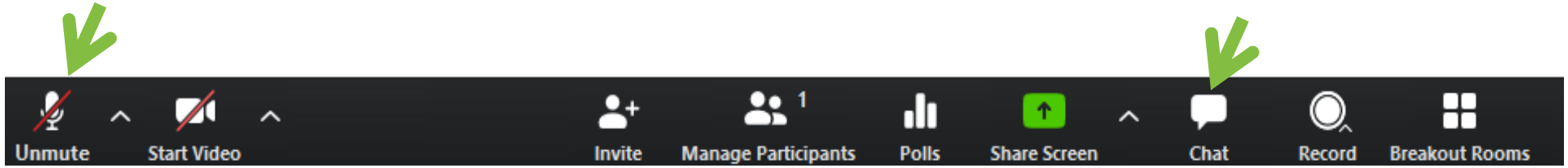
Neonatal Initiatives

Action Period Call
June 26th, 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 30th
  - Links to survey sent on June 15th
  - 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 ≥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.

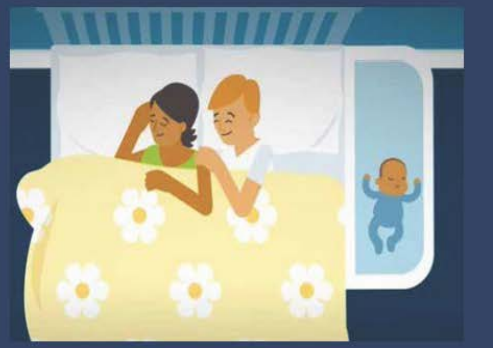
E: ENSURE BABY'S HEAD IS UNCOVERED.

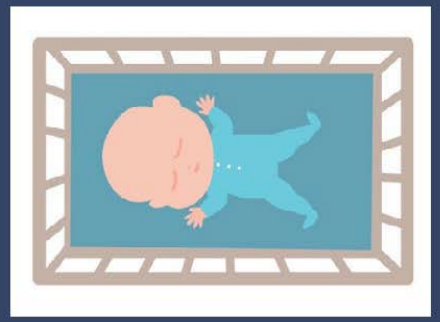
S: SLEEP IN THE SAME ROOM, NOT THE SAME BED.

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?

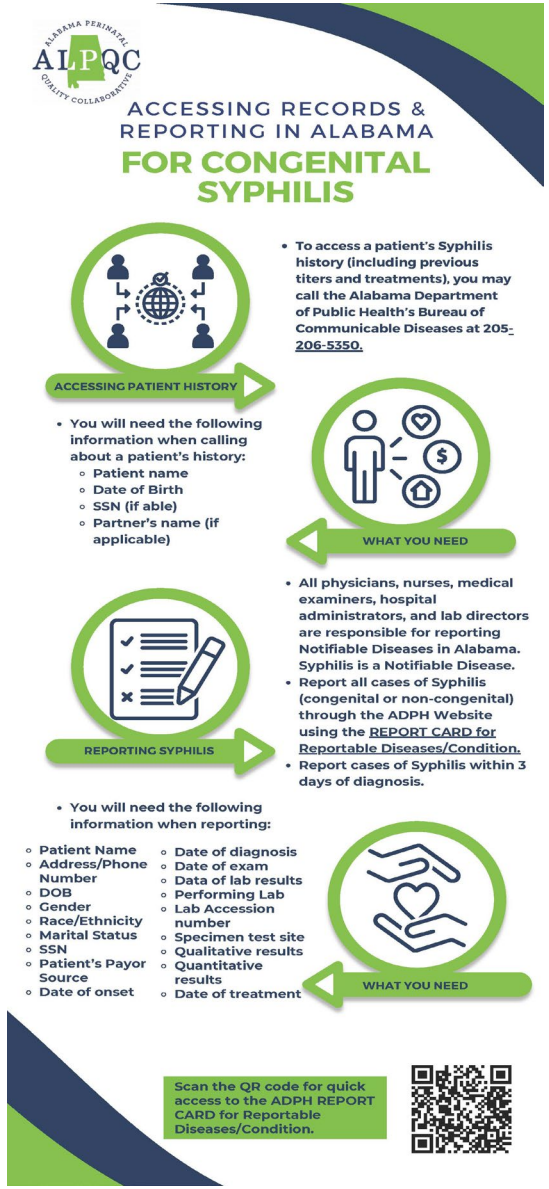
BREASTFEED OR BOTTLE FEED?

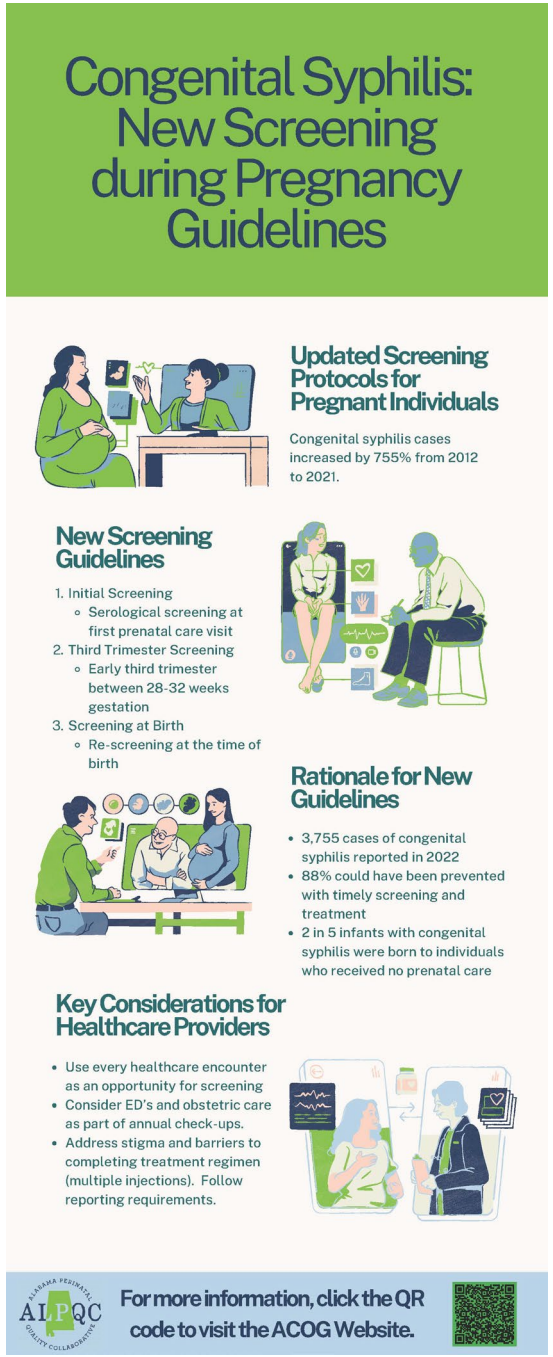
HOW WILL YOU STAY AWAKE AND MAKE SURE THE BABY IS SAFE?

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

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

Congenital Syphilis Information





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 RE

Congenital Syphilis Flyer

Congenital Syphilis 101 Brochur

Syphilis Screening During Pregn

Accessing Records & Reporting

SAFE SLEEP RESOURCES

Safe Sleep Flyer – ENGLISH

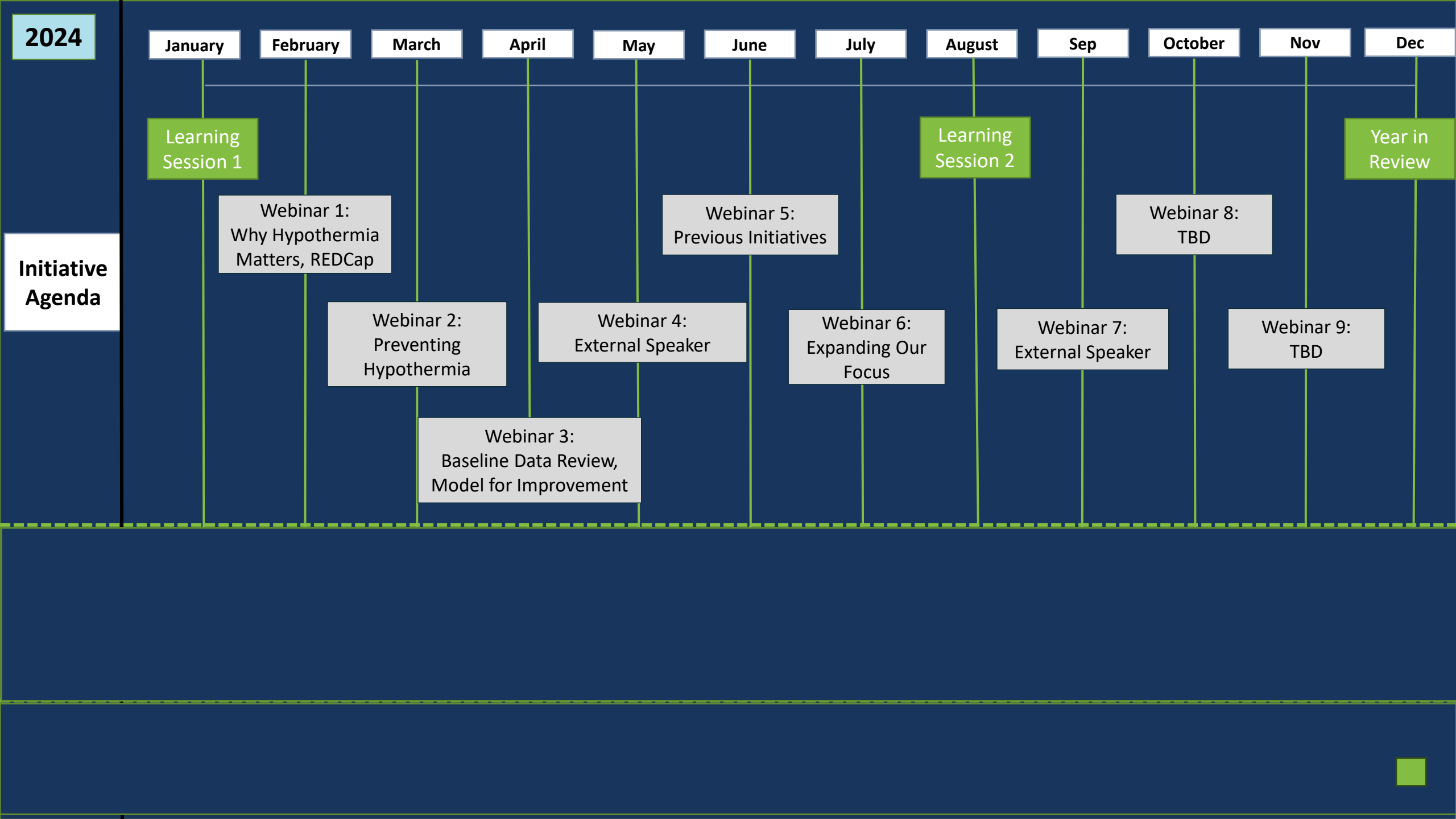
Safe Sleep Flyer – SPANISH

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
January
February
March
April
May
June
July
August
Sep
October
Nov
Dec
Initiative Agenda
Learning Session 1
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
Learning Session 2
Webinar 7: External Speaker
Webinar 8: TBD
Webinar 9: TBD
Year in Review

April Data Review
Levels 1 and 2

ALPQC NHP

(From December, 2023 to May, 2024)

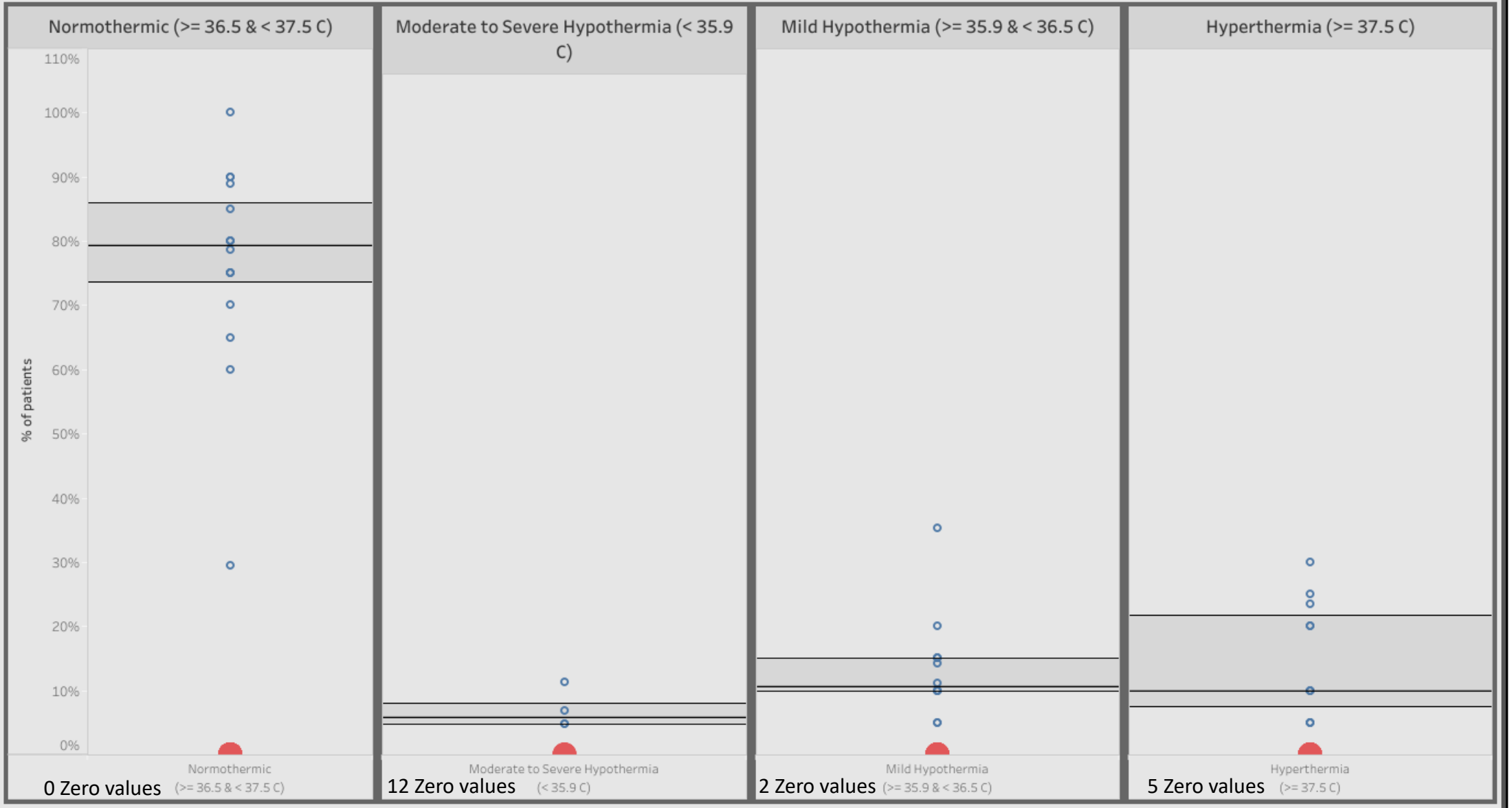
Hide Filters

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



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2 Zero values

5 Zero values

ALPQC NHP

(From December, 2023 to May, 2024)

Hide Filters

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

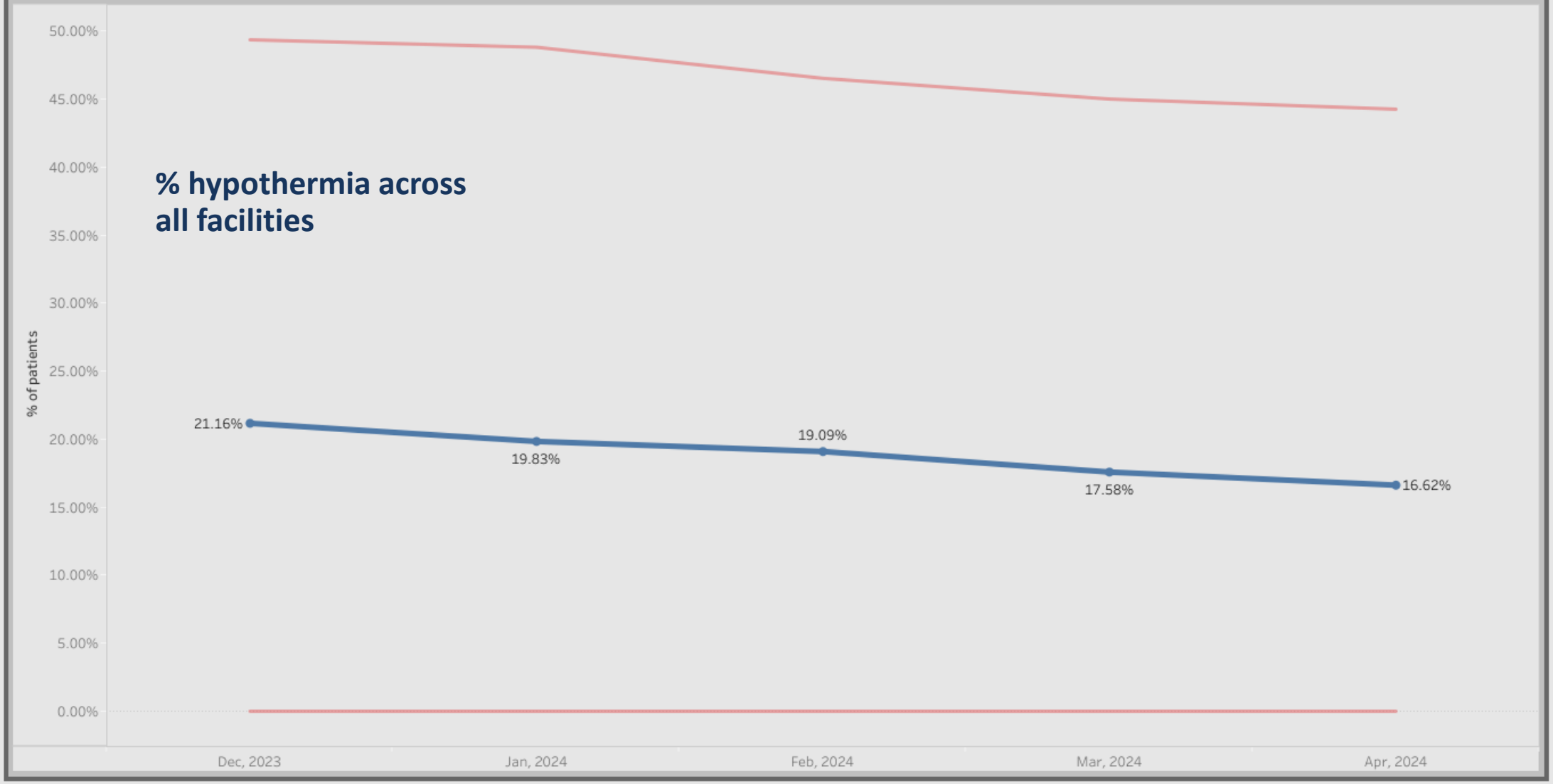
Your Hospital	No Hospital
Outcomes	Any Hypothermia
Thermias	Multiple values
Race	All
Birth Wt	All
GA	All
DeliveryMode	All
Date	Multiple values
Only Your H..	All

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

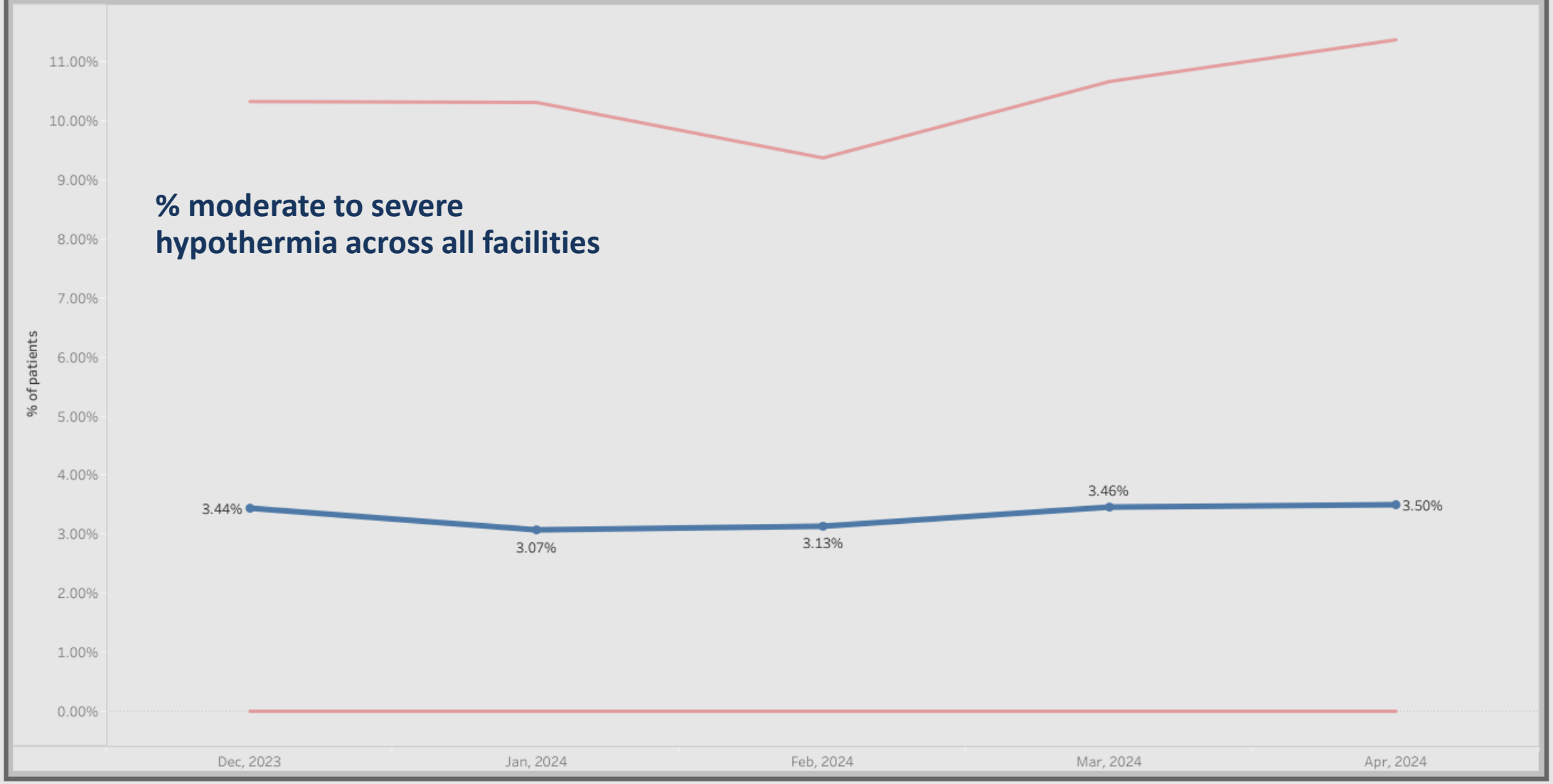
Race/Ethnicity Data

Structural

Main Page

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

% moderate to severe hypothermia across all facilities



ALPQC NHP

(From December, 2023 to May, 2024)

Hide Filters

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

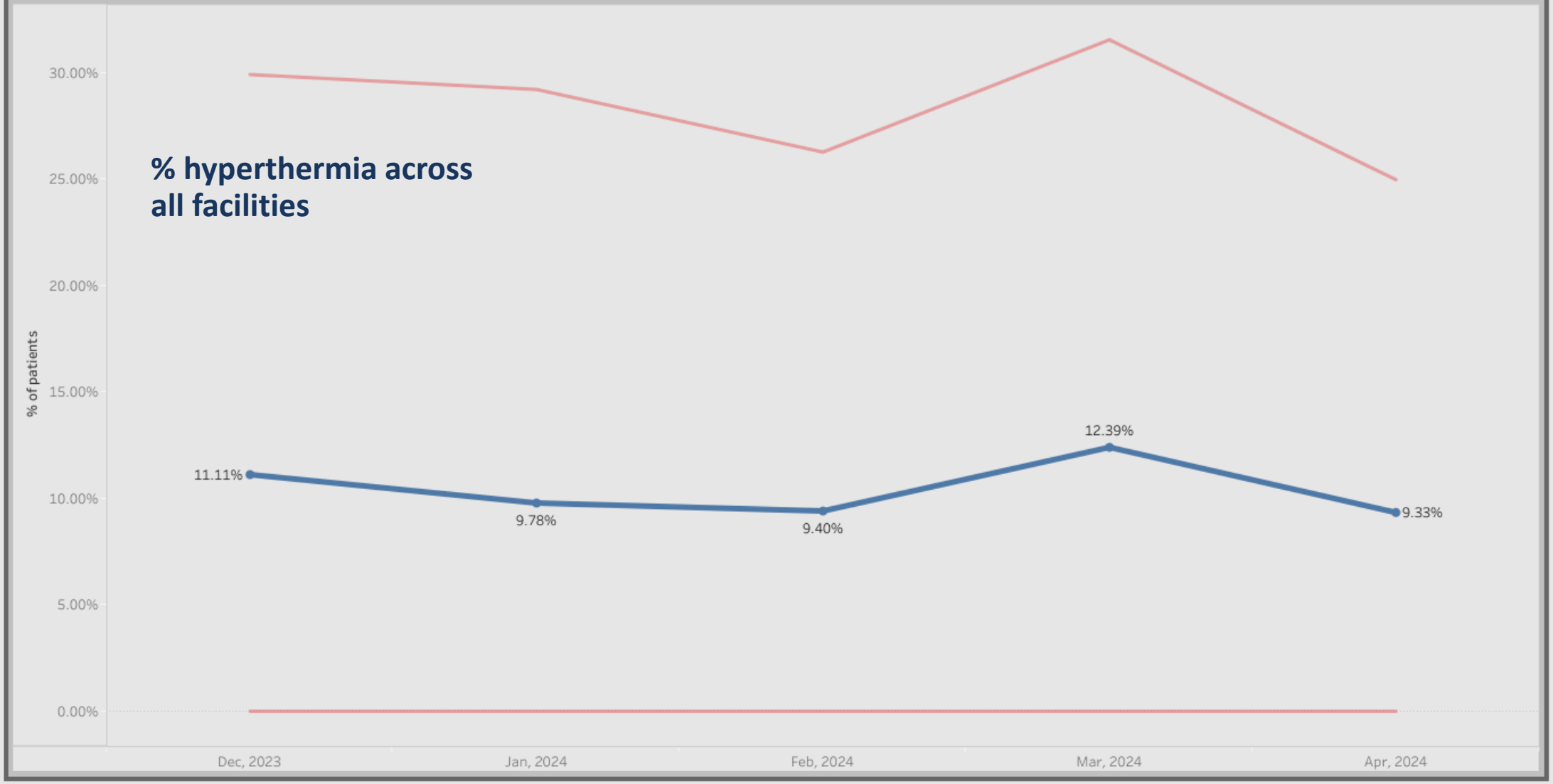
Your Hospital	No Hospital
Outcomes	Hyperthermia
Thermias	Hyperthermia (>= ..
Race	All
Birth Wt	All
GA	All
DeliveryMode	All
Date	Multiple values
Only Your H..	All

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)

Hide Filters

Legends
- All Hospitals
- Your--Hospital

Your Hospital
No Hospital

Date	April 2024
Race	All
Birth Wt	All
GA	All
Zeros Hosps	All Values

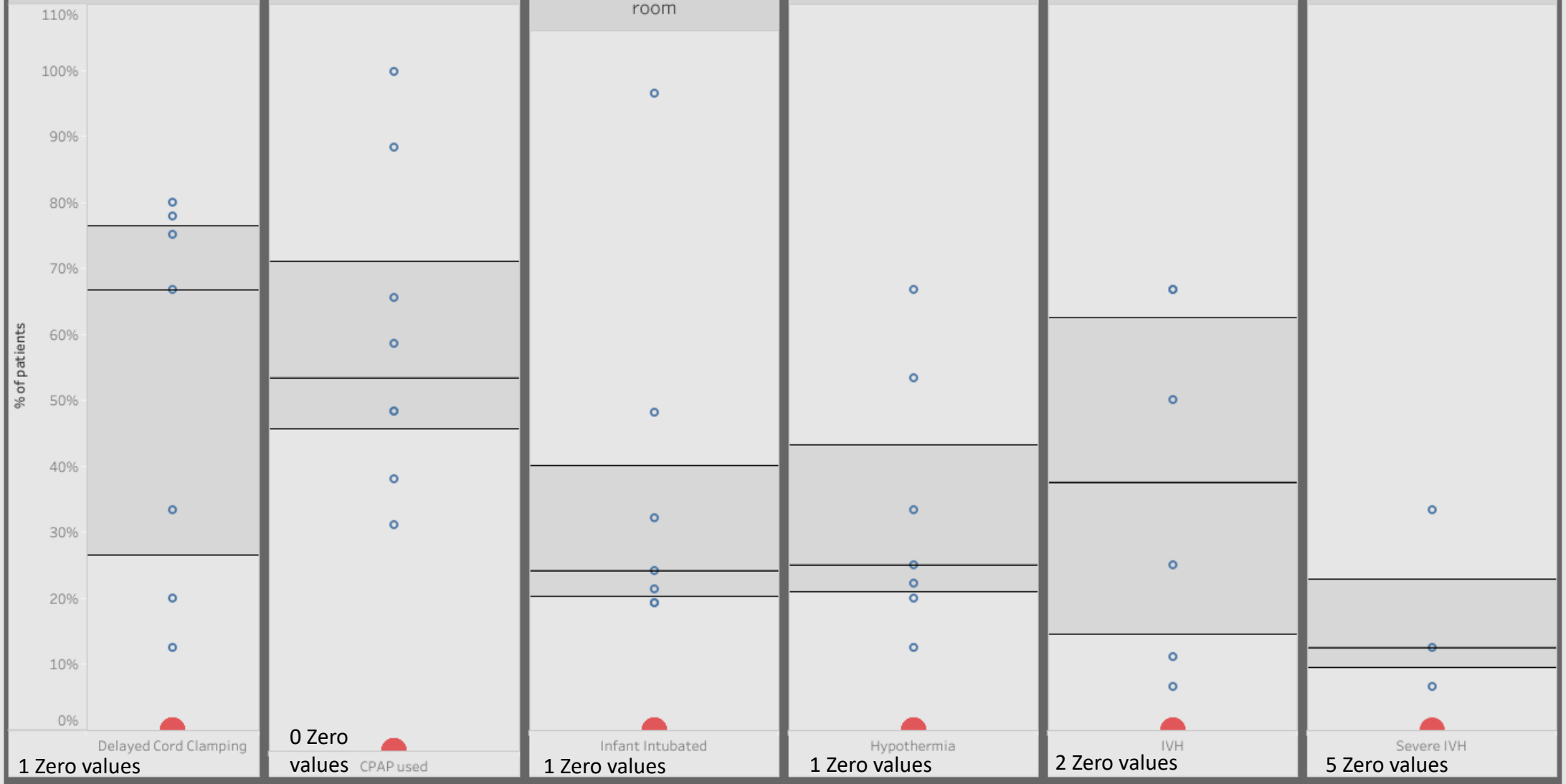
Temp page

Control Charts

Race/Ethnicity Data

Stuctural

Main Page



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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	03. DCC
Thermias	All
Race	All
Birth Wt	All
DeliveryMode	All
GA	All
Date	Multiple values
Only Your H..	All

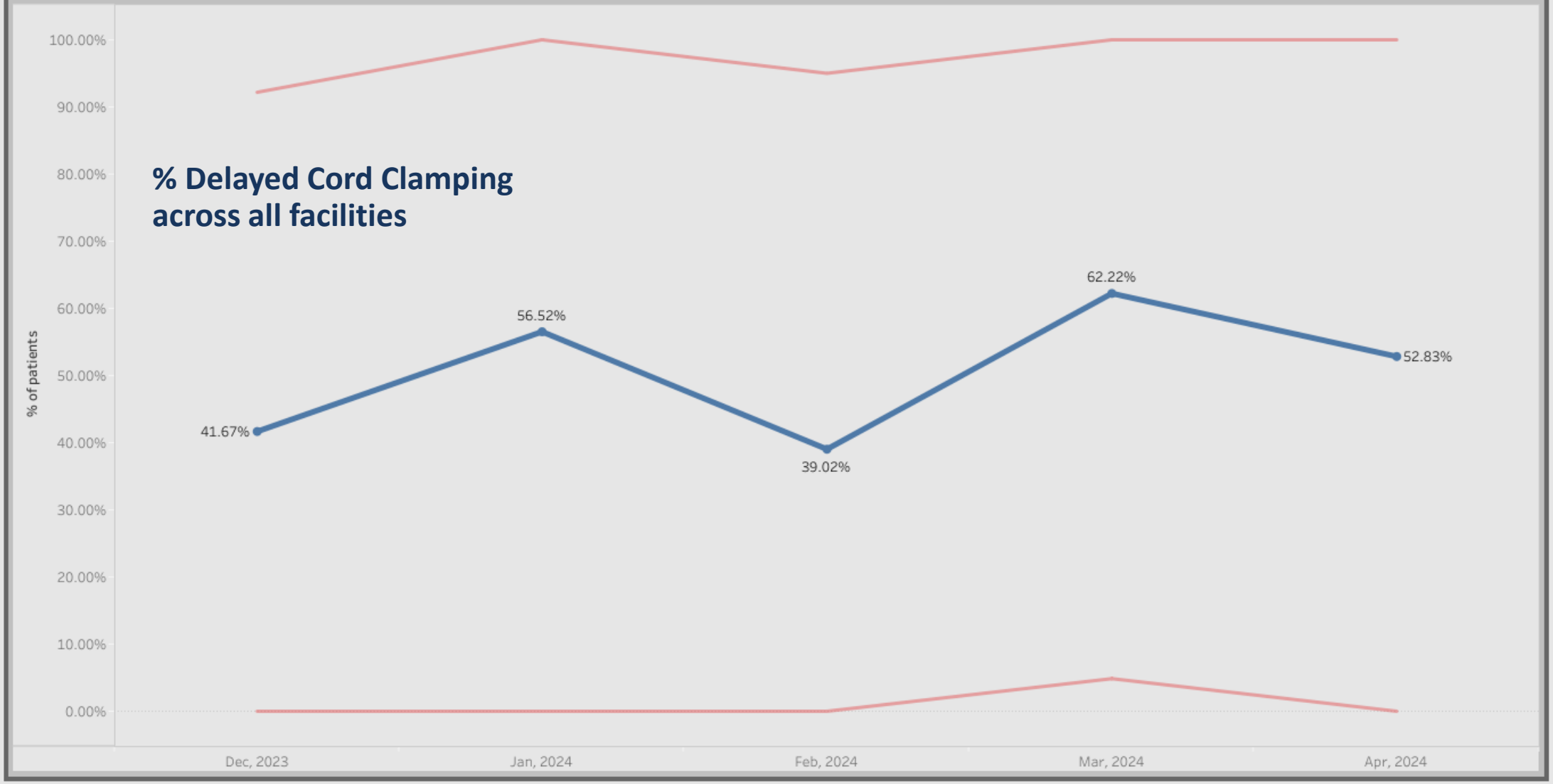
Race/Ethnicity Data

Structural

Main Page

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

% Delayed Cord Clamping across all facilities



ALPQC NHP (Golden Hours)

(From December, 2023 to May, 2024)

Hide Filters

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

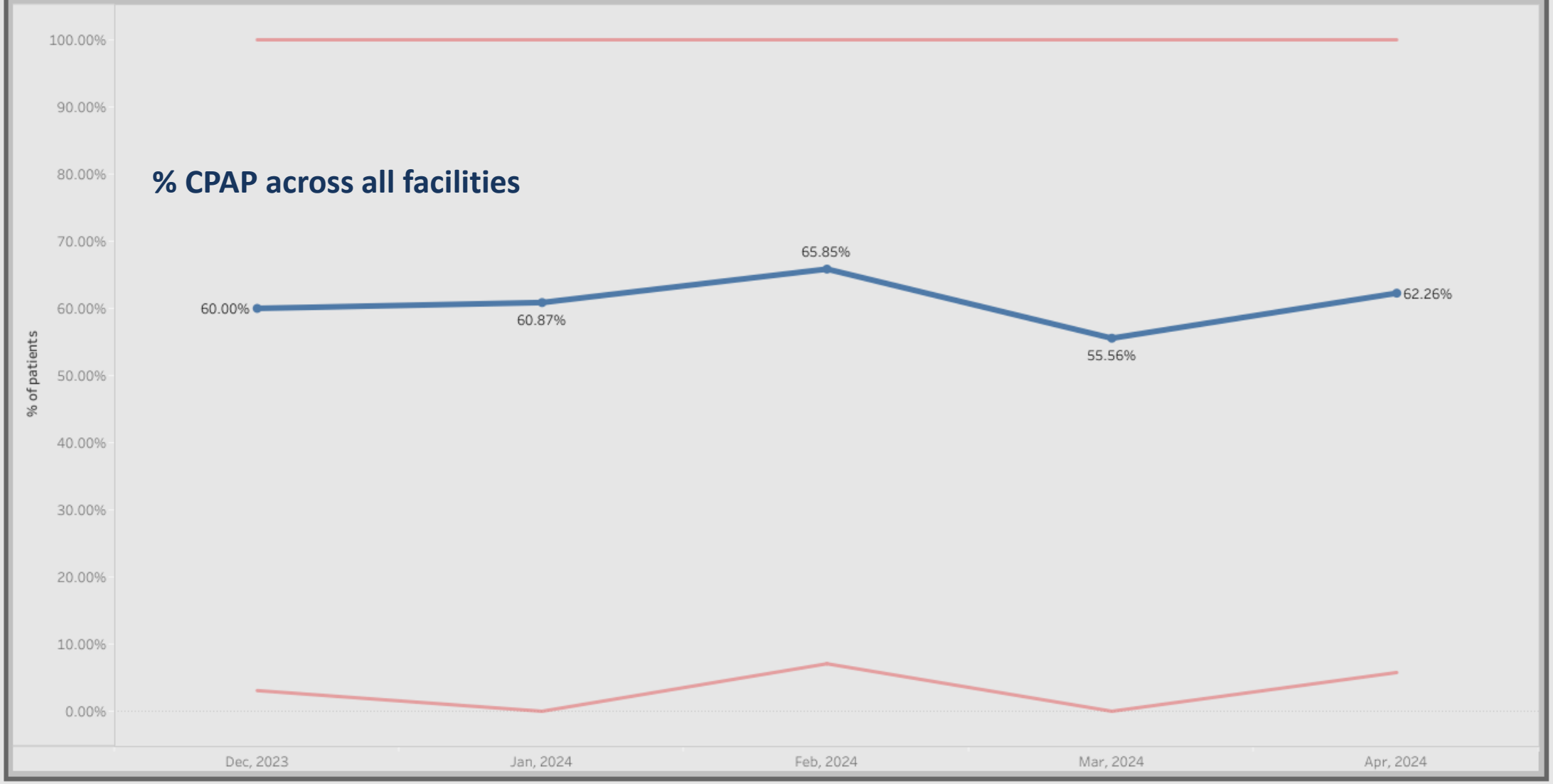
Your Hospital	No Hospital
Outcomes	04. CPAP
Thermias	All
Race	All
Birth Wt	All
DeliveryMode	All
GA	All
Date	Multiple values
Only Your H..	All

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

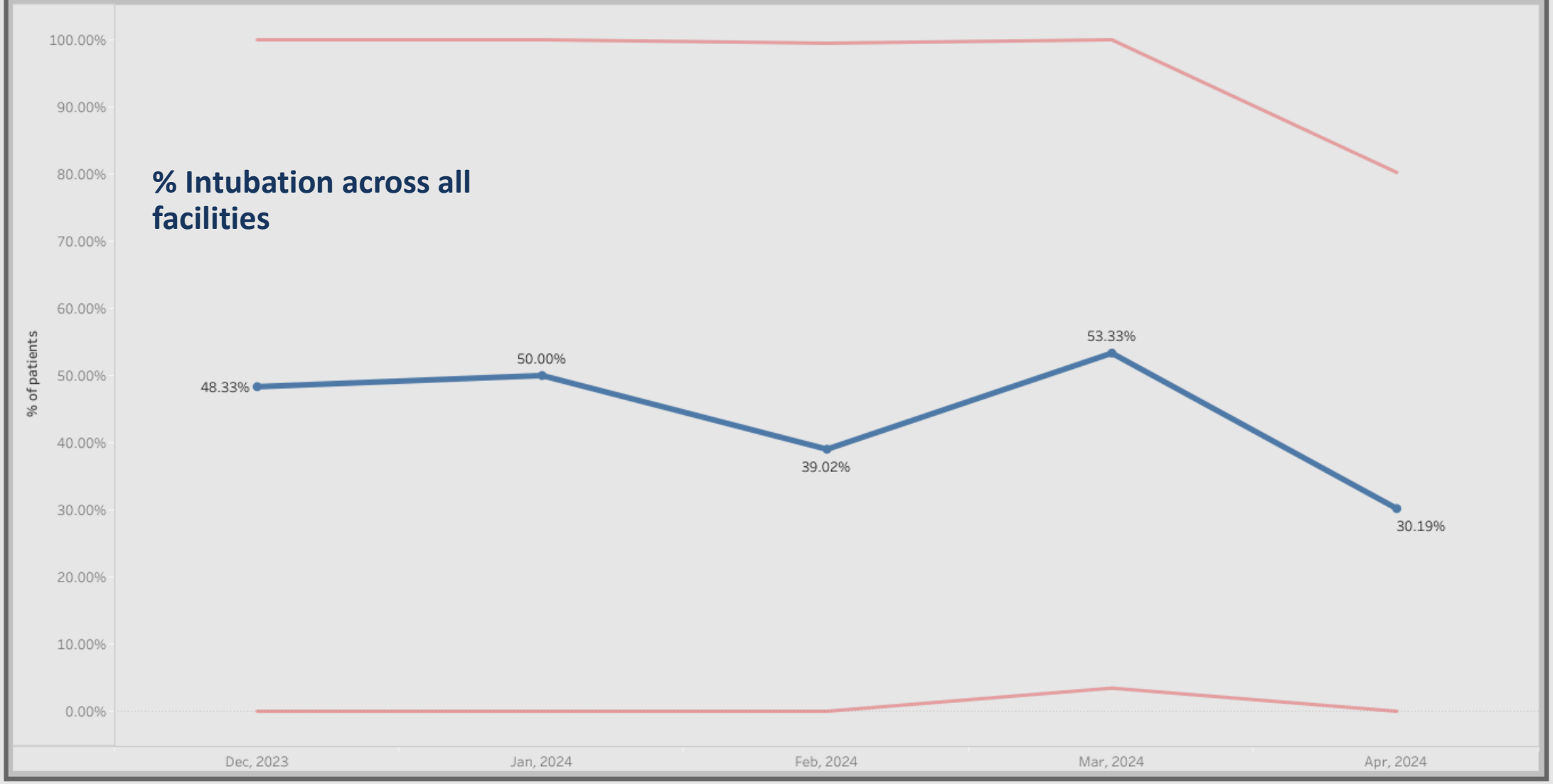
Your Hospital	No Hospital
Outcomes	05. Intubation
Thermias	All
Race	All
Birth Wt	All
DeliveryMode	All
GA	All
Date	Multiple values
Only Your H..	All

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

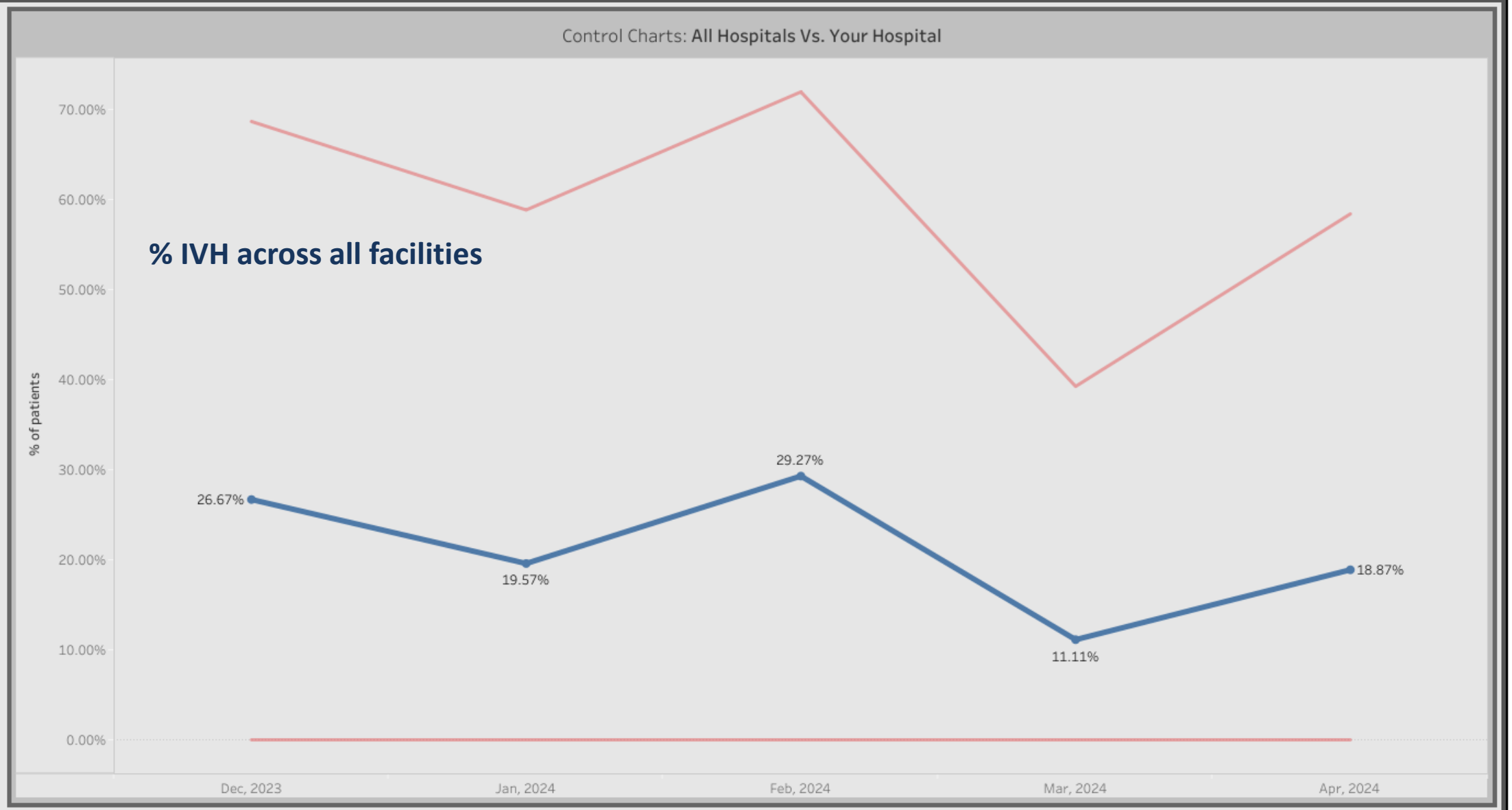
Legends
- Lower Control Limit
- Upper Control Limit
- Your Hospital
- All Hospitals

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

Race/Ethnicity Data

Structural

Main Page



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	06a. IVH Severe
Thermias	All
Race	All
Birth Wt	All
DeliveryMode	All
GA	All
Date	Multiple values
Only Your H..	All

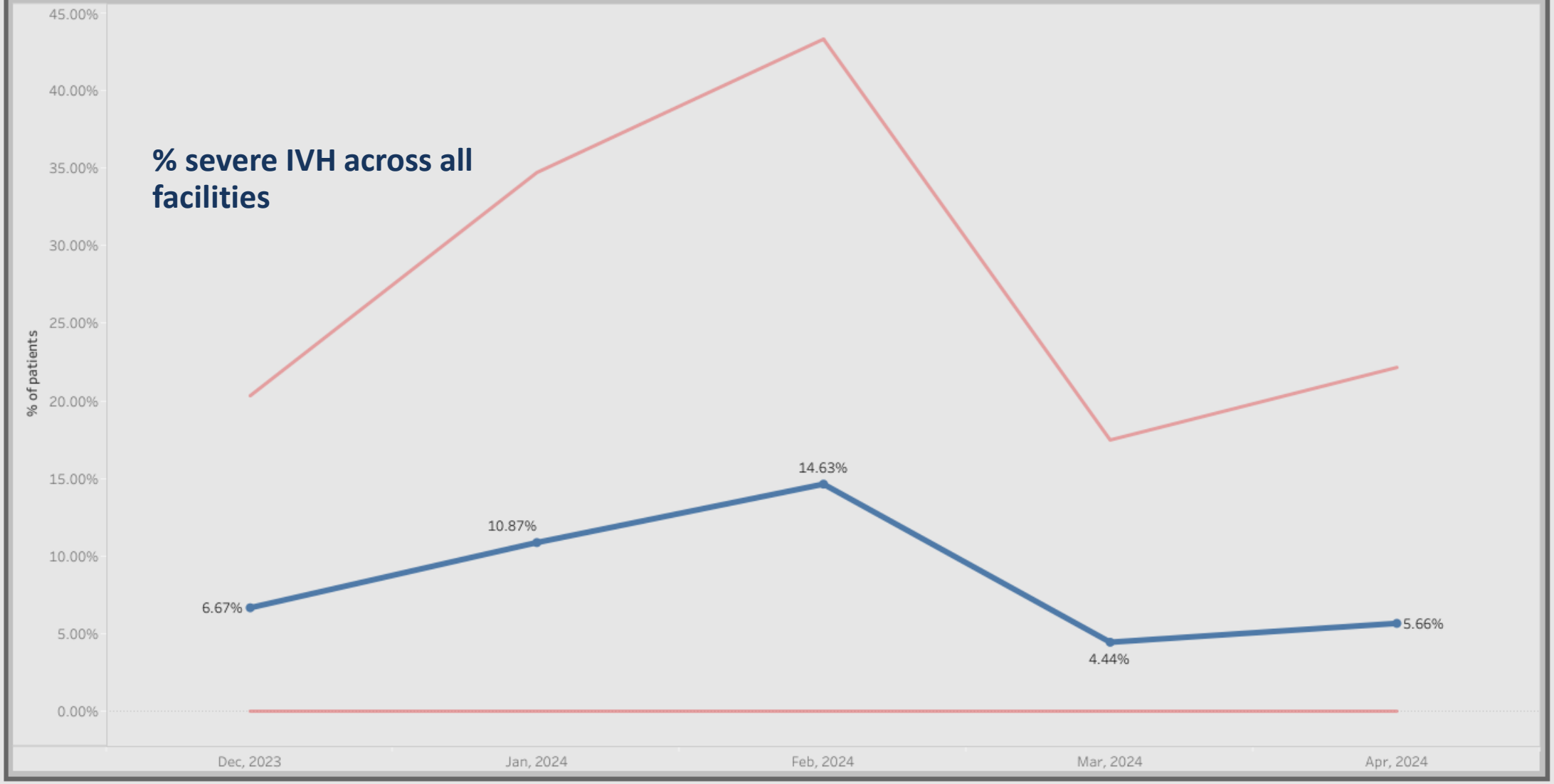
Race/Ethnicity Data

Structural

Main Page

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

% severe IVH across all facilities



ALPQC NHP (Golden Hours)

(From December, 2023 to May, 2024)

Hide Filters

Measure Names
- All-Hospitals
- Your-Hospital

Your Hospital
No Hospital

Birth Wt	All
GA	All
Date	April 2024
Race	All
Zeros Hosps	All Values

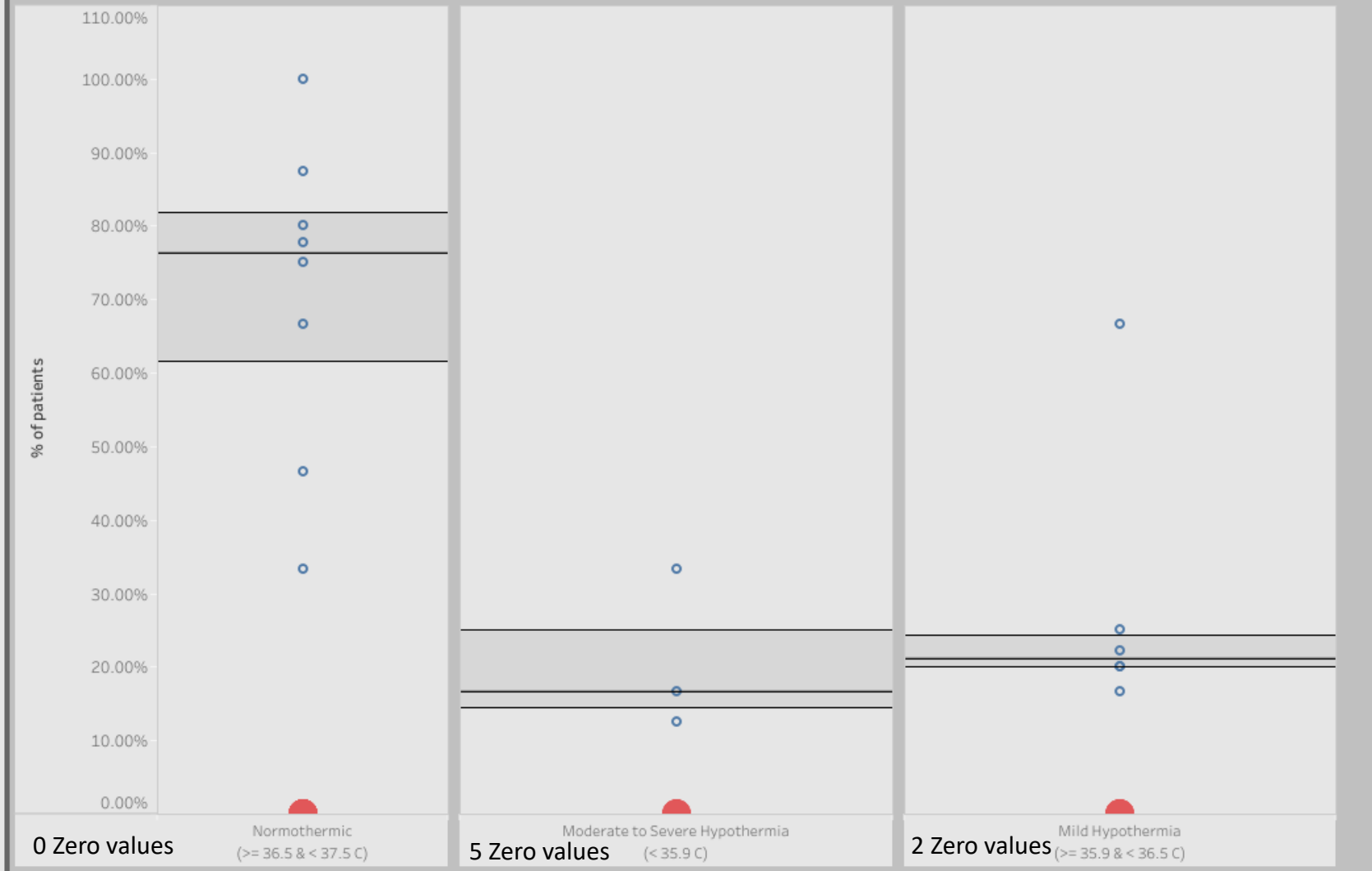
Temp page

Control Charts

Race/Ethnicity Data

Structural

Main Page



0 Zero values

5 Zero values

2 Zero values

ALPQC NHP (Golden Hours)

(From December, 2023 to May, 2024)

Hide Filters

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

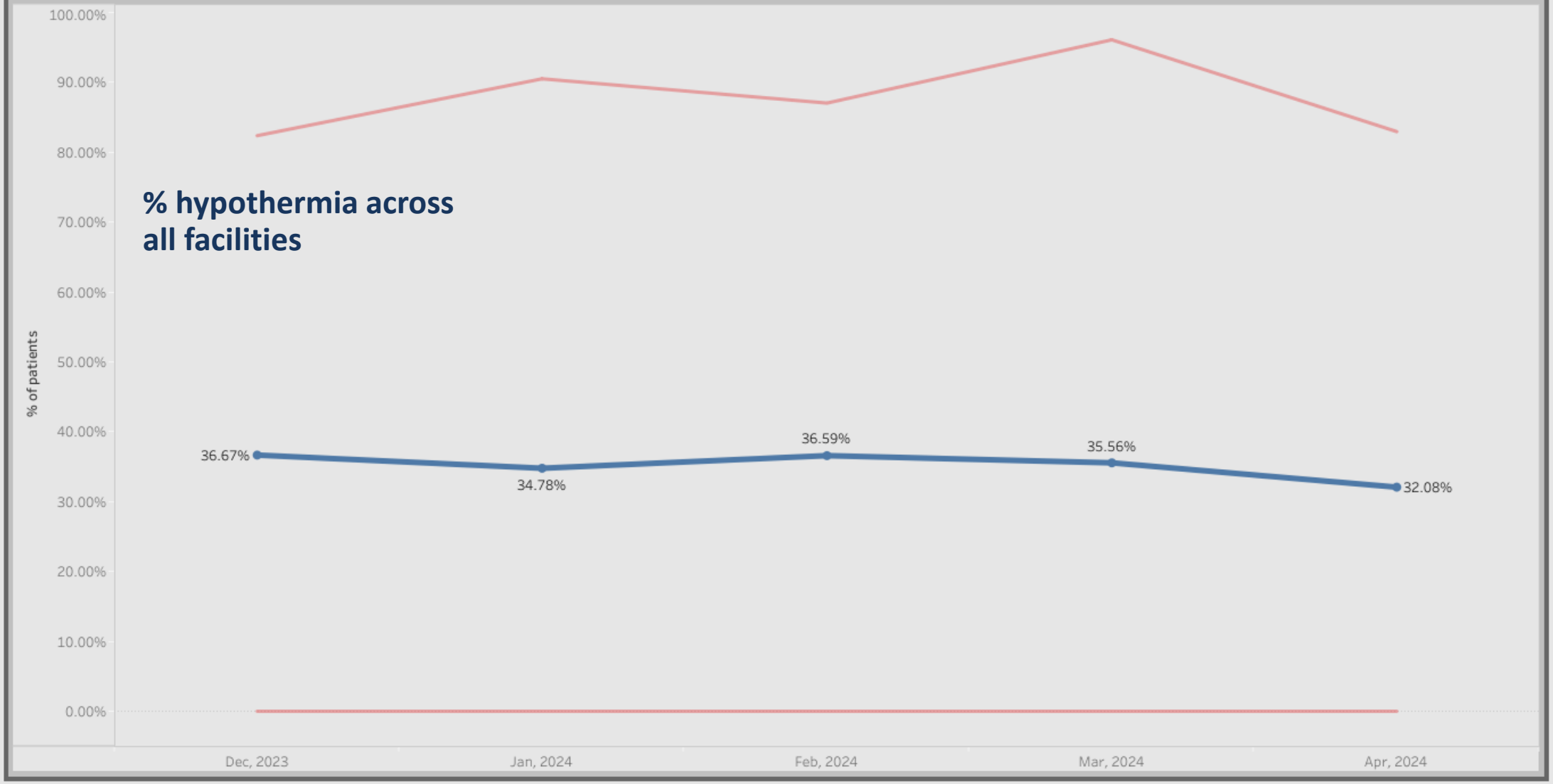
Your Hospital	No Hospital
Outcomes	Any Hypothermia
Thermias	Multiple values
Race	All
Birth Wt	All
DeliveryMode	All
GA	All
Date	Multiple values
Only Your H..	All

Race/Ethnicity Data

Structural

Main Page

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	Mod-Sev Hypother..
Thermias	Moderate to Sever..
Race	All
Birth Wt	All
DeliveryMode	All
GA	All
Date	Multiple values
Only Your H..	All

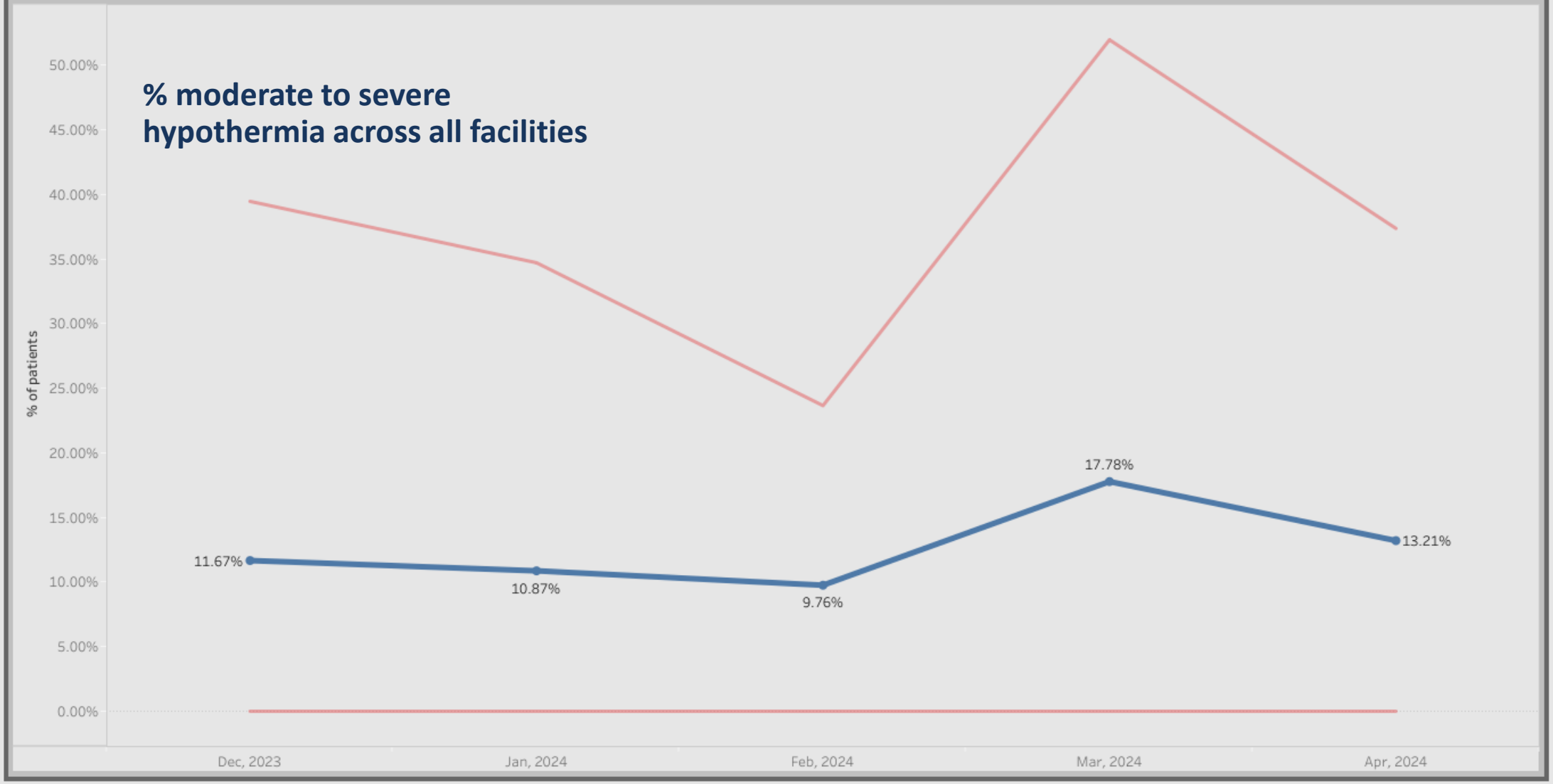
Race/Ethnicity Data

Structural

Main Page

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

% moderate to severe hypothermia across all facilities



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

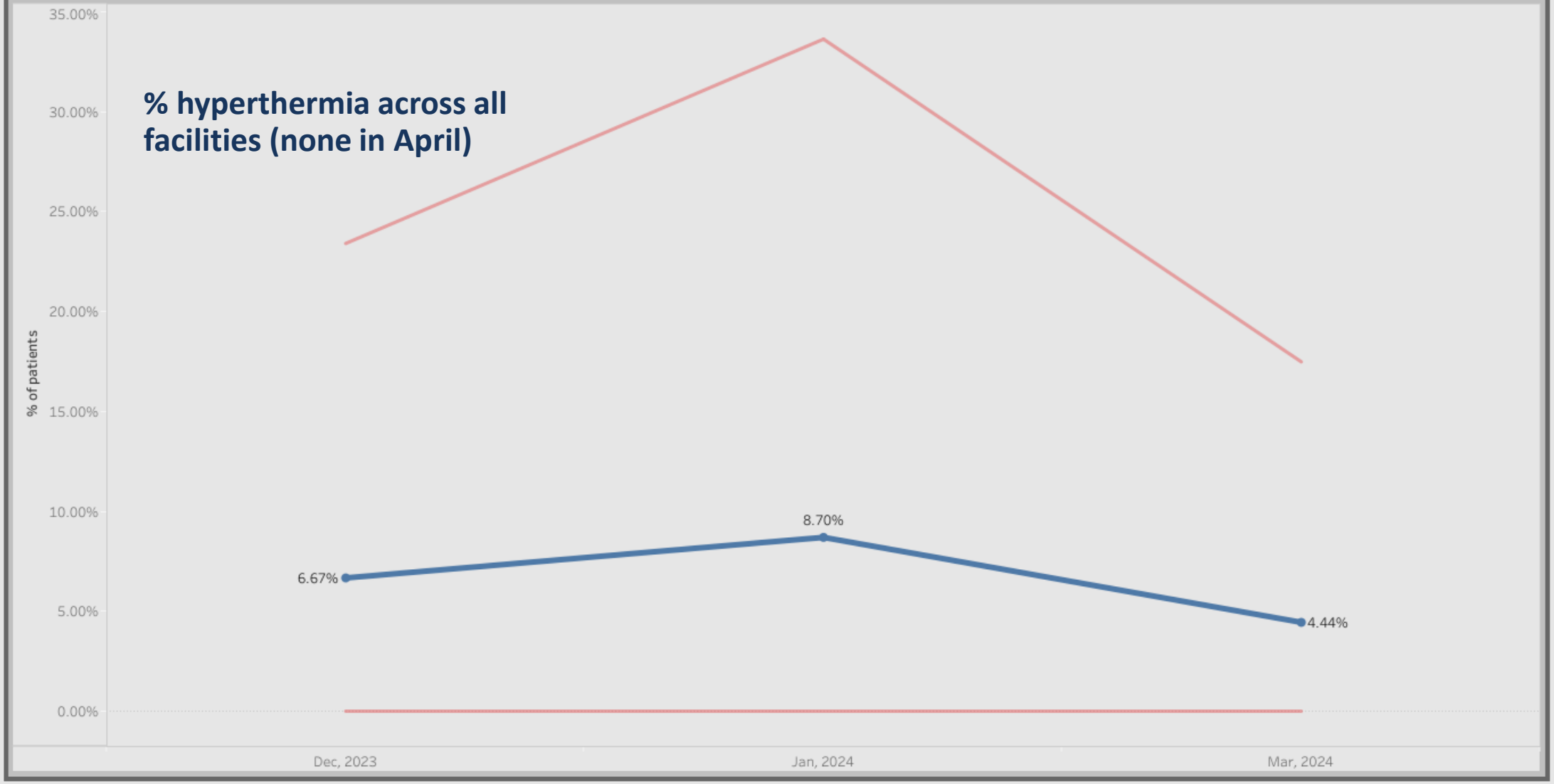
Race/Ethnicity Data

Structural

Main Page

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

% hyperthermia across all facilities (none in April)



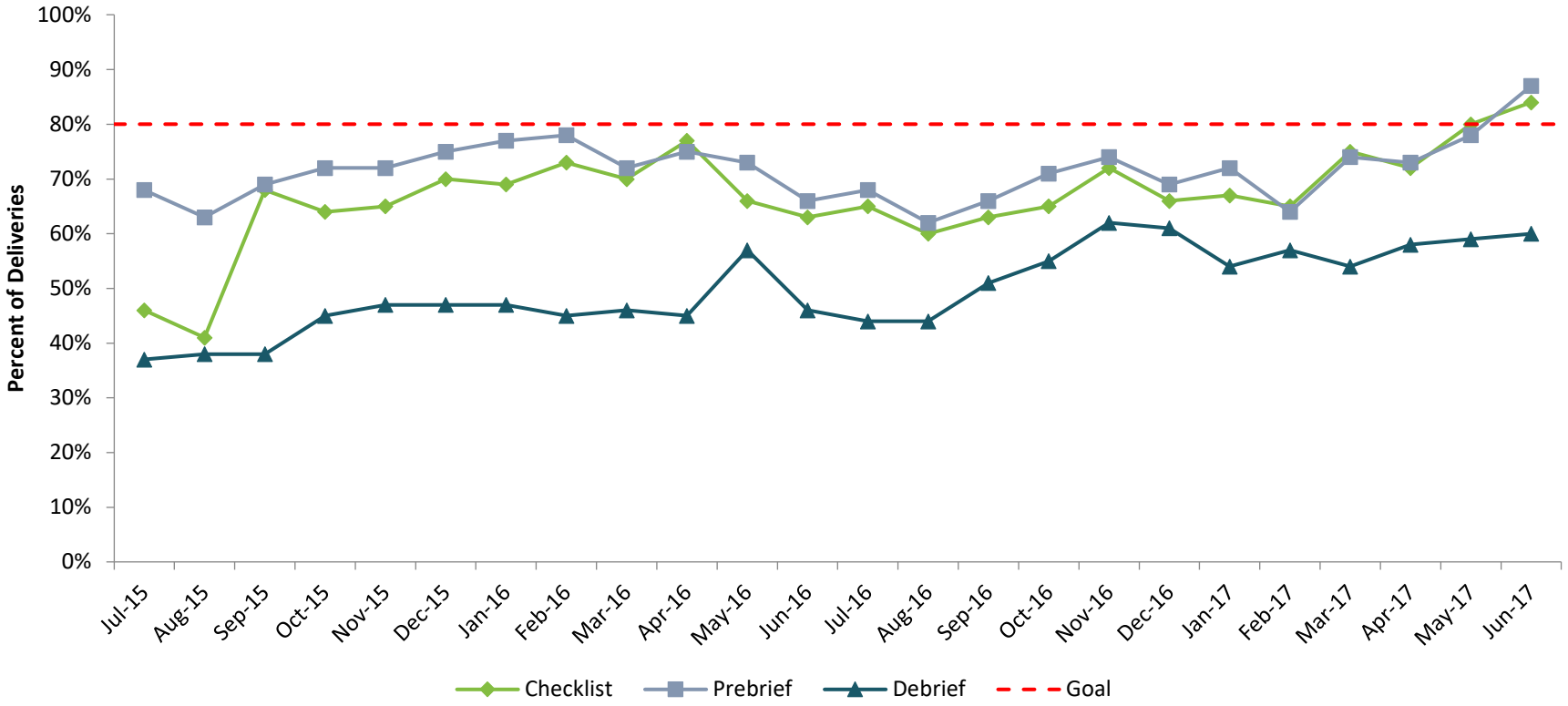
Other PQC Initiatives/Literature

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)

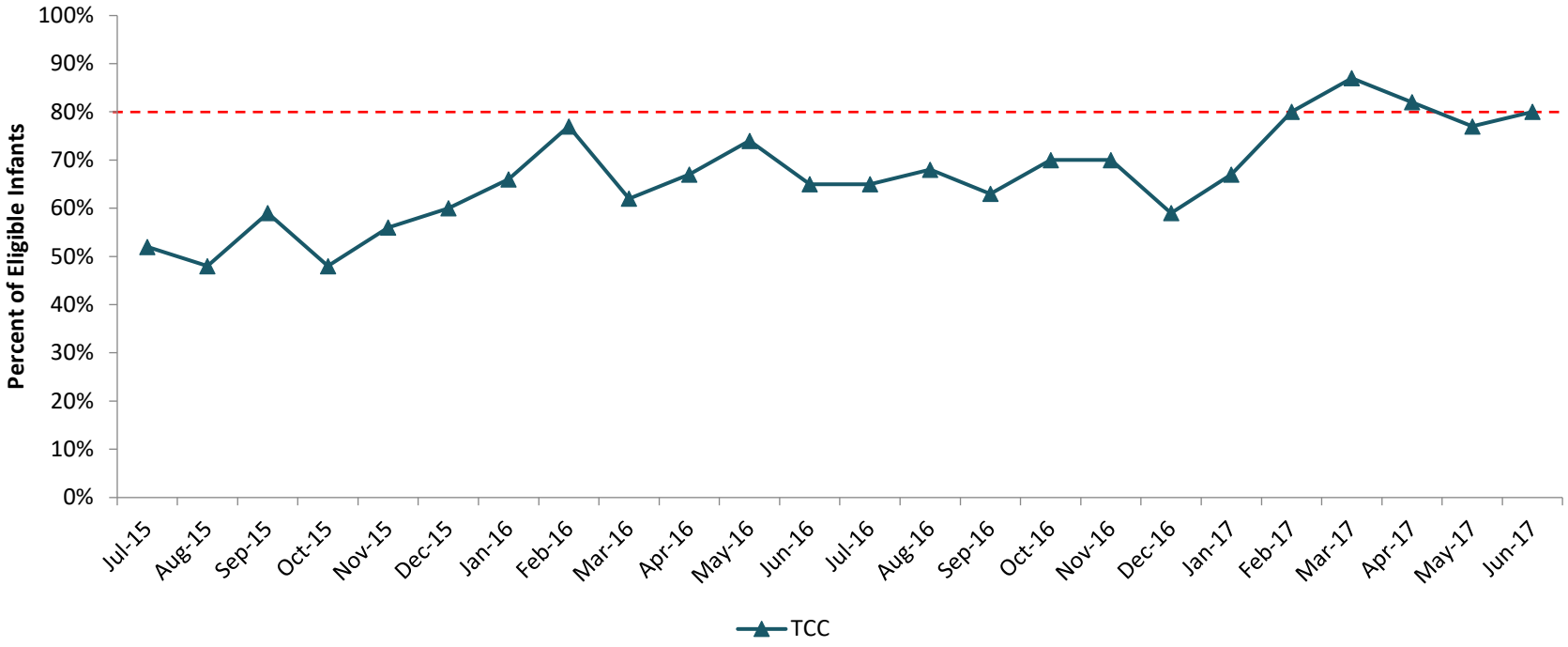
Neonatal Golden Hour: Communication Practices

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



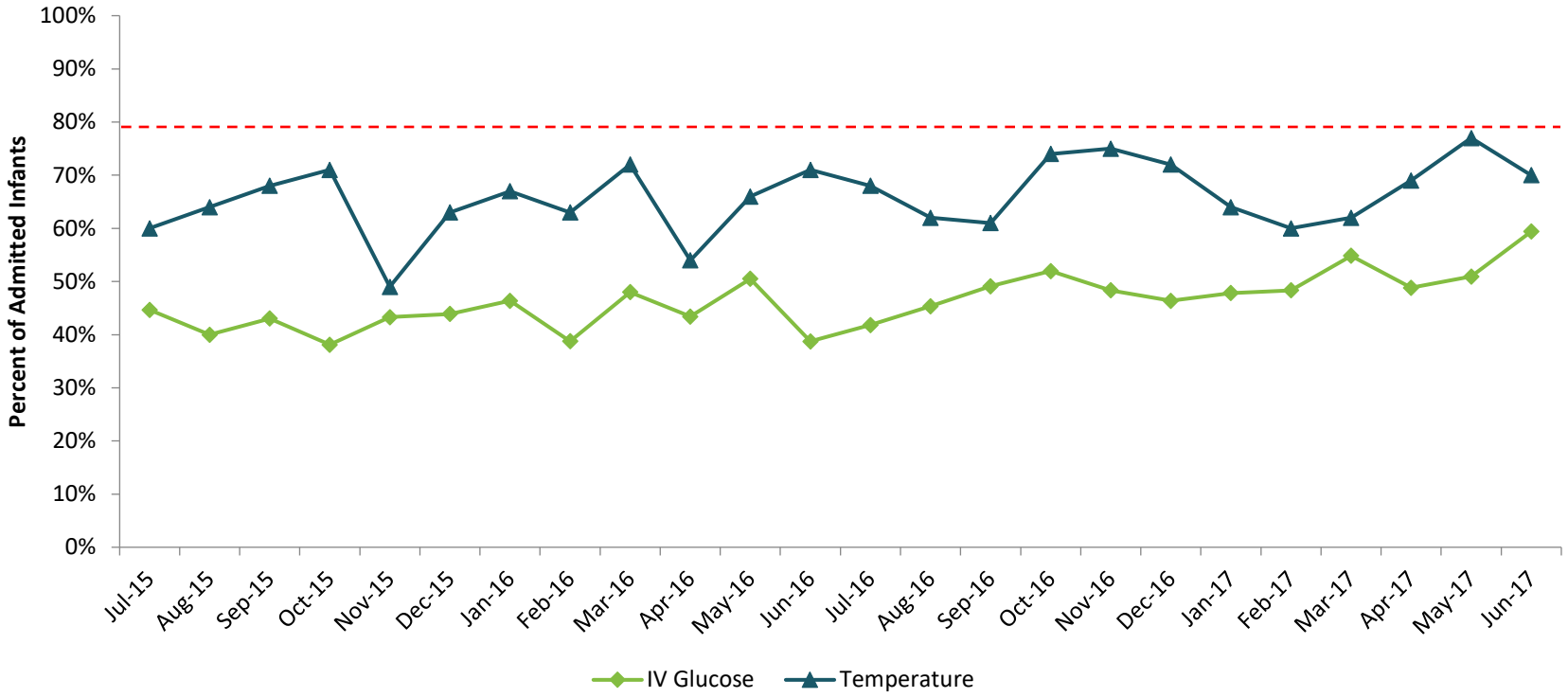
Neonatal Golden Hour: Delivery Room Practices- DCC

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

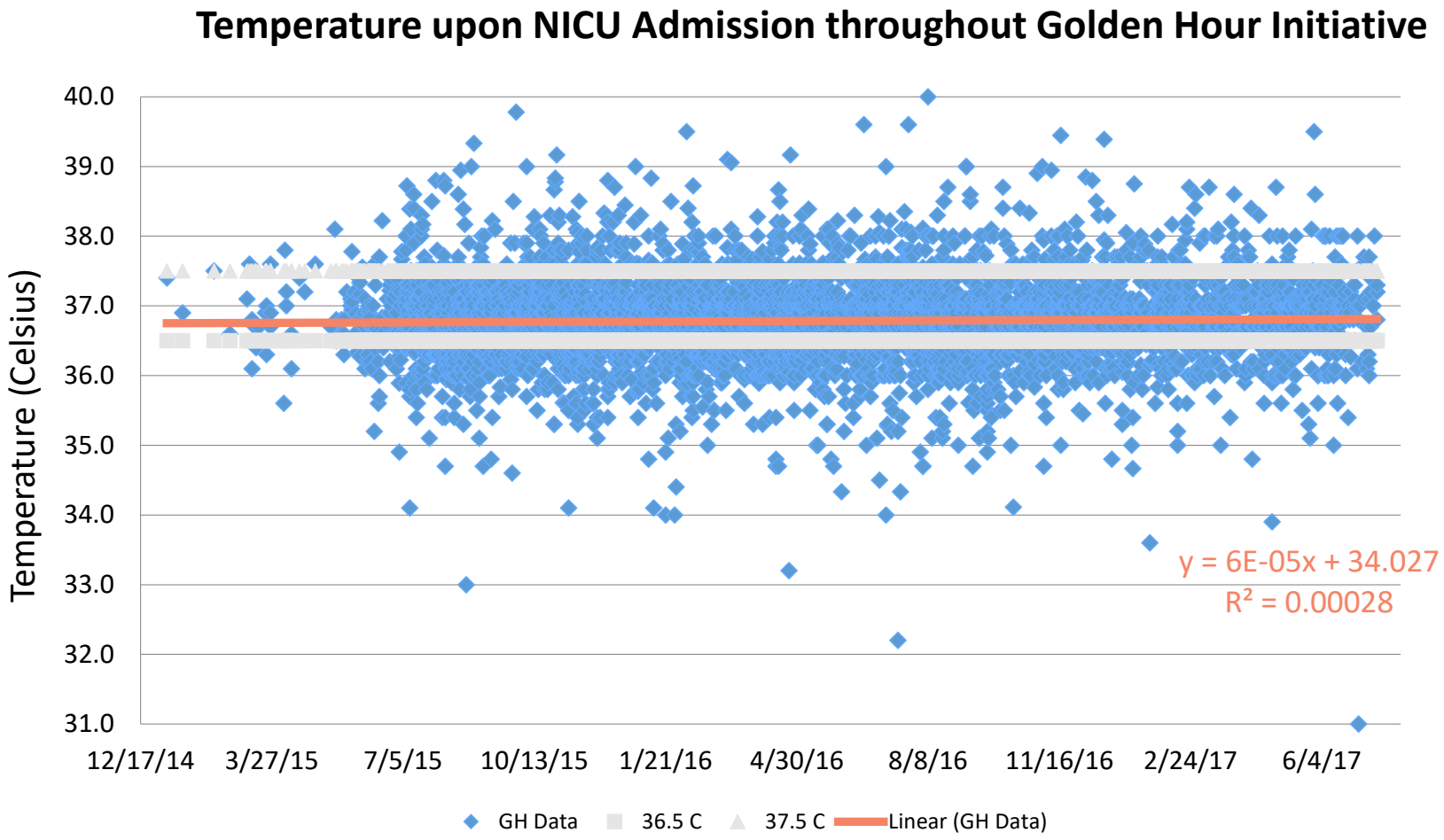


Neonatal Golden Hour: Admission Practices – Temperature and IV Glucose

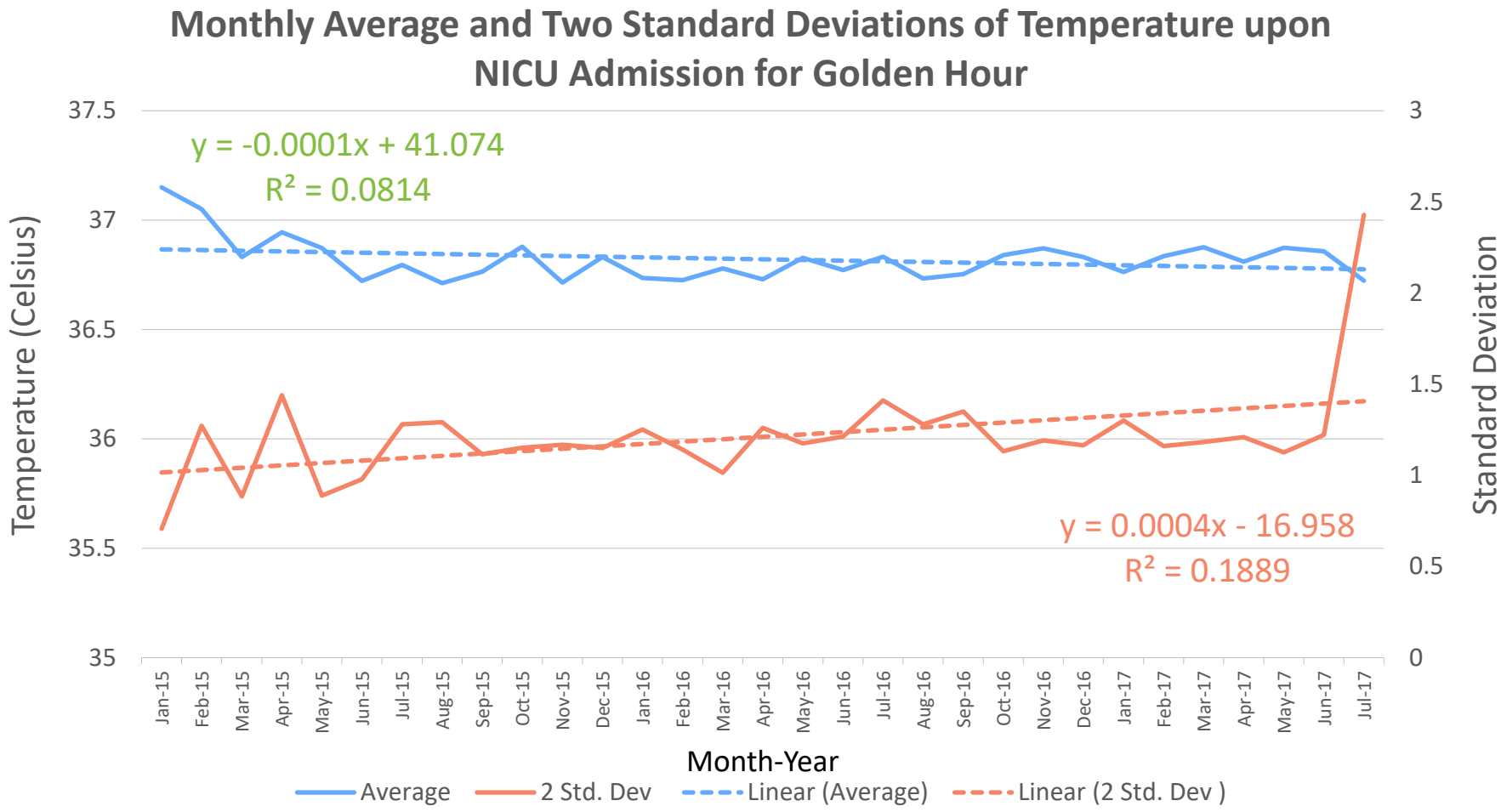
ILPQC: Golden Hour Initiative
Admission Practices: Percent of Admitted Infants who are Between 36.5-37.5°C on Admission (<32 weeks) & who Received IV Glucose within 1 Hour of NICU/Specialty Care Nursery Admission
All Hospitals, 2015 - 2017



Admission Practices:
Temperature Upon NICU Admission



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 Balakrishnan et al. *J Perinatol.* 2017
Policies/Procedures	• Standardize approach for high-risk deliveries • Standardize approach for delivery in a non-standard location • Measure infant's admission temperatures every 5 min in the DR • Monitor heart rate continuously until oximeter is functional • Know ideal process to use oximeter • Collaborate with obstetricians to develop a standardized process for DCC (i.e., method, process, timing)
Resuscitation Team Roles	• Have a system to enable all providers to know their pre-defined DR team roles • Ensure all members are readily available and easy to contact • Use simulation-based training • Have dedicated team roles for thermoregulation (i.e., monitoring temperature) and oxygen targeting (i.e., placing pulse oximeter probe on preductal • site, adjust FiO2 based on infant SPO2 values using NRP guideline targets)
Equipment Check	Know required DR equipment that should be readily available and accessible for all deliveries Prepare supplies and equipment for: a. Thermoregulation: appropriate DR temperature, radiant warmer (prior to delivery set to full power in manual mode; after delivery set to servo mode) b. Oxygen blender set to 21–40% prior to the infant's delivery
Debriefing	• Evaluate effectiveness of actions taken at each delivery: • Use process or outcome measures to assess, monitor and evaluate performance • Debrief each delivery for team member feedback

Florida PQC

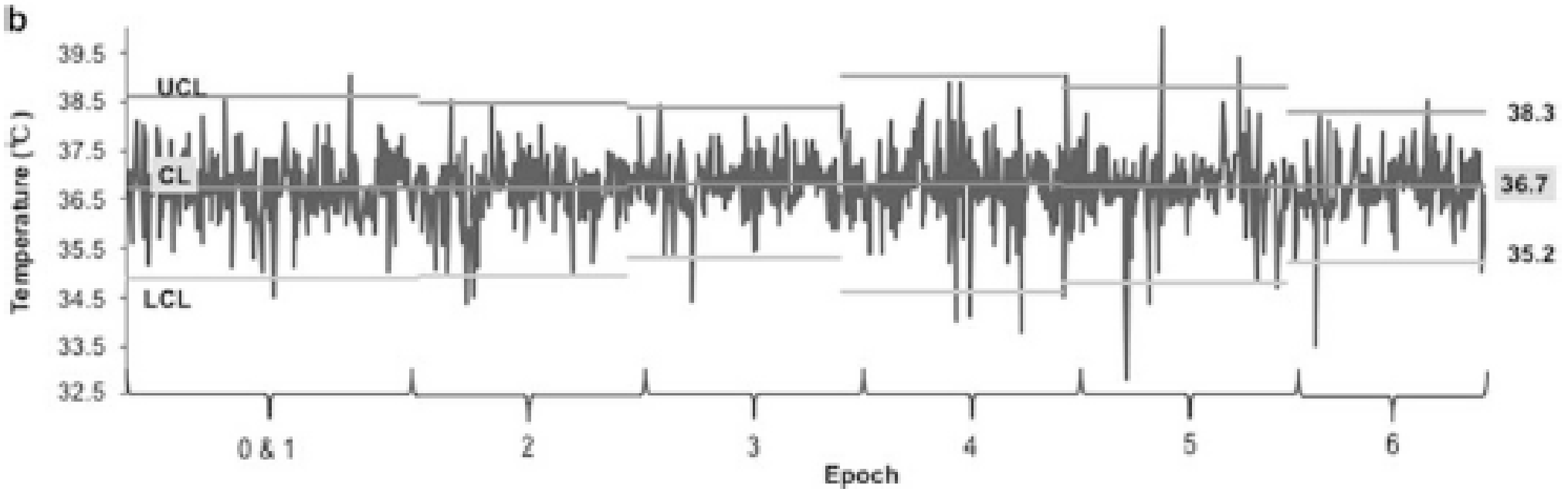
Table 3. Analysis of input, process and outcome measure

Epoch	*0*	*1*	*2*	*3*	*4*	*5*	*6*[a]
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
Input measures (pre-delivery preparedness)							
Briefing (%)[b]	—	64	73	89	91	96	—
Equipment check (%)[b]	—	78	84	92	93	96	—
Radiant warmer (%)[b]	—	80	85	92	93	97	—
Airway (%)[b]	—	69	87	92	97	98	98
Circulation (%)[b]	—	70	88	86	96	96	96
Team Leader (%)[b]	—	71	89	96	97	98	98
Scribe (%)[b]	—	53	77	78	67	73	85
Process measures							
Ambient temperature (%)[b]	—	55	64	72	85	84	—
Hat (%)[b]	—	76	85	92	93	96	—
Chemical mattress (%)[b]	—	74	79	87	93	93	—
Polyethylene wrap (%)[b]	—	59	71	73	68	86	—
Pulse oximeter probe (%)[b]	—	89	91	96	96	98	—
Debriefing (%)[b]	—	—	64	62	82	76	84
Opportunities identified (%)[b]	—	—	39	34	27	24	—
Outcome measures							
DCC compliance (%)[b,c]	18	36	60	56	48	65	66
Temperature 36.5–37.5 °C (%)	63	63	66	72	63	69	64
SPO_2 targeting 85–95% (%)[d]	71	73	75	78	75	72	78

[a]FPQC required mandatory data collection for Epoch 0 to 5 and offered optional data collection in Epoch 6. [b]Significant trend (Cochran–Armitage test; $P < 0.05$) between Epochs. [c]This data set does not exclude infants in whom DCC was contraindicated. [d]Infants were excluded from data analysis if $SPO_2 > 95\%$ despite receiving FiO_2 of 21% or $SPO_2 < 85\%$ despite receiving FiO_2 100%.

Balakrishnan et al. *J Perinatol.* 2017

Florida PQC



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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

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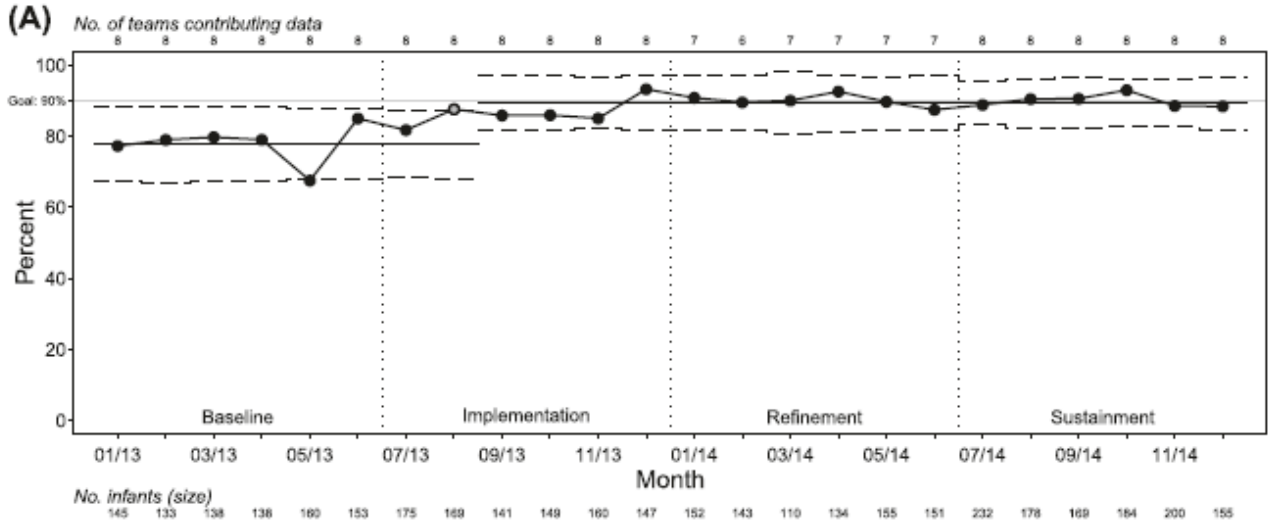
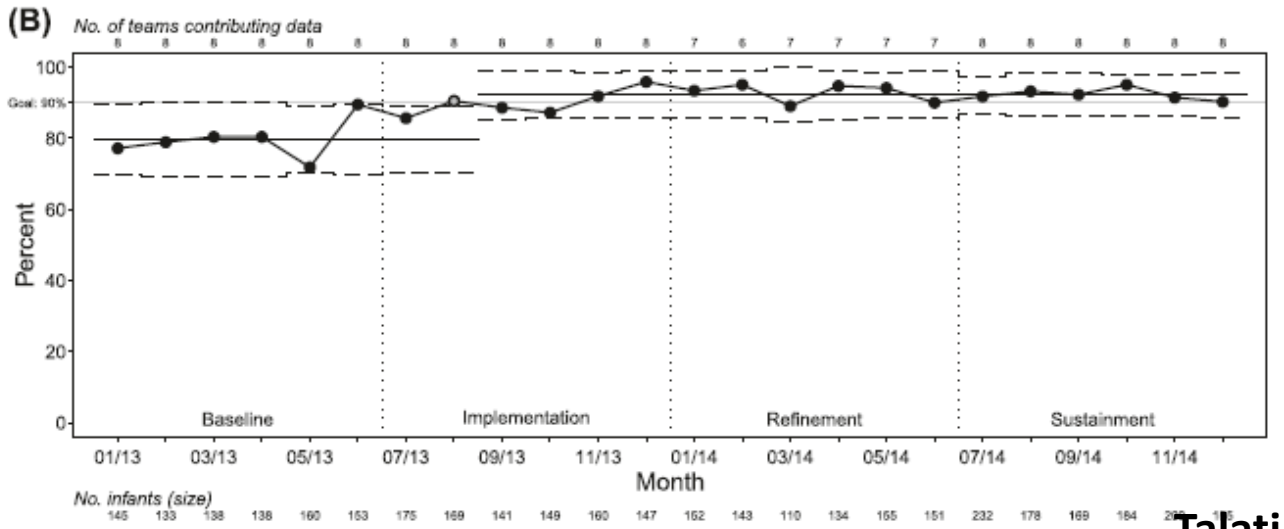
Tennessee PQC

Pre resuscitation checklist



Pre resuscitation briefing



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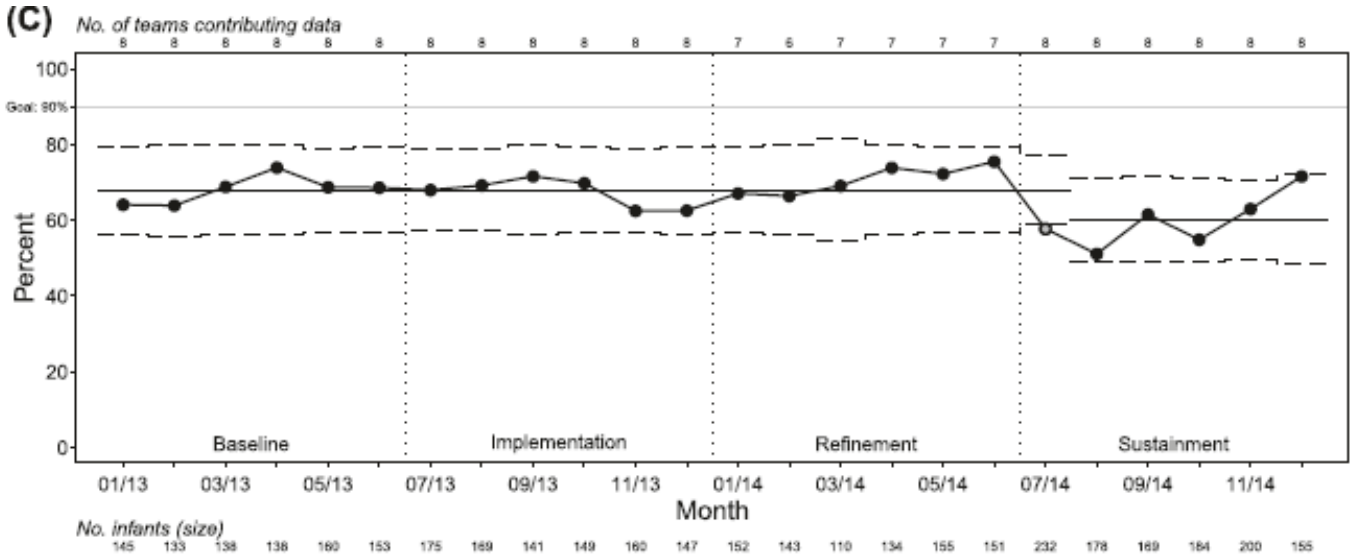
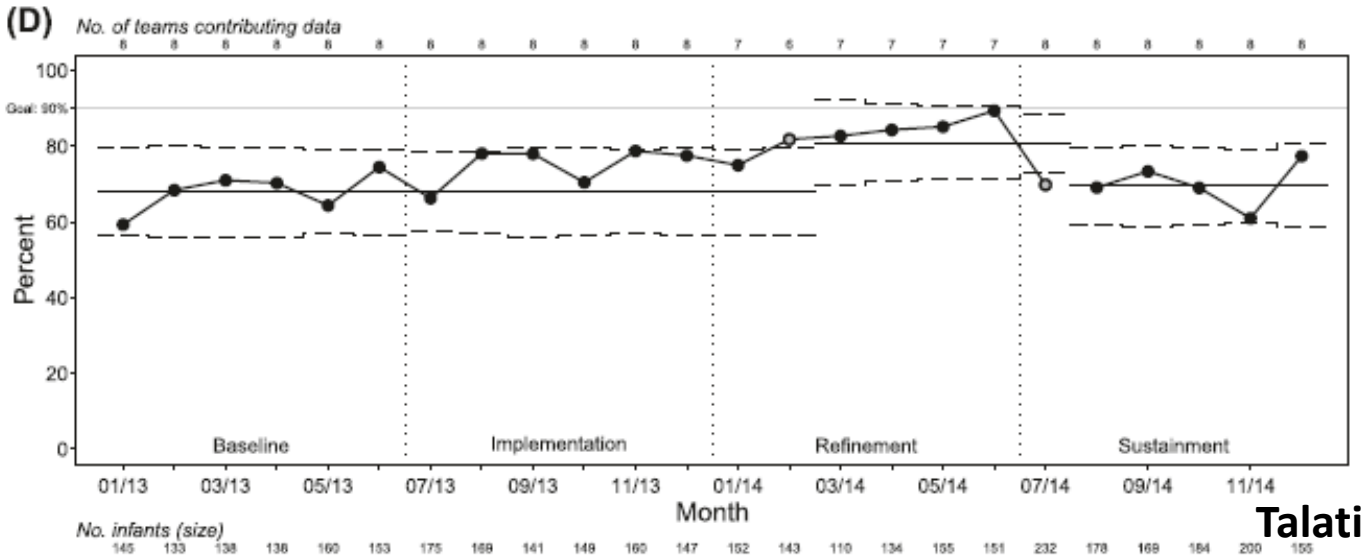
Tennessee PQC

Communication with family



Post resuscitation briefing



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California PQC

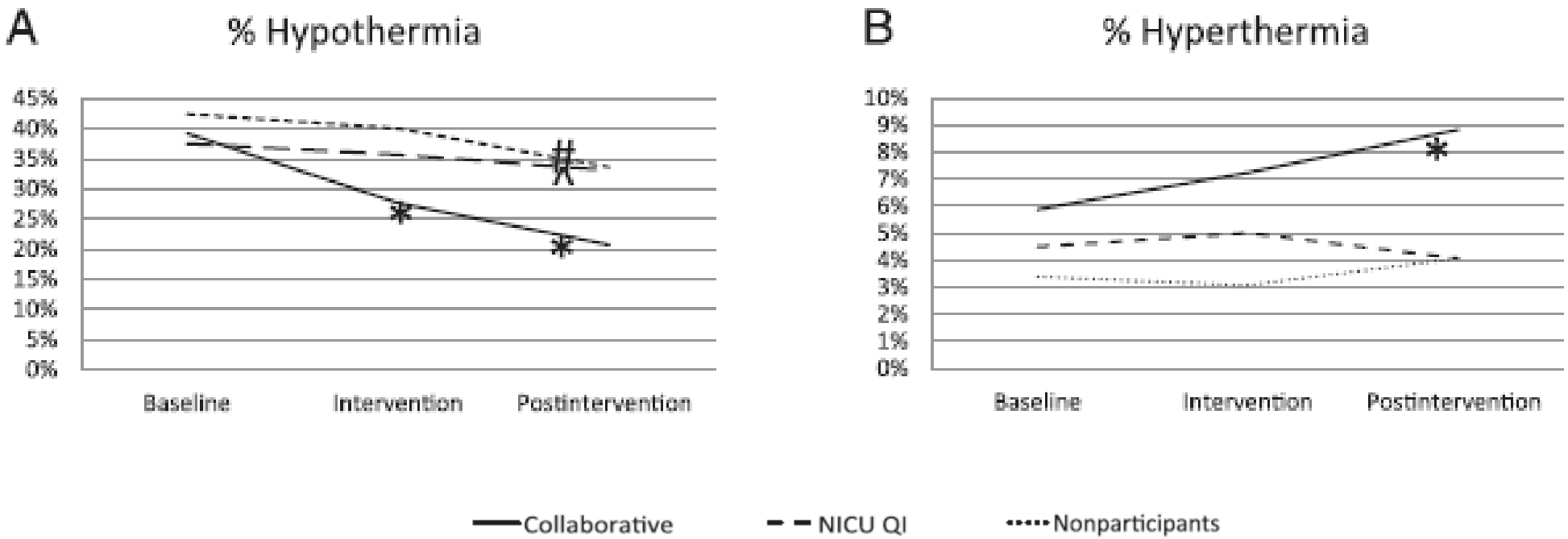
TABLE 2 CPQCC Delivery Room Management Collaborative Change Package

Performance Expectations
1. Use a checklist to prepare for all high-risk neonatal resuscitations (VON VLBW Resuscitation Toolkit Potentially Better Practice #1)
2. Improve teamwork and communication in the delivery room using briefings, debriefings, and other methods
• At minimum, each resuscitation requires a briefing and debriefing (VON VLBW Resuscitation Toolkit Potentially Better Practice #6)
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
• VLBW infant
• Whenever positive pressure ventilation is required (NRP guidelines 10.2010)
4. Maintain normal temperature (CPQCC toolkit best practice #4; VON VLBW Resuscitation Toolkit Potentially Better Practice #3)
5. Optimize initial respiratory support (CPQCC toolkit best practice #7)
• Early use of CPAP (within 60 s of life)
• Avoid intubation (if possible)
• Avoid prophylactic surfactant use in the delivery room

VON, Vermont Oxford Network.

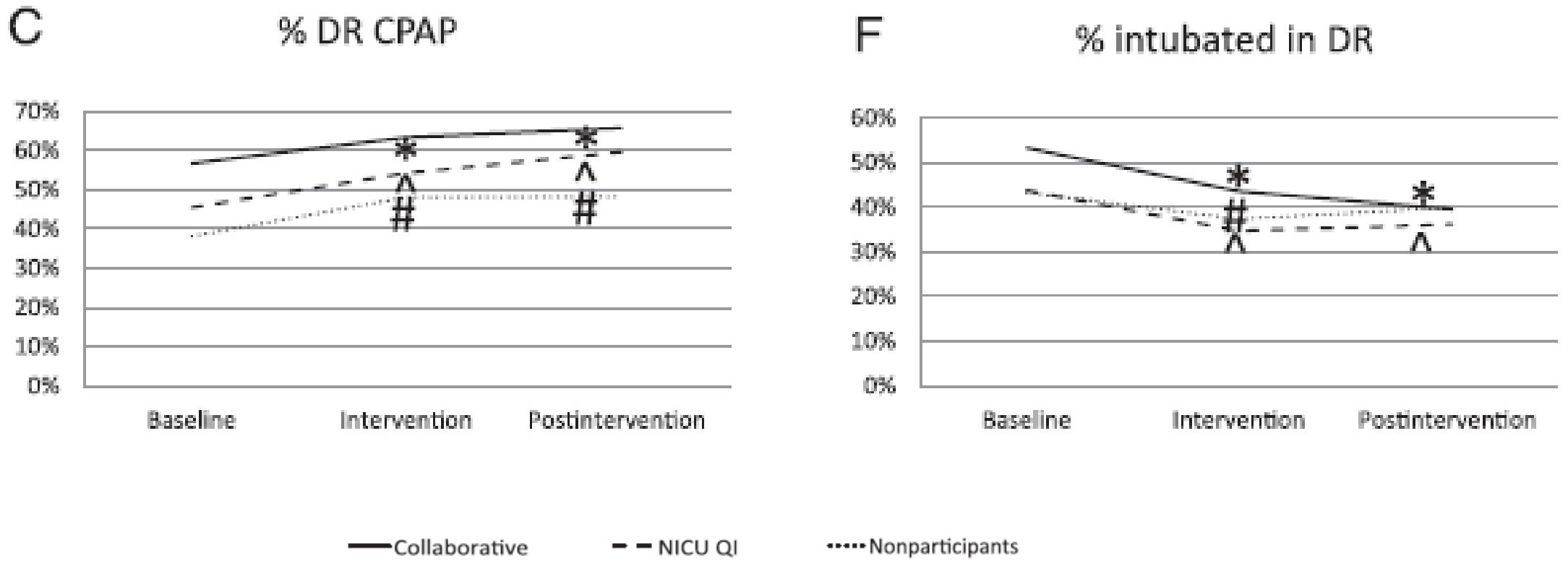
Lee et al. *Pediatrics*. 2014

California PQC



Lee et al. *Pediatrics.* 2014

California PQC



Lee et al. *Pediatrics.* 2014

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. 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, July 24th at 12pm

Thank you!

Thank you for all your hard work!!

We will see you next month!