

Levels Multiple values

Zeros Hosps All Values

## Navigation Tabs

Raw Temp

Control Charts

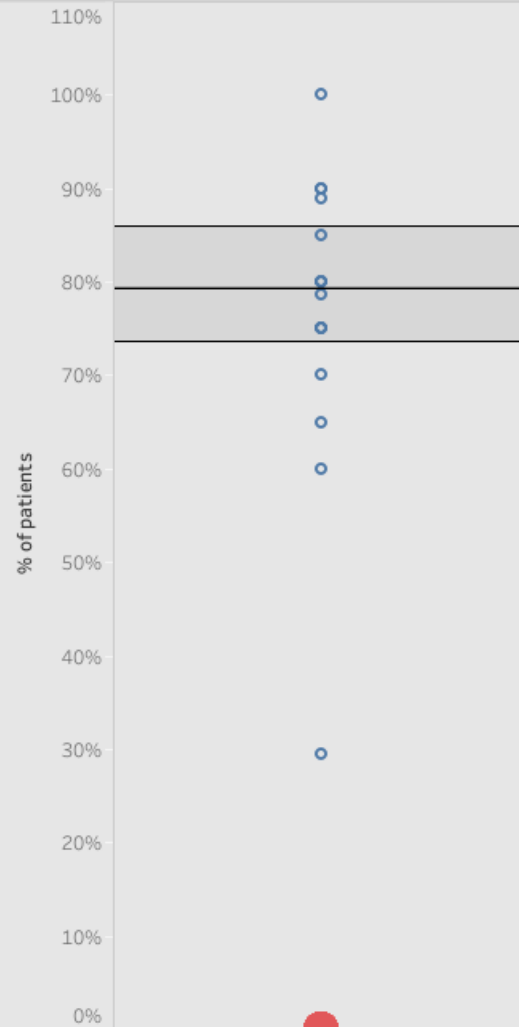
Race/Ethnicity Data

Structural

Main Page

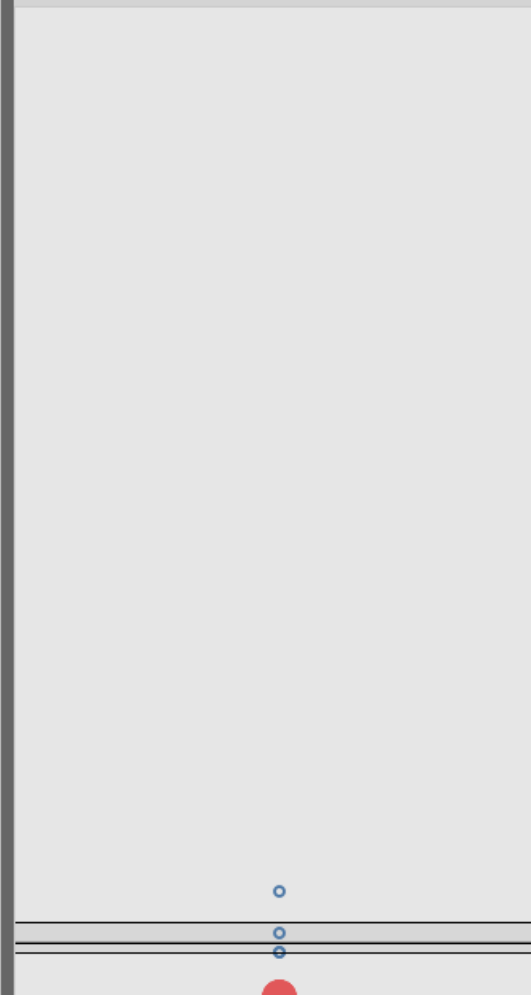


## Normothermic ( $\geq 36.5$ & $< 37.5$ C)



0 Zero values ( $\geq 36.5$  &  $< 37.5$  C)

## Moderate to Severe Hypothermia ( $< 35.9$ C)



12 Zero values ( $< 35.9$  C)

## Mild Hypothermia ( $\geq 35.9$ & $< 36.5$ C)



2 Zero values ( $\geq 35.9$  &  $< 36.5$  C)

## Hyperthermia ( $\geq 37.5$ C)



5 Zero values ( $\geq 37.5$  C)

# ALPQC NHP

(From December, 2023 to May, 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

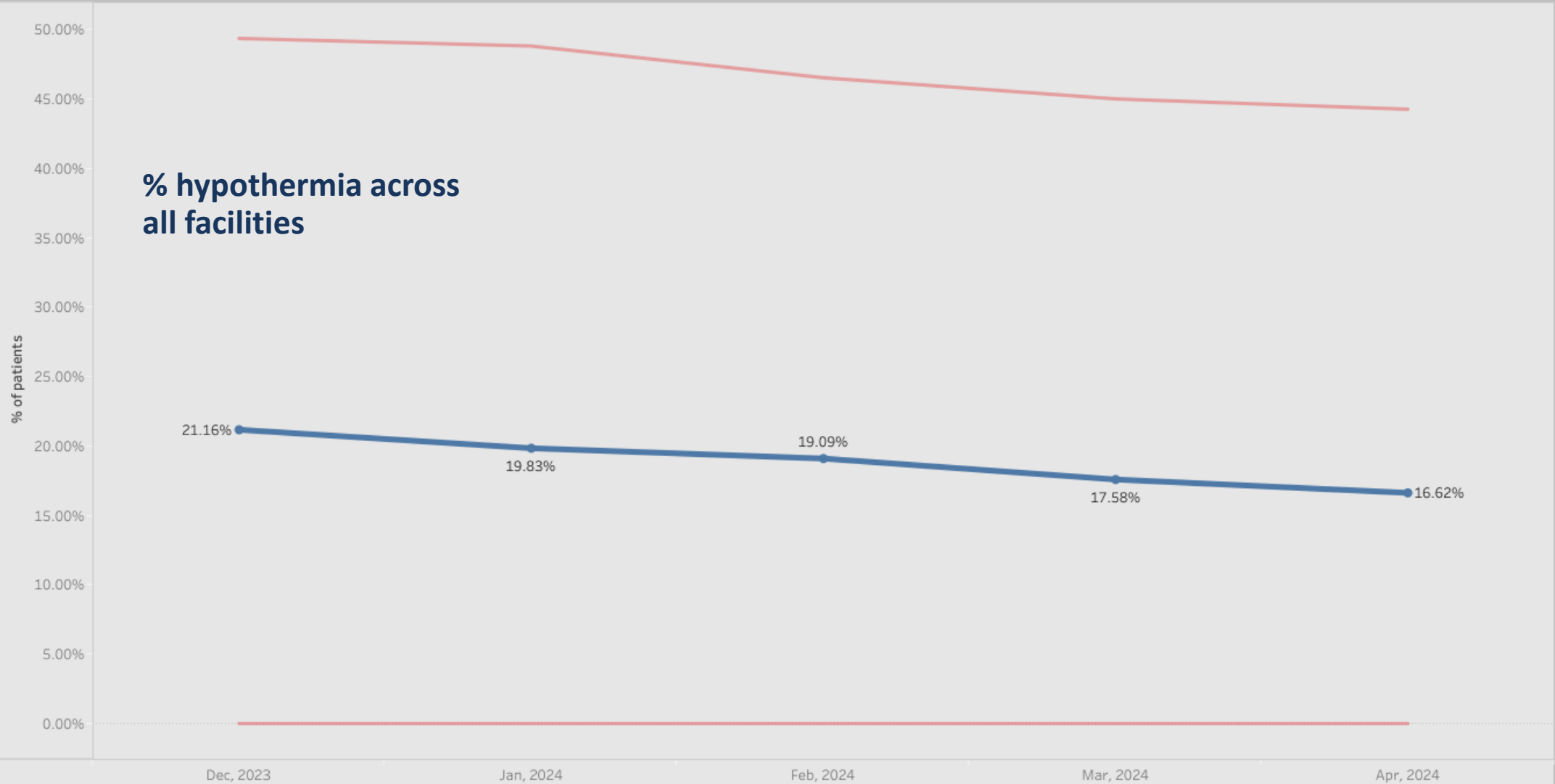
Race/Ethnicity Data

Structural

Main Page



Control Charts: All Hospitals Vs. Your Hospital



# ALPQC NHP

(From December, 2023 to May, 2024)

Hide Filters

## Legends

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

Your Hospital No Hospital

Outcomes Mod-Sev Hypother...

Thermias Moderate to Sever...

Race All

Birth Wt All

GA All

DeliveryMode All

Date Multiple values

Only Your H.. All

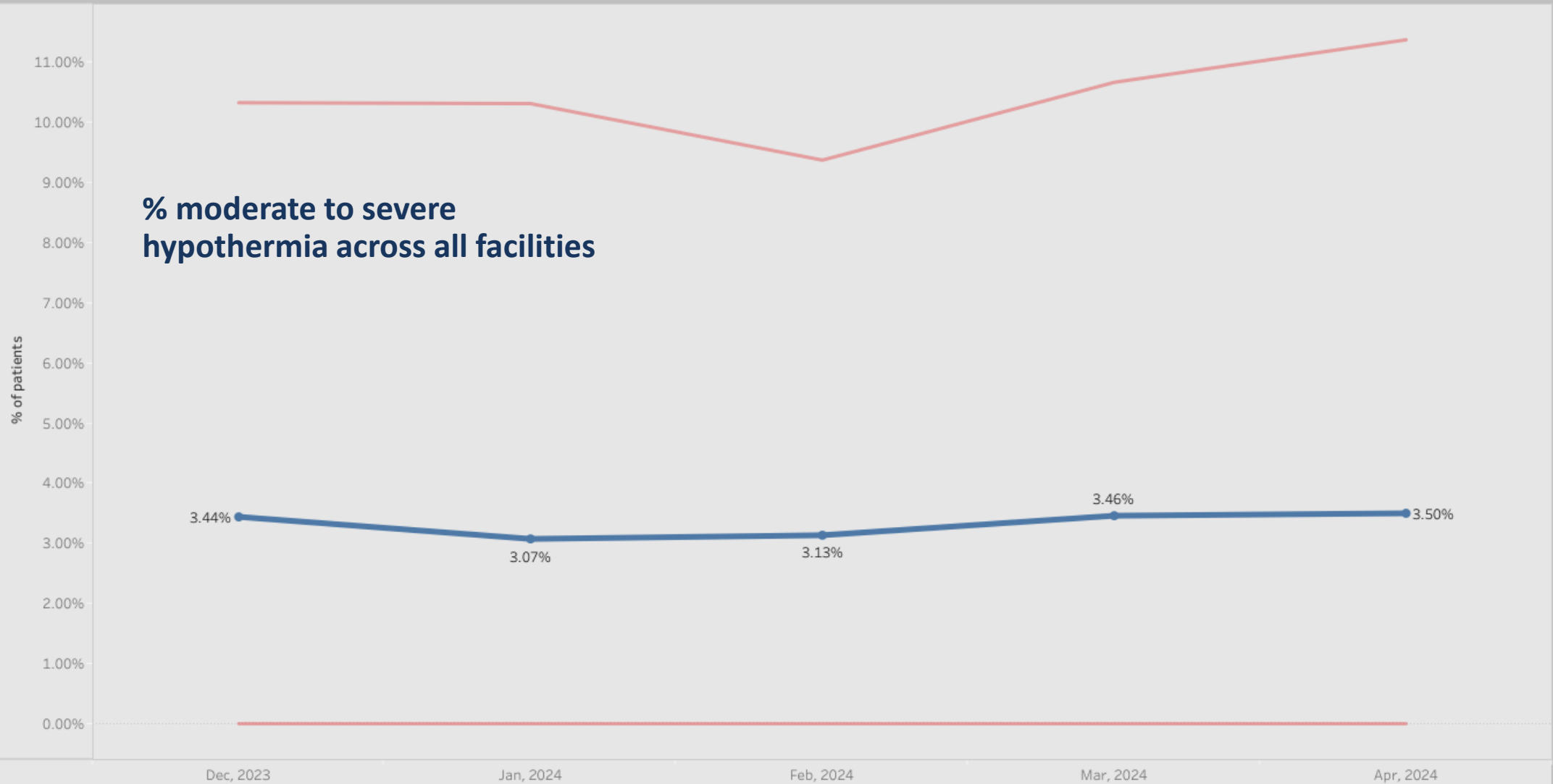
Race/Ethnicity Data

Structural

Main Page



Control Charts: All Hospitals Vs. Your Hospital





# ALPQC NHP

(From December, 2023 to May, 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

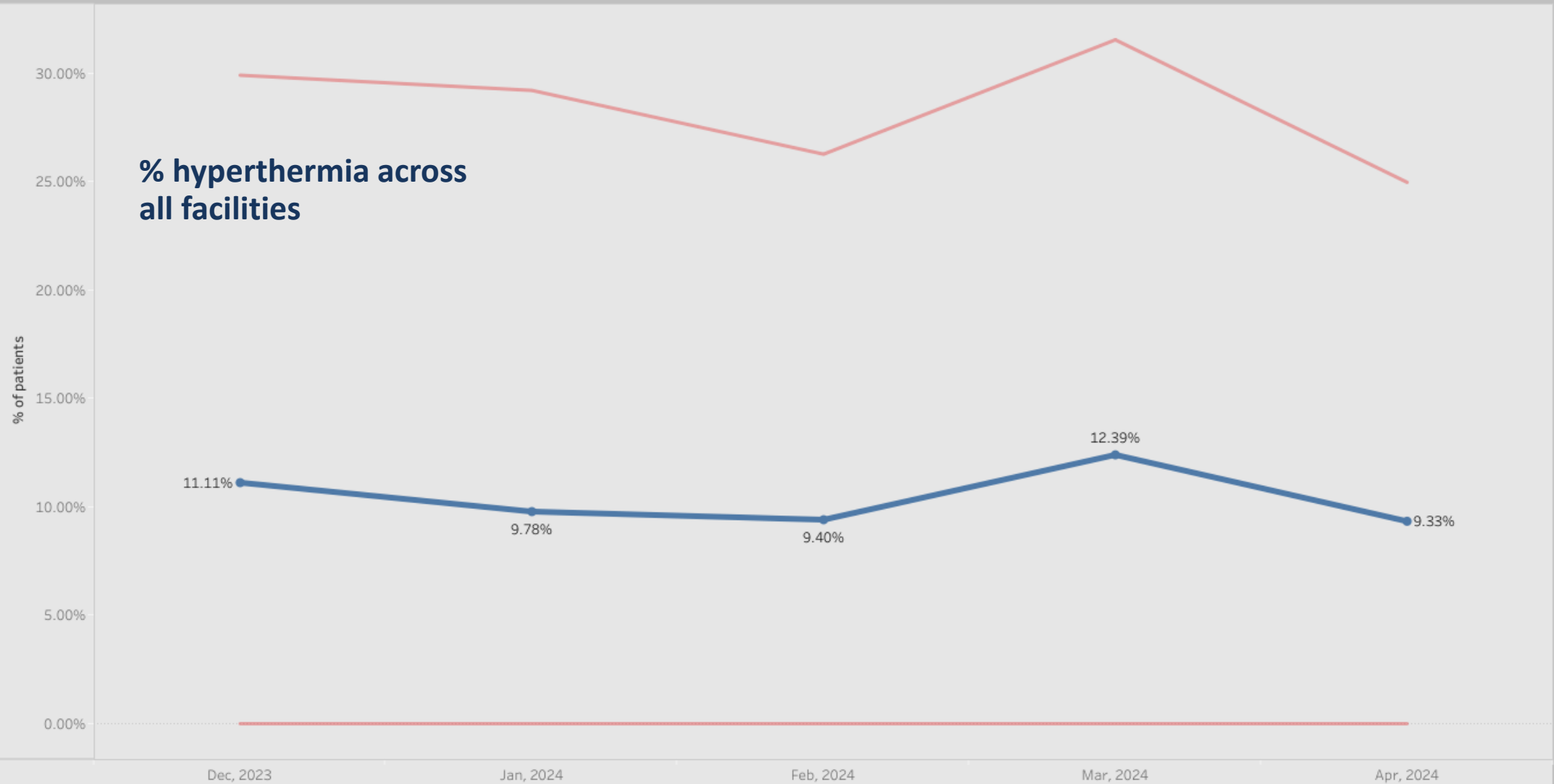
Race/Ethnicity Data

Structural

Main Page



Control Charts: All Hospitals Vs. Your Hospital





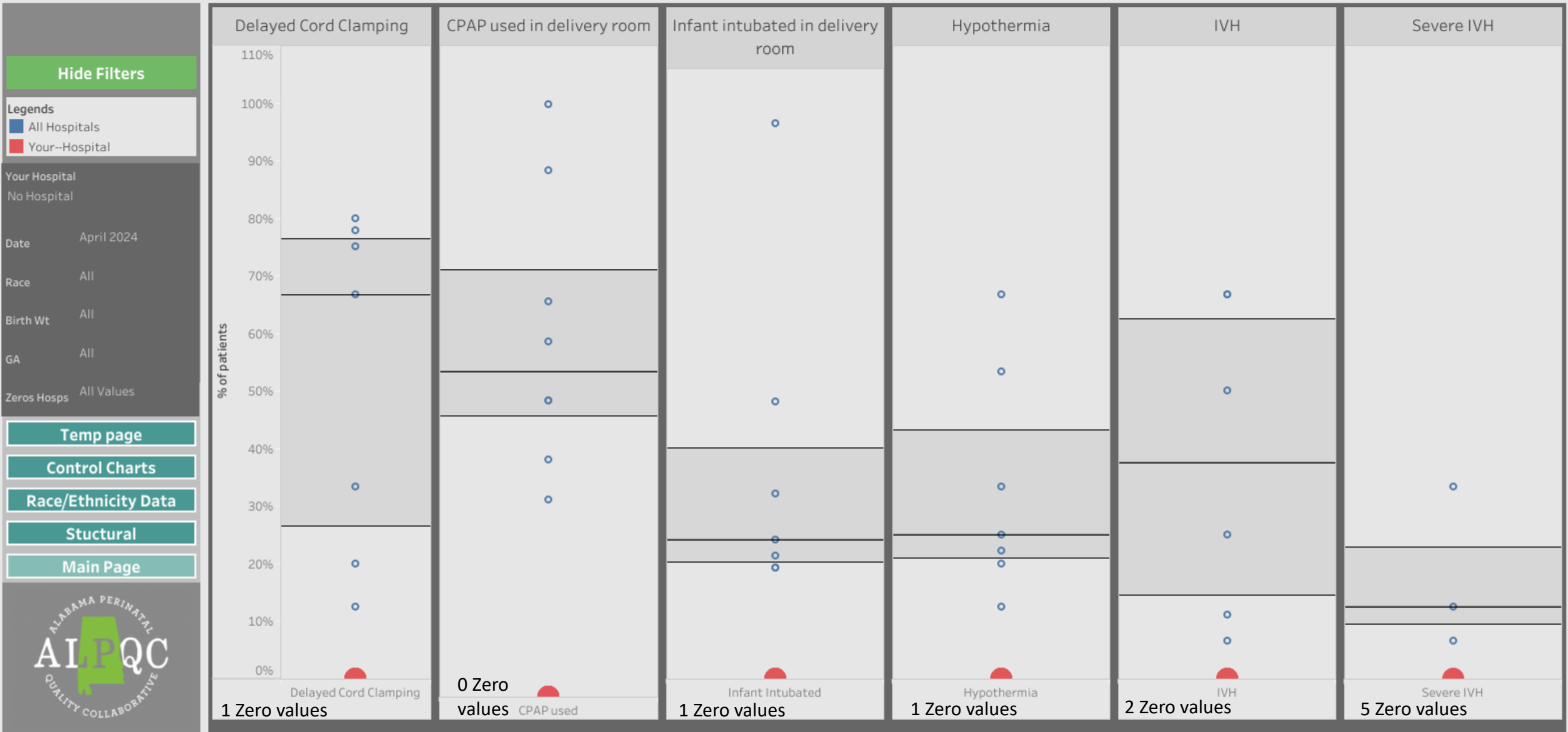
# April Data Review Levels 3 and 4

---



# ALPQC NHP (Golden Hours)

(From December, 2023 to May, 2024)



# ALPQC NHP (Golden Hours)

(From December, 2023 to May, 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

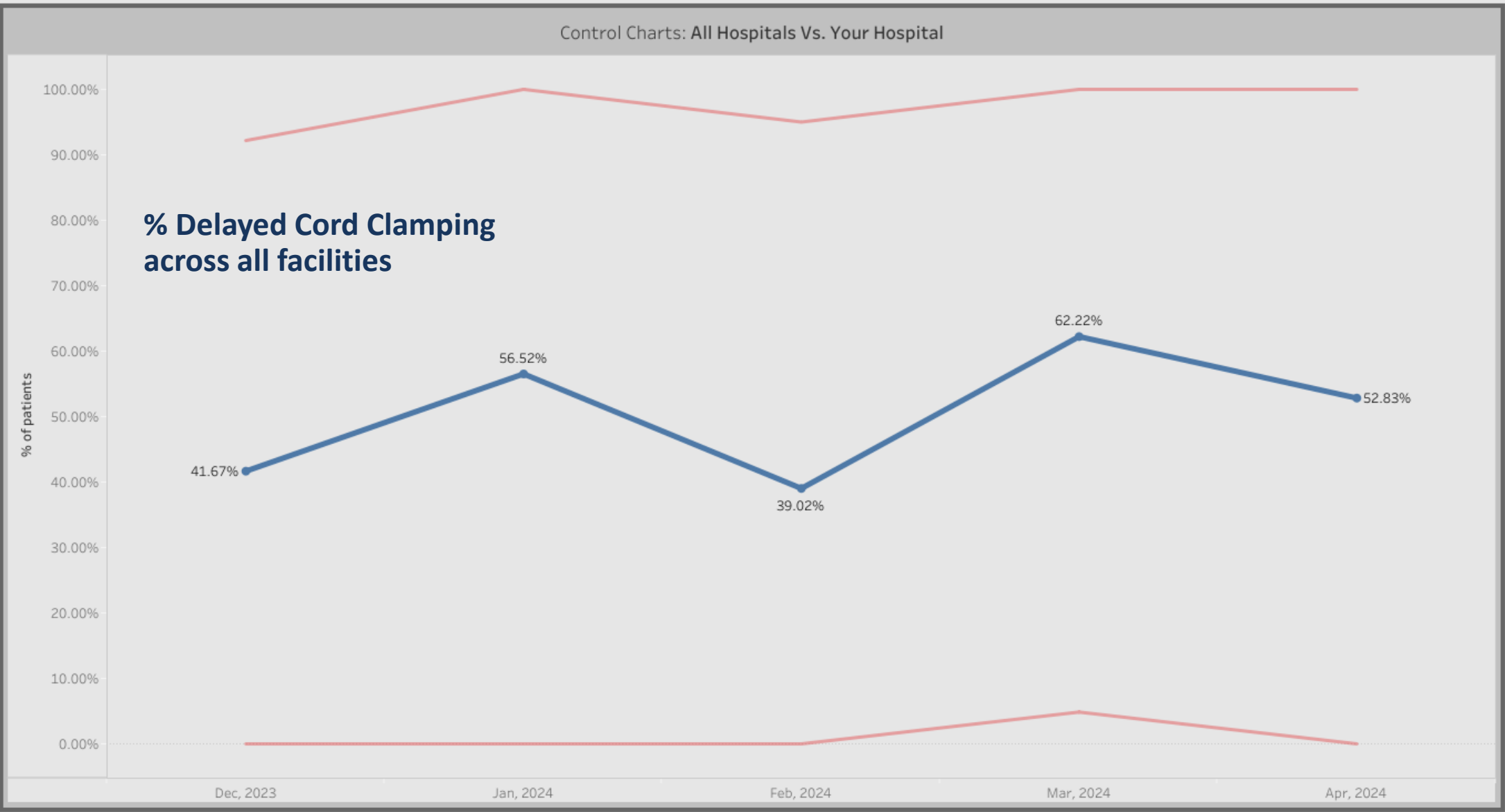
Structural

Main Page

ALPQC

ALABAMA PERINATAL

QUALITY COLLABORATIVE



# ALPQC NHP (Golden Hours)

(From December, 2023 to May, 2024)

Hide Filters

Legends

Lower Control Limit

Upper Control Limit

Your Hospital

All Hospitals

Your Hospital

No Hospital

Outcomes

O4: CPAP

Termias

All

Race

All

Birth Wt

All

DeliveryMode

All

GA

All

Date

Multiple values

Only Your H..

All

Race/Ethnicity Data

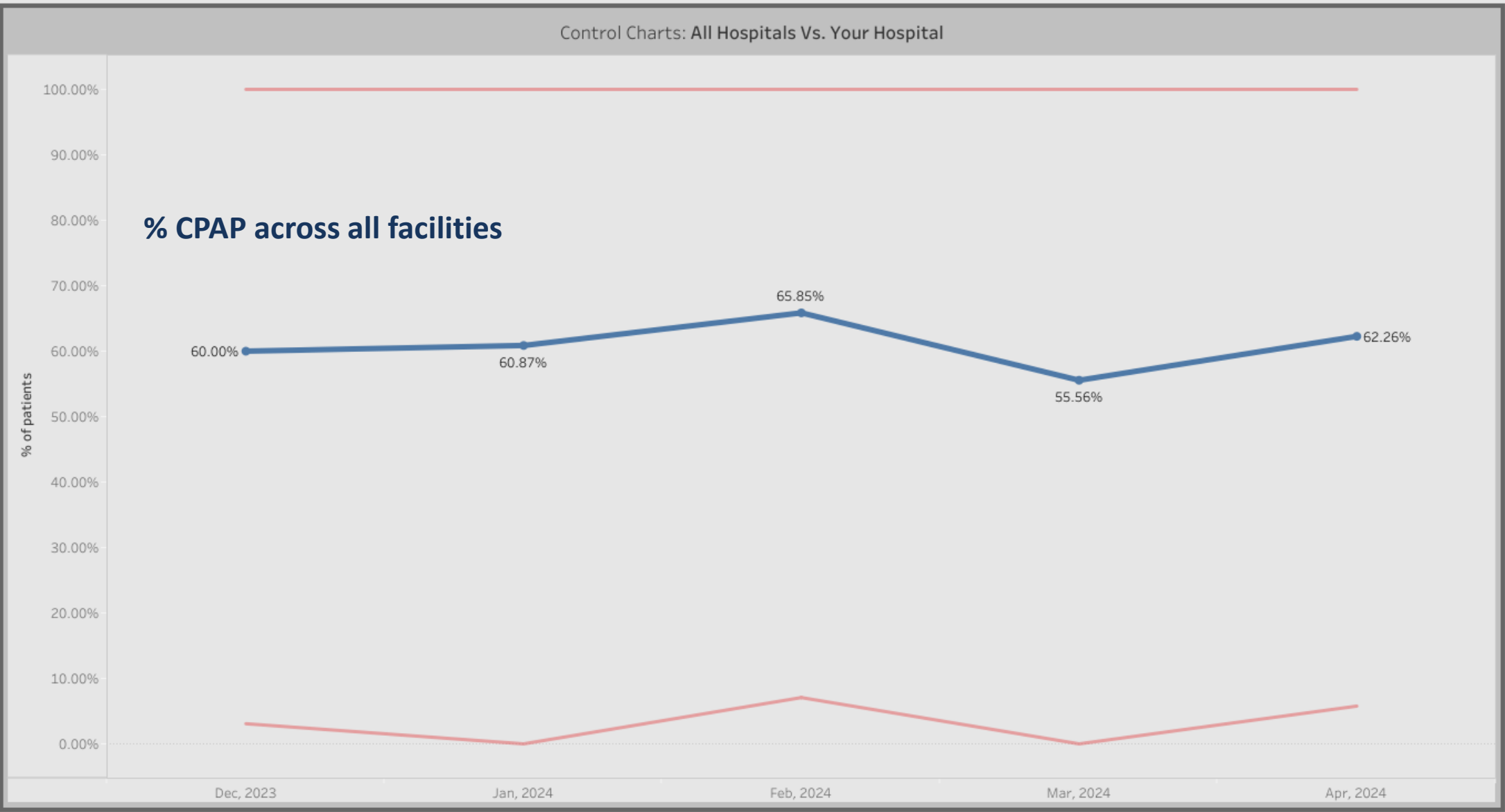
Structural

Main Page

ALPQC

ALABAMA PERINATAL

QUALITY COLLABORATIVE



# ALPQC NHP (Golden Hours)

(From December, 2023 to May, 2024)

Hide Filters

Legends

Lower Control Limit

Upper Control Limit

Your Hospital

All Hospitals

Your Hospital

No Hospital

Outcomes

O5: Intubation

Termias

All

Race

All

Birth Wt

All

DeliveryMode

All

GA

All

Date

Multiple values

Only Your H..

All

Race/Ethnicity Data

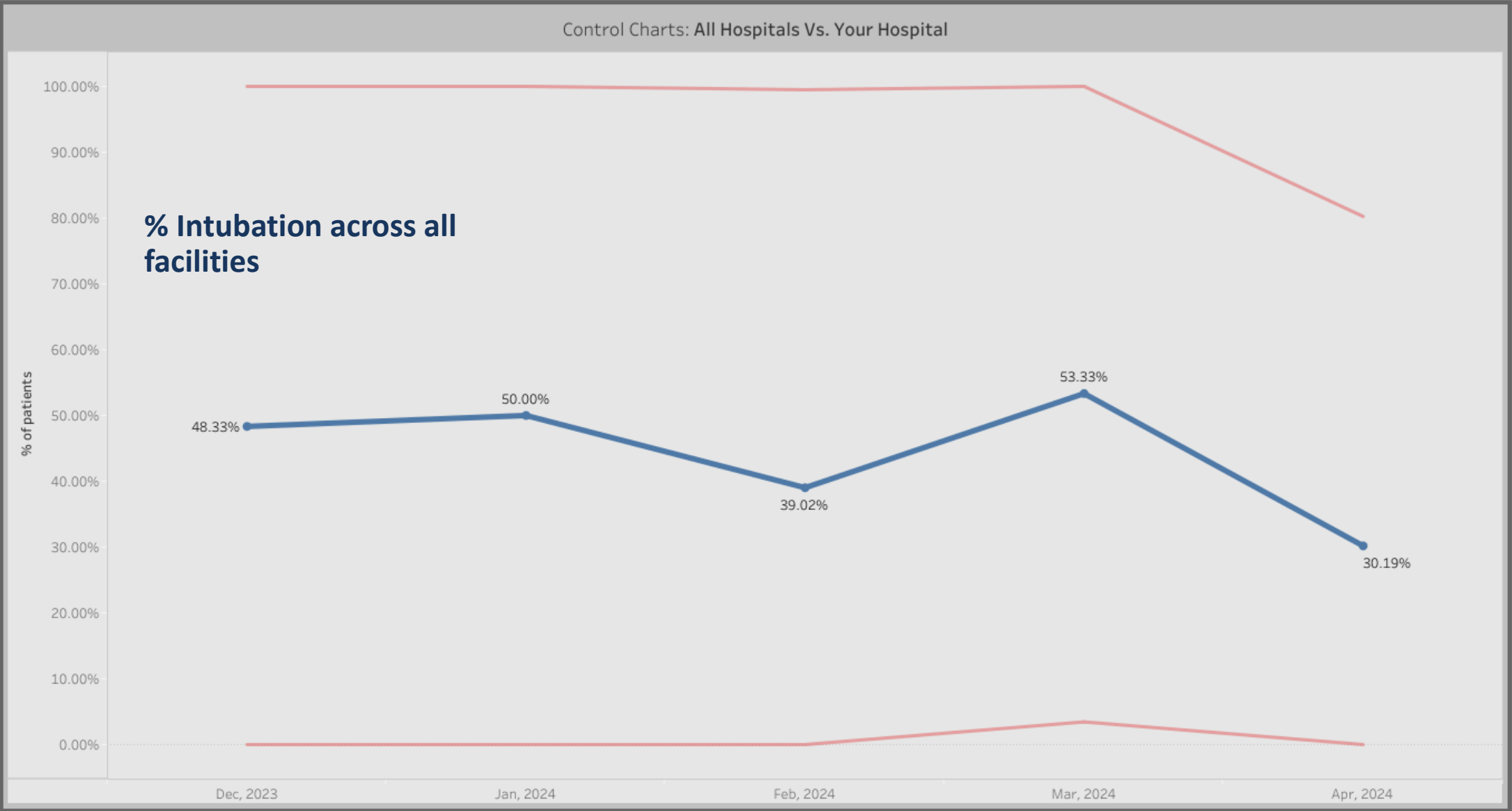
Structural

Main Page

ALPQC

ALABAMA PERINATAL

QUALITY COLLABORATIVE



# ALPQC NHP (Golden Hours)

(From December, 2023 to May, 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

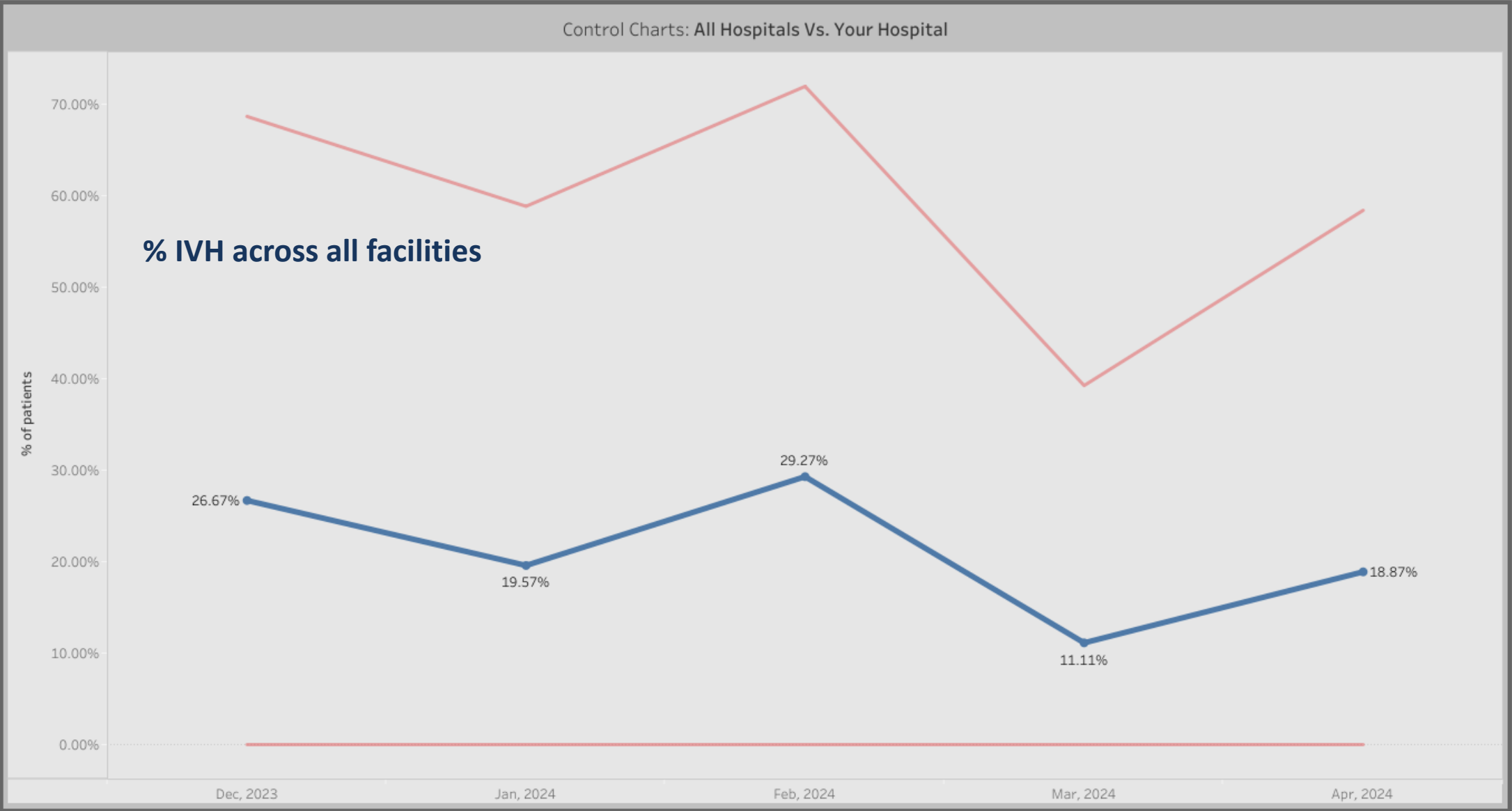
Structural

Main Page

ALPQC

ALABAMA PERINATAL

QUALITY COLLABORATIVE



# ALPQC NHP (Golden Hours)

(From December, 2023 to May, 2024)

Hide Filters

Legends

Lower Control Limit

Upper Control Limit

Your Hospital

All Hospitals

Your Hospital

No Hospital

Outcomes

O6a. IVH Severe

Term/ptas

All

Race

All

Birth Wt

All

DeliveryMode

All

GA

All

Date

Multiple values

Only Your H..

All

Race/Ethnicity Data

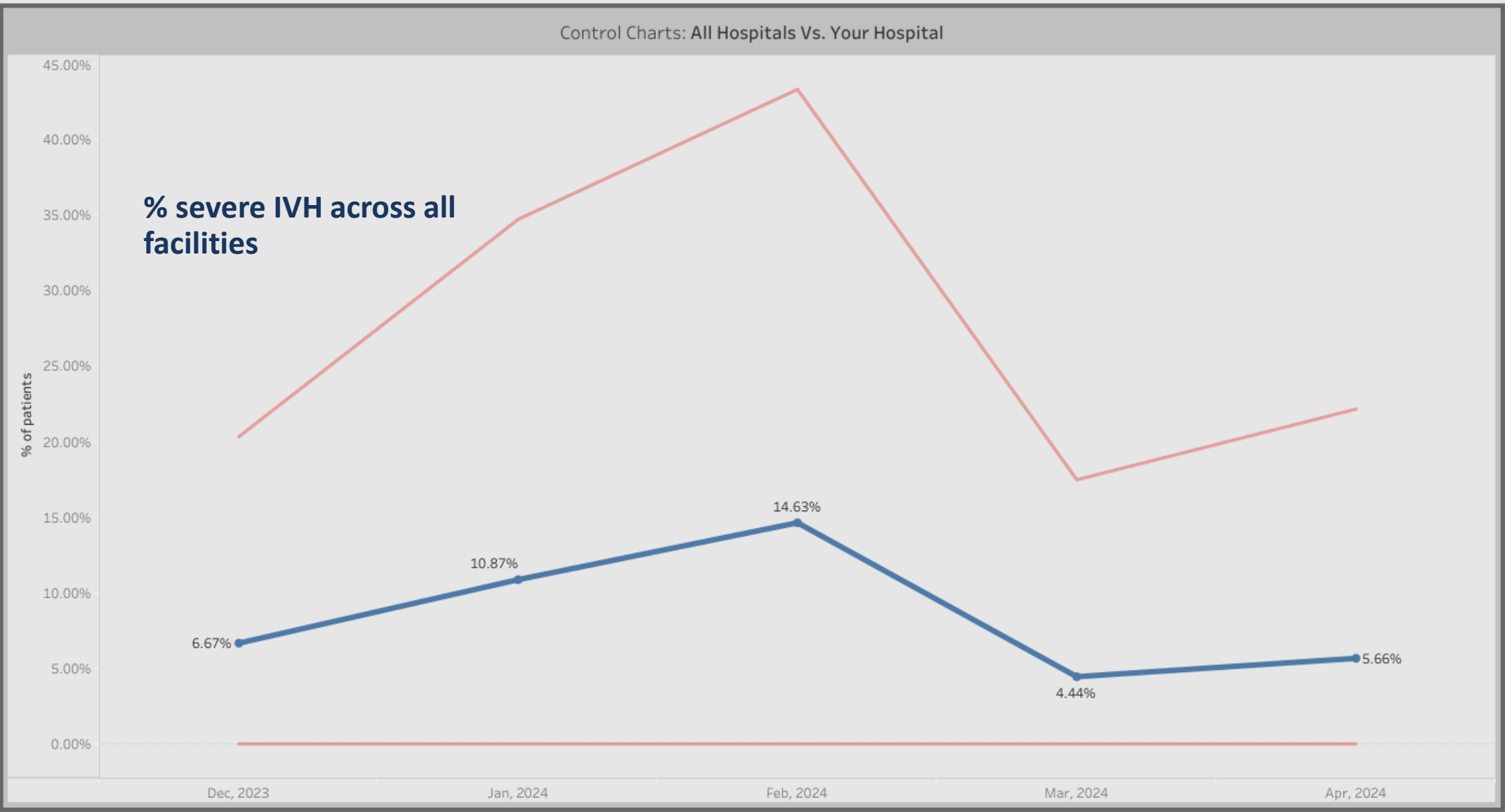
Structural

Main Page

ALPQC

ALABAMA PERINATAL

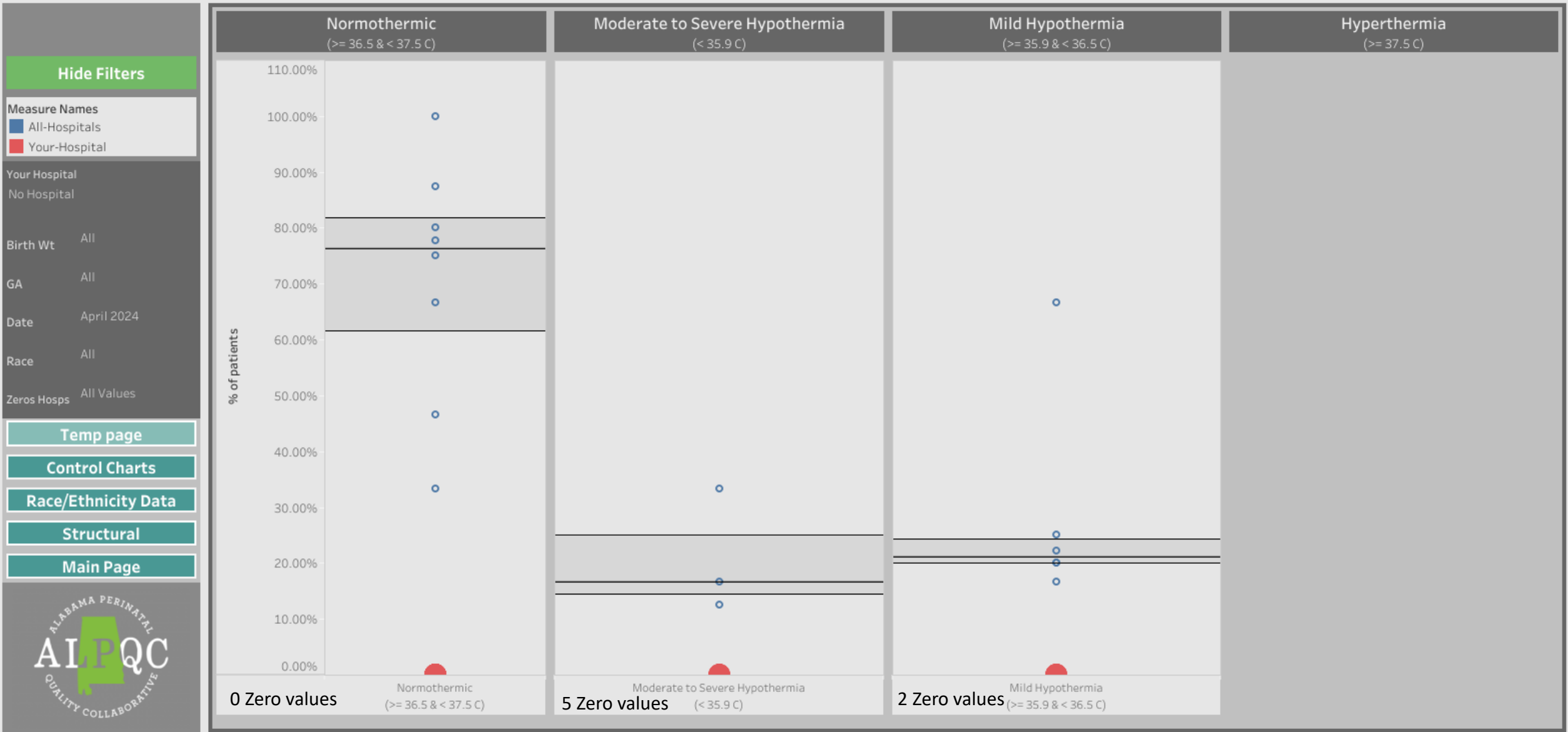
QUALITY COLLABORATIVE





# ALPQC NHP (Golden Hours)

(From December, 2023 to May, 2024)



# ALPQC NHP (Golden Hours)

(From December, 2023 to May, 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

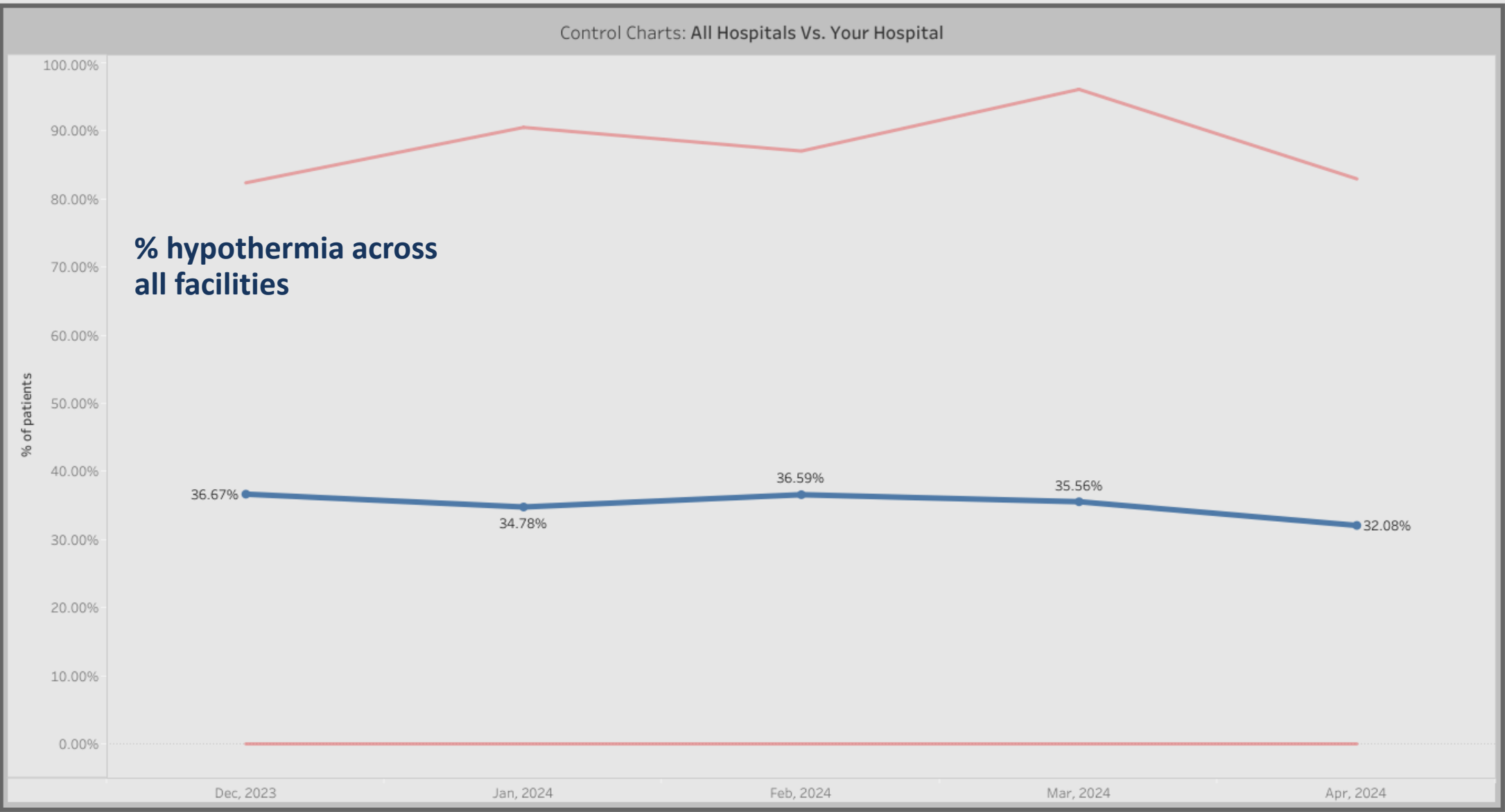
Structural

Main Page

ALPQC

ALABAMA PERINATAL

QUALITY COLLABORATIVE



# ALPQC NHP (Golden Hours)

(From December, 2023 to May, 2024)

Hide Filters

Legends

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

Your Hospital No Hospital

Outcomes Mod-Sev Hypother..

Thermias Moderate to Sever..

Race All

Birth Wt All

DeliveryMode All

GA All

Date Multiple values

Only Your H.. All

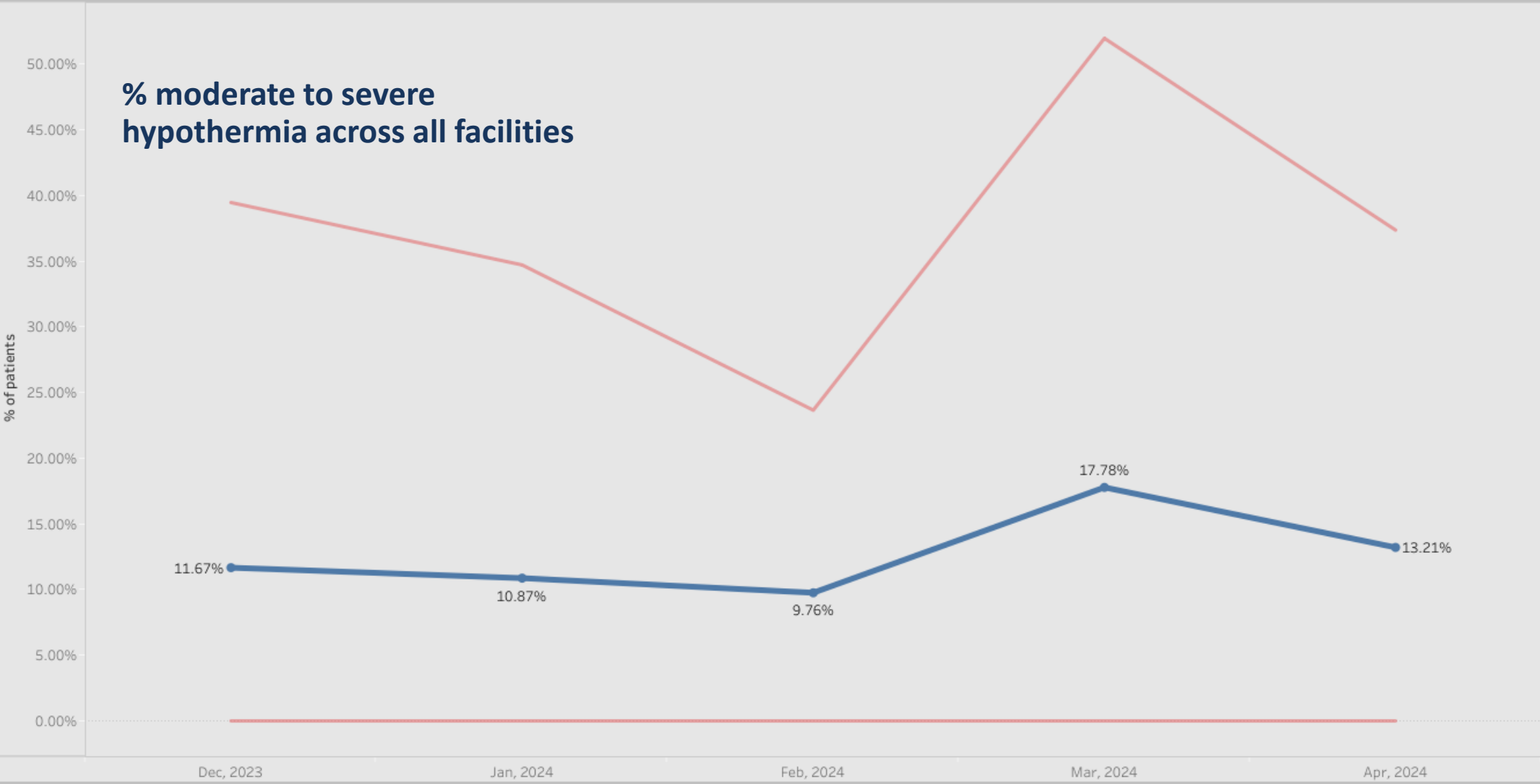
Race/Ethnicity Data

Structural

Main Page



Control Charts: All Hospitals Vs. Your Hospital



# ALPQC NHP (Golden Hours)

(From December, 2023 to May, 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

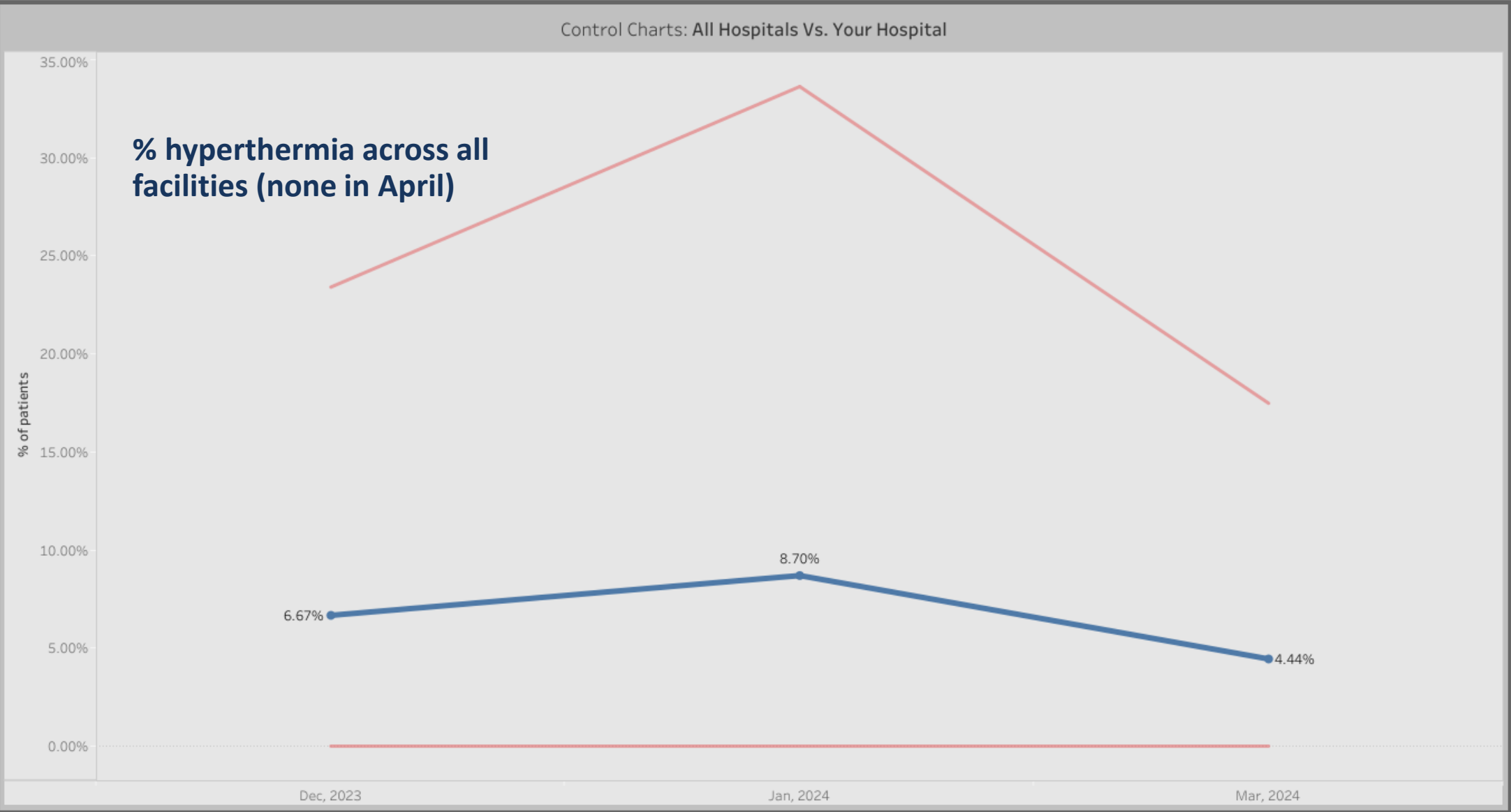
Structural

Main Page

ALPQC

ALABAMA PERINATAL

QUALITY COLLABORATIVE





# Other PQC Initiatives/Literature

---



# Illinois PQC Objectives

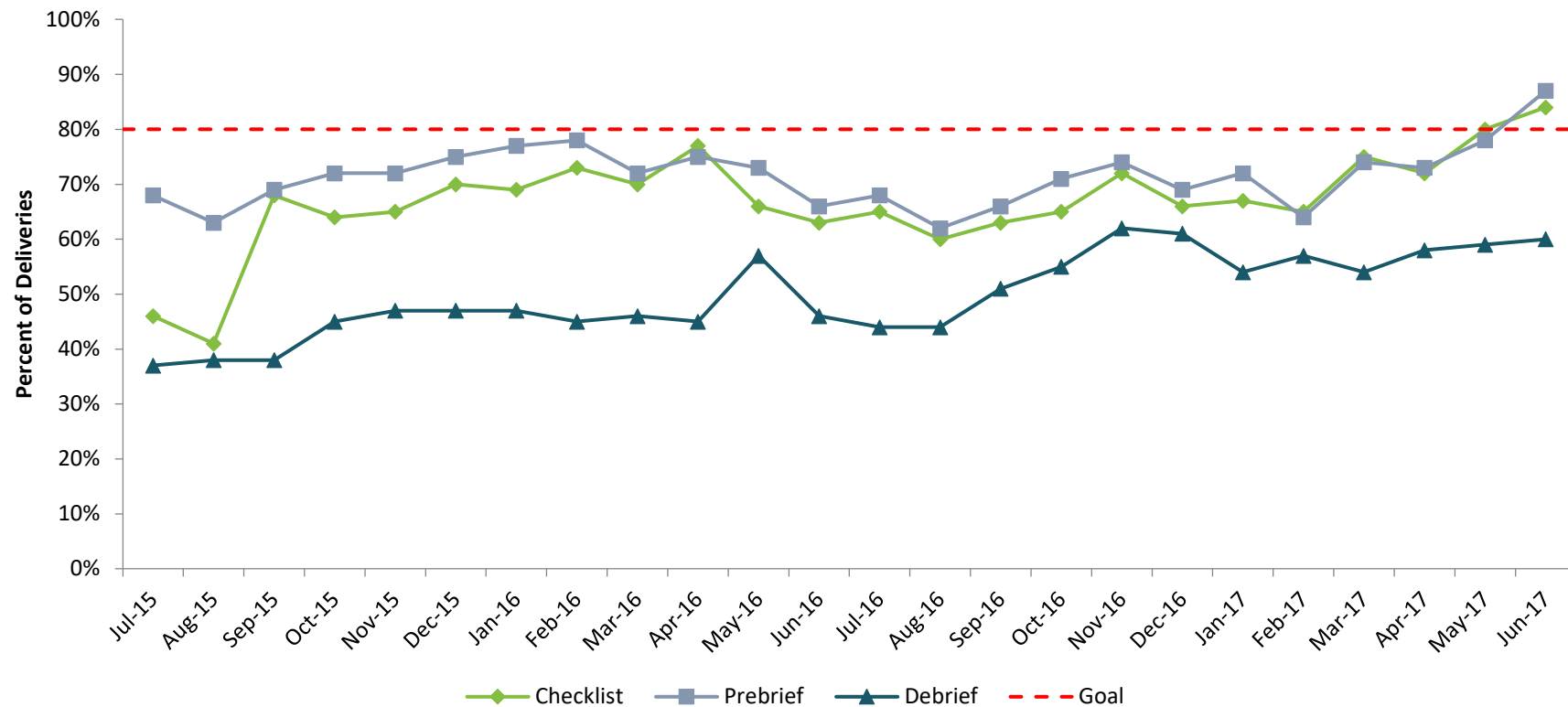
---

- 1. Increase use of prebrief, debrief, and delivery room checklist to 80% or greater
- 2. Increase use of delivery room continuous positive airway pressure (CPAP) to 70% or greater, timely administration of surfactant to 80% or greater, and utilization of timed cord clamping to 80% or greater
- 3. Increase pre-delivery family contact, family presence during resuscitation and neonatal intensive care unit (NICU) admission to 90% or greater
- 4. Standardize admission processes, increase timely administration of intravenous glucose and antibiotics within one hour of birth to 80% or greater and increase number of infants with admission temperature in normal range (36.5-37.5oC)

# Neonatal Golden Hour: Communication Practices



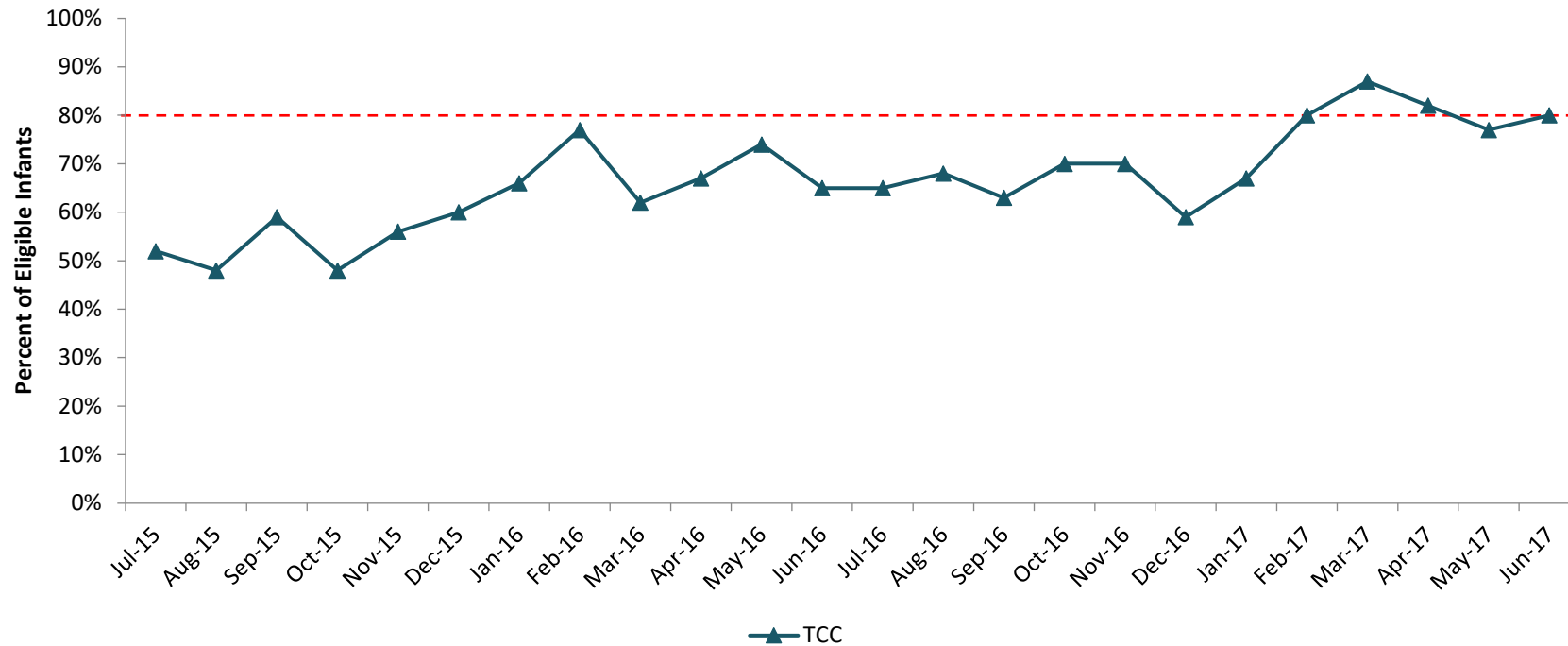
## ILPQC: Golden Hour Initiative Communication Practices: Percent of Deliveries Utilizing Delivery Room Checklist, Prebrief, & Debrief All Hospitals, 2015-2017



# Neonatal Golden Hour: Delivery Room Practices- DCC



**ILPQC: Golden Hour Initiative**  
**Delivery Room Practices: Percent of Eligible Infants with Temp Probe**  
**Initiated within 10 minutes, Initially Stabilized with CPAP Trial, &**  
**Timed Cord Clamping 30-60 Seconds**  
**All Hospitals, 2015-2017**

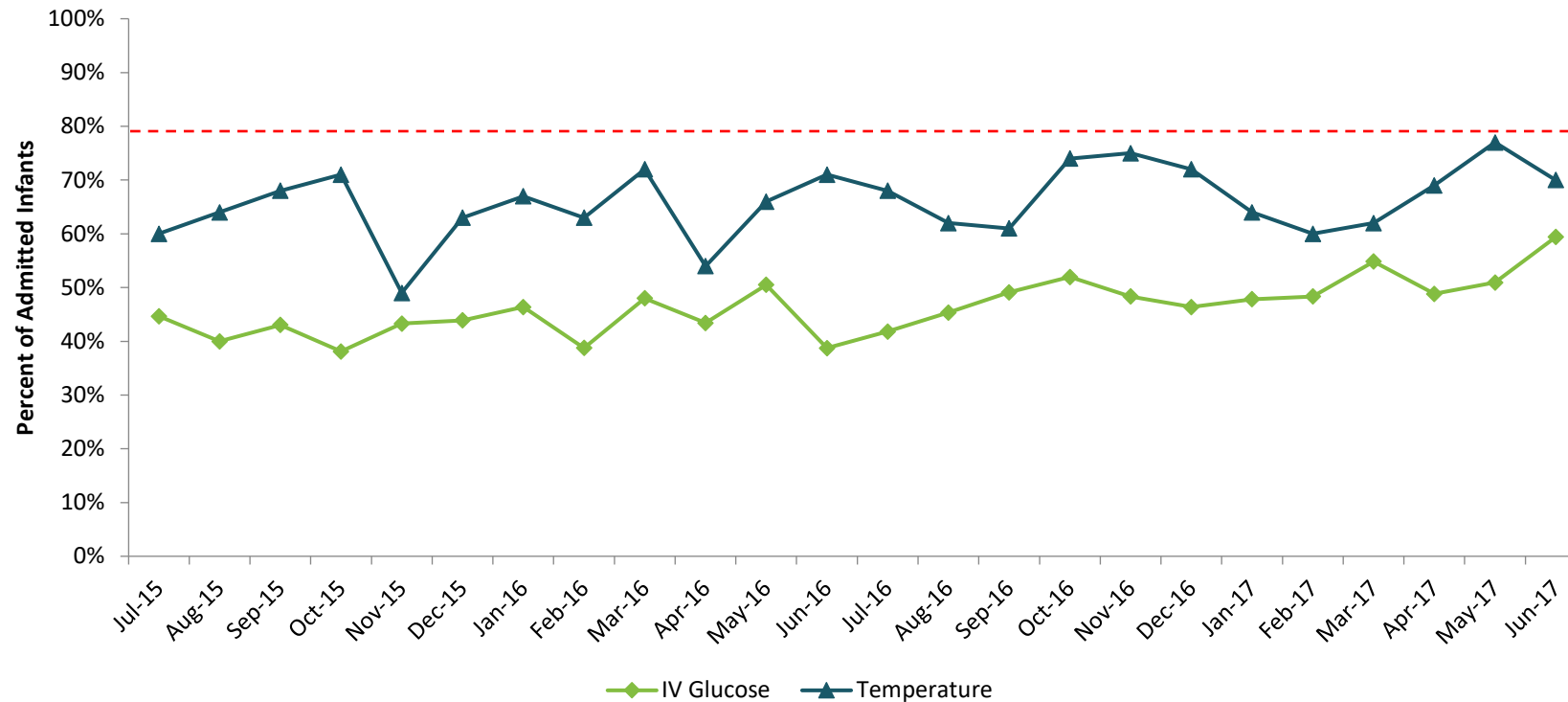




# Neonatal Golden Hour: Admission Practices – Temperature and IV Glucose



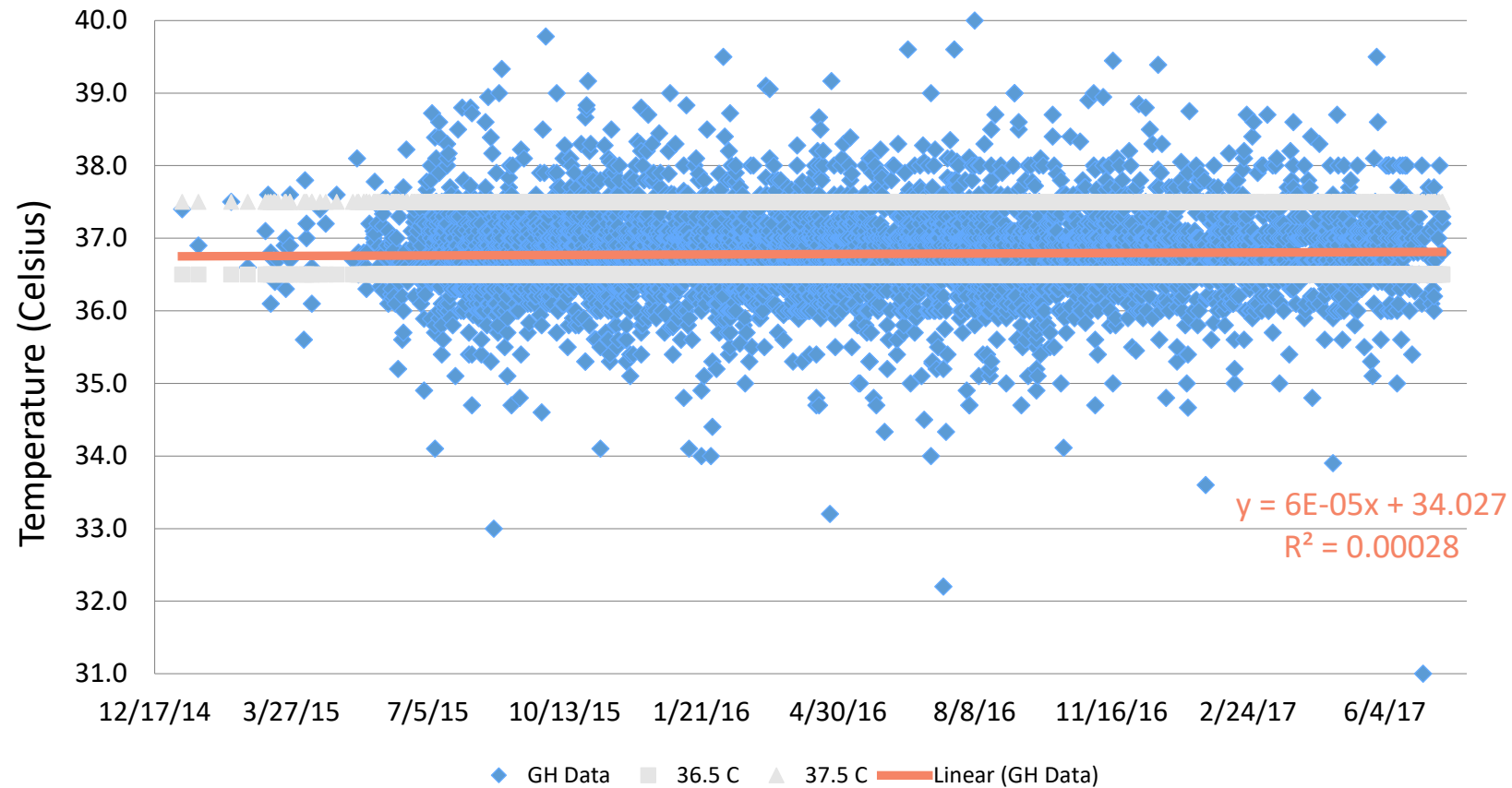
**ILPQC: Golden Hour Initiative**  
**Admission Practices: Percent of Admitted Infants who are Between 36.5-37.5°C on Admission (<32 weeks) & who Received IV Glucose within 1 Hour of NICU/Specialty Care Nursery Admission**  
**All Hospitals, 2015 - 2017**



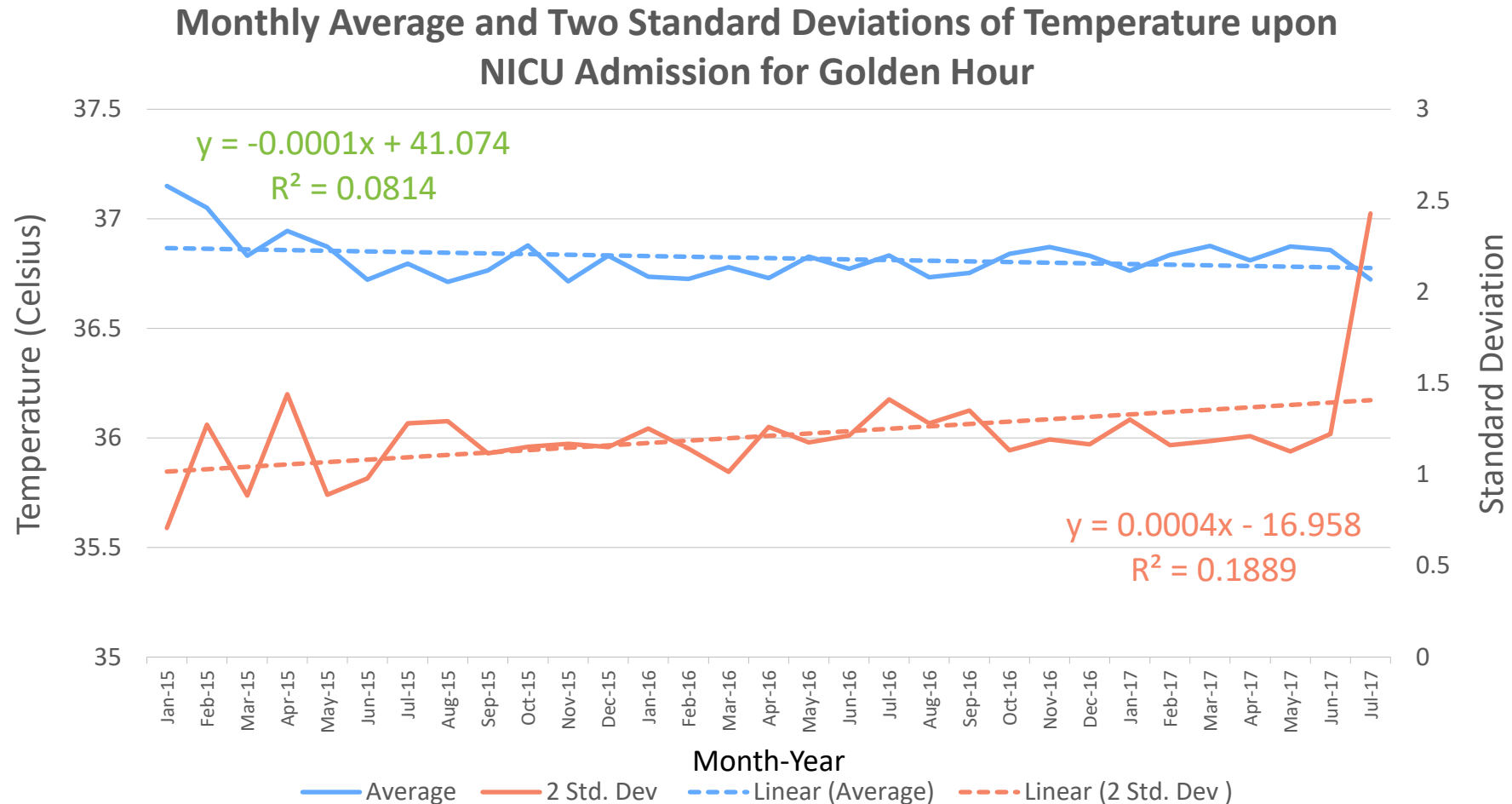
# Admission Practices: Temperature Upon NICU Admission



Temperature upon NICU Admission throughout Golden Hour Initiative



# Admission Practices: Temperature Upon NICU Admission



# Overall Results

---

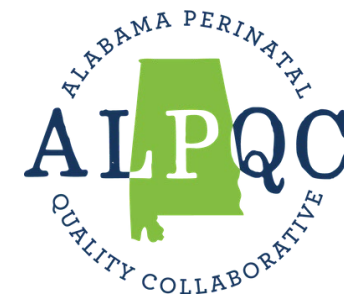
- 70% reduction in the incidence of moderate/sever hypothermia
- 75% of infants received delayed cord clamping
- 80% of deliveries had a delivery room debrief

# Florida PQC



Area	Strategy <span>Balakrishnan et al. <i>J Perinatol.</i> 2017</span>
Policies/Procedures	<ul style="list-style-type: none"> <li>• Standardize approach for high-risk deliveries</li> <li>• Standardize approach for delivery in a non-standard location</li> <li>• Measure infant's admission temperatures every 5 min in the DR</li> <li>• Monitor heart rate continuously until oximeter is functional</li> <li>• Know ideal process to use oximeter</li> <li>• Collaborate with obstetricians to develop a standardized process for DCC (i.e., method, process, timing)</li> </ul>
Resuscitation Team Roles	<ul style="list-style-type: none"> <li>• Have a system to enable all providers to know their pre-defined DR team roles</li> <li>• Ensure all members are readily available and easy to contact</li> <li>• Use simulation-based training</li> <li>• Have dedicated team roles for thermoregulation (i.e., monitoring temperature) and oxygen targeting (i.e., placing pulse oximeter probe on preductal site, adjust FiO<sub>2</sub> based on infant SPO<sub>2</sub> values using NRP guideline targets)</li> </ul>
Equipment Check	<p>Know required DR equipment that should be readily available and accessible for all deliveries</p> <p>Prepare supplies and equipment for:</p> <ol style="list-style-type: none"> <li>Thermoregulation: appropriate DR temperature, radiant warmer (prior to delivery set to full power in manual mode; after delivery set to servo mode)</li> <li>Oxygen blender set to 21–40% prior to the infant's delivery</li> </ol>
Debriefing	<ul style="list-style-type: none"> <li>• Evaluate effectiveness of actions taken at each delivery:</li> <li>• Use process or outcome measures to assess, monitor and evaluate performance</li> <li>• Debrief each delivery for team member feedback</li> </ul>

# Florida PQC

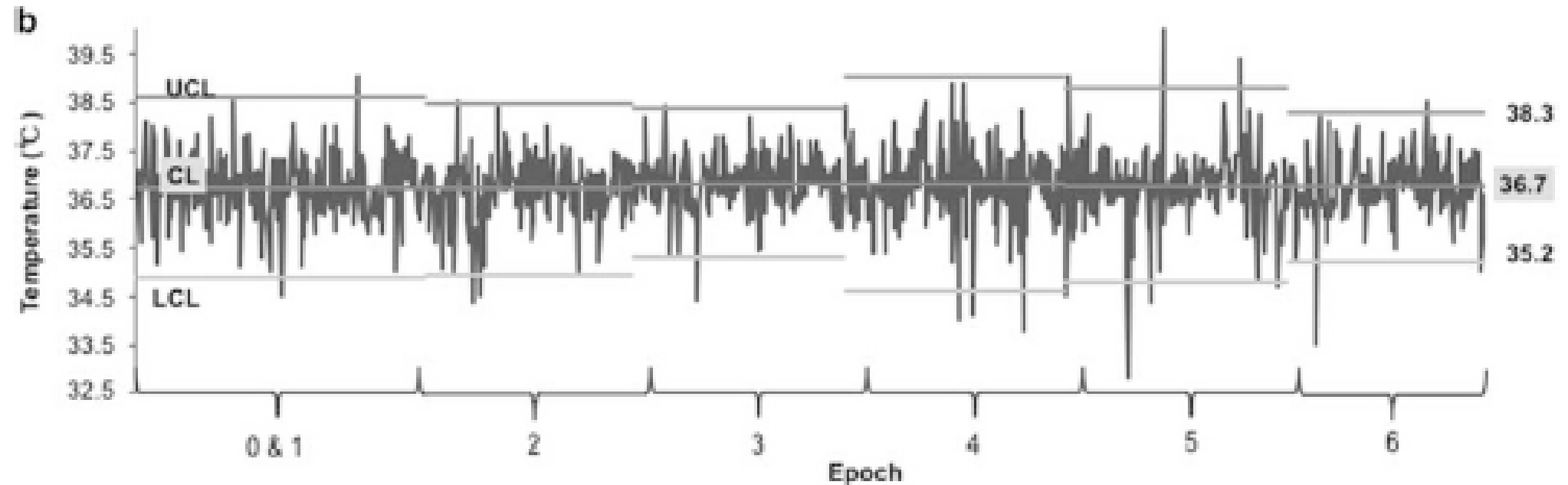


**Table 3.** Analysis of input, process and outcome measure

Epoch	0	1	2	3	4	5	6 <sup>a</sup>
Dates	10/2013– 12/2013	1/2014– 3/2014	4/2014– 6/2014	7/2014– 9/2014	10/2014– 12/2014	1/2015– 3/2015	4/2015– 12/2015
n	137	129	146	169	181	189	162
<i>Input measures (pre-delivery preparedness)</i>							
Briefing (%) <sup>b</sup>	—	64	73	89	91	96	—
Equipment check (%) <sup>b</sup>	—	78	84	92	93	96	—
Radiant warmer (%) <sup>b</sup>	—	80	85	92	93	97	—
Airway (%) <sup>b</sup>	—	69	87	92	97	98	98
Circulation (%) <sup>b</sup>	—	70	88	86	96	96	96
Team Leader (%) <sup>b</sup>	—	71	89	96	97	98	98
Scribe (%) <sup>b</sup>	—	53	77	78	67	73	85
<i>Process measures</i>							
Ambient temperature (%) <sup>b</sup>	—	55	64	72	85	84	—
Hat (%) <sup>b</sup>	—	76	85	92	93	96	—
Chemical mattress (%) <sup>b</sup>	—	74	79	87	93	93	—
Polyethylene wrap (%) <sup>b</sup>	—	59	71	73	68	86	—
Pulse oximeter probe (%) <sup>b</sup>	—	89	91	96	96	98	—
Debriefing (%) <sup>b</sup>	—	—	64	62	82	76	84
Opportunities identified (%) <sup>b</sup>	—	—	39	34	27	24	—
<i>Outcome measures</i>							
DCC compliance (%) <sup>b,c</sup>	18	36	60	56	48	65	66
Temperature 36.5–37.5 °C (%)	63	63	66	72	63	69	64
SPO <sub>2</sub> targeting 85–95% (%) <sup>d</sup>	71	73	75	78	75	72	78

<sup>a</sup>FPQC required mandatory data collection for Epoch 0 to 5 and offered optional data collection in Epoch 6. <sup>b</sup>Significant trend (Cochran–Armitage test;  $P < 0.05$ ) between Epochs. <sup>c</sup>This data set does not exclude infants in whom DCC was contraindicated. <sup>d</sup>Infants were excluded from data analysis if SPO<sub>2</sub> > 95% despite receiving FIO<sub>2</sub> of 21% or SPO<sub>2</sub> < 85% despite receiving FIO<sub>2</sub> 100%.

# Florida PQC



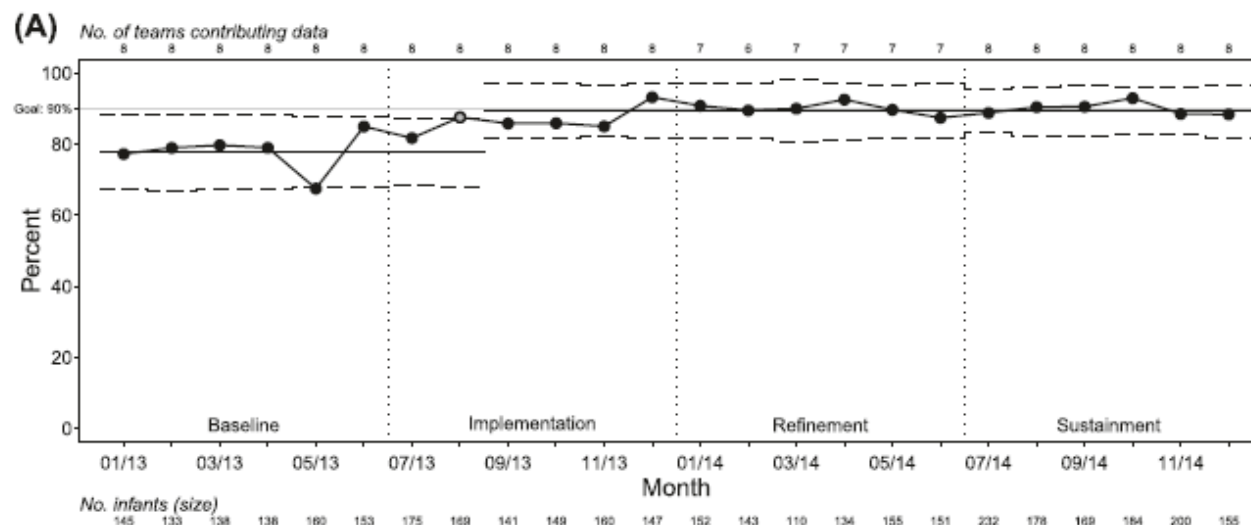
# Tennessee PQC

PBP Group	Processes	Implementation	Measures
Preparedness	Use of pre-resuscitation checklist	Create/adapt a checklist, Identify deliveries for checklist use, educate team on using checklist	Count of resuscitation where checklist was used divided by count of resuscitations expressed as a percentage
Communication	Briefing and debriefing with resuscitation team	Inclusion of briefing as a final preresuscitation checklist item, recommendation for a debriefing script and data tool	Count of resuscitation where pre-resuscitation briefing was performed divided by count of resuscitations expressed as a percentage Count of resuscitation where post-resuscitation debriefing was performed divided by count of resuscitations expressed as a percentage
Pulse oximetry and oxygen titration	Titrate supplemental oxygen based on pulse oximetry	Obtain pulse oximeters, obtain T-piece resuscitator, train oximeter placement, titrate oxygen delivery based on NRP guidelines, record FiO2 and SaO2 data with 5 min Apgar score	Count of resuscitations where supplemental oxygen was used and the SaO2 was within NRP target range at 5 min of life divided by count of resuscitations where supplemental oxygen was used expressed as a percentage
Post resuscitation stabilization	Decrease time to: IV access, IV glucose infusion, IV antibiotics	Prompt serum glucose check after admission, Identify infants needing further intervention, order sets standardized	Elapsed time in minutes from birth to obtaining IV access for cases where IV access was indicated; Elapsed time in minutes from birth to initiation of continuous glucose infusion for cases where IV glucose was indicated

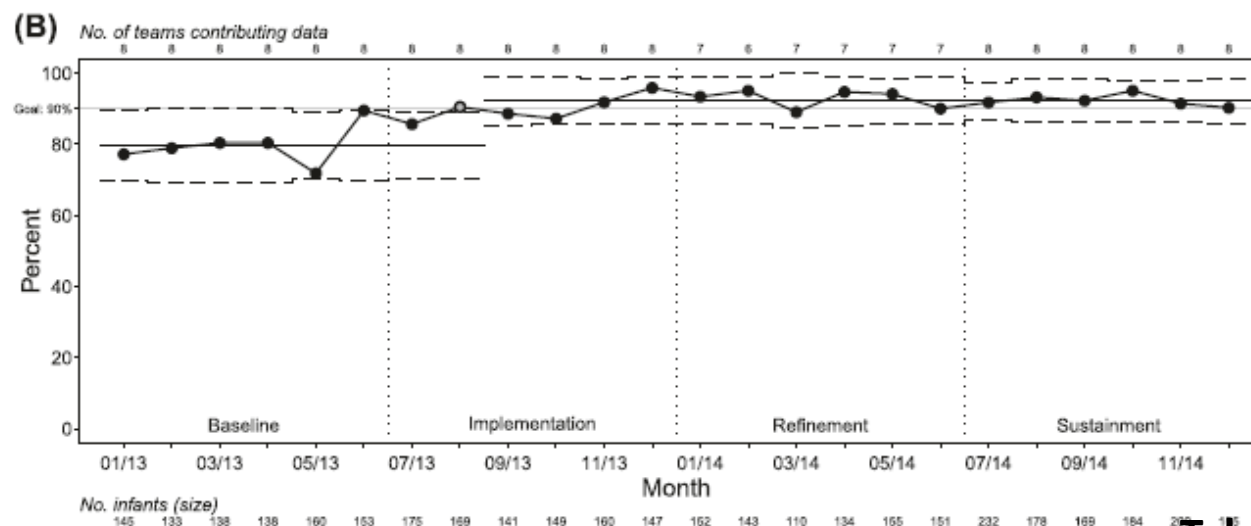


# Tennessee PQC

Pre resuscitation checklist

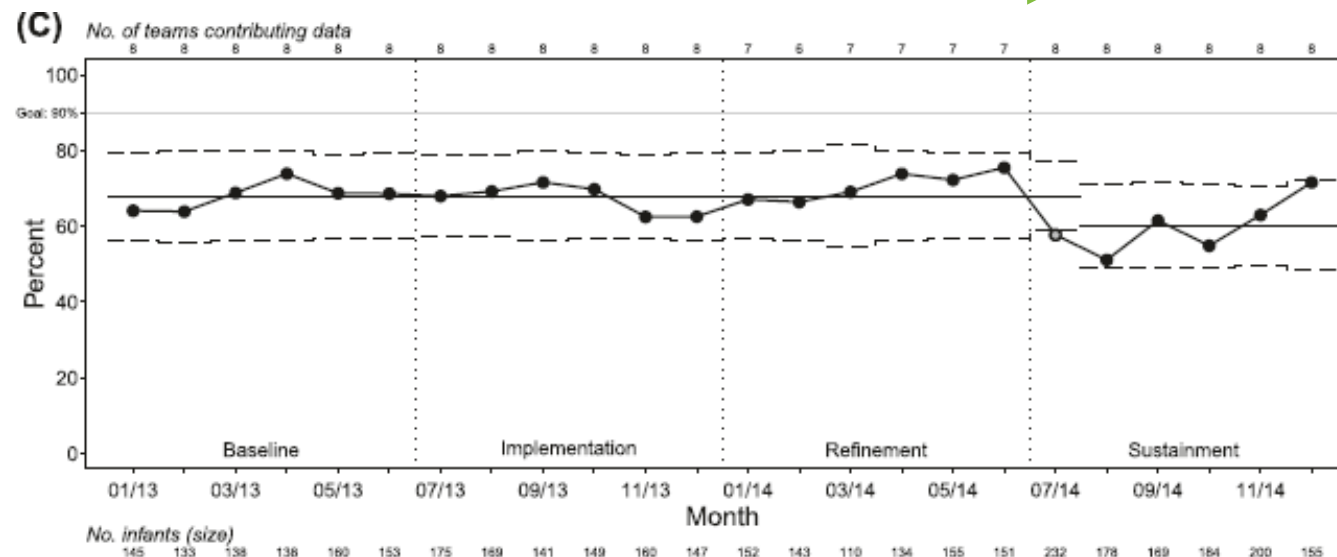


Pre resuscitation briefing

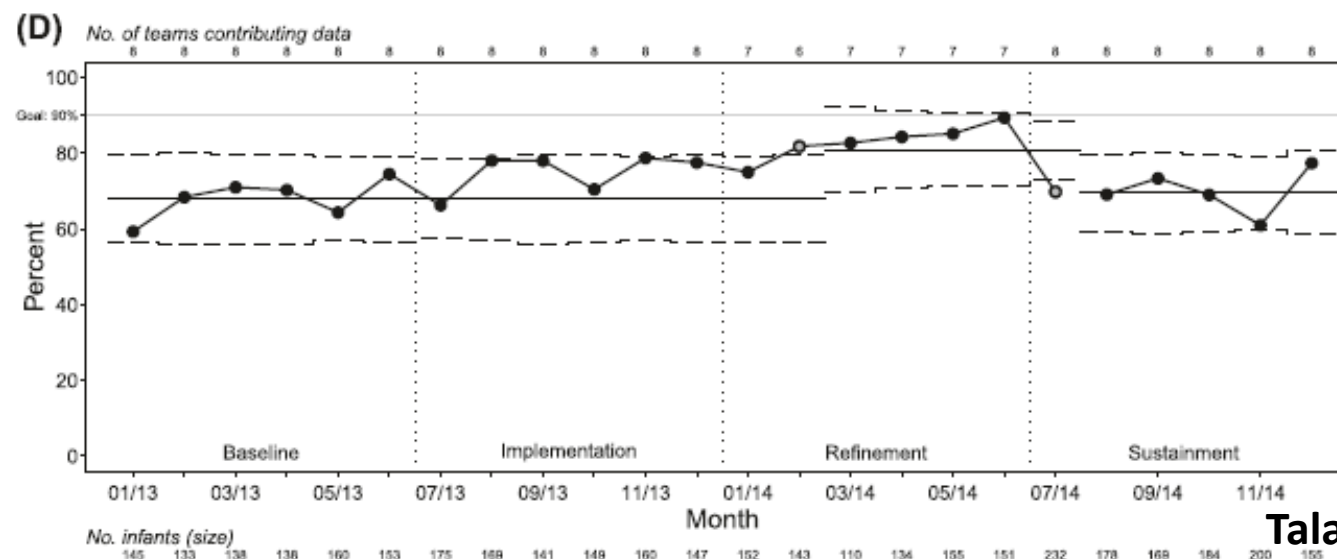


# Tennessee PQC

Communication with family



Post resuscitation briefing



# California PQC

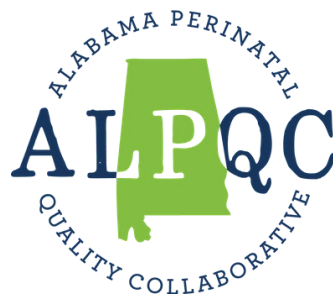


**TABLE 2** CPQCC Delivery Room Management Collaborative Change Package

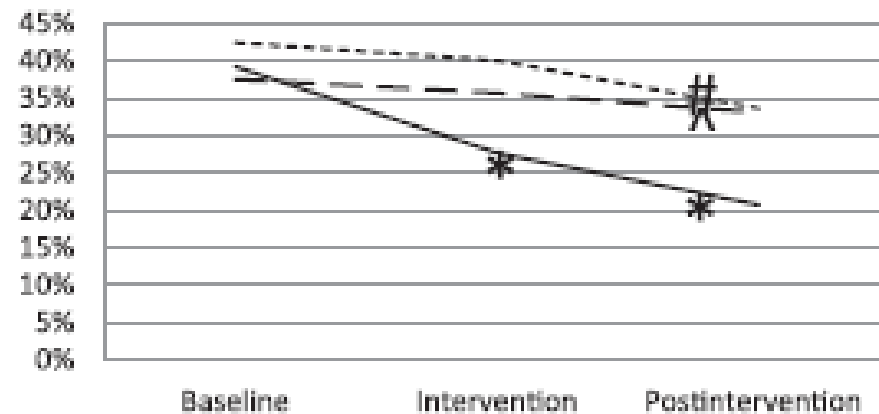
Performance Expectations
<ol style="list-style-type: none"><li>1. Use a checklist to prepare for all high-risk neonatal resuscitations (VON VLBW Resuscitation Toolkit Potentially Better Practice #1)</li><li>2. Improve teamwork and communication in the delivery room using briefings, debriefings, and other methods<ul style="list-style-type: none"><li>• At minimum, each resuscitation requires a briefing and debriefing (VON VLBW Resuscitation Toolkit Potentially Better Practice #6)</li></ul></li><li>3. Obtain a pulse oximetry reading by 2 min of life and continuously monitor the heart rate and oxygen saturation (VON VLBW Resuscitation Toolkit Potentially Better Practice #2) in the following situations at minimum<ul style="list-style-type: none"><li>• VLBW infant</li><li>• Whenever positive pressure ventilation is required (NRP guidelines 10.2010)</li></ul></li><li>4. Maintain normal temperature (CPQCC toolkit best practice #4; VON VLBW Resuscitation Toolkit Potentially Better Practice #3)</li><li>5. Optimize initial respiratory support (CPQCC toolkit best practice #7)<ul style="list-style-type: none"><li>• Early use of CPAP (within 60 s of life)</li><li>• Avoid intubation (if possible)</li><li>• Avoid prophylactic surfactant use in the delivery room</li></ul></li></ol>

VON, Vermont Oxford Network.

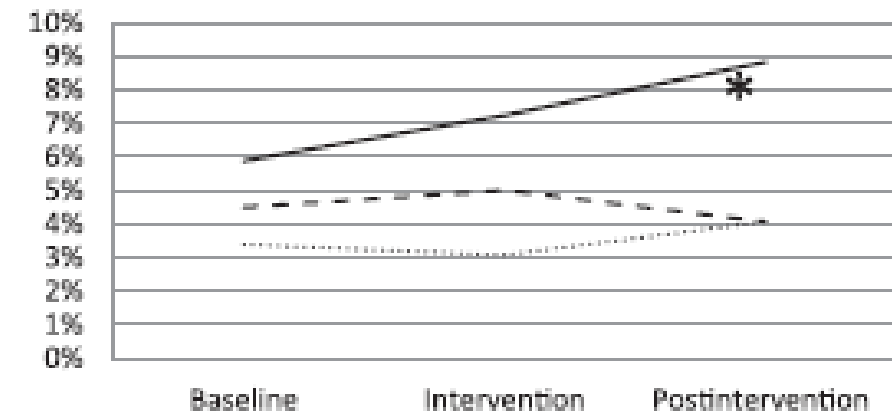
# California PQC



**A** % Hypothermia



**B** % Hyperthermia

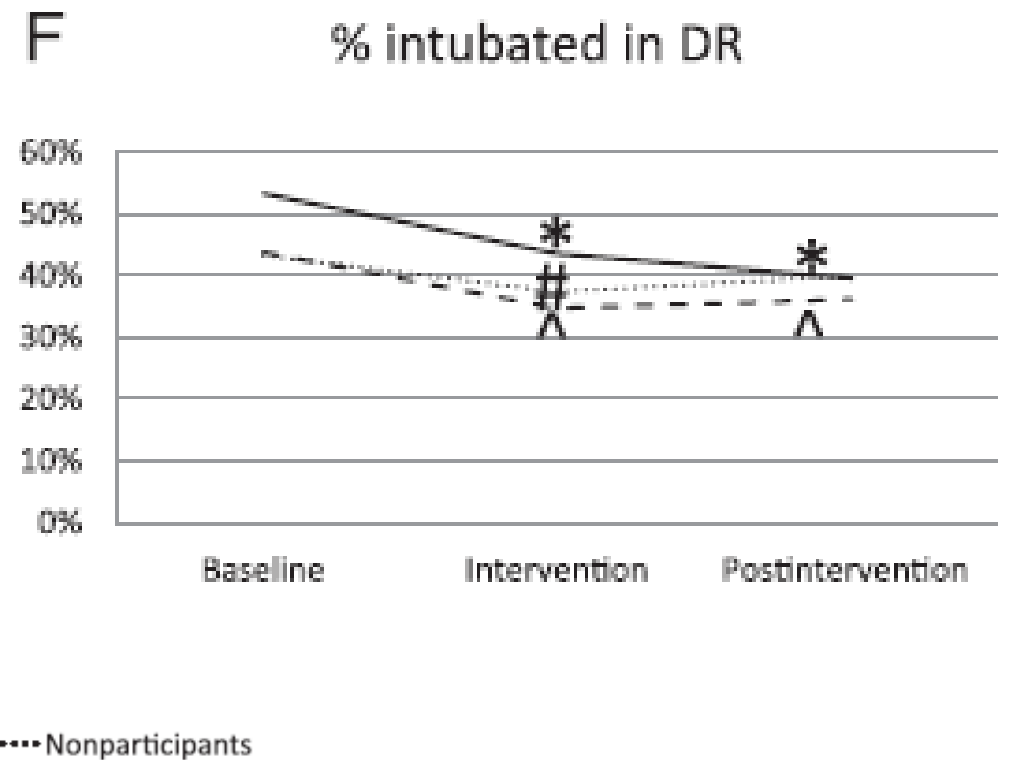
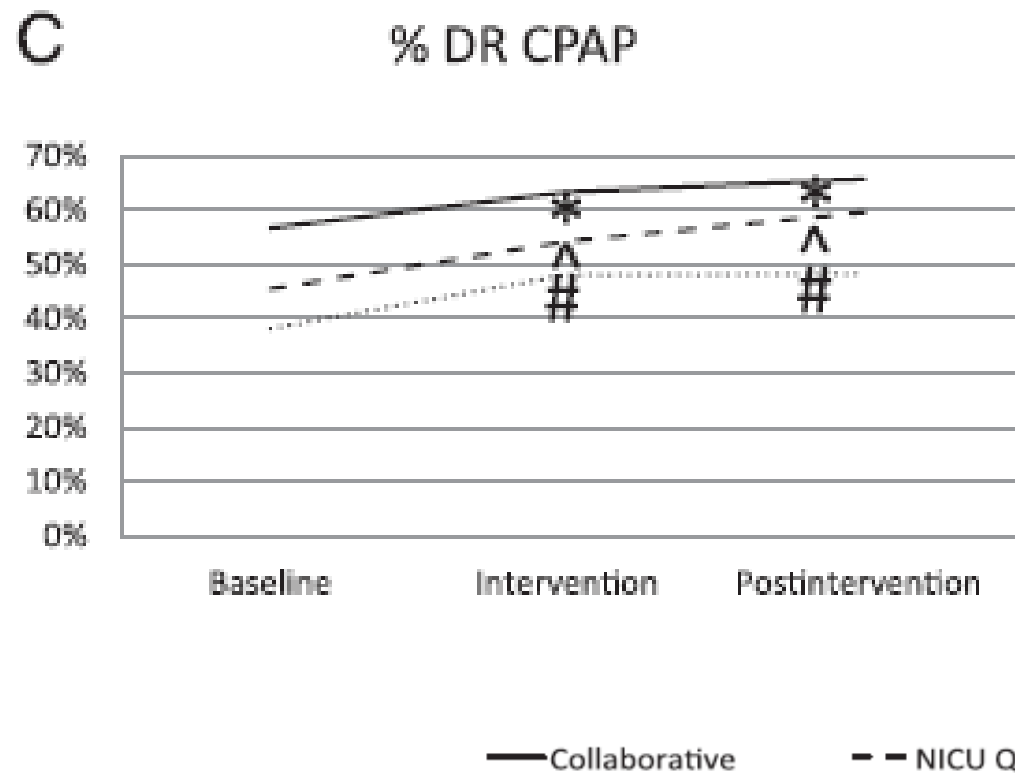
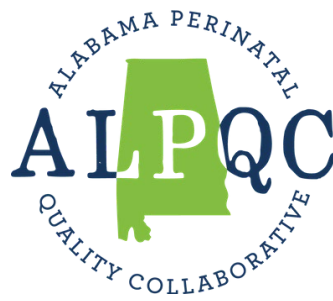


— Collaborative

- - NICU QI

..... Nonparticipants

# California PQC





# Poll Questions

---



# Mentimeter Questions

---

- 1. We are almost to the halfway mark of the initiative. So far, how do you feel about your progress ?
- 2. What is the next PDSA cycle that you are going to focus on at your facility related to this initiative?

# Q&A

---



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

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



# Reminders

---

- Hospital Shares are encouraged!
  - A great way to celebrate your successes or share your challenges
  - Fosters collaboration and builds relationships
  - Sending out a sign-up sheet
  - Please sign up to share by emailing [info@alpqc.org](mailto:info@alpqc.org). We look forward to hearing from everyone!

# Stay Connected!

---



**Website:**

**<http://www.alpqc.org>**

**Email:**

**[info@alpqc.org](mailto:info@alpqc.org)**

**X (Twitter): @alpqc**

**<https://twitter.com/alpqc>**

# Next Meeting

---



**Wednesday, July 24<sup>th</sup> at 12pm**

# Thank you!

---



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