



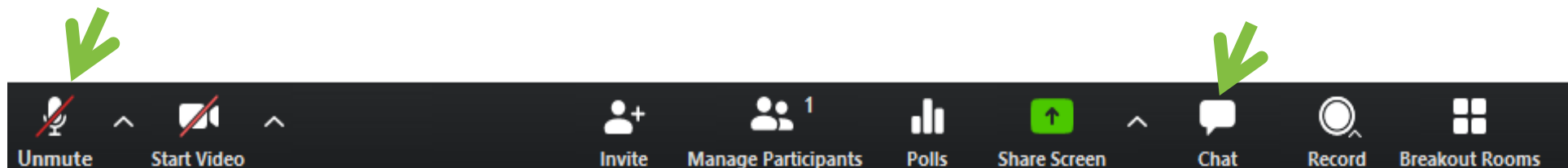
# Neonatal Initiatives

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Action Period Call  
January 22<sup>nd</sup>, 2025  
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

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Activity:	Time:
Welcome, Updates & Reminders	12:00-12:05
NHP November Data Review	12:05-12:20
Hospital Share: Russell Medical Center	12:20-12:40
NOWS Project: Sustaining the Gains	12:40-12:45
Q&A	12:45-12:55
Reminders & Next Steps	12:55-1:00



# Updates

# Updates & Reminders

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- Monthly (December) and Quarterly (October, November, December) NHP data will be due January 31st
  - Links to surveys sent on January 15<sup>th</sup>
  - Please let us know if you did not receive links and we will send them out ASAP
- Save the Date: Hospital Summit July 10<sup>th</sup> and 11<sup>th</sup> – Mobile
  - Launch of the next Neonatal Quality Improvement Initiative
  - Multitude of speakers and presentations
- New project ideas:
  - During our January and February 1:1 calls, the ALPQC team will continue assessing hospital interest in different topics for our next Neonatal QI initiative, set to kick off in July.
  - Ideas of interest include: nutritional support and growth, congenital syphilis and newborn screening. We welcome your ideas!

# 1<sup>st</sup> Quarter Newsletter



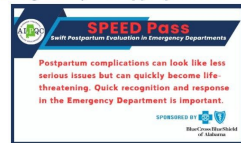
## Transforming Postpartum Care: Postpartum Bracelet Pilot Set to Go Statewide

We are thrilled to announce that the ALPQC Postpartum Bracelet pilot program will be expanding statewide by the end of the first quarter in January, thanks to the generous sponsorship by Blue Cross and Blue Shield of Alabama and the Caring Foundation. This expansion marks a significant milestone in our ongoing efforts to improve maternal health outcomes across Alabama.

The Postpartum Bracelet pilot program has been instrumental in providing new mothers with critical health information and support during the postpartum period. The bracelets are designed to help doctors, nurses, and first responders recognize potential post-pregnancy health conditions in the event of a medical emergency.

Postpartum patients are encouraged to wear the bracelet for at least six weeks for their health and safety.

In addition to the bracelets, we are excited to introduce the Speed Pass, a new tool for self-advocacy and education created by the ALPQC. The Speed Pass is designed for patients to present to their healthcare providers, alerting them to potential postpartum complications and ensuring timely and appropriate care.



The success of this initiative would not have been possible without the dedication and hard work of our seven pilot hospitals: Baptist Medical Center South, Brookwood Baptist Medical Center, Huntsville Hospital for Women & Children, Jackson Hospital, UAB Women & Infants Center, UAB St. Vincent's, and Walker Baptist Medical Center. We extend our heartfelt gratitude to these institutions for their unwavering commitment to maternal health.

A special thank you goes to USA Children's & Women's Hospital, the first hospital in Alabama to launch a postpartum bracelet program. Their pioneering efforts have paved the way for this statewide expansion, and we are deeply grateful for their partnership and innovation.

As we move forward, we are excited to bring the benefits of the Postpartum Bracelet program and the Speed Pass to more mothers and families across the state. Together, with the support of BCBS of Alabama and the Caring Foundation, we are making strides towards a healthier future for families across Alabama.

Thank you for your continued support and dedication to improving maternal and infant health in Alabama.

### IN THIS ISSUE:

- Postpartum Bracelets - Page 1
- 4th Quarter Honor Roll - Page 2
- Neonatal and Obstetric News - Page 3
- New Resources - Page 4
- Upcoming Events - Page 5
- Reminders - Page 6

## ALPQC NEWSLETTER

JAN 2025

## VOL. 6

Issue 1

### ALPQC Honor Roll 4th Quarter

The ALPQC has announced the 4th quarter honor roll, which recognizes the outstanding efforts of the hospitals listed below. These institutions have demonstrated exceptional dedication to improving maternal and neonatal outcomes in Alabama. By completing 90% or more of the monthly and quarterly data reporting, participating in 1-on-1 monthly meetings with the QI-RN, and engaging in Action Period Calls, they have set a high standard for quality and commitment.

Thank you for your unwavering dedication and hard work!

#### Obstetric Hemorrhage Initiative

- Athens-Limestone Hospital
- Baptist Medical Center South
- Brookwood Baptist Medical Center
- Crestwood Medical Center
- DCH Northport Medical Center
- DCH Regional Medical Center
- East Alabama Medical Center
- Flowers Hospital
- Huntsville Hospital for Women & Children
- Madison Hospital
- Marshall Medical Center North
- Marshall Medical Center South
- Mobile Infirmary Medical Center
- North Baldwin Infirmary
- Northeast Alabama Regional Medical Center
- Russell Medical Center
- Thomas Hospital
- UAB Women & Infants Center
- USA Children's & Women's Hospital
- USA Health Providence

#### Neonatal Hypothermia Prevention Initiative

- Baptist Medical Center East
- Baptist Medical Center South
- DCH Regional Medical Center
- Decatur Morgan Hospital
- East Alabama Medical Center
- Gadsden Regional Medical Center
- Huntsville Hospital for Women & Children
- Jackson Hospital
- Madison Hospital
- Marshall Medical Center North
- Marshall Medical Center South
- DCH Northport Medical Center
- Russell Medical Center
- UAB St. Vincent's
- UAB Women & Infants Center
- USA Children's & Women's Hospital
- Flowers Hospital
- USA Health Providence
- Brookwood Baptist Medical Center

## ALPQC NEWSLETTER

JAN 2025

## VOL. 6

Issue 1

### Neonatal Initiatives

Teams continue to make great progress in the Neonatal Hypothermia Prevention Initiative this quarter, seeing overall reductions in both hyper and hypothermia across the state. Looking back at what teams have been able to achieve throughout 2024, we are excited to share that in 2024:

Our Level 1 and 2 NICU teams decreased:

- Any Hypothermia from 18.07% to 15.90%
- Mild Hypothermia from 16.27% to 13.15%
- And Hyperthermia from 9.34% to 7.34%

While in our Expanded Delivery Room (Golden Hour) Project, our Level 3 and 4 NICU teams decreased:

- Any hypothermia from 34.78% to 26.53%
- Intubation rates from 50.00% to 34.69%
- And severe IVH rates from 10.87% to 4.08%

These are great achievements and showcase the hard work that teams committed all year to improving patient outcomes.

Looking forward, areas we hope to continue to make advances in include decreasing mild and/or moderate IVH rates in infants less than 32 weeks as well as decreasing the amount of moderate to severely hypothermic infants greater than 32 weeks.

Thank you to all the hospital teams who dedicate their time and effort to making these valuable advances in neonatal care and for participating in this initiative alongside the ALPQC.

### Obstetric Initiatives

Since its launch in January 2024, the ALPQC Obstetric Hemorrhage Initiative has made significant strides in improving maternal health outcomes. This initiative aims to enhance the quality of care for patients experiencing obstetric hemorrhage, a leading cause of maternal morbidity and mortality.

Key Achievements (from Baseline to present):

- Risk Assessments increased from 87% to 95%
- Use of Quantitative Blood Loss (QBL) increased from 72% to 86%
- Severe Maternal Morbidity (SMM) decreased from 2.05% to 1.64%
- SMM among patients with an ICD-10 diagnosis related to obstetric hemorrhage decreased from 14.91% to 7.69%

We will continue to focus on enhancing patient support after an obstetric hemorrhage and the documented use of postpartum hemorrhage (PPH) protocols. Providing comprehensive care and resources to patients during recovery is essential for their long-term health and well-being.

Thanks to the efforts of all hospitals in the initiative, we have made outstanding progress. The ALPQC remains committed to supporting hospitals with the necessary resources, education materials, and 1-on-1 quality coaching. By continuing to refine and implement best practices, the outlook is very promising for reducing maternal morbidity and mortality associated with obstetric hemorrhage.

## ALPQC NEWSLETTER

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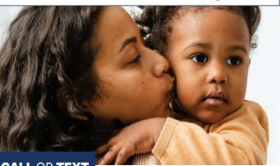
## New Resources

Introducing: NOWS Sustainability Spreadsheet

Help sustain the gains made throughout the Neonatal Opioid Withdrawal Syndrome (NOWS)

Initiative! Teams who participated in the initiative can now track data and create graphs to share with their teams by using a spreadsheet created by the ALPQC. Look out for an email containing access and instructions.

Not feeling like yourself?  
We're here to help.



CALL OR TEXT

**1-833-TLC-MAMA**  
National Maternal Mental Health Hotline



### Upcoming Neonatal Initiative: Call for ideas

As we start to plan for the next Neonatal/Pediatric Quality Improvement Initiative, we are asking teams to share their perspectives on ideal projects to pursue. Teams will be asked in their monthly 1:1 calls to share insights into what projects they think could make the most impact throughout the state.

All ideas are welcome, and we look forward to hearing from everyone!

# ALPQC 2024 4<sup>th</sup> Quarter Honor Roll



## Neonatal Hypothermia Prevention Initiative

- Baptist Medical Center East
- Baptist Medical Center South
- Brookwood Baptist Medical Center
- DCH Northport Medical Center
- DCH Regional Medical Center
- Decatur Morgan Hospital
- East Alabama Medical Center
- Flowers Hospital
- Gadsden Regional Medical Center
- Huntsville Hospital for Women & Children
- Jackson Hospital
- Madison Hospital
- Marshall Medical Center North
- Marshall Medical Center South
- Russell Medical Center
- UAB St. Vincent's
- UAB Women & Infants Center
- USA Children's & Women's Hospital
- USA Health Providence



# Congratulations!

Hospitals who have entered 100% of their December Monthly Data (as of 01/21/24)	
1. Brookwood Medical Center	2. DCH Regional Medical Center (x2)
3. Decatur Morgan Hospital	4. DCH Northport Medical Center
5. Jackson Hospital	6. USA Children’s & Women’s Hospital
7. Huntsville Hospital for Women & Children	8. Gadsden Regional Medical Center
9. East Alabama Medical Center (x2)	10. Marshall Medical Center North
11. UAB St. Vincent’s	

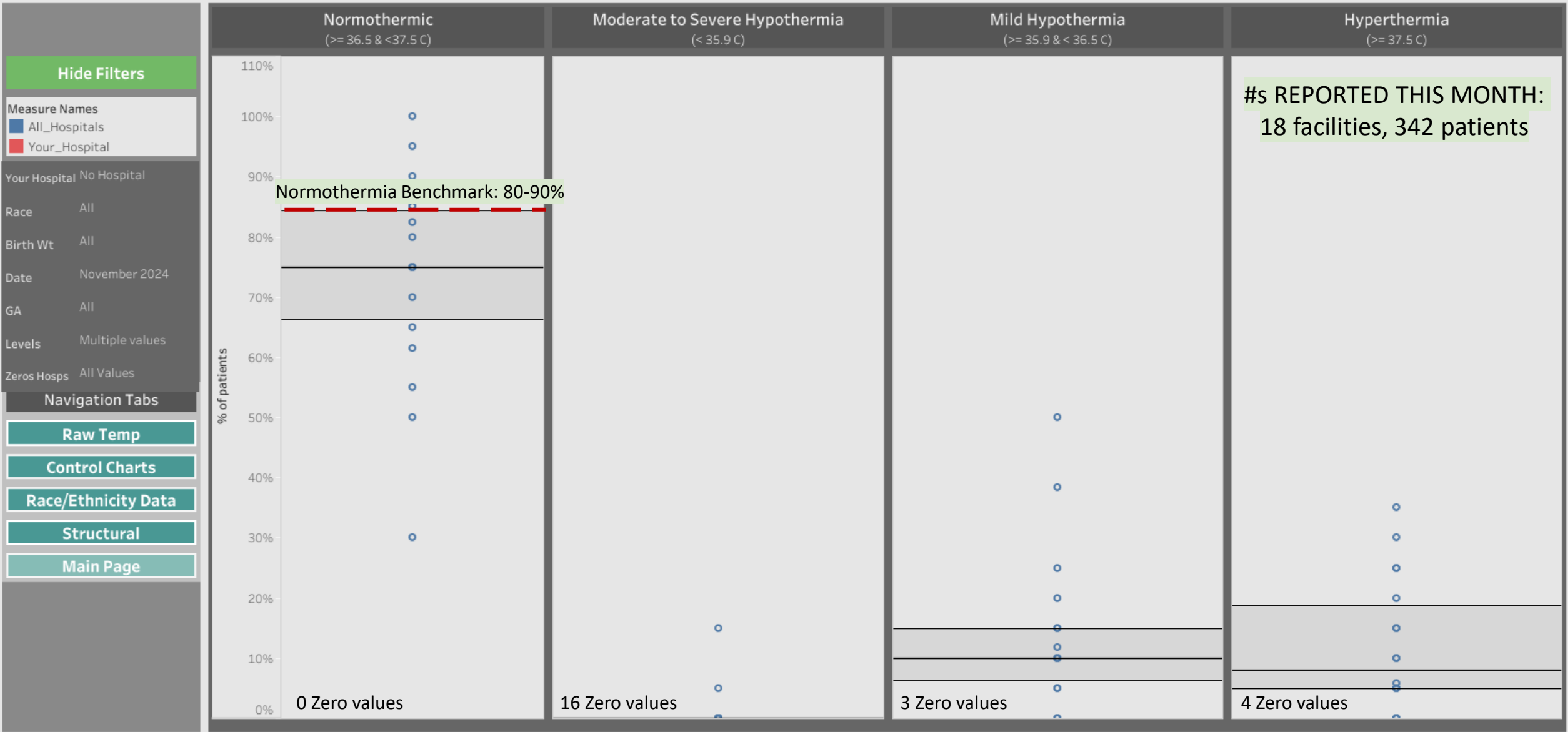


# November Data Review Levels 1 and 2

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# ALPQC NHP

(From December, 2023 to November, 2024)



# ALPQC NHP

(From December, 2023 to November, 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 Multiple values

DeliveryMode All

Date Multiple values

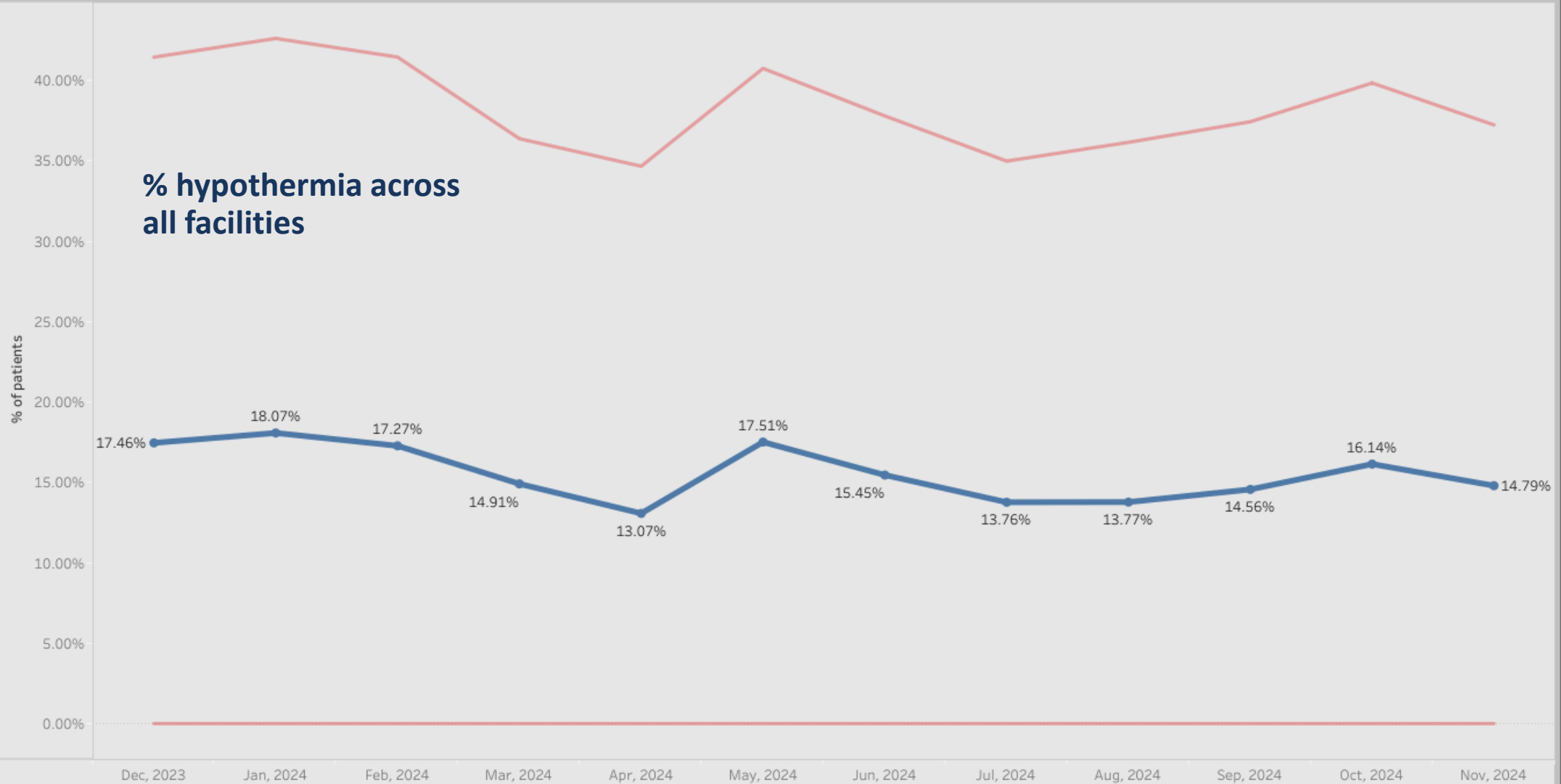
Only Your H.. All

Race/Ethnicity Data

Structural

Main Page

Control Charts: All Hospitals Vs. Your Hospital



# ALPQC NHP

(From December, 2023 to November, 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 Multiple values

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 November, 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 Multiple values

DeliveryMode All

Date Multiple values

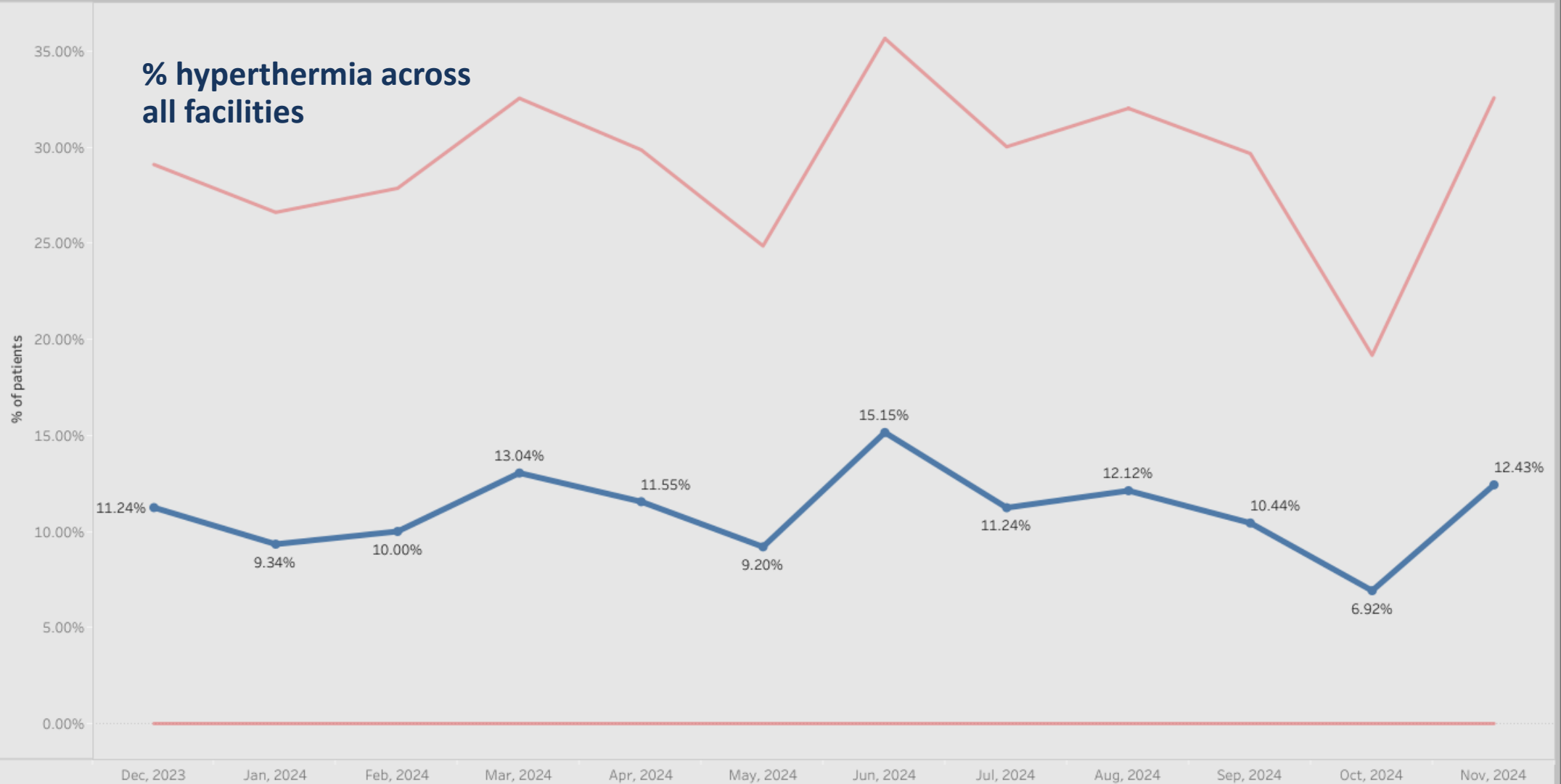
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Race/Ethnicity Data

Structural

Main Page

Control Charts: All Hospitals Vs. Your Hospital



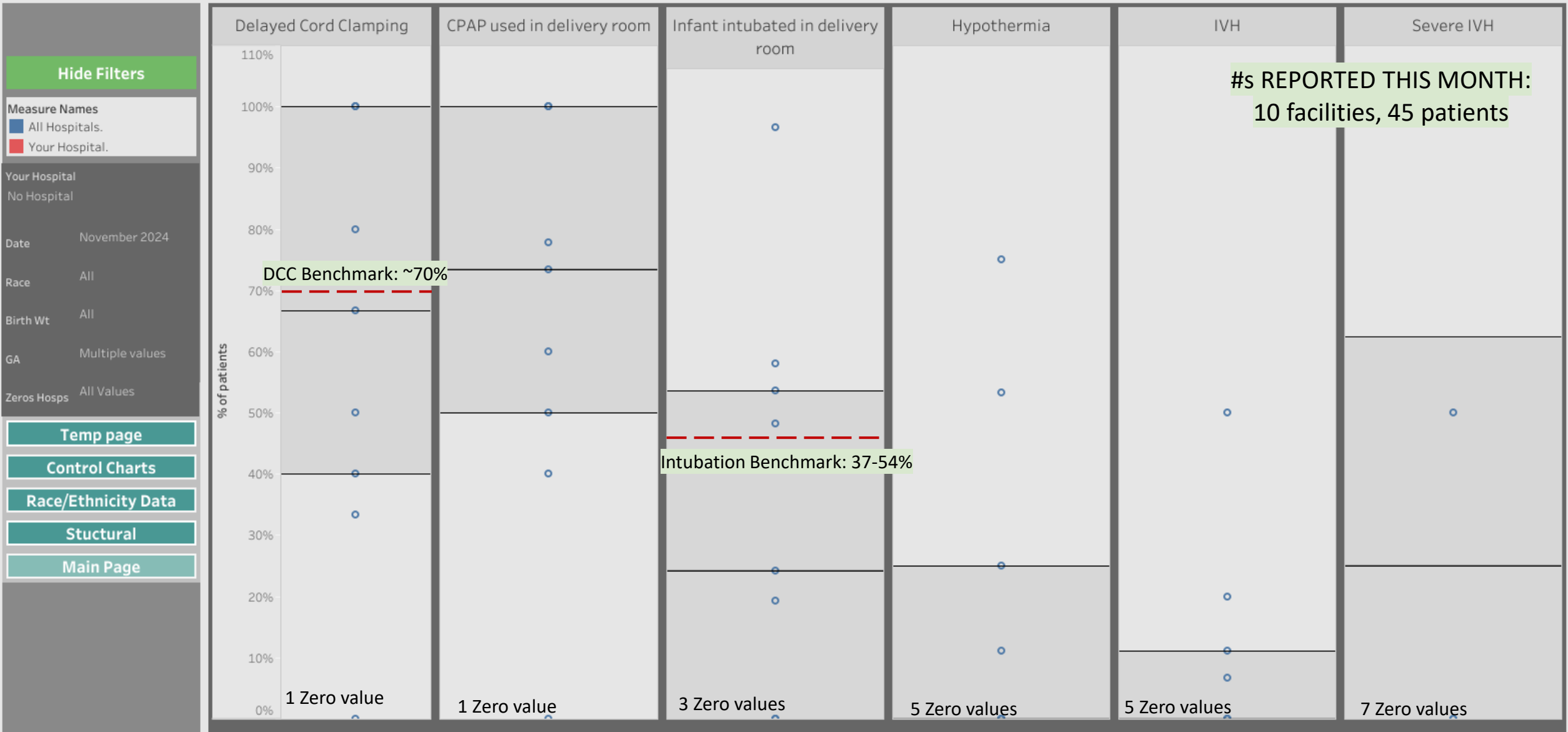


# November Data Review Levels 3 and 4

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# ALPQC NHP (Golden Hours)

(From December, 2023 to November, 2024)



# ALPQC NHP (Golden Hours)

(From December, 2023 to November, 2024)

Hide Filters

Legends

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

Your Hospital No Hospital

Outcomes O3: DCC

Thermias All

Race All

Birth Wt All

DeliveryMode All

GA Multiple values

Date All

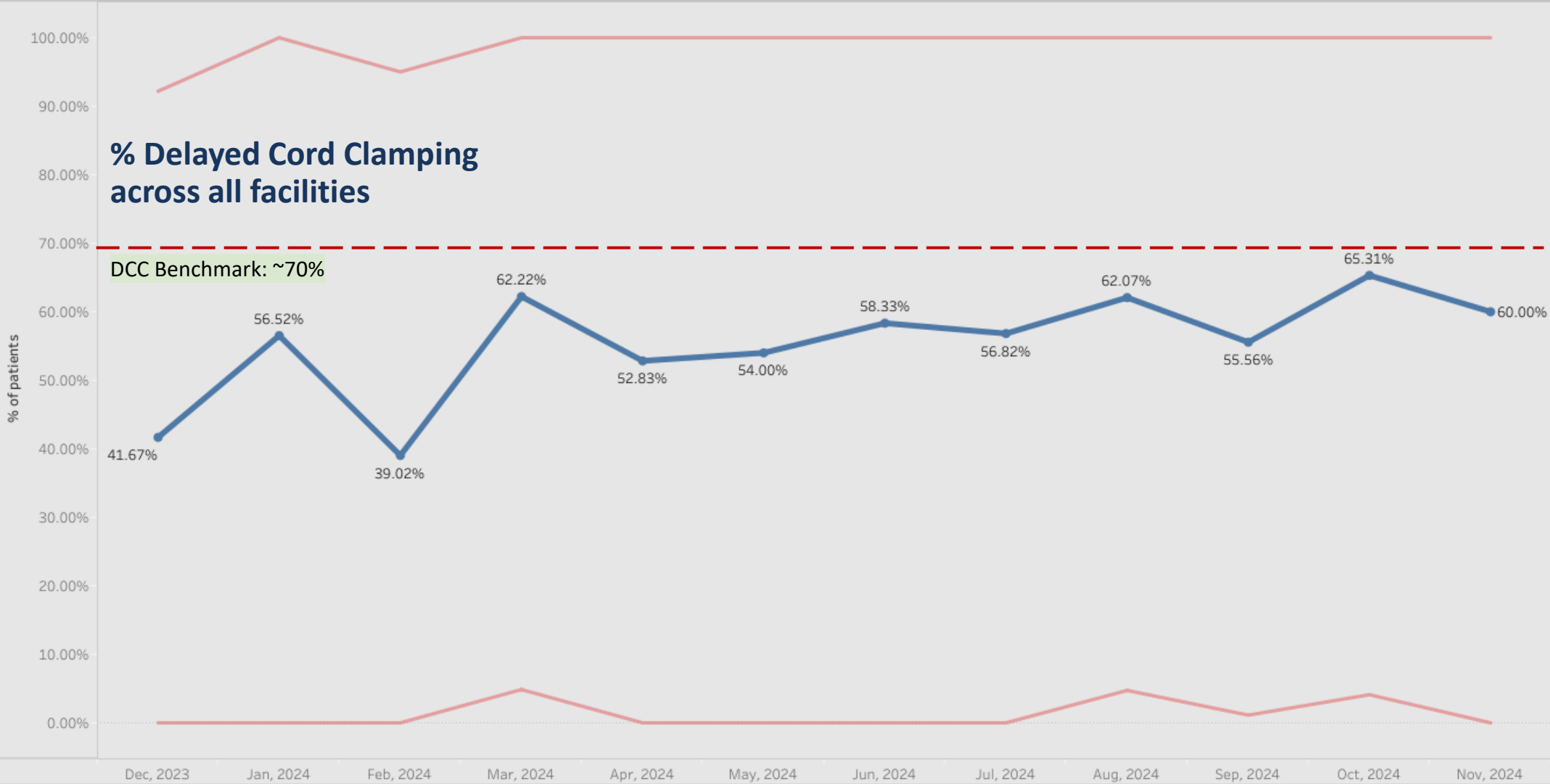
Only Your H.. All

Race/Ethnicity Data

Structural

Main Page

Control Charts: All Hospitals Vs. Your Hospital



# ALPQC NHP (Golden Hours)

(From December, 2023 to November, 2024)

Hide Filters

Legends

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

Your Hospital No Hospital

Outcomes O4: CPAP

Thermias All

Race All

Birth Wt All

DeliveryMode All

GA Multiple values

Date All

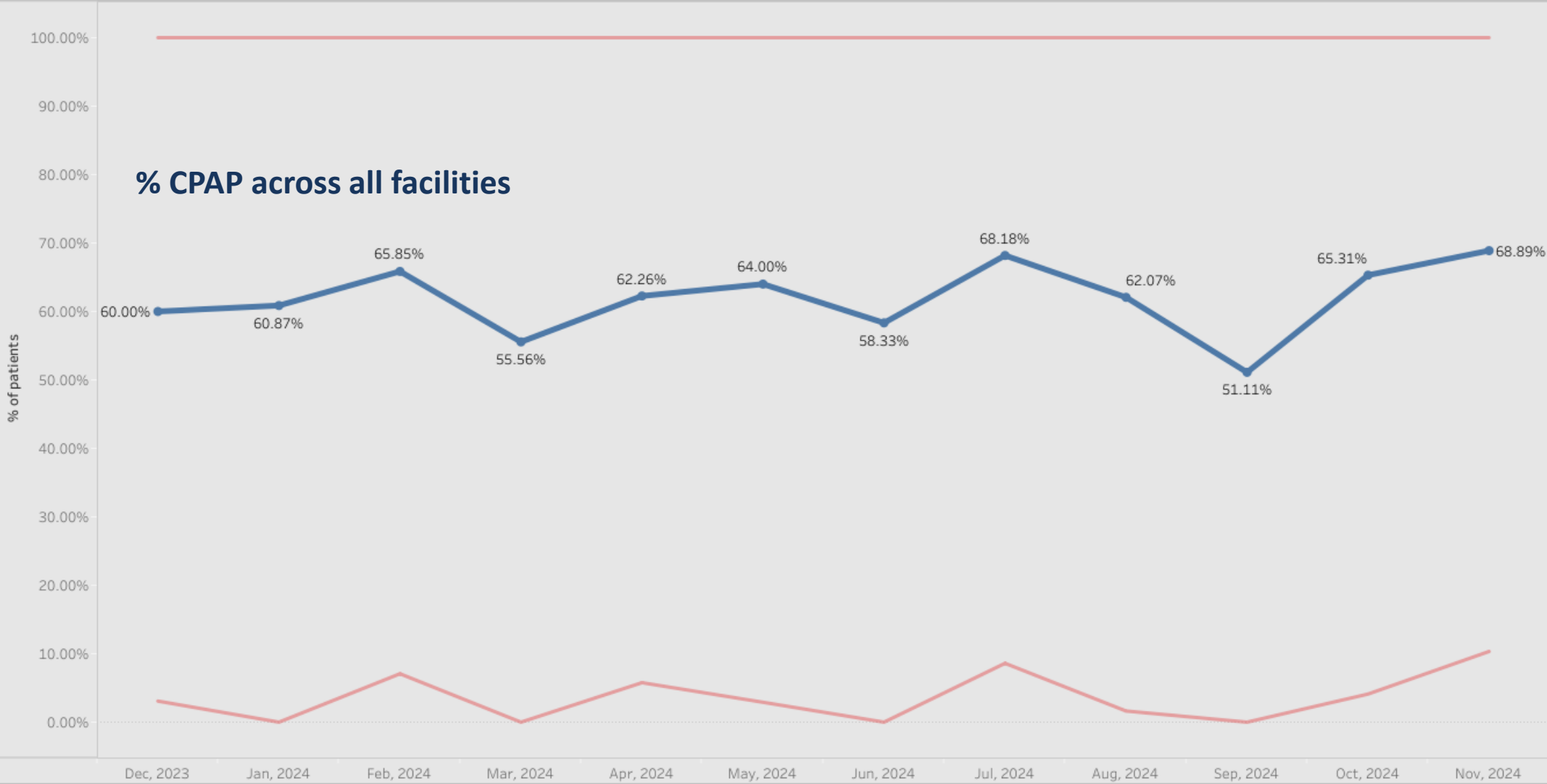
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Race/Ethnicity Data

Structural

Main Page

Control Charts: All Hospitals Vs. Your Hospital



# ALPQC NHP (Golden Hours)

(From December, 2023 to November, 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

Multiple values

Date

All

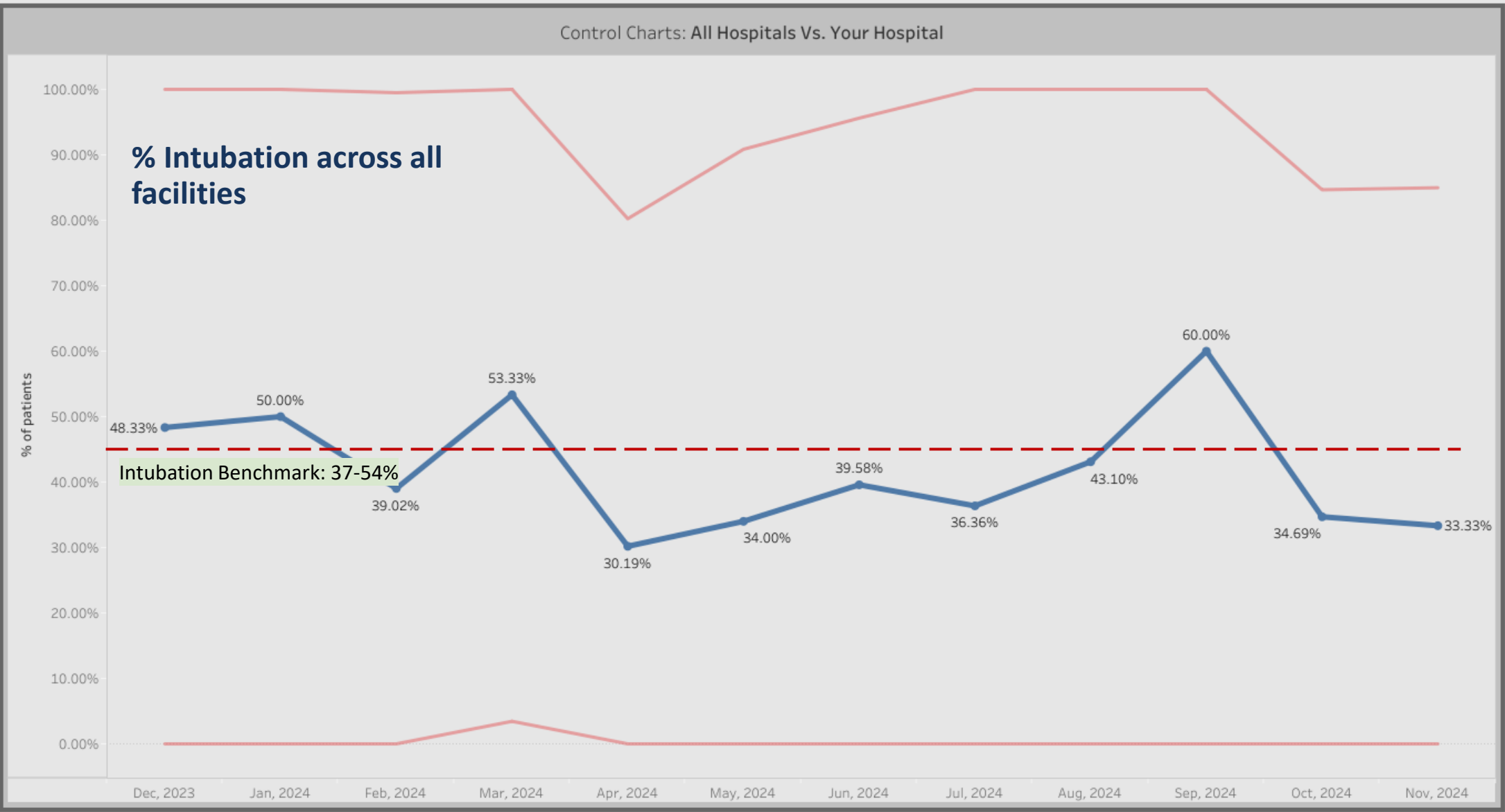
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All

Race/Ethnicity Data

Structural

Main Page



# ALPQC NHP (Golden Hours)

(From December, 2023 to November, 2024)

Hide Filters

Legends

- Lower Control Limit
- Upper Control Limit
- Your Hospital

All Hospitals

Your Hospital No Hospital

Outcomes O6: IVH

Thermsias All

Race All

Birth Wt All

DeliveryMode All

GA Multiple values

Date All

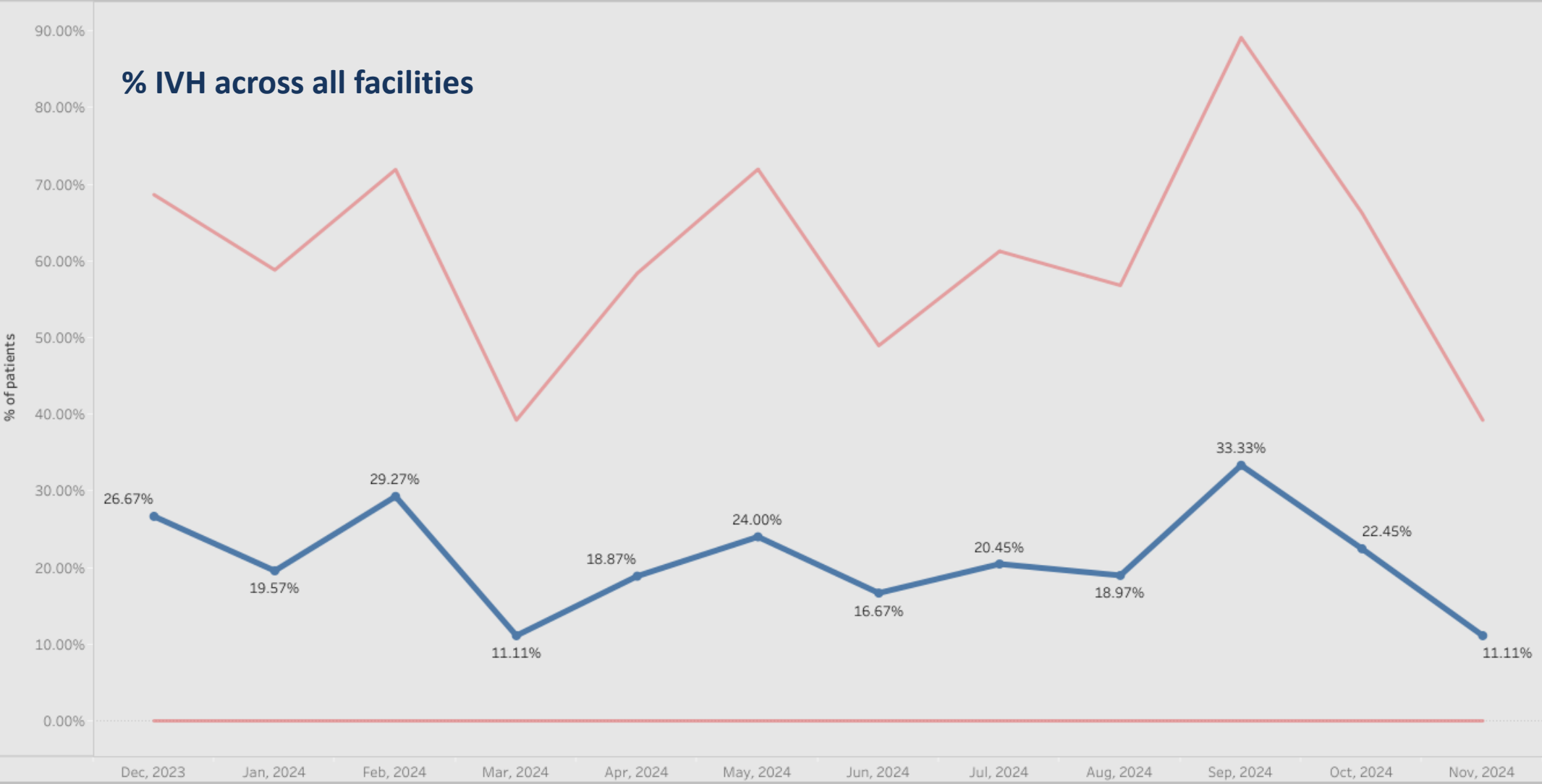
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Race/Ethnicity Data

Structural

Main Page

Control Charts: All Hospitals Vs. Your Hospital



# ALPQC NHP (Golden Hours)

(From December, 2023 to November, 2024)

Hide Filters

Legends

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

Your Hospital No Hospital

Outcomes O6a. IVH Severe

Thermsias All

Race All

Birth Wt All

DeliveryMode All

GA Multiple values

Date All

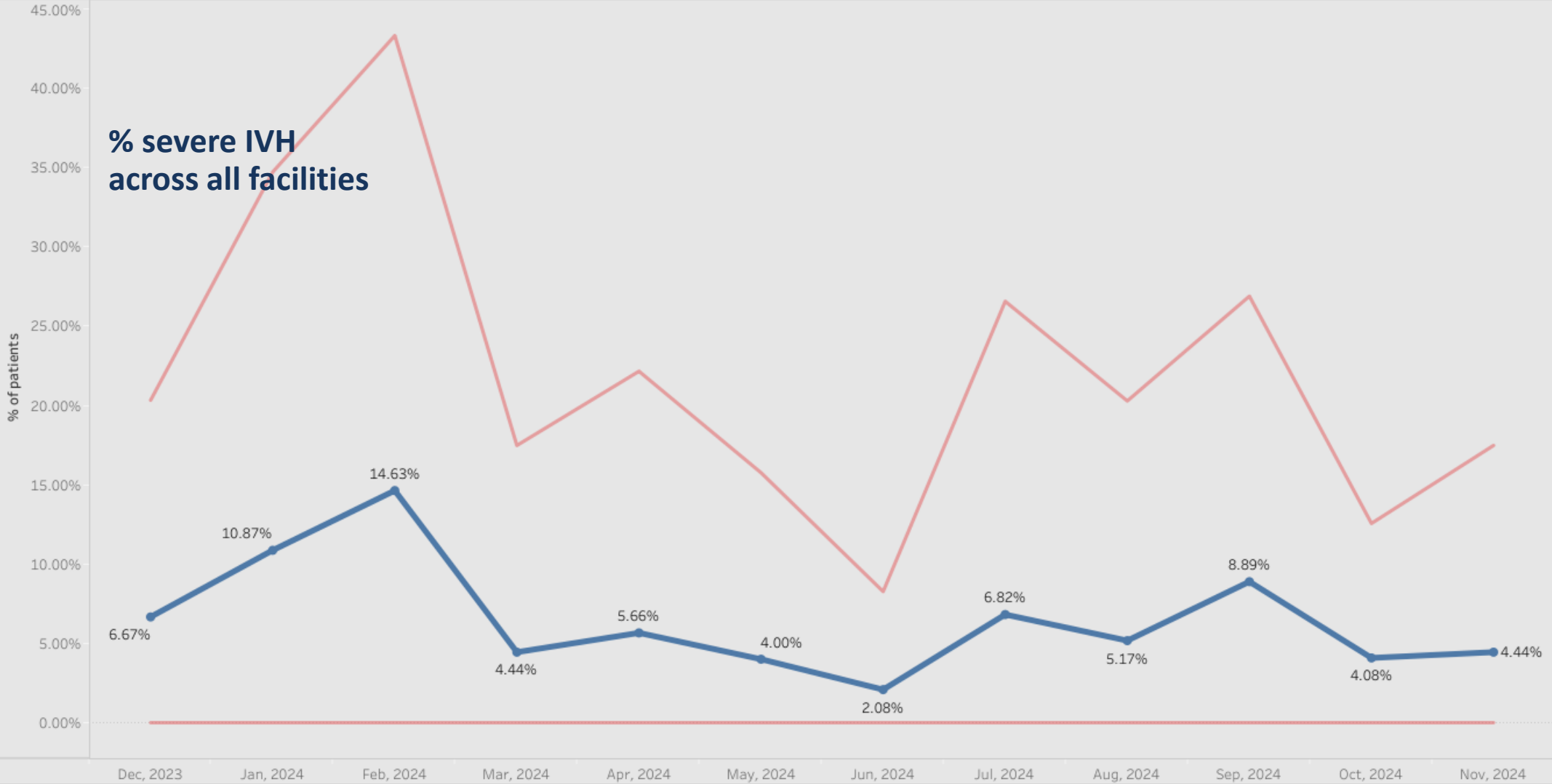
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Race/Ethnicity Data

Structural

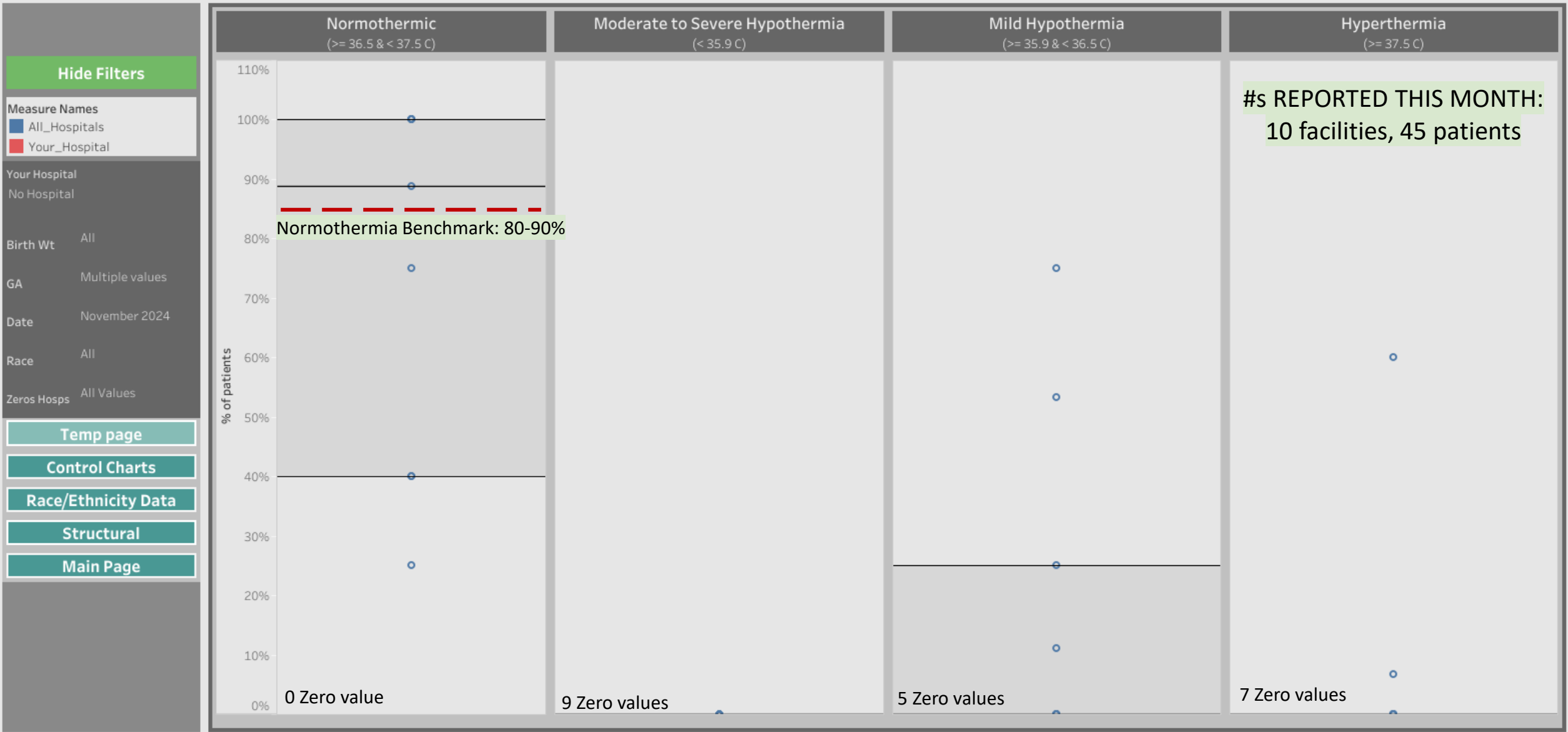
Main Page

Control Charts: All Hospitals Vs. Your Hospital



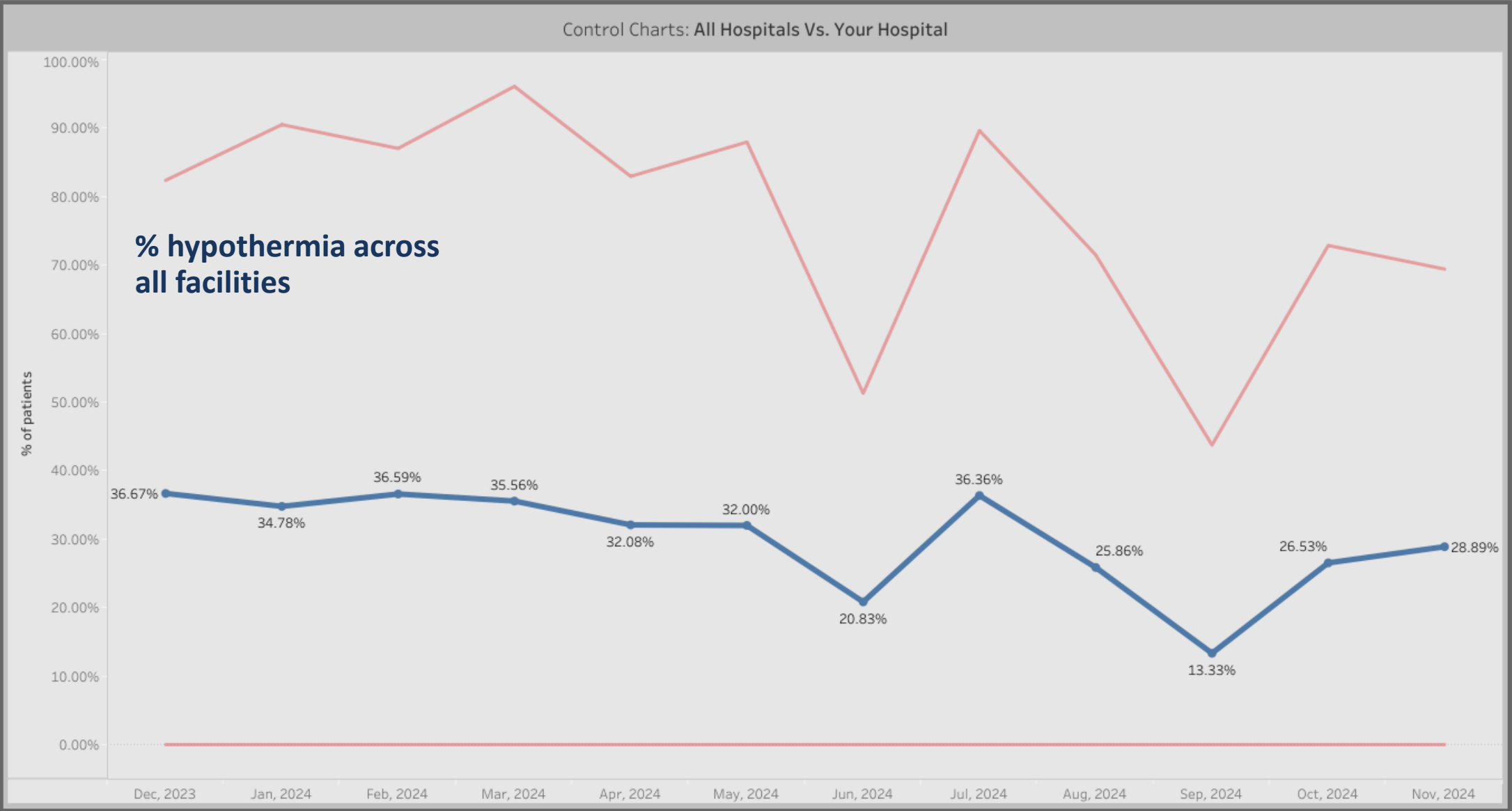
# ALPQC NHP (Golden Hours)

(From December, 2023 to November, 2024)



# ALPQC NHP (Golden Hours)

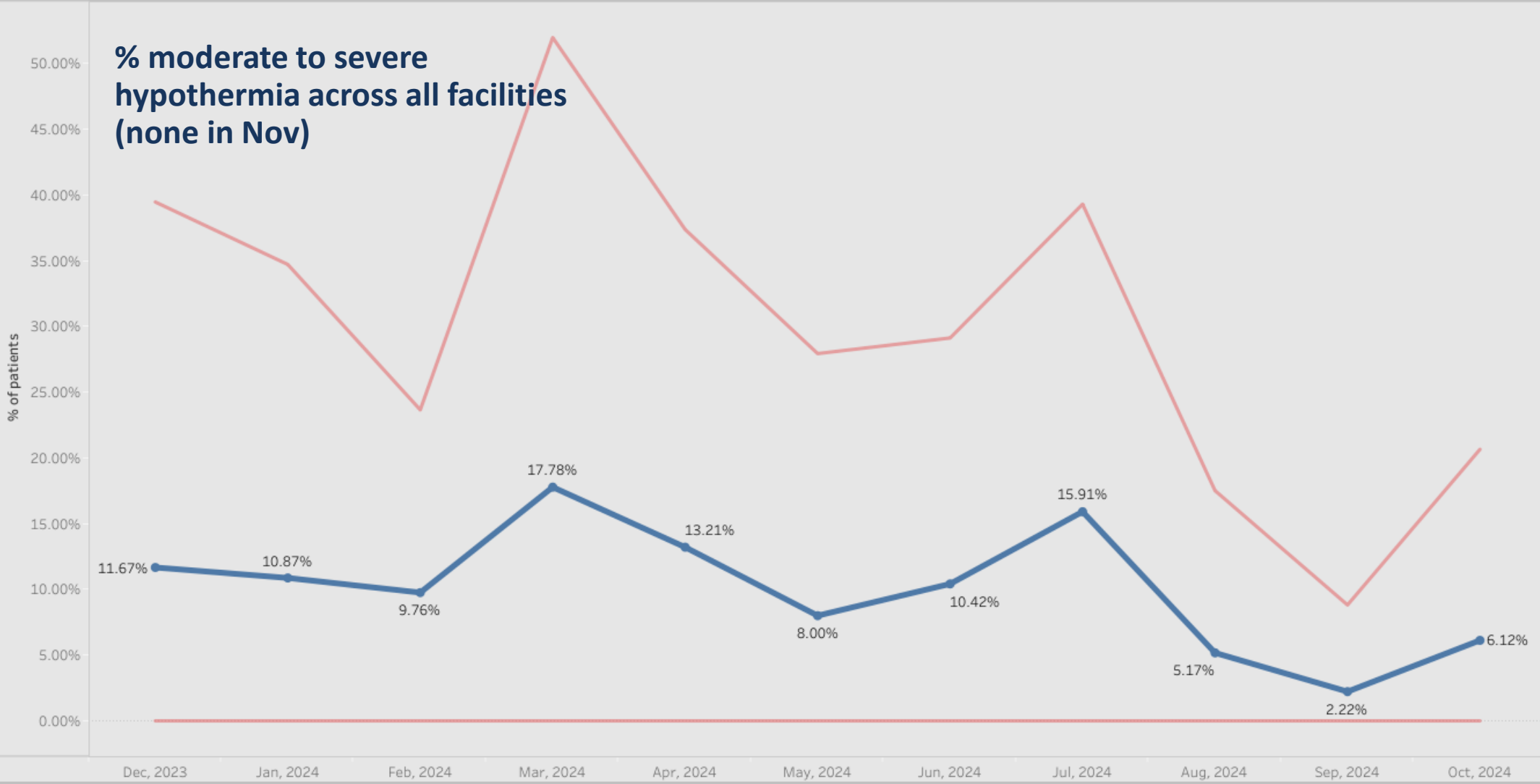
(From December, 2023 to November, 2024)



# ALPQC NHP (Golden Hours)

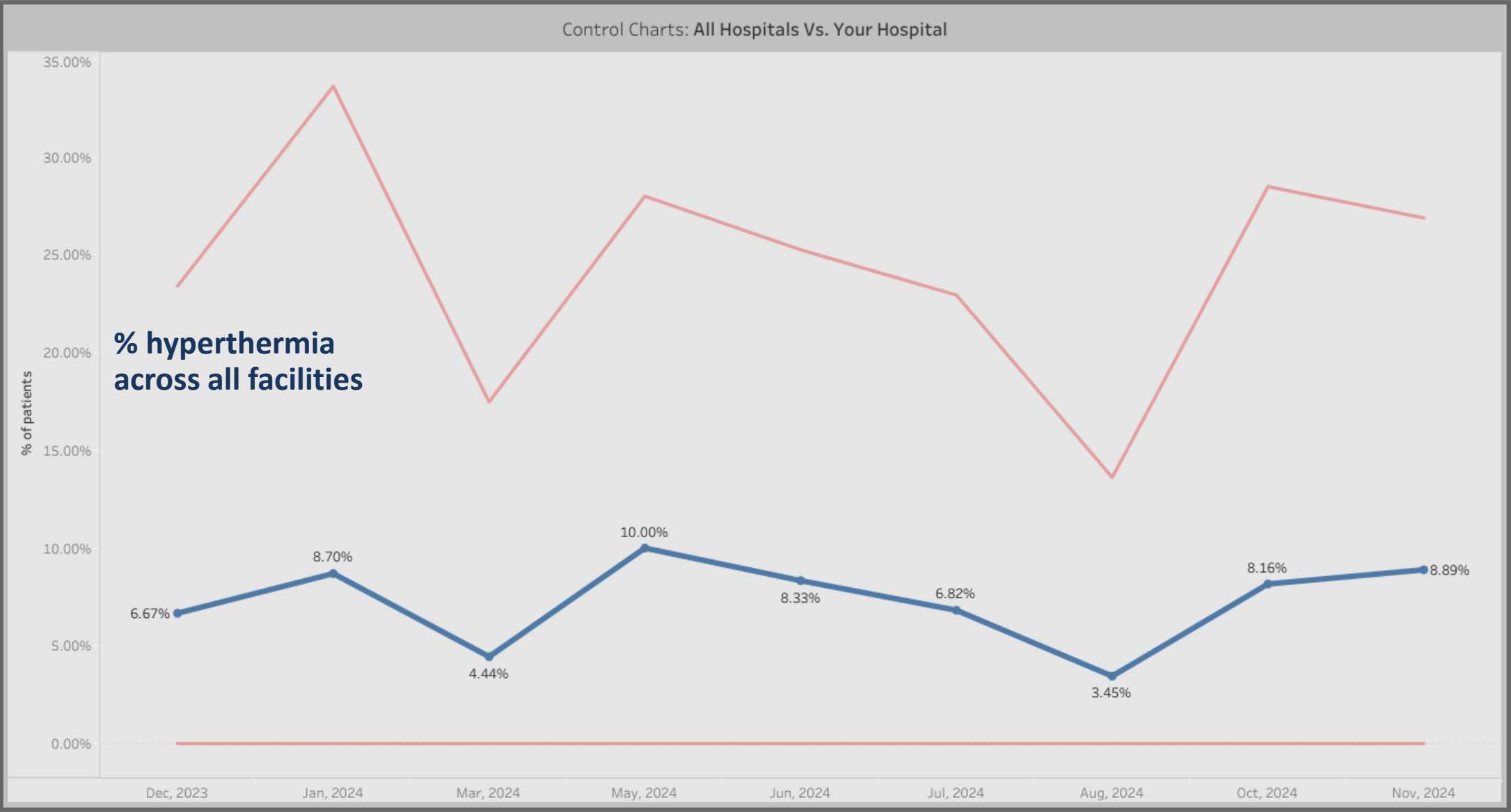
(From December, 2023 to November, 2024)

Control Charts: All Hospitals Vs. Your Hospital



# ALPQC NHP (Golden Hours)

(From December, 2023 to November, 2024)





# Hospital Share

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**Russell Medical Center:  
Improve Health Care Equity & Neonatal Hypothermia  
Prevention**





# Russell Medical

MEMBER OF **UAB** HEALTH SYSTEM



Improve Health Care Equity

&

Neonatal Hypothermia Prevention

Hospital Share

January 22, 2025

Ally Cromer, RN, Maternal Child Department Supervisor

Jackie Mobley, RN, MSN, Director of Nursing Special Services

# MATERNAL CHILD QUALITY TEAM

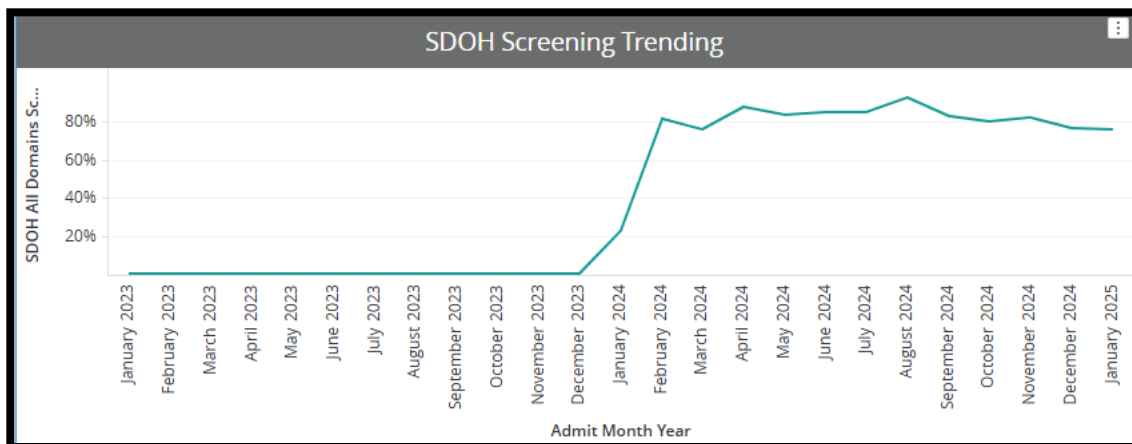


- Developed February 2024
- Quarterly meetings to discuss all Maternal Child quality improvement
  - Neonatal hypothermia
  - Obstetric hemorrhage
  - Breastfeeding exclusivity
  - Primary c-section rate
  - Health equity and inclusion
- Multidisciplinary
- Goal is for members of our team to reflect our patient population





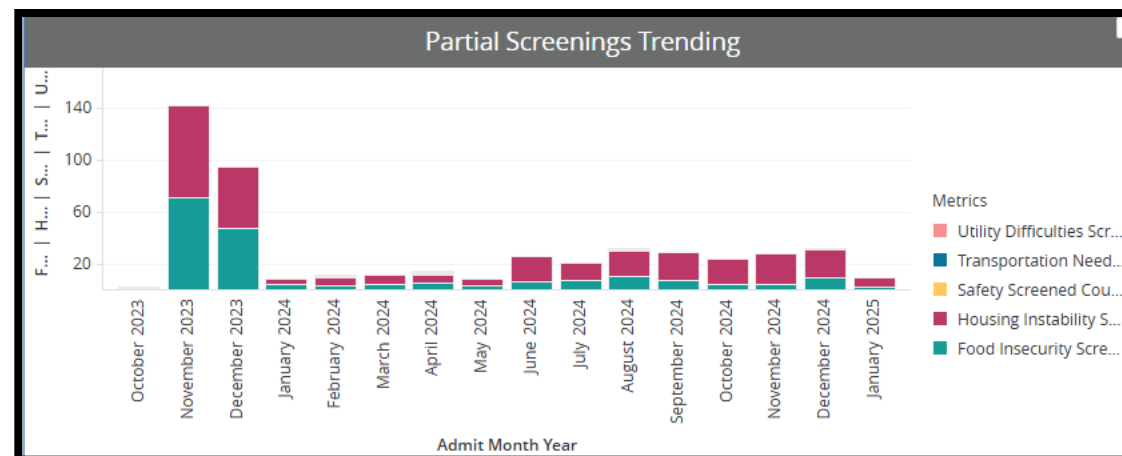
# Social Determinants of Health Screen



- Build SDOH Screening Tool and Reports
- Monitor and Report SDOH Screening Assessment Compliance

## Russell Medical Social Needs

### Housing & Food Insecurity





# Health Care Disparity: Population of Focus

## BASELINE DATA:

### Ethnicity of patients delivering at Russell Medical:

ETHNICITY	DELIVERY AT RUSSELL MEDICAL
American Indian or Alaska Native	0%
Asian	0%
Black or African American	28%
Hispanic or Latino	5%
Maternal Race Not Provided	1%
Native Hawaiian or other Pacific Islander	0%
White	66%

### Breastfeeding Initiation /Exclusivity Rates by Ethnicity

ETHNICITY	BREASTFEEDING INITIATION RATE	BREASTFEEDING EXCLUSIVITY RATE
Russell Medical: Black or African American	26%	11%
Russell Medical: Hispanic or Latino	40%	40%
Russell Medical: White	73%	45%
Russell Medical: ALL	56%	39%
CHAMPS National Hospitals	75%	33%

## Identified Healthcare Disparity / Population of Focus:

BREASTFEEDING INITIATION AND EXCLUSIVITY  
FOR  
BLACK OR AFRICAN AMERICAN PATIENTS



# HEALTH EQUITY & INCLUSION PLAN



## I. AIM Statement

Russell Medical will improve Breastfeeding Initiation and Exclusivity in black or African American patients by 20% by December of 2025

II. Develop a diverse and representative Maternal Child Quality Team & STEPPS Team

III. Designate Lead Individual for Health Equity

IV. Collect stratified baseline and ongoing data

V. Partner with CHAMPS National through the Center for Health Equity, Education, and Research (CHEER)

VI. Engage Community Resources (ex. OB & Pediatric Clinics, ADPH)

VII. Identify Additional Virtual Resources (Pacify, ROSE, Nurse-Family Partnership)



↑ 20%

# HEALTH EQUITY & INCLUSION PLAN



## VIII. Education Goals

- 2 Staff members will achieve CLC training
- Unit Staff and Clinic Staff will complete CHAMPS Education
- All Unit Staff will be educated regarding:
  - Breastfeeding Education
  - Infant Feeding Cues
  - Risks of using bottles, teats and pacifiers
- Develop Prenatal Education Program – Baby Steps



## IX. Facilitate Immediate uninterrupted skin to skin

## X. Enhance Rooming-In practices

## XI. Ensure Follow-Up Appointments

## XII. Define process for accountability



# TYING IT ALL TOGETHER



## TAKING ACTION

# RELOCATION OF C/S

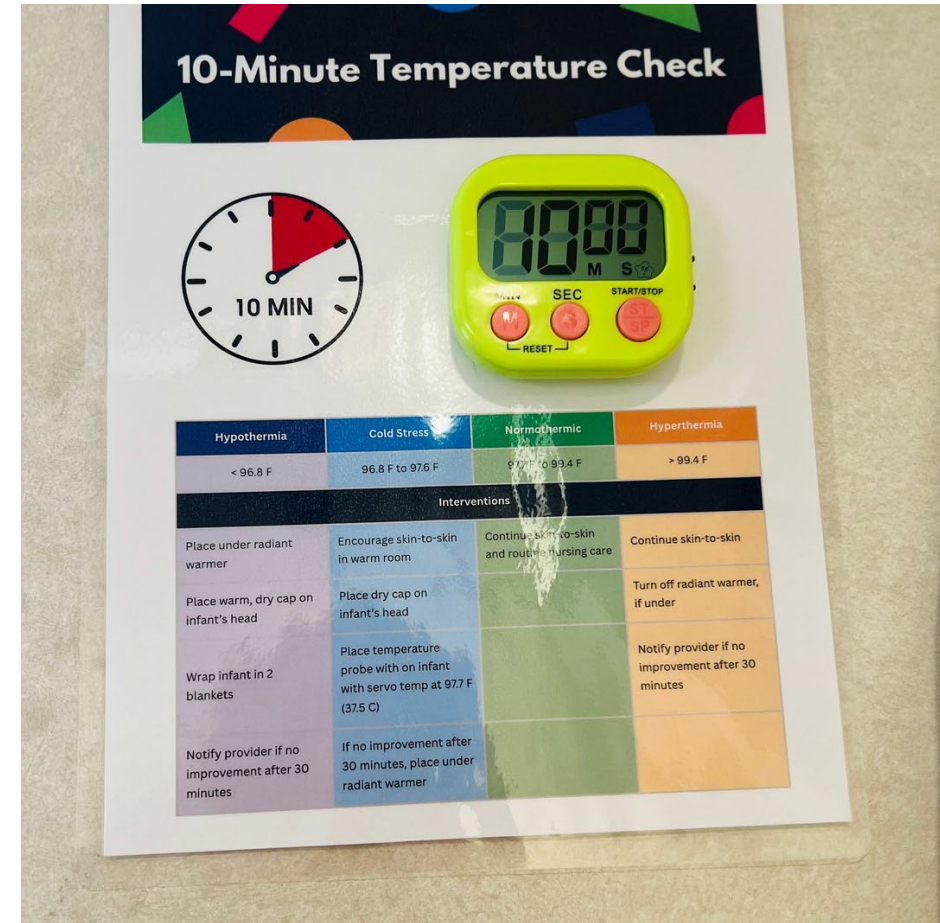


- Scheduled and unscheduled c-sections to be performed in OR on L&D unit
- Implemented April 2024
- Benefits:
  - More control over conditions in OR-- temperature, equipment
  - Closer to newborn nursery
  - Skin to skin while in recovery

# 10-MINUTE TEMPERATURE CHECK



- Implemented March 2024
- Documentation built into Meditech Expanse
  - Temperature
  - Corrective measures
- Placed timer and graphic sheet in each labor room
- Benefits:
  - Increased awareness of infant temperature during transition period
  - Early recognition and intervention to prevent hypothermia



# SKIN TO SKIN



- Implemented June 2024
- Immediate and uninterrupted skin-to-skin for at least 1 hour following delivery
  - Cesarean--when awake and alert in recovery
- Documentation built into Meditech Expanse
  - Start time, stop time
  - Any interruptions?
  - Total time
- Initially saw an increase in hypothermia following implementation

# BRAINSTORMING

- \* decreased SQ fat
- \* transepidermal heat loss
- \* high body-water content

## How Do Babies Get Cold?



Timely initiation of radiant warmer?

Consistent use of warm surface to receive infants?

Timely removal of wet towels?

- Change wet towels ASAP

Timely drying of infants after delivery?

- Dry well
- Hot ASAP

when pushing, hot prewarm.

skin to skin  
warm towel

Conduction  
Direct heat loss to solid surfaces with which they are in contact

Convection  
Heat is lost to currents of air

Evaporation  
Heat loss when water evaporates from skin or breath

Radiation  
Heat loss via electromagnetic waves from skin to's around surfaces

- Room temp  $\geq 72^{\circ}\text{F}$  • warmer over mat

Systematic ambient temperature setting?

Warm blanket from OR

Use of sidewalls of radiant warmer?

- All warmers have side walls

Any sources of cold air near resuscitation?

- NRP under ICC
- Plastic wrap if needed

- Educate families on need to keep infant warm
  - Keep hat and blanket in place
  - Skin to skin, not show & tell



Russell Medical  
MEMBER OF **UAB** HEALTH SYSTEM

# DELIVERY ROOM

## *checklist*

### BEFORE DELIVERY

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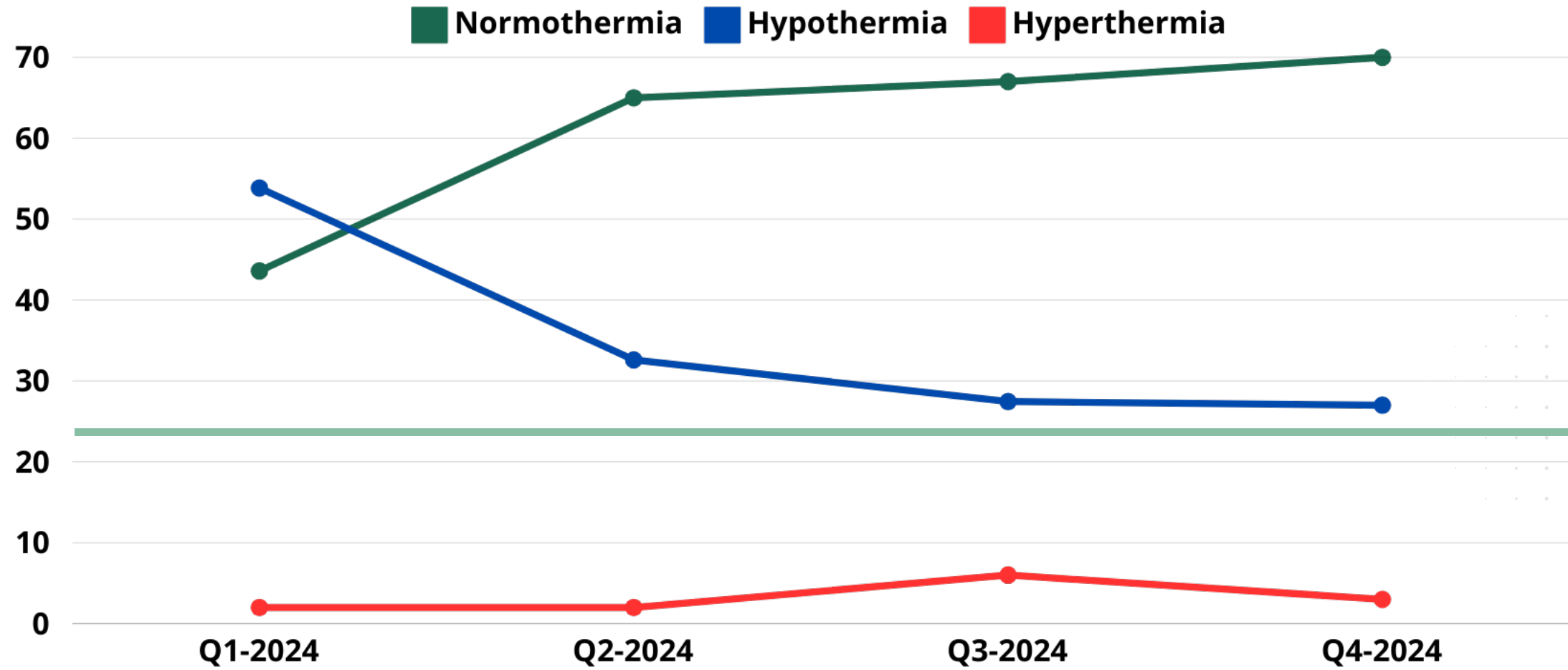
- ☐ DELIVERY ROOM TEMPERATURE SET AT **72°** OR HIGHER
- ☐ INFANT WARMER TURNED ON **MAXIMUM HEAT**
- ☐ **TOWEL**, **BLANKET**, AND **HAT** PLACED UNDER WARMER
- ☐ **THERMOMETER** TO PERFORM AXILLARY OR RECTAL TEMPERATURE

### AFTER DELIVERY

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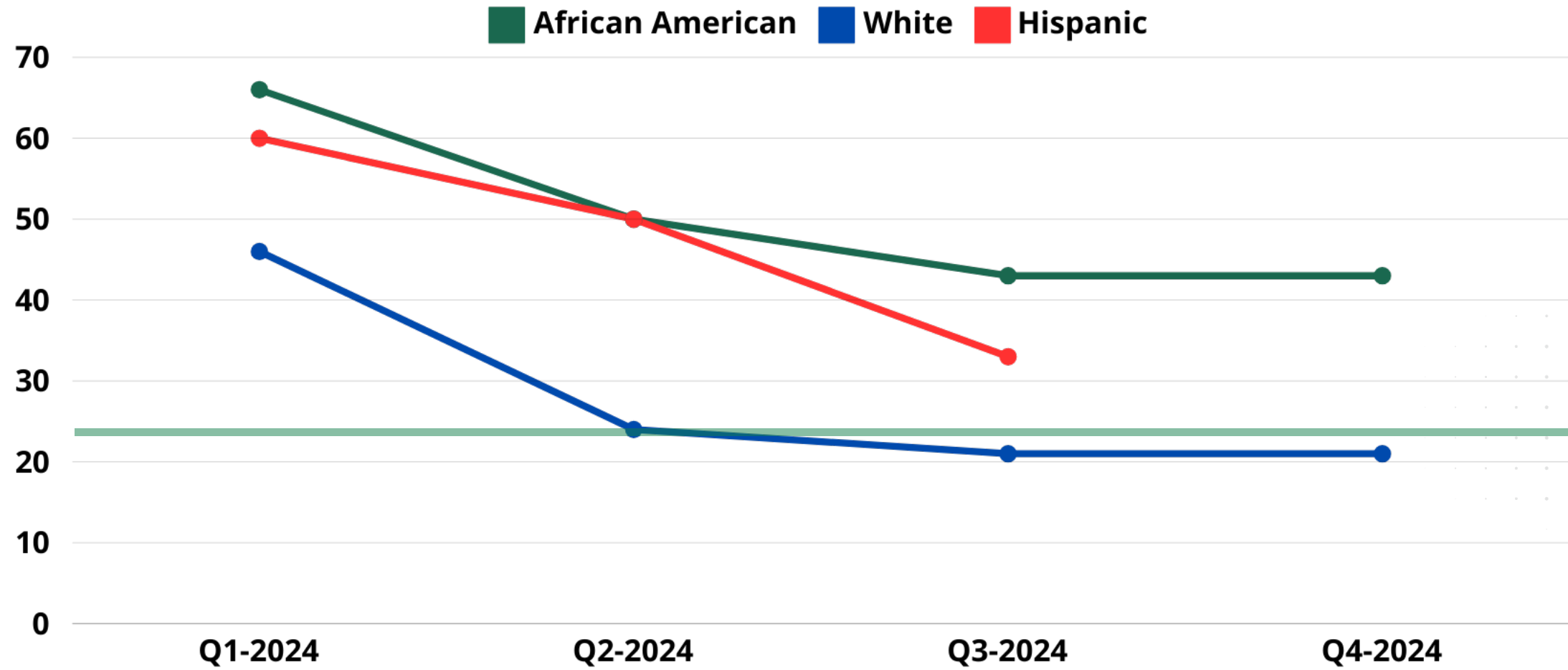
- ☐ RECEIVE INFANT WITH **WARM TOWEL**
- ☐ **DRY** WELL
- ☐ PLACE **WARM HAT** ON HEAD
- ☐ PERFORM **10-MINUTE** TEMPERATURE CHECK

# NHP DATA REVIEW



NHP Hospital Share

# NHP DATA REVIEW



NHP Hospital Share



# NHP NEXT STEPS



Debriefing with Moderate/Severe Hypothermia

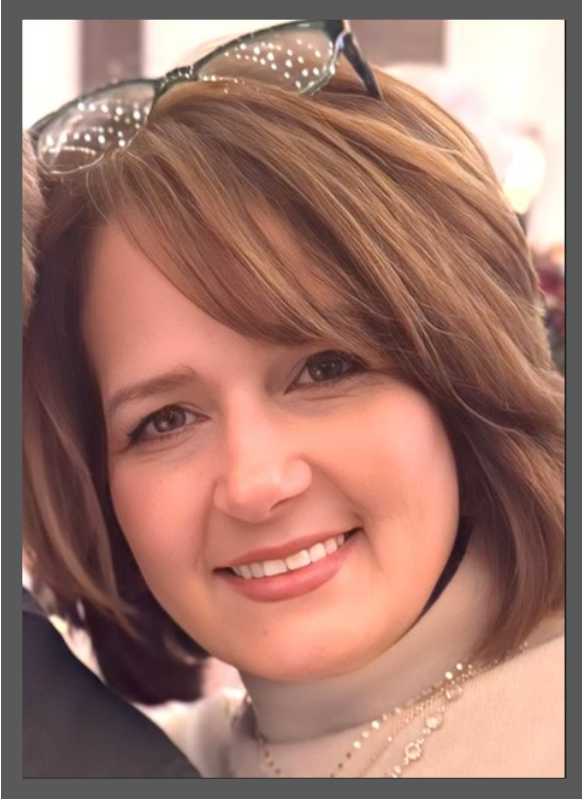
## Staff Education

- S. T. A. B. L. E. through Healthstream

## Patient Education

- Baby Steps Program--coming March 2025
- 

# CONTACT INFORMATION

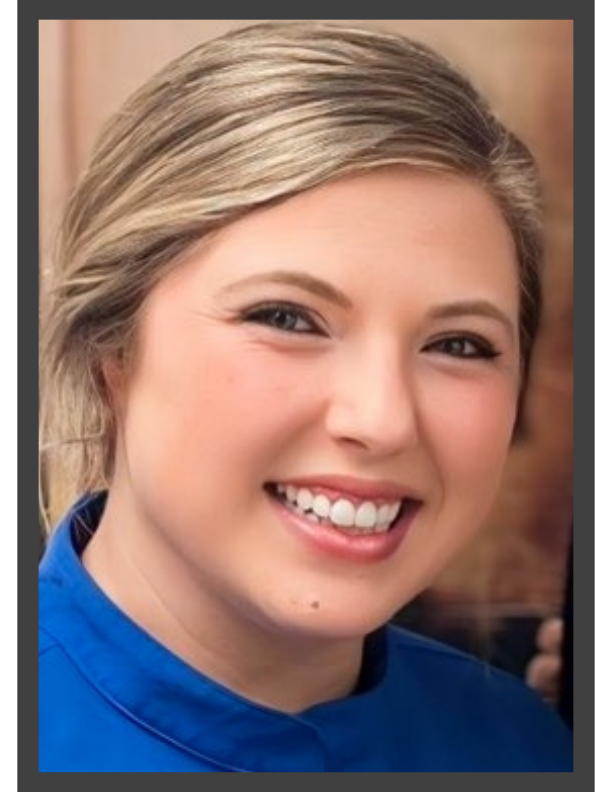


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Director ICU & Nursing Special Services  
3316 US-280 // Alexander City, Alabama 35010  
(w) 256-329-7391 // (c) 256-786-1882  
[jmobley@russellmedcenter.com](mailto:jmobley@russellmedcenter.com)



## Russell Medical

MEMBER OF **UAB** HEALTH SYSTEM



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W: 256-329-7166 | C: 256-749-7398  
[ally.cromer@russellmedcenter.com](mailto:ally.cromer@russellmedcenter.com)

# Q&A

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

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

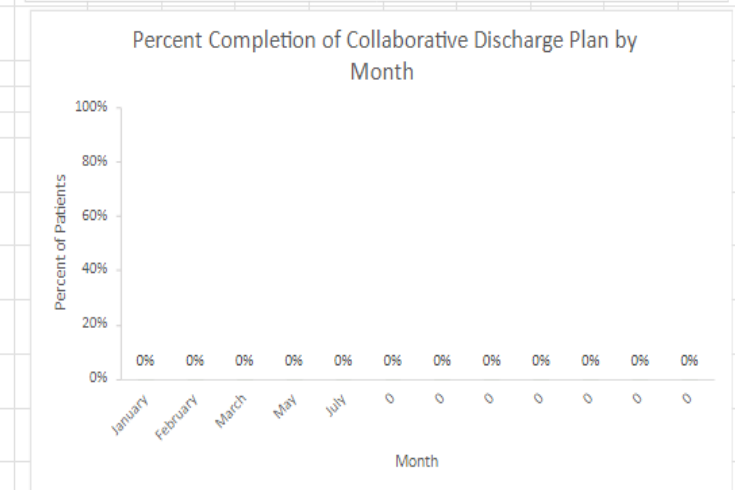
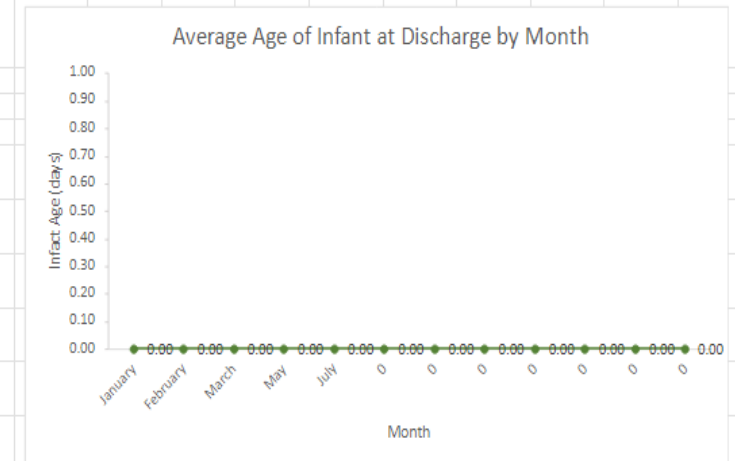
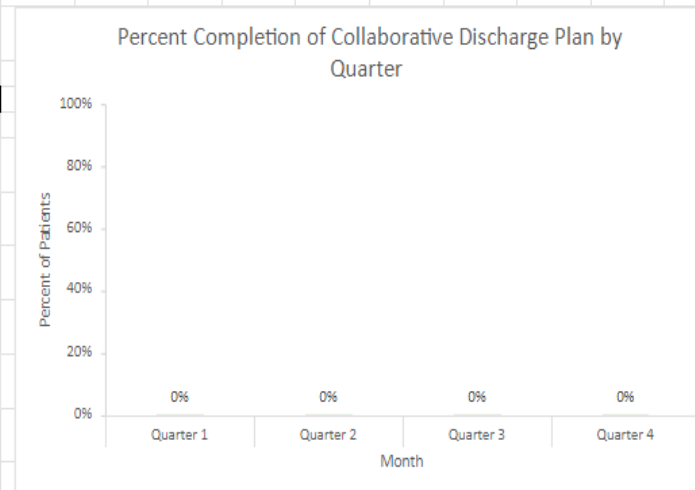
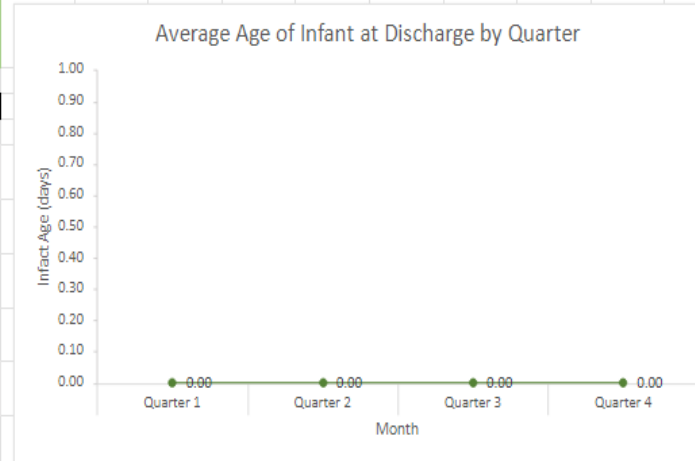


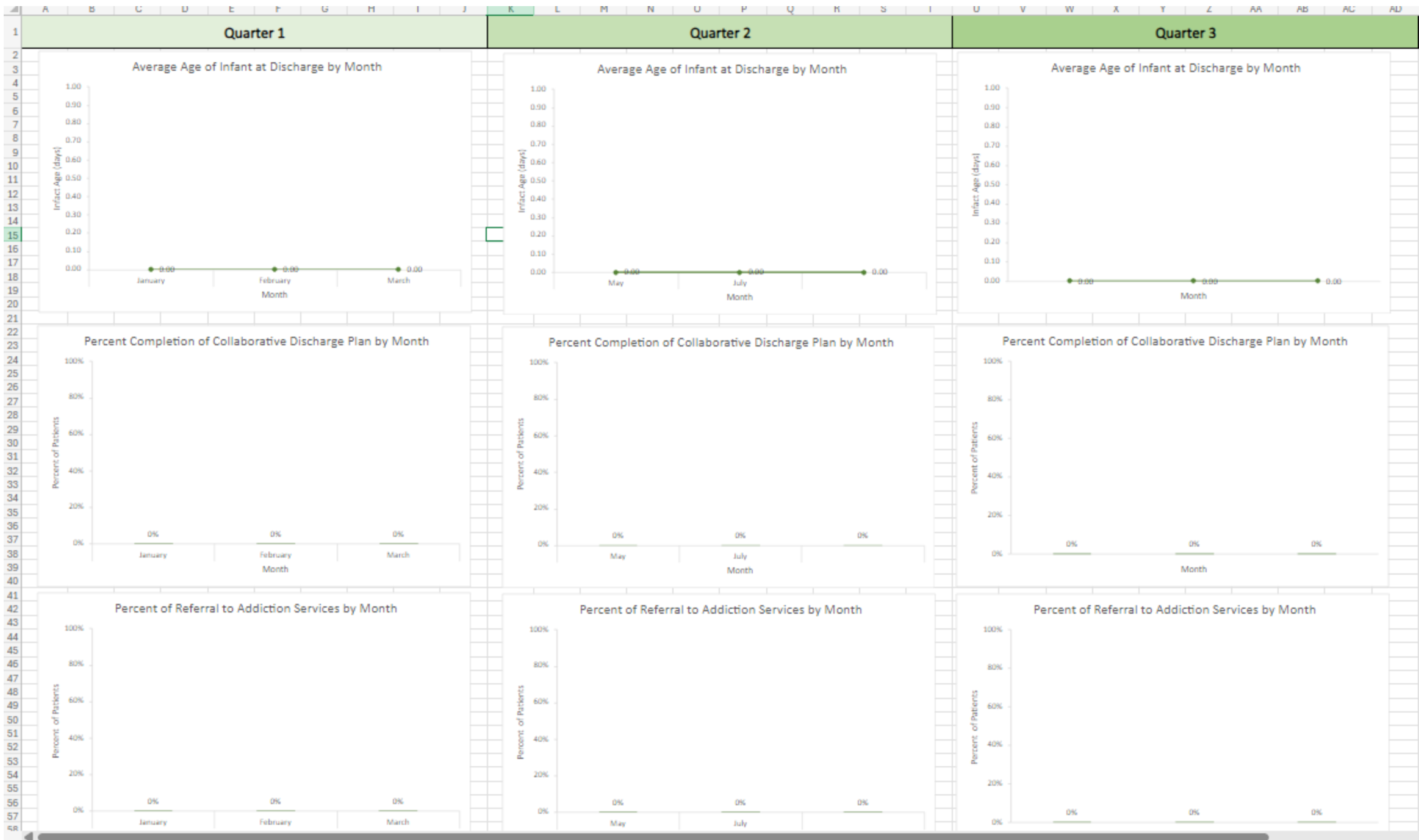
# NOWS: Keeping the Gains

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	A	B	C	D	E	F	G	H	
1	ALPQC Neonatal Opioid Withdrawal Syndrome (NOWS) Initiative Sustainability Data Collection Form								
2	Use this form as you collect quarterly data once the data portal is discontinued; please collect data on 5 (randomized) NOWS patients per month								
3	First month of Quarter:	January					% YES/Month	Average LOS (days)/Month	
4		NOWS infant #1:	NOWS infant #2:	NOWS infant #3:	NOWS infant #4:	NOWS infant #5:			
5	Neonatal Data - Track only for infants who were born at ≥ than 35 weeks and have been discharged								
6	Patient Identifier: Select a unique 3-digit code for each patient and keep a record of this. In the event of a data entry error, the code will be used to direct you to the specific patient data in need of correction.								
7	How many days old was the infant at discharge? (birth is day "0")								
8	Was a Collaborative Discharge Plan completed prior to discharge of infant?								
9	Obstetrical Data - Track only for moms who delivered at your facility and are now discharged								
10	Was the mother referred to addiction services prior to maternal discharge?								
11	Was Narcan counselling documented in the medical record prior to maternal discharge?								
12									
13	Second month of Quarter:	February					% YES/Month	Average LOS (days)/Month	
14		NOWS infant #1:	NOWS infant #2:	NOWS infant #3:	NOWS infant #4:	NOWS infant #5:			
15	Neonatal Data - Track only for infants who were born at ≥ than 35 weeks and have been discharged								
16	Patient Identifier: Select a unique 3-digit code for each patient and keep a record of this. In the event of a data entry error, the code will be used to direct you to the specific patient data in need of correction.								
17	How many days old was the infant at discharge? (birth is day "0")								
18	Was a Collaborative Discharge Plan completed prior to discharge of infant?								

	A	B	C	D	E
1	ALPQC Neonatal Opioid Withdrawal Syndrome (NOWS) Initiative Sustainability Data Summary				
2					
3	Quarter 1				
4		Quarter	January	February	March
5	Neonatal Data - Track only for infants who were born at ≥ than 35 weeks and have been discharged				
6	Total Number of Patients	0	0	0	0
7	Average Infant Age at Discharge (days)				
8	Percent Completion of Collaborative Discharge				
9	Obstetrical Data - Track only for moms who delivered at your facility and are now discharged				
10	Average Percent Referred to Addiction Services				
11	Average Percent of Documented Narcan Counselling				
12					
13	Quarter 2				
14		Quarter	May	July	0
15	Neonatal Data - Track only for infants who were born at ≥ than 35 weeks and have been discharged				
16	Total Number of Patients	0	0	0	0
17	Average Infant Age at Discharge (days)				
18	Percent Completion of Collaborative Discharge				
19	Obstetrical Data - Track only for moms who delivered at your facility and are now discharged				
20	Average Percent Referred to Addiction Services				
21	Average Percent of Documented Narcan Counselling				
22					





# Reminders

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- Next Month: Dr. Kalsang Dolma from USA Children's & Women's Hospital to present: "Strategies to prevent intraventricular hemorrhage (IVH) in the NICU"
- Hospital Shares are encouraged!
  - Please sign up to share on the sign-up sheet or by emailing [info@alpqc.org](mailto:info@alpqc.org). We look forward to hearing from everyone!

# Stay Connected!

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**Website:**

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

**Email:**

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

**X (Twitter): @alpqc**

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

# Next Meeting

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**Wednesday, February 26<sup>th</sup> at 12pm**

# Thank you!

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