

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

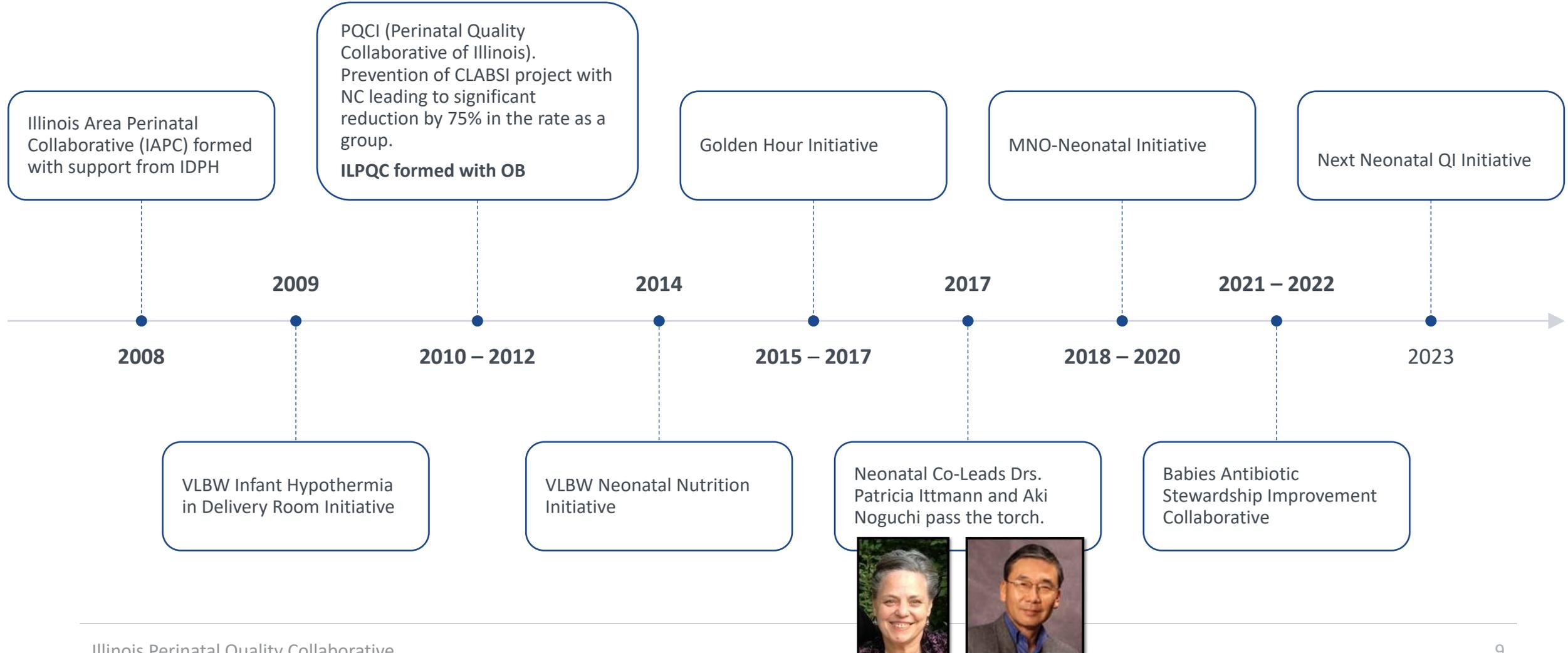


Kalyan Juvvadi & Emma Hegemiller, MS: ILPQC Data System Team

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



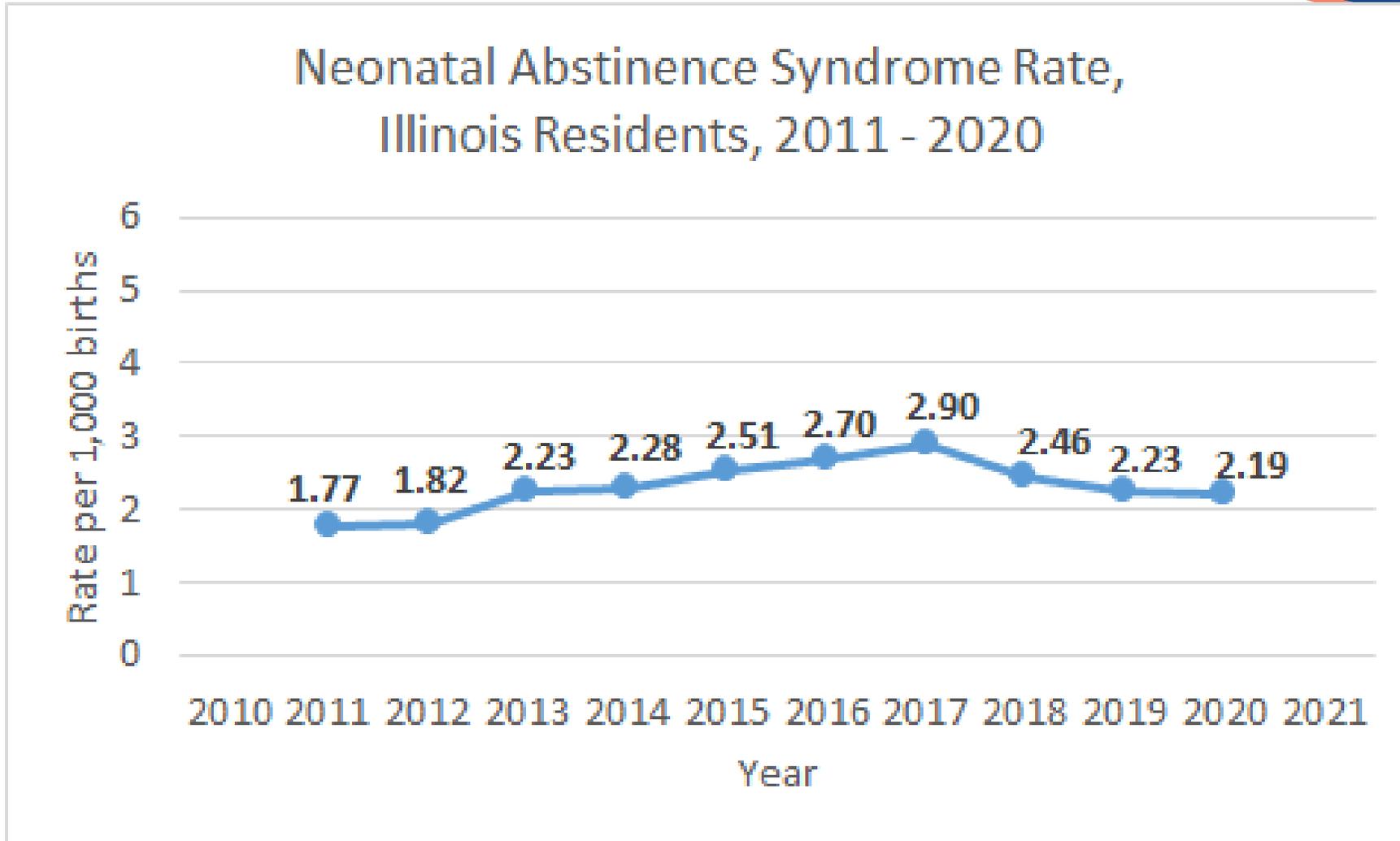
Growth of a Statewide Culture of QI

- 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

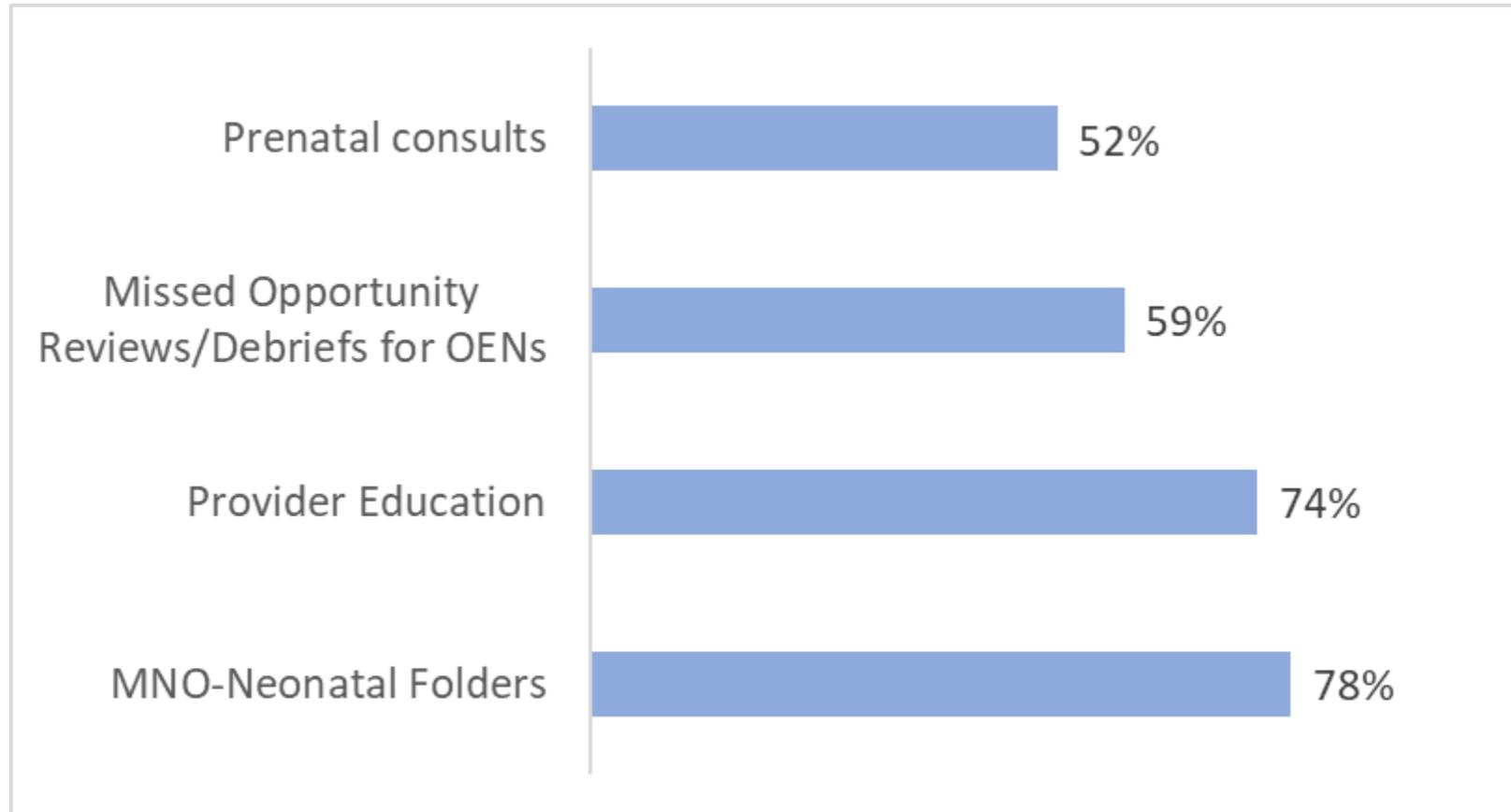
Maintaining effective strategies for the next year and beyond

The landscape of NAS in Illinois



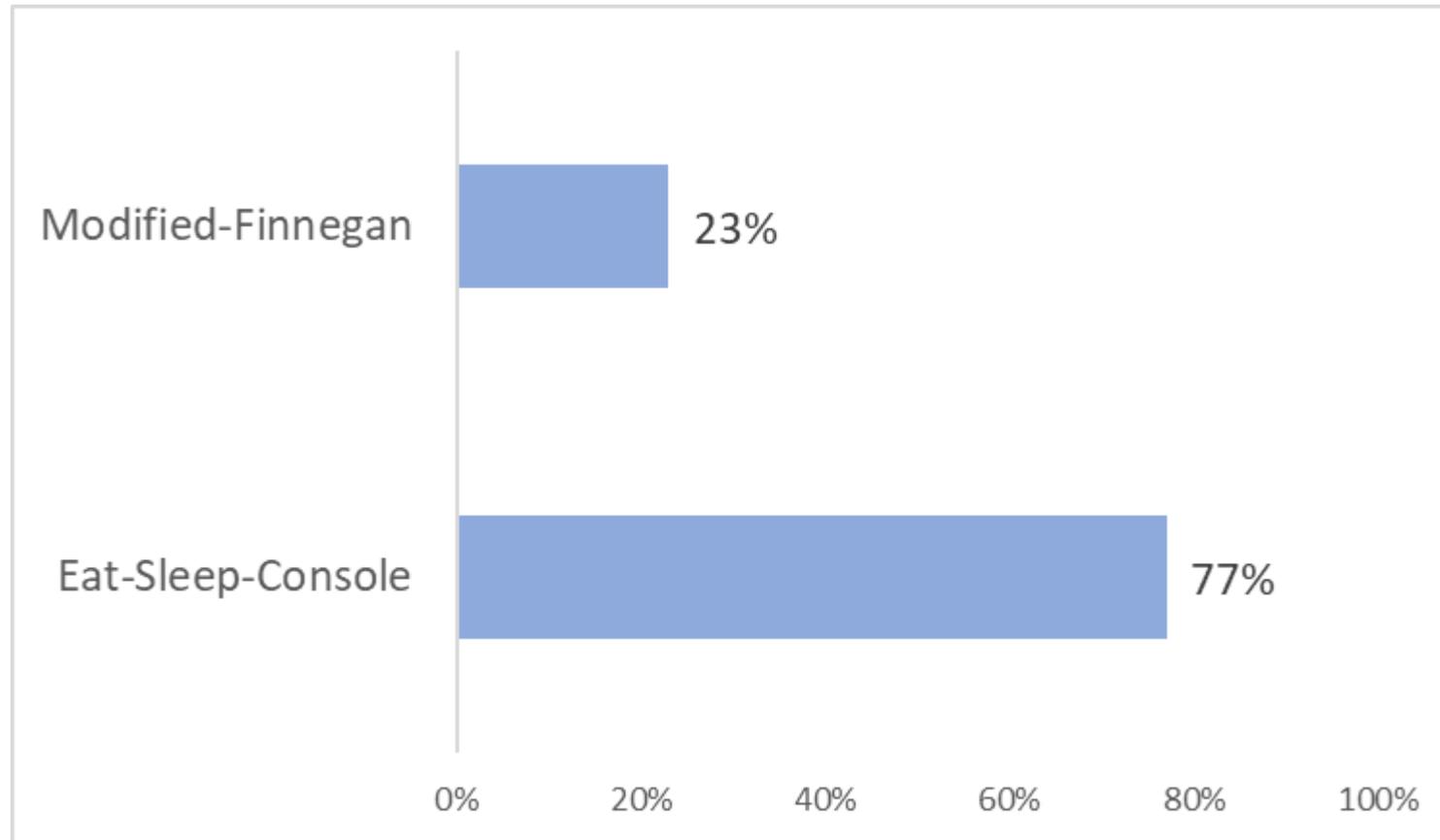
Concentrated efforts to provide optimal care for all OENs in the past year

2022 Teams
Survey

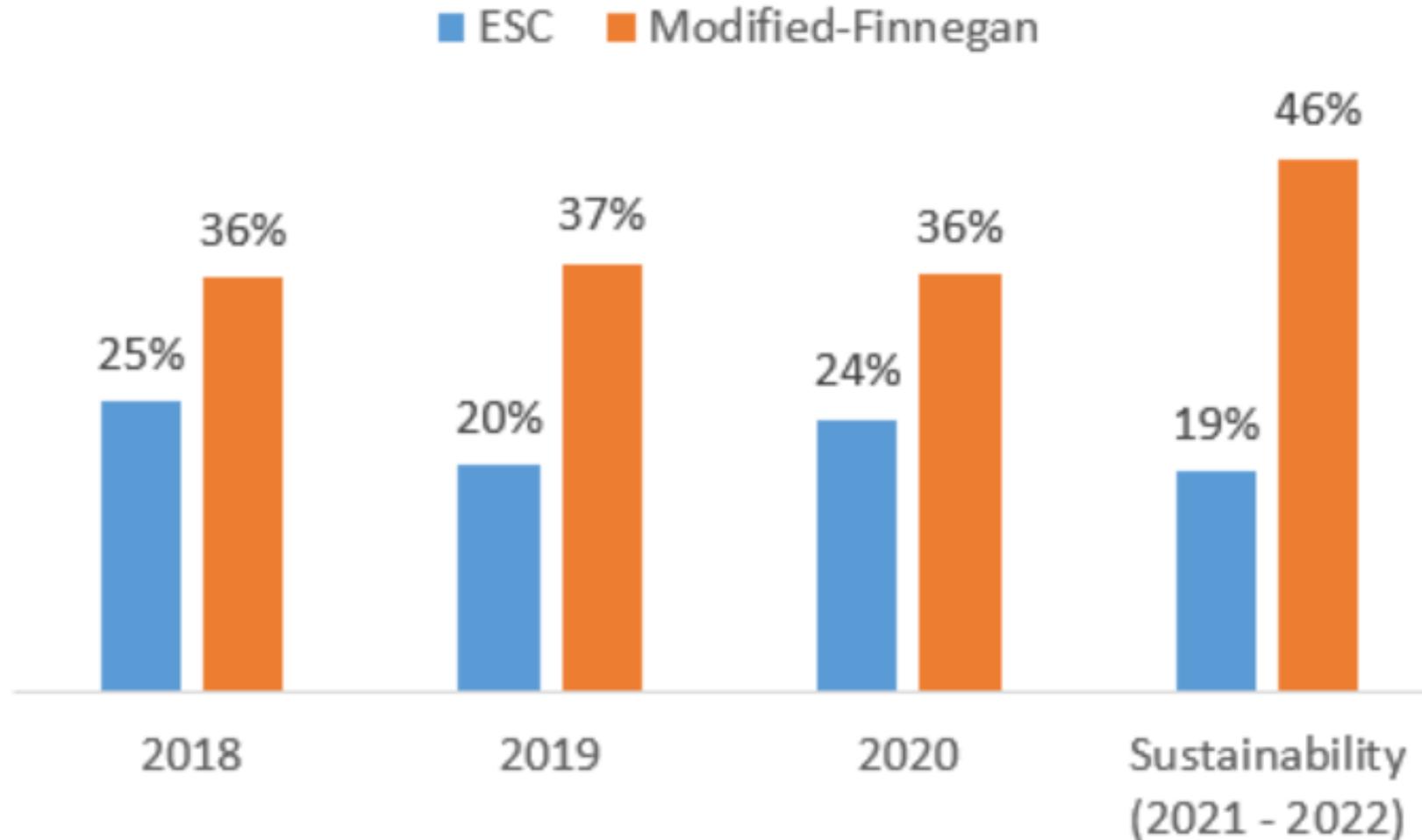


What NOW/NAS assessment tool does your hospital use for opioid-exposed newborns?

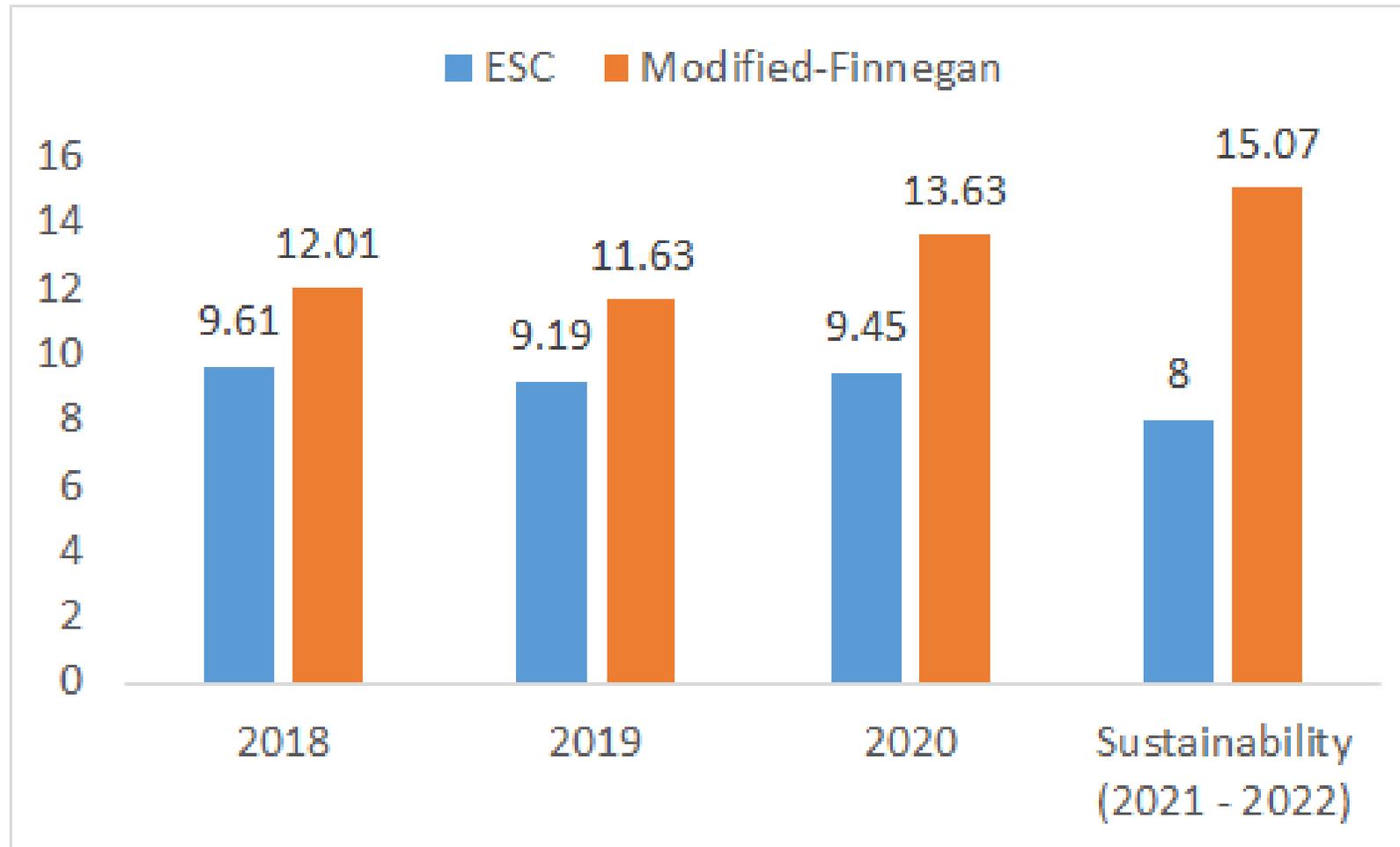
2022 Teams
Survey



Pharmacologic Treatment Initiation based on NAS Assessment



Length of Stay based on NAS Assessment



**Call to action!
What it takes
for every team
to optimize
OUD & OEN
care in
sustainability**

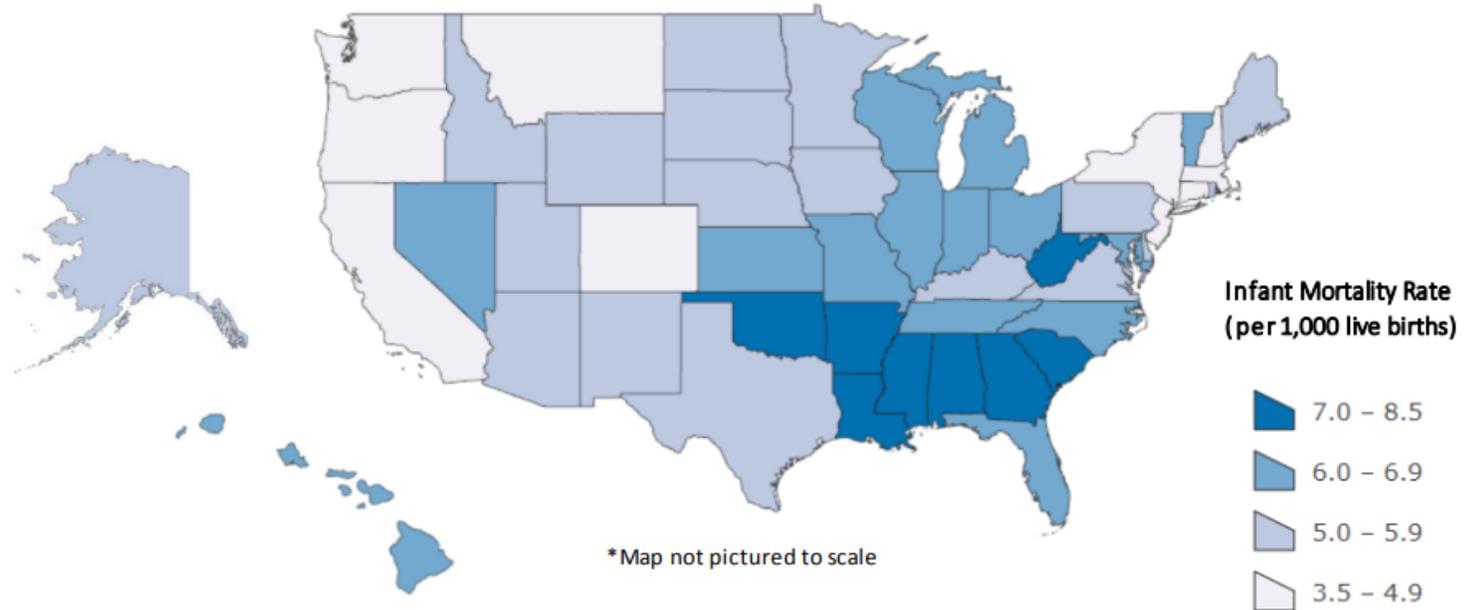
- Monitoring of key patient measures and missed opportunity reviews for patients not receiving optimal care
- New-hire and continuing education for providers, nurses, and staff
- Continued focus on stigma and bias reduction
- Ensuring systems changes are in place including MNO Folders, mapped community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

4 National Vital Statistics Reports, Vol. 69, No. 7, July 16, 2020

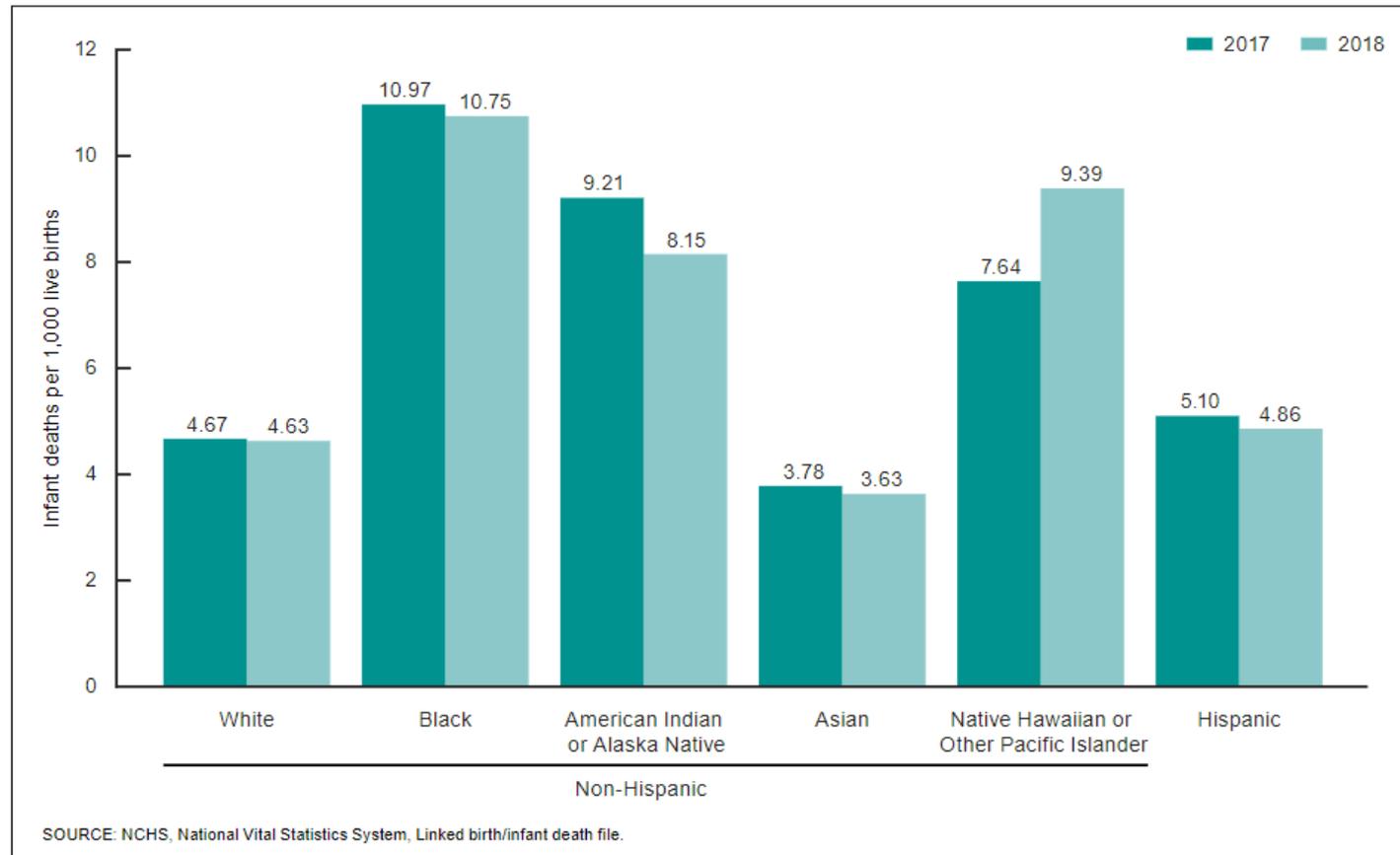


Figure 2. Infant mortality rates, by race and Hispanic origin: United States, 2017–2018

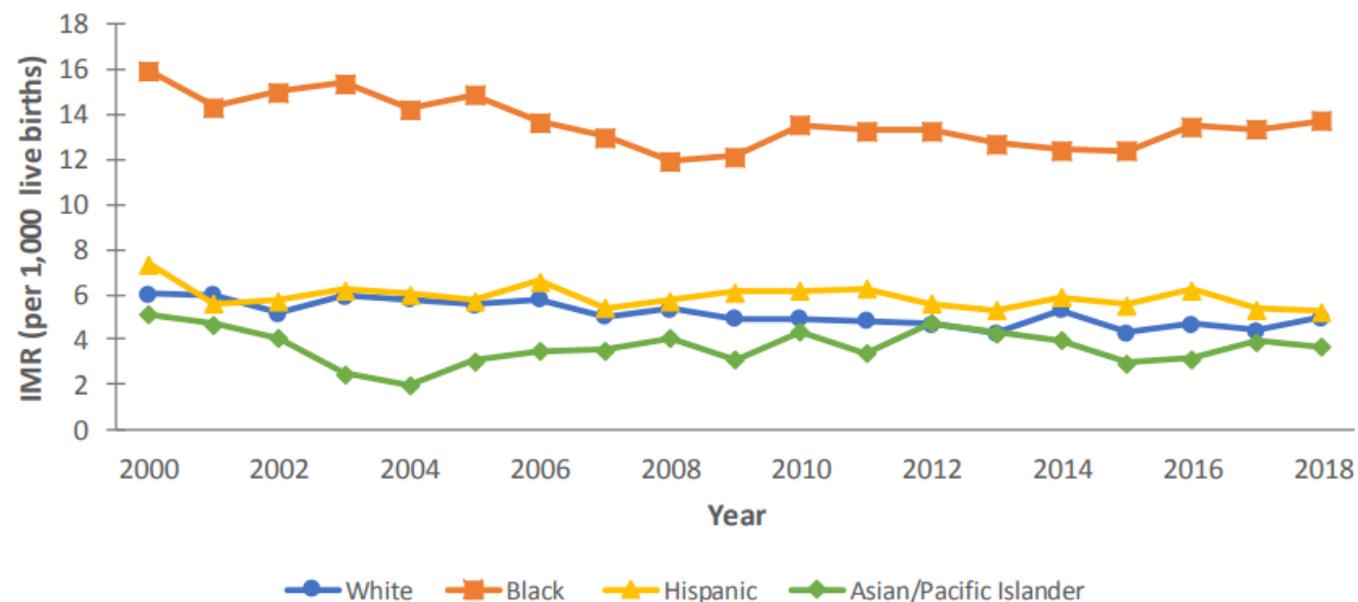
Racial Disparities in Infant Mortality in Illinois

"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



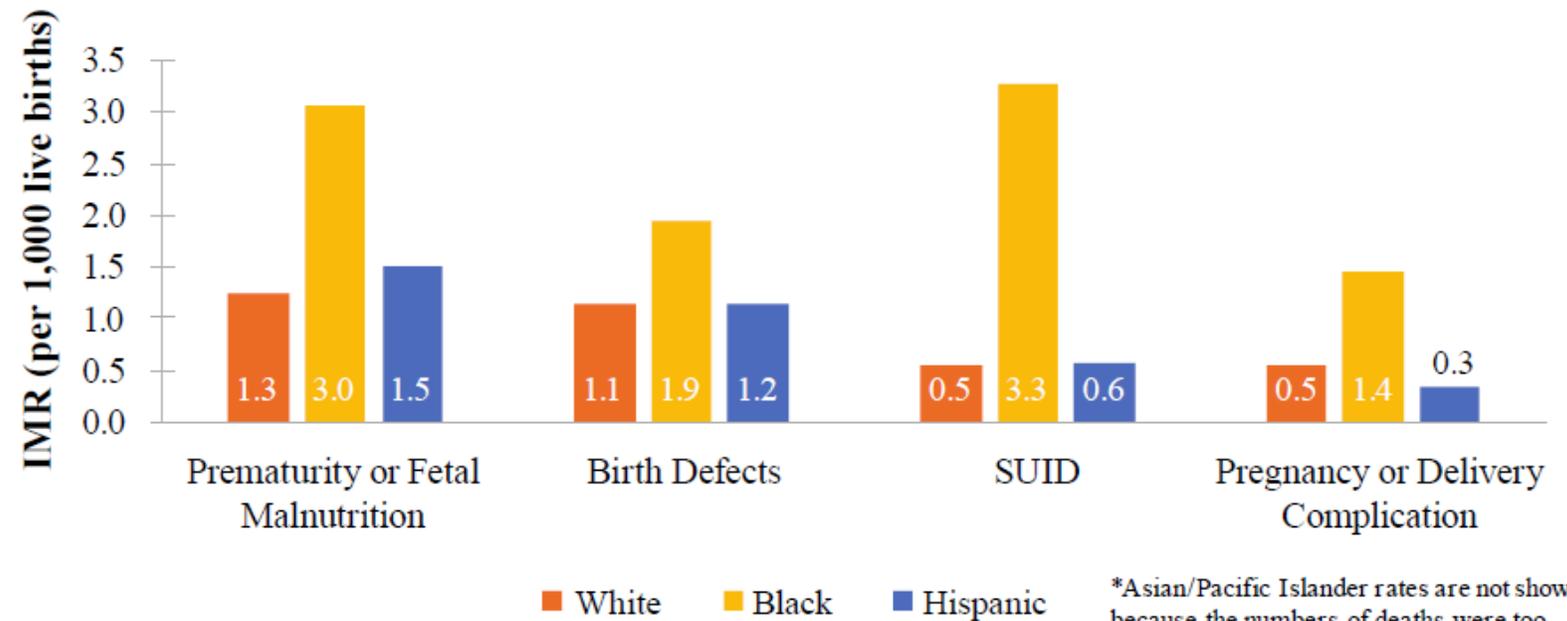
Figure 4: Trends in Infant Mortality Rate by Race/Ethnicity



Infant Mortality in Illinois

- 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.

Figure 6: Leading Causes of Infant Deaths in Illinois by Race/Ethnicity, 2018



*Asian/Pacific Islander rates are not shown because the numbers of deaths were too small to provide reliable estimates.

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

Supporting a
Safe Sleep
Environment

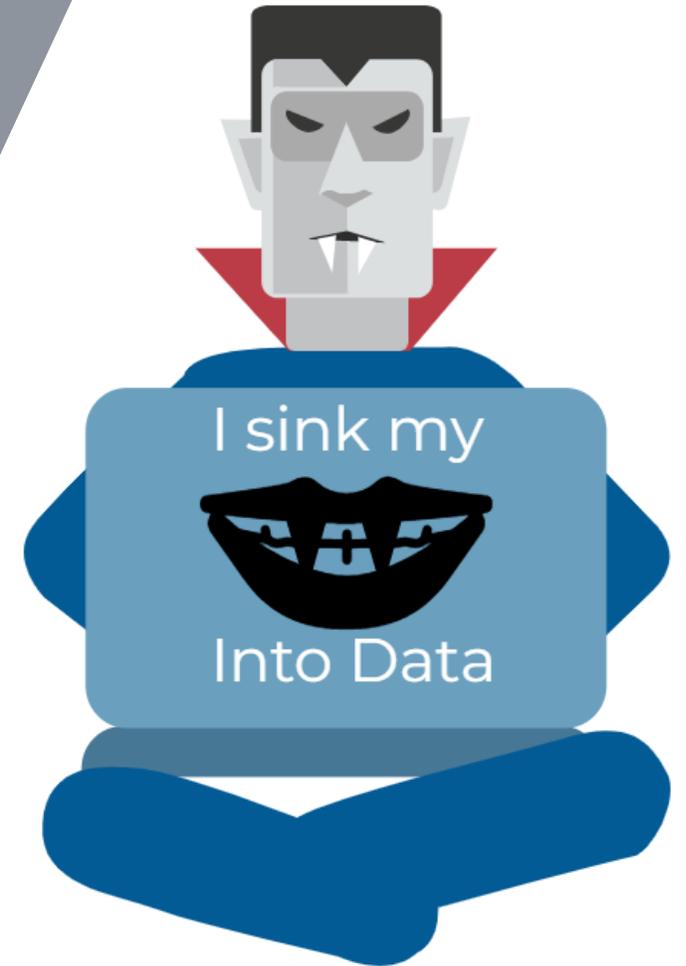
Identifying
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Evaluating
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Equitable Lens

Annual Conference Team Survey Results



Annual Conference Survey



**56 Teams
reporting!**

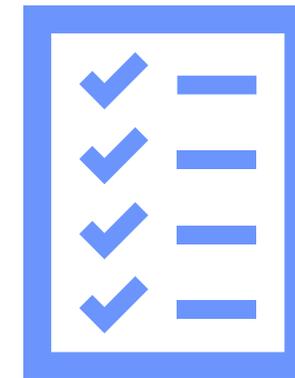
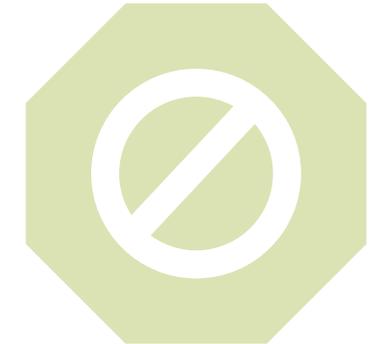
*Thank
you!*

Top 3 successes teams reported since 2021 launch

- Standardized order sets
- Incorporation of antibiotic time outs and automatic stop times
- Increased provider buy-in

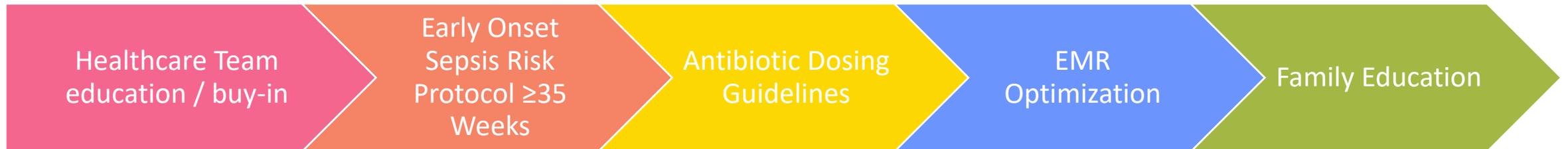


2022 Teams
Survey



Implementation of BASIC Key Strategies – the Timeline

2022 Teams
Survey



Top barriers teams overcame since initiative launch

- Gaining provider buy-in
- Optimizing EMR for data collection and clinical decision support
- Documenting family education

2022 Teams
Survey

Top barriers teams are still working to overcome

2022 Teams
Survey

- <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

2022 Teams
Survey

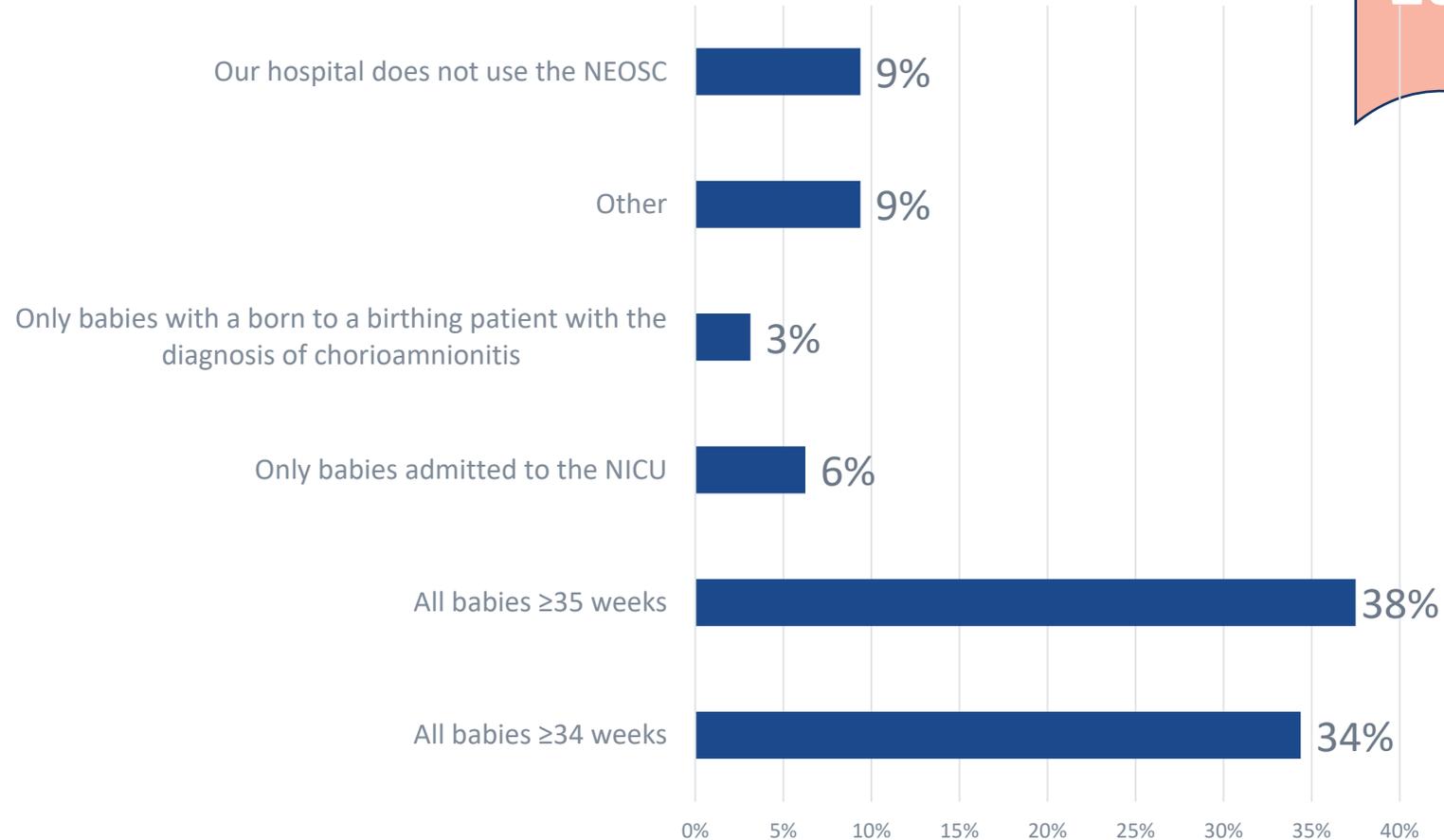
63% reported
better
communication

For which babies does your team use NEOSC?

2022 Teams Survey

At initiative start, 57% of teams were using NEOSC

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

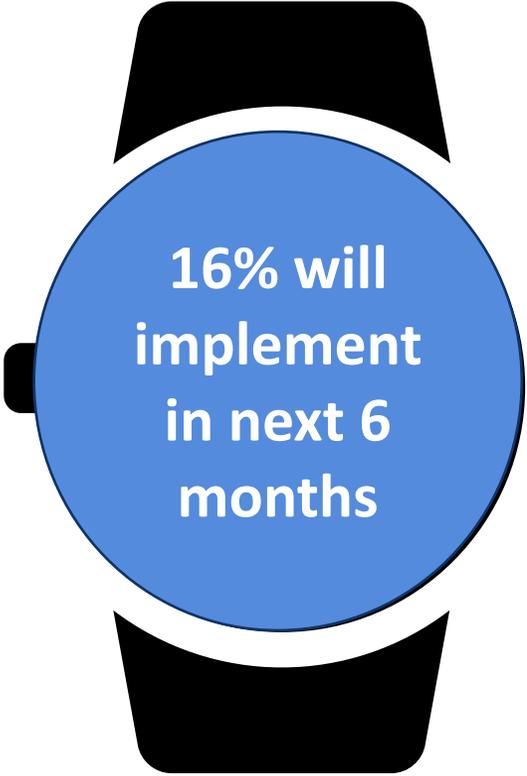


Moving to a 36-hour rule out

2022 Teams
Survey



81%
already
have 36
hour rule
out



16% will
implement
in next 6
months



3% will
stay at 48
hour rule
out

2022 Teams Survey

Family education provided

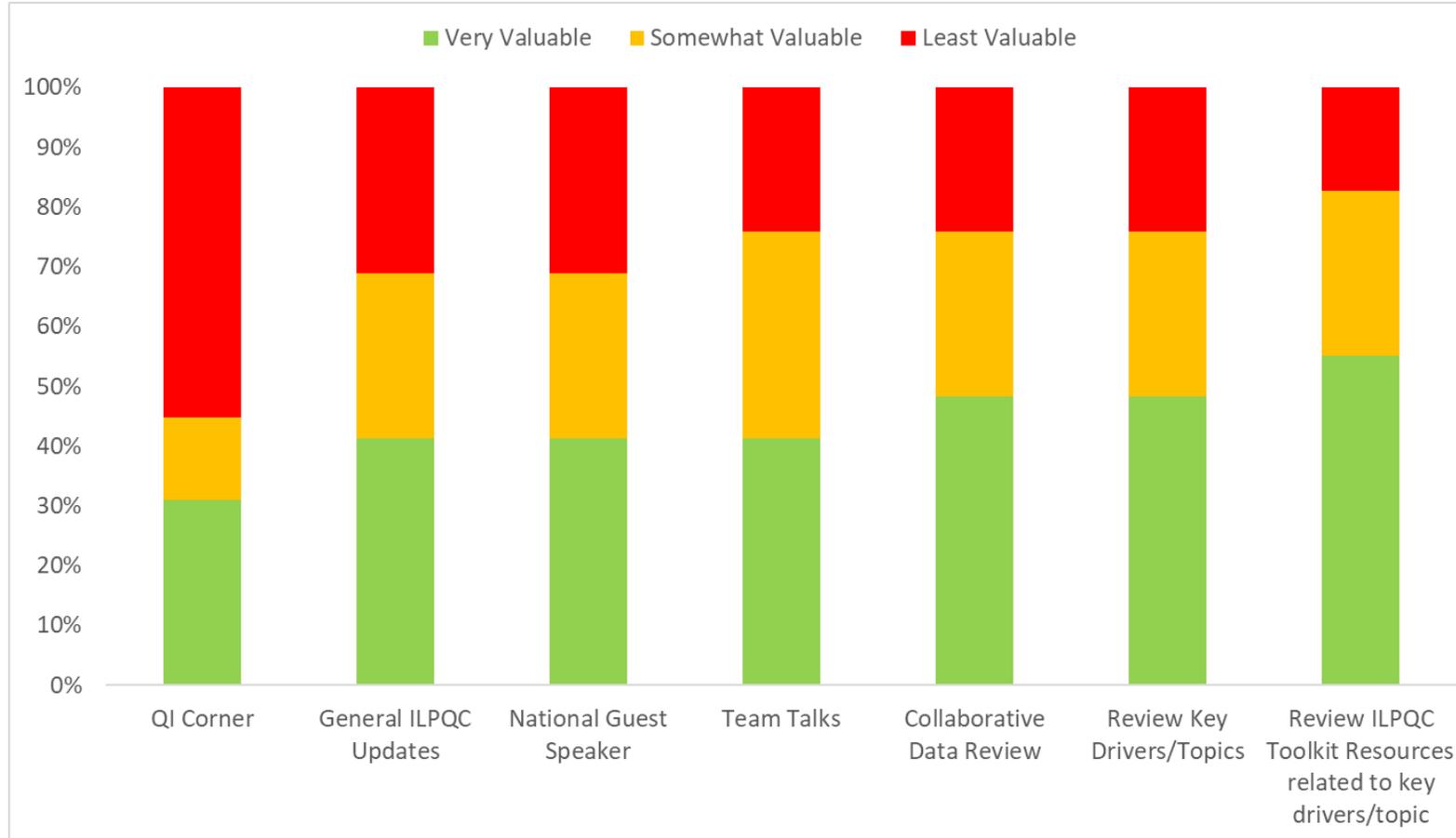
- 78% of teams reported the family education materials helpful in educating families on EOS and their newborns treatment plan
- 75% of teams provide the education materials to most or all families
- 75% of teams reported the materials were well-received when shared with the family





Top rated components of BASIC Teams Webinars

2022 Teams
Survey



What BASIC measures in ILPQC Data System teams use to inform QI Work

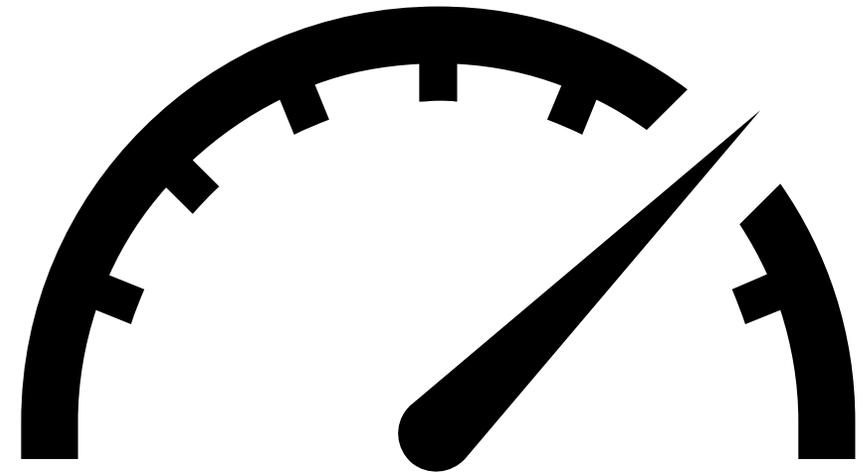
- Antibiotics stopped by 36 hours with a negative blood culture: 88%
- Antibiotic prescribing rate: 63%
- Antibiotic Automatic Stop Time: 53%
- Antibiotic Time Out: 34%
- Family Education: 34%

2022 Teams
Survey



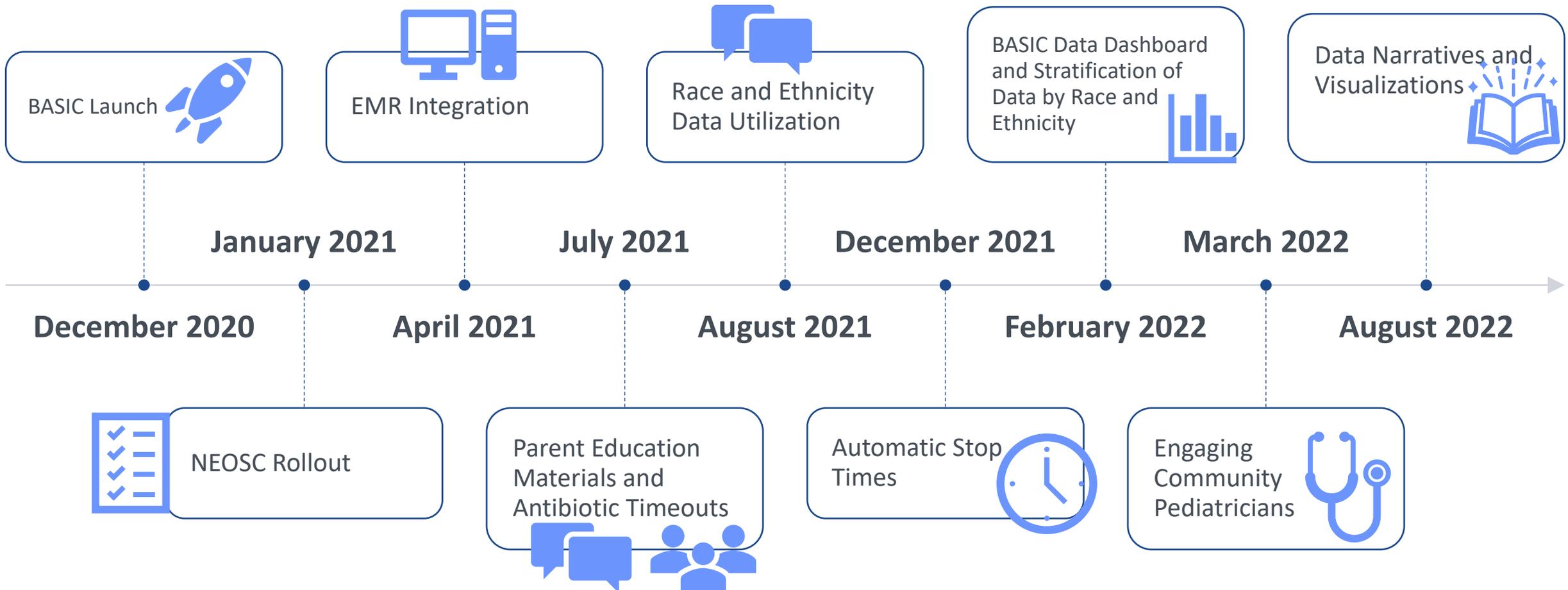
Hospital teams using BASIC Dashboard to view measures stratified by race and ethnicity

- 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



BASIC: Achieving Statewide Clinical Culture Change

24
winners

QI Excellence Award:

- 6 key structure measures in place
- Achieved all process and outcome measures

11
winners

QI Leader Award:

- 6 key structure measures in place
- Achieved at least three process and outcome measures

9
winners

QI Recognition Award:

- Have 4-5 key structure measures in place
- Achieved at least two process and outcome measures

5
winners

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

82

- December 2020
- Teams participating in BASIC Launch

53

- May 2021
- Outstanding Launch Award Winners

29

- May 2022
- QI Excellence, Leader, and Recognition Award Winners

49

- October 2022
- QI Excellence, Leader, and Recognition Award Winners

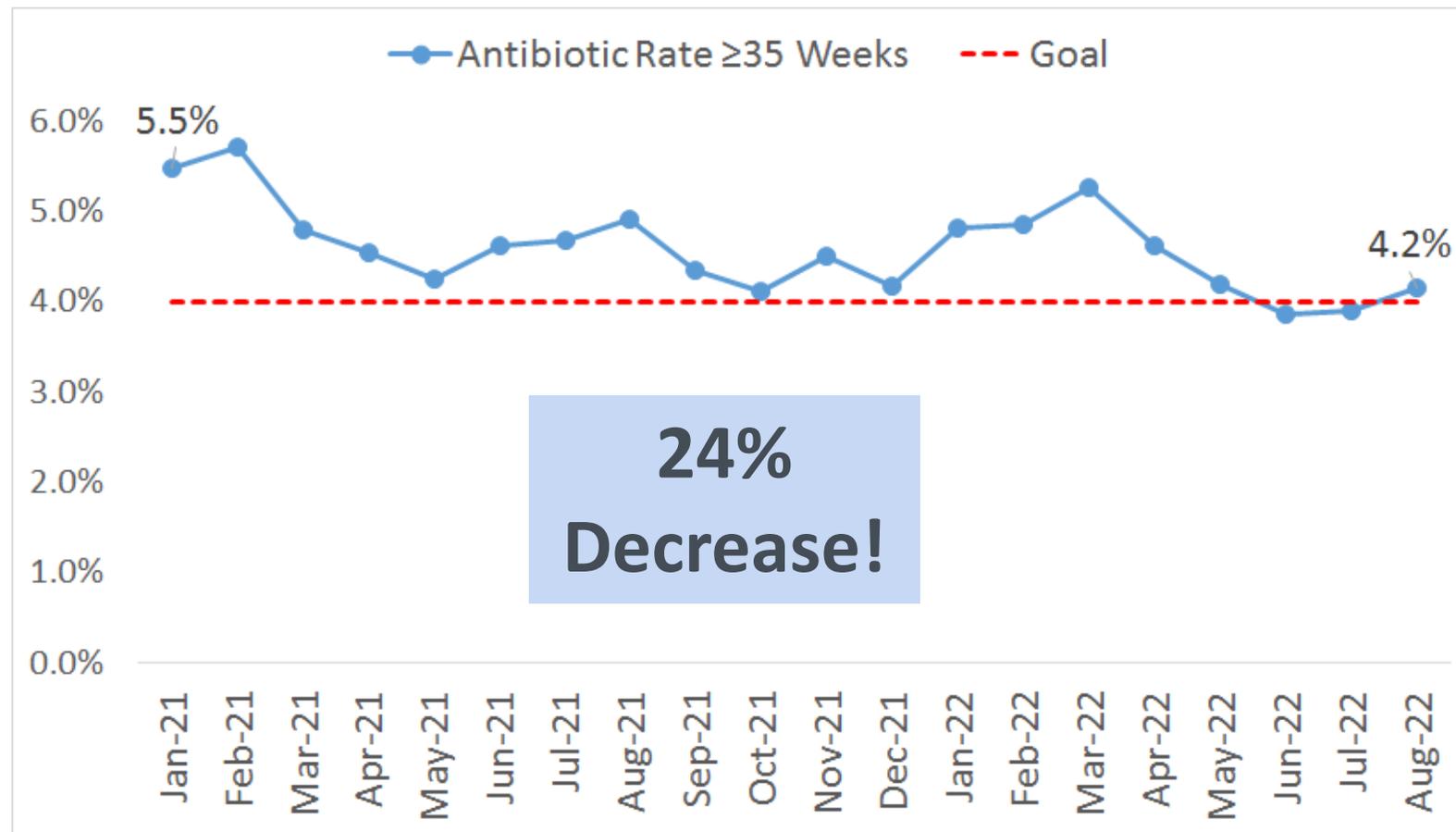
What We Sought to Achieve Statewide

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

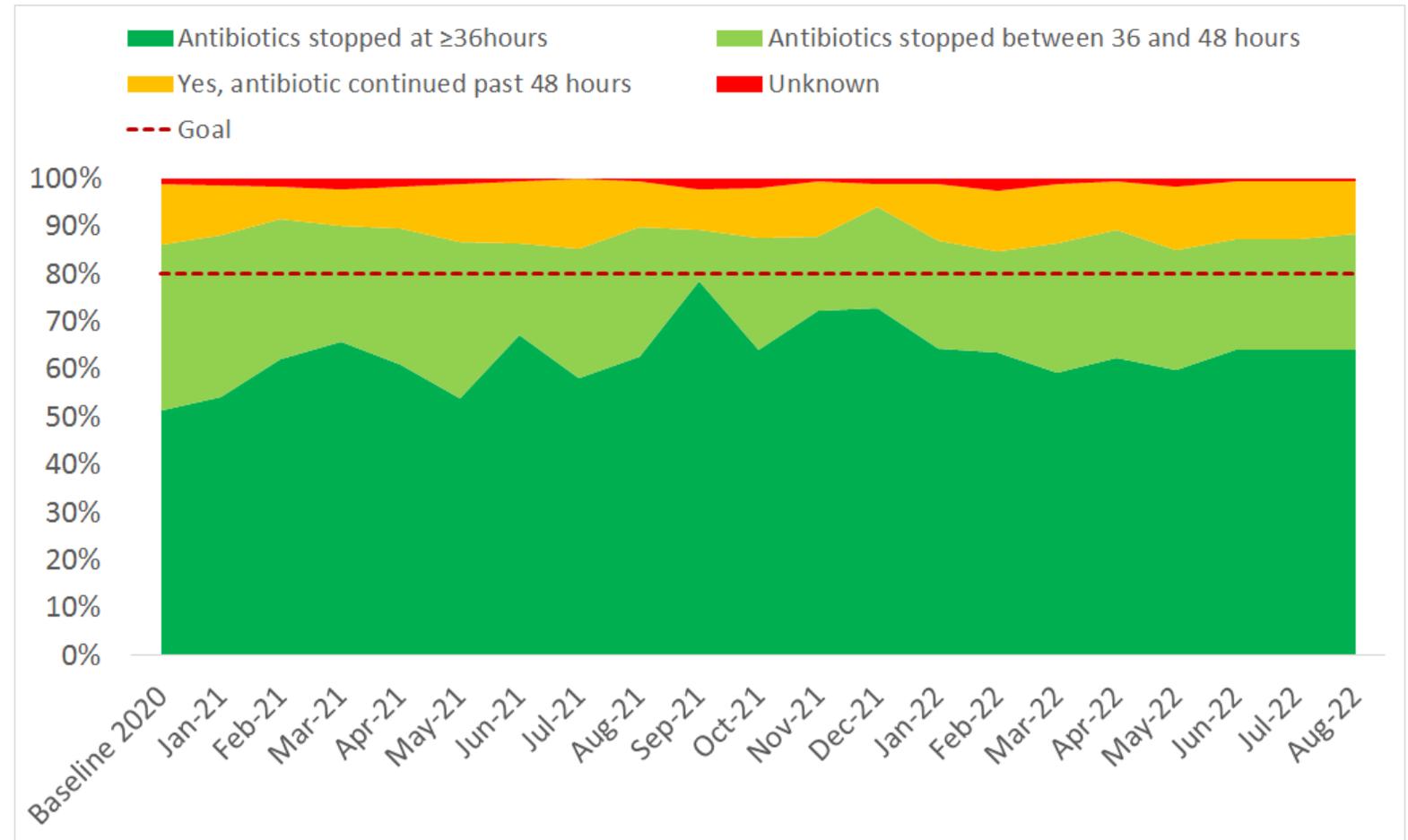


The Right Antibiotic for the Right Baby for the Right Length of Time

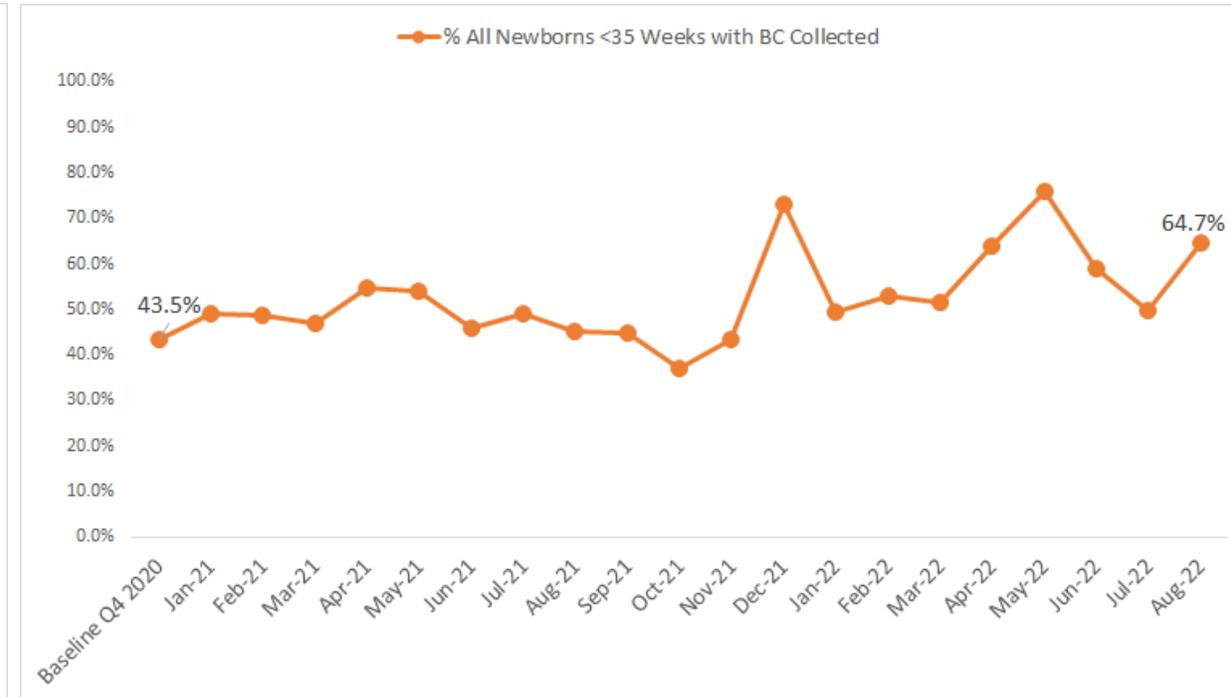
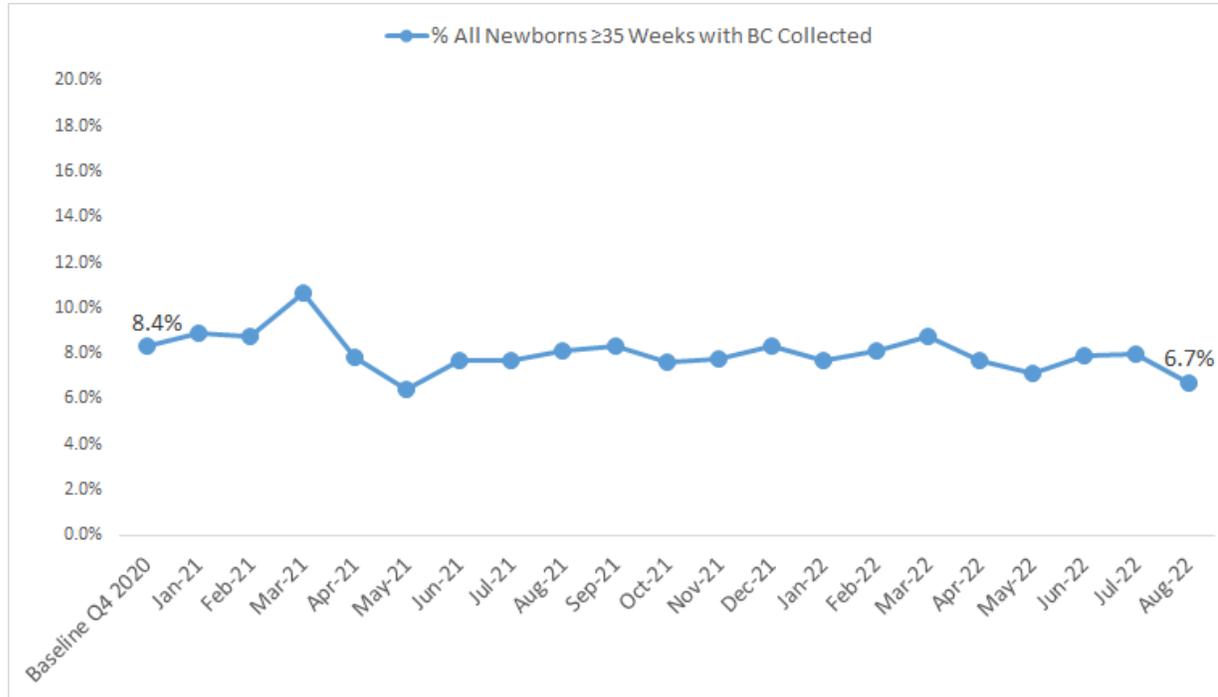
Making Change Happen: Newborns ≥ 35 weeks who received antibiotics within 72 hours of life



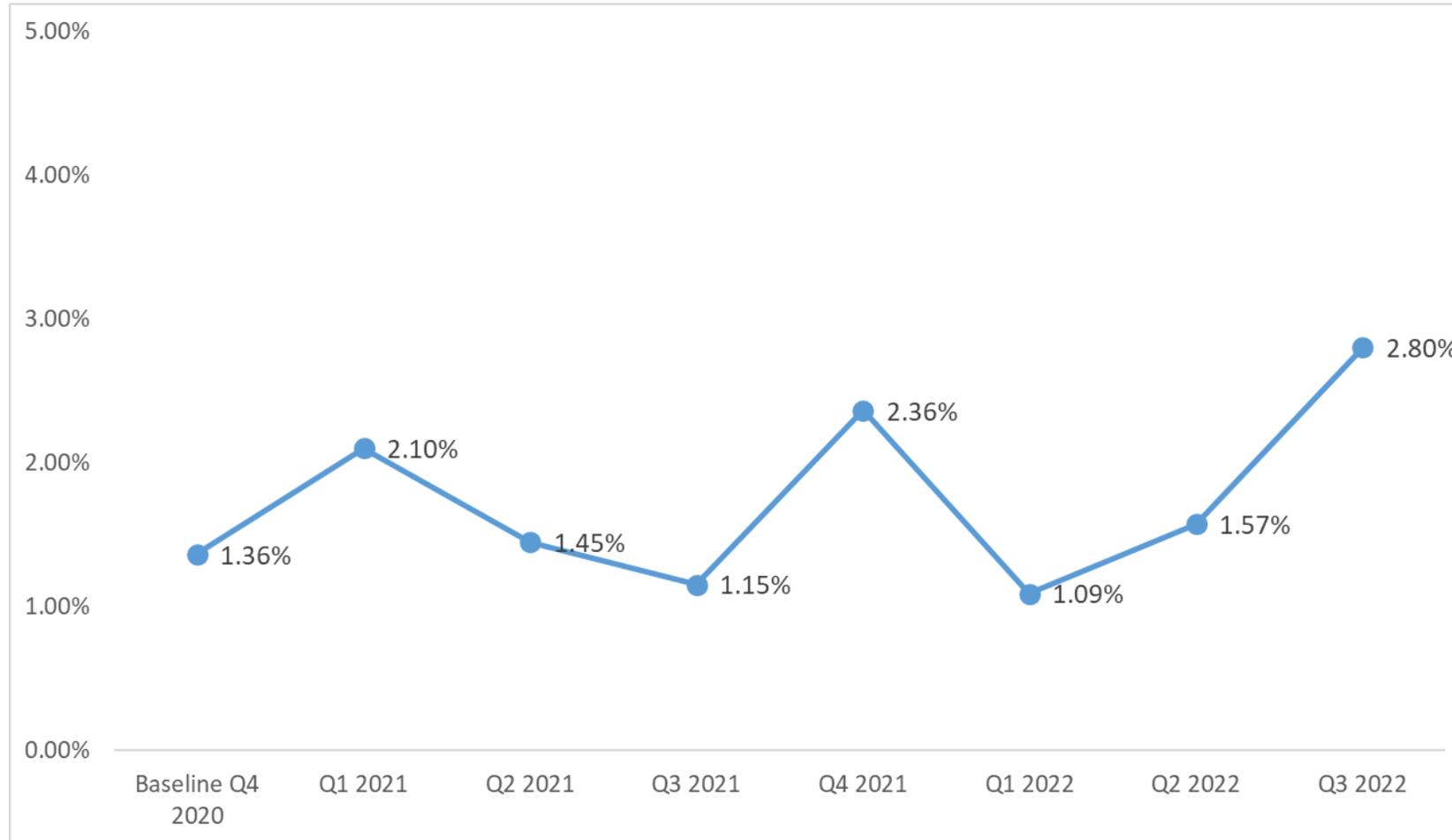
**Newborns ≥ 35 weeks
with antibiotics
stopped
by 36 hours with
negative blood culture**



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



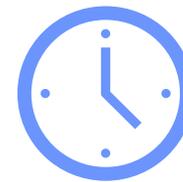
86% ≥ 35 EOS Risk
Assessment
79% < 35 EOS Risk
Assessment



93% standardized
dosing guidelines



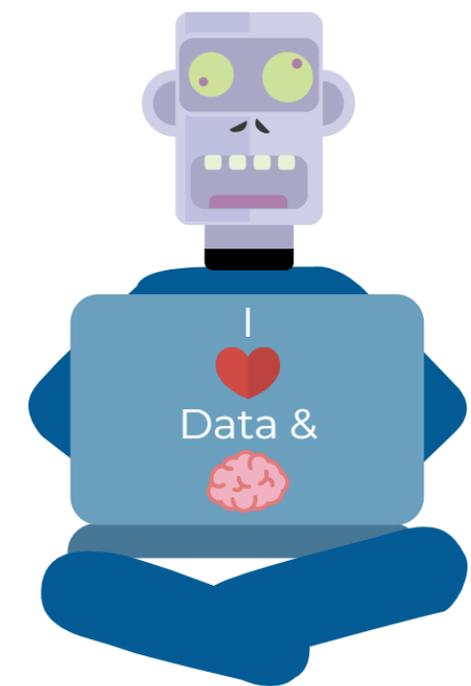
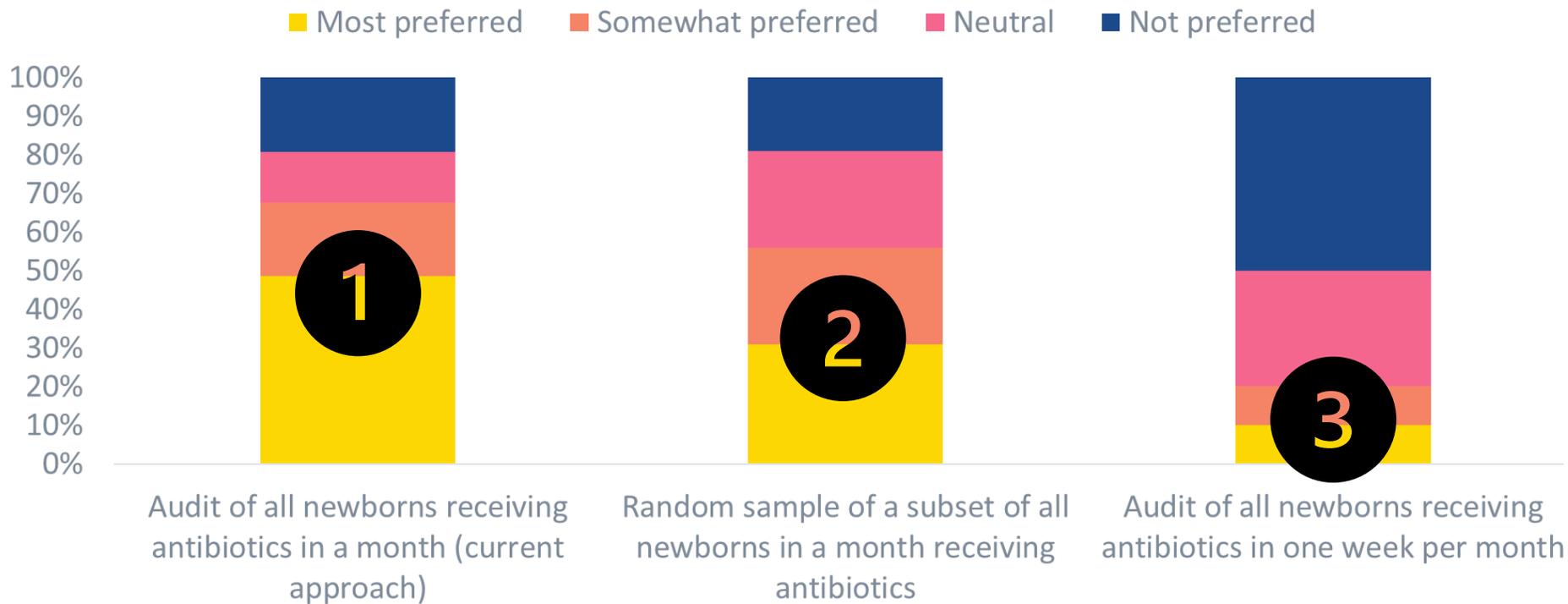
89% standardized
antibiotic debriefs/
"Time Outs"



89% standardized
antibiotic automatic
stop orders



Preference for Data Collection in Sustainability



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