Neonatal Breakout Session: Analysis to Action

ILPQC 9th Annual Conference
October 28, 2021
Overview

- Annual Conference Survey Overview
- Quality Improvement & Data Presentation
  - Gustave Falciglia, MD
- BASIC Discussion Groups
  - Smile! Get ready to turn on your camera during this portion of the breakout session.
- BASIC Data Review
- Ask the Professor
- "What's My Role"
Annual Conference Survey Results
Thank you, teams!

We are so appreciative of all the teams who submitted an Annual Conference Survey. Your dedication never goes unnoticed!
The Annual Conference Survey is vital in helping the Collaborative

- Focus topics of upcoming calls
- Support hospital teams
- Develop new tools
- Plan for new initiatives
Mothers and Newborns affected by Opioids

MNO-Neo Survey Results
MNO-Neo Biggest Barriers

- Standardizing optimal OEN care with a low number of patients
- Managing staff shortages and educating new staff
- Getting buy-in for all providers to use the protocols
- Improving communication from Labor & Delivery to Nursery
- Identifying patients with opioid use disorder prenatally
Most Effective Key Strategies

Annual Conference Survey Data

- Stigma & Bias Education
- Prenatal Consultation
- MNO Folder Use
- Application of Admission Huddles
- Standardized Non-Pharmacologic Care
- Standardized Pharmacologic Care
- Standardized Nutrition and Breastfeeding Guidelines
- Coordinated Discharge Planning

[Bar chart showing percentages of usefulness, not usefulness, and not using for each strategy]
Most Useful Toolkit Elements

Annual Conference Survey Data

<table>
<thead>
<tr>
<th>Element</th>
<th>Useful</th>
<th>Not Useful</th>
<th>Didn't Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal Consultation Checklist</td>
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<tr>
<td>ILPQC Infant bedside sheet/ESC Care Tool</td>
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<tr>
<td>ILPQC newborn care diary</td>
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<tr>
<td>Breastfeeding Resources</td>
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<tr>
<td>ILPQC Coordinated discharge checklist and plan</td>
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<tr>
<td>Patient education tools</td>
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<tr>
<td>Provider Education tools</td>
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</table>
YOUR Successful Strategies Improving Care

Optimized Non-pharmacologic Care
- Implementing ESC
- Operationalizing rooming-in
- Providing patient and staff education
- Establishing a Cuddler Program
- Supporting caregivers in a standardized approach

Coordinated Discharge Plan
- Using a multidisciplinary approach
- Consulting social work consistently
- Standardizing nursing coordination of care workflows
- Utilizing discharge planning nurses or NICU navigators
YOUR Successful Strategies
Sustainability

Monthly audits
Consistent use of ongoing team huddles and folders
Annual staff and provider education
Didactic class for all new hires
Best Practice Alerts (BPA)

Annual Conference Survey Data
Collaborative Learning
QI Resources

Annual Conference Survey Data

![Diagram showing survey data on QI resources]

- ILPQC Data System
- Monthly Teams Webinars
- Tool Kit
- QI Topic Calls

Useful: Green
Not Useful: Yellow
Didn’t Use: Red
Components of Monthly Teams Calls

![Bar chart showing the components of monthly teams calls useful or not useful.]

- **Review of ILPQC Toolkit Resources**: 90% useful, 10% not useful.
- **National Guest Speaker**: 100% useful, 0% not useful.
- **Team Talks**: 70% useful, 30% not useful.
- **Round Robin Team Sharing**: 60% useful, 40% not useful.

Annual Conference Survey Data
Babies Antibiotic Stewardship Improvement Collaborative

BASIC Survey Results
BASIC Risk Assessment Evolution

**2020 Survey**

Risk Assessment tool ≥35 Weeks

- 49%
- 25%
- 19%
- 7%
- Sepsis Risk Calculator
- Categorical Risk Factor Assessment
- Risk Assessment Based on Clinical Condition with Serial Physical Exams
- Other

**2021 Survey**

Risk Assessment tool ≥35 Weeks

- 52%
- 29%
- 17%
- 2%
- Sepsis Risk Calculator
- Categorical Risk Factor Assessment
- Risk Assessment Based on Clinical Condition with Serial Physical Exams
- Other
Race/Ethnicity Data Collection
Current Capacity

- Collects Maternal Self-Reported Race & Ethnicity Data
  - Yes: 80%
  - No: 11%
  - Unknown: 9%
BASIC Barriers

- Physician buy-in
- Physician pushback on 36 hour mark for antibiotics
- EMR not pulling data
- Patient education resource availability on general antibiotic use
- Time and resources to collect data
- Partnership with microbiology lab
- Coordinated team not developed
BASIC Top Team Successes

Annual Conference Survey Data

- Staff education
- Community physician buy-in
- Parent education
- Sepsis risk calculator implementation
- Decrease in blood cultures drawn
- Decrease in use and duration of antibiotics
- Daily group huddle on all antibiotic cases
- Automated stop orders and/or times in EMR
Biggest Goals
Next Six Months

- Maintain decrease in antibiotic use
- Incorporate the neonatal sepsis calculator in the EMR
- Implement EOS calculations in progress notes
- Evaluate data by race/ethnicity
- Standardize process of increased monitoring for at-risk newborns
- Standardize education

Annual Conference
Survey Data
Potential Future Neonatal Initiatives 2023 and Beyond

- Care of Late Preterm Infant
- Safe Sleep
- Perinatal Simulation Program Development
- Optimal Breastfeeding
- Transitions in Care

Annual Conference Survey Data
Quality Improvement & Data

Gustave Falciglia, MD
BASIC Discussion Groups: Analysis to Action
Discussion Group Logistics

1. You will be broken up into groups of about 20 individuals with a facilitator
2. Click on “Join” to enter breakout room discussion group when prompted
3. Turn your camera on and come off mute to participate in facilitated discussion for 3 QI team scenarios
4. Rejoin Neonatal Breakout Session
5. Duration of session is 20 minutes
Meet your facilitators

Karen Puopolo
Gustave Falciglia
Justyna Grothaus
Leslie Caldarelli
Sameer Patel
Patrick Lyons
Munish Gupta

ILPQC Neonatal Co-Lead
BASIC Clinical Lead
ILPQC Neonatal Advisory Group
BASIC Clinical Lead
BASIC Clinical Lead
BASIC Clinical Lead
BASIC Clinical Lead

ILPQC Neonatal Co-Lead
BASIC Data Review
BASIC Aim:
Reducing antibiotic usage in newborns ≥ 35 weeks
BASIC Aim: Reducing length of antibiotic exposure with negative cultures ≥ 35 weeks
BASIC Aim:
Reducing antibiotic usage in newborn <35 weeks

ILPQC BASIC Initiative: Percent of newborns <35 weeks who received antibiotics within 72 hours of life
All Hospitals, 2021-2022
BASIC Aim:
Reducing antibiotic usage in newborns <35 weeks
Stop:
Antibiotic Time Outs & Stop Orders

Time Outs

Stop Orders
Collaborate: Communication with OB

Percent of hospitals that have developed partnerships with obstetric team to standardize communication with the pediatric/neonatal team about maternal risk factors for early onset sepsis:

- In Place
- Working On It
- Have Not Started
- Goal

Percent of all newborns receiving antibiotics with documentation of the maternal risk factors for neonatal EOS in the pediatric medical chart:

All Hospitals, 2021-2022

Baseline 2020:
- ≥35 Weeks Rate
- Goal
- <35 Rate

Historical data from Q4 2020 to August 2021.
And Listen: Patient Education

Percent of hospitals that have provided patient standardized education and anticipatory guidance with a focus on equitable care:

- In Place
- Working On It
- Have Not Started
- Goal

Percent of parent/families of all newborns provided education on antibiotics, EOS, and treatment plan for newborn antibiotics and EOS:

- ≥35 Weeks Rate
- Goal
- <35 Rate

All Hospitals, 2021-2022
"Ask the Professor"
Ask the Professor

Karen Puopolo, MD, PhD
Attending Neonatologist and Chief, Section on Newborn Pediatrics at Pennsylvania Hospital

Munish Gupta, MD, MMSSc
Physician in Medicine, Division of Newborn Medicine
Assistant Professor of Pediatrics, Harvard Medical School
"What's my Role"
What's My Role?

Coming in November:
What is the role of the physician, nurse, parent and family?

• Join us on November 15th to learn more about the amazing BASIC tools available to you and how to implement them

• In the meantime, here is one of these tools...
Antibiotics and Your Baby Video

Check out this video today! 88% of you reported finding ILPQC BASIC patient education tools helpful to your QI work.

WHAT YOU NEED TO KNOW ABOUT YOUR BABY AND ANTIBIOTICS

Congratulations on the birth of your baby! The healthcare team is here to support you and your baby during these special first days and wants to provide important information about the use of antibiotics and how you can best advocate for your baby.

Your baby is receiving antibiotics because the healthcare team is concerned that your baby may have an infection. When a baby is at risk for an infection, the healthcare team may give antibiotics even before they can confirm an infection. It’s safer to start antibiotics right away in these cases. Newborns can quickly become very sick if they have an infection, so the healthcare team is being very careful.

To find out if your baby has an infection, the healthcare team will:

- Look for reasons your baby might be at risk
- Check how your baby is doing
- Look at results from blood tests if needed

Some questions to ask your healthcare team to better understand what is going on with your baby and why your baby is at risk for infection:

- Why is my baby at risk for infection?
- What kind of infection could my baby have?
- What symptoms could my baby have?
- How long will my baby have to take the antibiotics?
Wrapping Up & Next Steps
# Upcoming Call Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td>November 15, 2021 2-3 PM</td>
<td>BASIC Teams Call: What’s My Role?</td>
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<tr>
<td>November 29, 2021 1-2 PM</td>
<td>MNO-Neo Sustainability Call: Challenges in Perinatal Marijuana Use in the Era of Legalization</td>
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<tr>
<td>December 13, 2021 2-3PM</td>
<td>BASIC Teams Call: Automatic Stop Times</td>
</tr>
<tr>
<td>January 17, 2022 2-3PM</td>
<td>BASIC Teams Call: Culture Negative Sepsis</td>
</tr>
<tr>
<td>February 21, 2022 2-3 PM</td>
<td>BASIC Teams Call: Interpreting your data through the lens of equity</td>
</tr>
</tbody>
</table>
Challenges in Perinatal Marijuana Use in the Era of Legalization

Special Edition MNO-Neonatal Sustainability Call
Join us on **November 29th at 1:00**

Dr. Erica Wymore is a neonatologist and an expert on perinatal marijuana use and maternal/child outcomes. She was responsible for the development of the Colorado Perinatal Care Quality Collaborative (CPCQC) breastfeeding guidelines for mothers with marijuana use.
American Board of Pediatrics
MOC Part IV (BASIC & MNO)

- Complete attestation forms if you are an ABP-certified physician seeking credit under MOC Part IV for 25 credits.
- Complete an attestation form and submit it to your project’s local leader or QI project leader for signature and send back to info@ilpqc.org by November 15th for credit in 2021.
  - Need BASIC or MNO project leader signature AND physician’s signature
- Attestation of Meaningful Participation:
  - Intellectually engaged in planning and executing the project
  - Participated in implementing the project’s interventions (the changes designed to improve care)
  - Regularly reviewed data in keeping with the project’s measurement plan
  - Collaborated in the activity by attending team meetings
Wrap-Up and Evaluation

• Return to the General Session Zoom Webinar link at 4pm for wrap up, evaluation and raffle drawings! Must be present to win!
• You can find the General Session Zoom Webinar link on the Annual Conference Webpage (www.ilpqc.org/2021AnnualConference)
  • Password: ILPQC2021AC
Thanks to our Funders

In kind support:
Suggested BASIC Webinar Topics in 2022

- Feedback from other institutions’ progress
- Keeping providers engaged
- Real life case studies
- Physician experts providing how to discuss this with providers in a positive way
- Antibiotic usage in babies < 35 weeks especially due to maternal reasons
- Equitable care delivery
- AAP guidelines and how they align with this initiative
- Nursing and provider education
- Data analysis with results entered in REDCap
BASIC Support

Tools to be Updated to Help Support
• Standard patient education on antibiotics
• Sepsis calculation tools
• Staff education and resources
• Use of biomarkers
• More languages available in education materials
• Clinical algorithms

Additional Tools
• Standard patient education on antibiotics
• Sepsis calculation form
• Provider communication
• Equitable care delivery (how should we be looking at this)
• More languages for education materials
BASIC – Meeting Frequency and REDCap Usage

Meeting and Data Review Frequency

<table>
<thead>
<tr>
<th>Rate</th>
<th>Monthly</th>
<th>Every Other Month</th>
<th>Quarterly</th>
<th>Only as Needed</th>
<th>Not Started</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency of Meetings</td>
<td>62%</td>
<td>11%</td>
<td>3%</td>
<td>6%</td>
<td>0%</td>
</tr>
<tr>
<td>Frequency of Data Review</td>
<td>51%</td>
<td>3%</td>
<td>9%</td>
<td>34%</td>
<td>15%</td>
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REDCap Data Use

<table>
<thead>
<tr>
<th>Rate</th>
<th>REDCap Data to Identify Areas to Work On</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Useful</td>
<td>31%</td>
</tr>
<tr>
<td>Somewhat Useful</td>
<td>43%</td>
</tr>
<tr>
<td>Not Useful nor Helpful</td>
<td>9%</td>
</tr>
<tr>
<td>Not very Useful</td>
<td>6%</td>
</tr>
<tr>
<td>Didn't Use/Not Useful</td>
<td>11%</td>
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