Thanks to our Funders

Conference Sponsors:

Supporters:
Neonatal Breakout Session: In the Same Room! Harnessing our QI Energy Together

Thursday October 27th, 2:45-4:15 PM
Neonatal Breakout Overview

- Intro
- QI Bingo
- Survey Results
- BASIC
- Small Group Activity
- Upcoming Neonatal QI Initiative
- QI Learning
- Wrapping Up and Next Steps

Guests:
- James M. Greenberg, MD
- Shannon Pursell, MPH
ABP MOC Part IV (BASIC/MNO)

• Complete an attestation form if you are an ABP-certified physician seeking 25 credits under MOC Part IV
  • Last Chance for MNO
  • BASIC will be ongoing
• Submit the attestation form 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 2022

• 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
Let’s Play a Game?

Find your BINGO card
ILPQC BINGO Rules

• Mark your square when you see the words in a slide
• Call out ILPQC! when you have 5 in a row, across, down, or diagonal
• Must be actually written on a slide
ILPQC Central Team

Ann Borders, MD, MSc, MPH: Executive Director, OB Lead

Leslie Caldarelli, MD: Neonatal Co-Lead

Justin Josephsen, MD: Neonatal Co-Lead

Patricia Lee King, PhD, MSW: State Project Director, Quality Lead

Daniel Weiss, MPH: Director of Data & Operations

Alana Rivera, MSN, RNC-OB, C-EFM, CLC: Nurse Quality Manager

Ellie Suse, MPH, MSN, RN: Project Coordinator

Ieshia Johnson, MPH: Project Coordinator

Su Lee, PhD: Postdoctoral Scholar

Kalyan Juvvadi & Emma Hegemiller, MS: ILPQC Data System Team
Happy 10th Annual Conference!

Thank you to all who continue to contribute to building a successful state collaborative for IL!
More than 10 Years!

Neonatal QI Work in Illinois

- **2008**: Illinois Area Perinatal Collaborative (IAPC) formed with support from IDPH
- **2009**: VLBW Infant Hypothermia in Delivery Room Initiative
- **2010-2012**: Golden Hour Initiative
- **2010-2012**: PQCI (Perinatal Quality Collaborative of Illinois). Prevention of CLABS project with NC leading to significant reduction by 75% in the rate as a group.
- **2010-2012**: ILPQC formed with OB
- **2014**: VLBW Neonatal Nutrition Initiative
- **2015-2017**: MNO-Neonatal Initiative
- **2015-2017**: Prevention of CLABS project with NC leading to significant reduction by 75% in the rate as a group.
- **2017**: Golden Hour Initiative
- **2017**: ILPQC formed with OB
- **2018-2020**: Golden Hour Initiative
- **2018-2020**: ILPQC formed with OB
- **2021-2022**: Babies Antibiotic Stewardship Improvement Collaborative
- **2021-2022**: Neonatal Co-Leads Drs. Patricia Ittmann and Aki Noguchi pass the torch.
- **2023**: Next Neonatal QI Initiative
Growth of a Statewide Culture of QI

• 2014 – Nutrition Initiative applied QI methodology to improve NICU nutrition practices

• 2015 – 23 hospital teams participated in the Golden Hour Initiative by working to increase the use of best practices in delivery room communication, clinical care, family engagement, and NICU admission for VLBWs

• 2018 – 88 hospital teams participated in ILPQCs first joint initiative - Mothers and Newborns affected by Opioids

• 2020 – BASIC with 82 teams participating
MNO-Neonatal

Maintaining effective strategies for the next year and beyond
The landscape of NAS in Illinois

Neonatal Abstinence Syndrome Rate, Illinois Residents, 2011 - 2020

Rate per 1,000 births

Year


1.77 1.82 2.23 2.28 2.51 2.70 2.90 2.46 2.23 2.19
Concentrated efforts to provide optimal care for all OENs in the past year

- Prenatal consults: 52%
- Missed Opportunity Reviews/Debriefs for OENs: 59%
- Provider Education: 74%
- MNO-Neonatal Folders: 78%
What NOW/NAS assessment tool does your hospital use for opioid-exposed newborns?

- **Modified-Finnegan**: 23%
- **Eat-Sleep-Console**: 77%

2022 Teams Survey
Pharmacologic Treatment
Initiation based on NAS Assessment

<table>
<thead>
<tr>
<th>Year</th>
<th>ESC</th>
<th>Modified-Finnegan</th>
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<tbody>
<tr>
<td>2018</td>
<td>25%</td>
<td>36%</td>
</tr>
<tr>
<td>2019</td>
<td>20%</td>
<td>37%</td>
</tr>
<tr>
<td>2020</td>
<td>24%</td>
<td>36%</td>
</tr>
<tr>
<td>Sustainability (2021 - 2022)</td>
<td>19%</td>
<td>46%</td>
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Length of Stay based on NAS Assessment

<table>
<thead>
<tr>
<th>Year</th>
<th>ESC</th>
<th>Modified-Finnegan</th>
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<tbody>
<tr>
<td>2018</td>
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<tr>
<td>2019</td>
<td>9.19</td>
<td>11.63</td>
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<tr>
<td>2020</td>
<td>9.45</td>
<td>13.63</td>
</tr>
<tr>
<td>Sustainability (2021 - 2022)</td>
<td>8</td>
<td>15.07</td>
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</tbody>
</table>
Call to action! What it takes for every team to optimize OUD & OEN care in sustainability

- Monitoring of key patient measures and missed opportunity reviews for patients not receiving optimal care
- New-hire and continuing education for providers, nurses, and staff
- Continued focus on stigma and bias reduction
- Ensuring systems changes are in place including MNO Folders, mapped community resources
Infant Mortality in the US and Illinois

- US national infant mortality rate: 5.7 deaths per 1,000 live births
- Illinois infant mortality rate: 6.5 deaths per 1,000 live births

Illinois ranked 36th out of 50 states

Figure 1: Infant Mortality Rates Across the United States, 2018
US Infant Mortality by Race/Ethnicity

Figure 2. Infant mortality rates, by race and Hispanic origin: United States, 2017–2018

Racial Disparities in Infant Mortality in Illinois

"Illinois has long-standing racial disparities in infant mortality. Across all years during 2000-2018, Black infants had an infant mortality rate two to three times as high as White, Hispanic, and Asian/Pacific Islander infants”

Illinois Infant Mortality Report
December 2020
Racial and ethnic disparities exist for **ALL** causes of infant mortality.

Black infants are 6 times more likely to die from **SUID** than white infants.
ILPQC Initiative Vision

ILPQC is planning our next neonatal initiative to better equip hospitals to address the issues that contribute to these disparities.

ILPQC has an opportunity to prevent infant deaths and reduce racial disparities through a quality framework. Our next initiative will address infant safe sleep environment, racial equity, social determinants of health, and other contributing factors.
An Initiative in its Infancy: Possible Strategies

**Equitable Care in Illinois**

- Supporting a Safe Sleep Environment
- Identifying Social Determinants of Health
- Partnering with Families and Communities
- Delivering Respectful Care/Equitable Care
- Evaluating Data with an Equitable Lens
Let’s Discuss

Equitable Care in Illinois

<table>
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<tr>
<th>Supporting a Safe Sleep Environment</th>
<th>Identifying Social Determinants of Health</th>
<th>Partnering with Families and Communities</th>
<th>Delivering Respectful Care/Equitable Care</th>
<th>Evaluating Data with an Equitable Lens</th>
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Illinois Perinatal Quality Collaborative
Annual Conference Team Survey Results
Annual Conference Survey

56 Teams reporting!

Thank you!
Top 3 successes teams reported since 2021 launch

• Standardized order sets
• Incorporation of antibiotic time outs and automatic stop times
• Increased provider buy-in
Implementation of BASIC Key Strategies – the Timeline

Healthcare Team education / buy-in
Early Onset Sepsis Risk Protocol ≥35 Weeks
Antibiotic Dosing Guidelines
EMR Optimization
Family Education
Top barriers teams overcame since initiative launch

- Gaining provider buy-in
- Optimizing EMR for data collection and clinical decision support
- Documenting family education
Top barriers teams are still working to overcome

• <35 weeks EOS risk assessment protocols
• Buy in for stopping antibiotics by 36 hours with negative blood culture
• Continuing education for providers and nurses
Warm Handoffs between Units
L&D and Nursery/NICU

63% reported better communication
For which babies does your team use NEOSC?

At initiative start, 57% of teams were using NEOSC.

Now, 81% of teams are using the NEOSC in some capacity.

- All babies ≥35 weeks: 38%
- All babies ≥34 weeks: 34%
- Only babies admitted to the NICU: 6%
- Only babies with a born to a birthing patient with the diagnosis of chorioamnionitis: 3%
- Our hospital does not use the NEOSC: 9%
- Other: 9%
Moving to a 36-hour rule out

- 81% already have 36 hour rule out
- 16% will implement in next 6 months
- 3% will stay at 48 hour rule out
Family education provided

- 78% of teams reported the family education materials helpful in educating families on EOS and their newborns treatment plan
- 75% of teams provide the education materials to most or all families
- 75% of teams reported the materials were well-received when shared with the family
Top rated components of BASIC Teams Webinars

2022 Teams Survey

[Diagram showing the ratings of various components of BASIC Teams Webinars]
What BASIC measures in ILPQC Data System teams use to inform QI Work

- Antibiotics stopped by 36 hours with a negative blood culture: 88%
- Antibiotic prescribing rate: 63%
- Antibiotic Automatic Stop Time: 53%
- Antibiotic Time Out: 34%
- Family Education: 34%
Hospital teams using BASIC Dashboard to view measures stratified by race and ethnicity

• 75% report use the BASIC Dashboard!

• Of those, 66% of those who use the dashboard have looked at stratified graphs by race and ethnicity:
  • Family education
  • Antibiotic time-outs
  • Culture-negative sepsis

• Reported reasons for lack of use
  • Don't know how to access the dashboard
  • Don't know what to do with the information
  • Unaware of the Dashboard
Babies Antibiotic Stewardship Improvement Collaborative (BASIC)
BASIC Timeline - Where we have been, where we are going

- **December 2020**: BASIC Launch
- **January 2021**: NEOSC Rollout
- **April 2021**: EMR Integration
- **July 2021**: Parent Education Materials and Antibiotic Timeouts
- **August 2021**: Race and Ethnicity Data Utilization
- **December 2021**: Automatic Stop Times
- **February 2022**: BASIC Data Dashboard and Stratification of Data by Race and Ethnicity
- **March 2022**: Engaging Community Pediatricians
- **August 2022**: Data Narratives and Visualizations
BASIC: Achieving Statewide Clinical Culture Change

**QI Excellence Award:**
- 6 key structure measures in place
- Achieved all process and outcome measures

**QI Leader Award:**
- 6 key structure measures in place
- Achieved at least three process and outcome measures

**QI Recognition Award:**
- Have 4-5 key structure measures in place
- Achieved at least two process and outcome measures

**Data Champion Award:**
- Complete data submitted
BASIC QI Excellence Awards

- Advocate Aurora Sherman Hospital
- Advocate Children's Hospital - Oak Lawn
- Advocate Condell Medical Center
- Advocate Good Samaritan Hospital
- Advocate Illinois Masonic Medical Center
- Advocate Lutheran General & Advocate Children's Hospital - Park Ridge
- Ascension Alexian Brothers
- Ascension Resurrection
- Edward Hospital
- Elmhurst Memorial Hospital
- FHN Memorial Hospital
- HSHS St. John's Hospital
- Loyola University Medical Center
- MacNeal Hospital
- Memorial Hospital East
- NM Lake Forest Hospital
- NorthShore University HealthSystem Evanston
- Northwest Community Healthcare
- Northwestern Memorial Hospital
- OSF Little Company Mary Medical Center
- OSF St. Francis Medical Center
- Riverside Medical Center
- Rush University Medical Center
- Silver Cross Hospital
BASIC QI Leader Award

- Alton Memorial Hospital
- AdventHealth Hinsdale
- Ascension Saint Alexius
- Blessing Hospital
- Morris Hospital
- NM Delnor Hospital
- NM Central DuPage Hospital
- OSF St. Anthony Medical Center
- SSM Health Good Samaritan Hospital
- Unity Point Health System Methodist
- Franciscan Health Olympia Fields
BASIC QI Recognition Award

- Abraham Lincoln Memorial Hospital
- Ascension Saint Joseph - Chicago
- HSHS St. Joseph's Hospital Breese
- Memorial Hospital of Carbondale
- NM Huntley Hospital
- Rush Copley Medical Center
- St. Louis Children's Hospital/Barnes Jewish Hospital
- Swedish Hospital
- UI Health & Hospital System
BASIC Data Champion Award

- Ascension Saint Mary-Chicago
- Ascension Saint Mary-Kankakee
- KSB Hospital
- Palos Hospital
- University of Chicago Medical Center
# Celebrating BASIC Team Achievements

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<thead>
<tr>
<th>Number</th>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>82</td>
<td>December 2020</td>
<td>Teams participating in BASIC Launch</td>
</tr>
<tr>
<td>53</td>
<td>May 2021</td>
<td>Outstanding Launch Award Winners</td>
</tr>
<tr>
<td>29</td>
<td>May 2022</td>
<td>QI Excellence, Leader, and Recognition Award Winners</td>
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<tr>
<td>49</td>
<td>October 2022</td>
<td>QI Excellence, Leader, and Recognition Award Winners</td>
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What We Sought to Achieve Statewide

- Decrease the number of newborns born at \( \geq 35 \) weeks who receive antibiotics
- Decrease number of newborns with a negative blood culture who receive antibiotics for longer than 36 hours

The **Right Antibiotic** for the **Right Baby** for the **Right Length of Time**
Making Change Happen: Newborns ≥35 weeks who received antibiotics within 72 hours of life

24% Decrease!
Newborns ≥35 weeks with antibiotics stopped by 36 hours with negative blood culture
Blood cultures collected for all newborns
Newborns ≥35 weeks receiving antibiotics with positive blood culture
Making Systems Changes Happen: Structure Measures

- **80%** standardized healthcare team education
- **72%** standardized family education
- **86%** ≥35 EOS Risk Assessment
- **79%** <35 EOS Risk Assessment
- **93%** standardized dosing guidelines
- **89%** standardized antibiotic debriefs/"Time Outs"
- **89%** standardized antibiotic automatic stop orders
Preference for Data Collection in Sustainability

1. Audit of all newborns receiving antibiotics in a month (current approach)
   - Most preferred: 70%
   - Somewhat preferred: 20%
   - Neutral: 10%
   - Not preferred: 0%

2. Random sample of a subset of all newborns in a month receiving antibiotics
   - Most preferred: 60%
   - Somewhat preferred: 30%
   - Neutral: 10%
   - Not preferred: 0%

3. Audit of all newborns receiving antibiotics in one week per month
   - Most preferred: 50%
   - Somewhat preferred: 40%
   - Neutral: 10%
   - Not preferred: 0%
Mini Breakouts

• When is an initiative successful?
• What is sustainability?
• Why is sustainability important?
• What puts sustainability at risk? How do you overcome the risks and realities?
  • At least 2 risks
  • 2 ways to overcome them
• Why do you think we are still having trouble with 36-hour rule outs?
• What can ILPQC do to help teams ensure systems & clinical culture change are sustainable?
Wrapping Up & Next Steps
Next Steps

• MNO-Neo- There is still important work to do
• BASIC
  • Tomorrow-Write out a 30-60-90 plan
  • Develop a sustainability plan
• The New Initiative
  • Stay tuned for opportunities to help develop and implement this project over the coming months
SAVE the DATES

2023 OB & Neonatal Face-to-Face Meetings

Calling ALL Perinatal Leaders, Providers, Nurses, Advocates, and Friends!

Join us for an interactive day of collaborative learning with all the ILPQC initiative!

OB Teams:
May 24th 2023

Neonatal Teams:
May 25th 2023

More Information Coming Soon!

President Abraham Lincoln
Doubletree Hotel
Springfield, IL

ILPQC 11th Annual Conference Thursday, November 2, 2023