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| ILPQC BASIC Monthly Hospital Measures Data Collection Form  |
| REDCAP Study Identifiers |
| 1. REDCap Record ID
 | REDCap Record ID: \_\_\_\_\_\_\_\_\_ (automatically generated) |
| 1. Hospital ID Number
 | Hospital ID Number: \_\_\_\_\_\_\_\_ |
| 1. Please select the time period for this monthly data:
 | * Baseline October 2020
* Baseline November 2020
* Baseline December 2020
* January 2021
* February 2021
* March 2021
* April 2021
* May 2021
 | * June 2021
* July 2021
* August 2021
* September 2021
* October 2021
* November 2021
* December 2021
 |
| Hospital-Level Newborn Data |
| **All Newborns ≥35 0/7 weeks gestation** (excluding newborns requiring surgical procedures or antibiotics for surgical prophylaxis):  |
| Total number of newborns **born at your hospital** this month: \_\_\_\_\_\_\_\_\_Total number of newborns this month **transferred out** to another hospitalwithin the first 72 hours of life: \_\_\_\_\_\_\_\_\_Total number of newborns this month **transferred in** from another hospital within the first 72 hours of life: \_\_\_\_\_\_\_\_ |
| **All Newborns 24 0/7 to <35 weeks gestation**(excluding newborns requiring surgical procedures or antibiotics for surgical prophylaxis):  |
| Total number of newborns **born at your hospital** this month: \_\_\_\_\_\_\_\_\_Total number of newborns this month **transferred out** to another hospitalwithin the first 72 hours of life: \_\_\_\_\_\_\_\_\_Total number of newborns this month **transferred in** from another hospital within the first 72 hours of life: \_\_\_\_\_\_\_\_ |
| **Blood Cultures Drawn within at Your Hospital**(excluding newborns requiring surgical procedures or antibiotics for surgical prophylaxis):  |
| Total number of newborns **≥35 0/7** weeks gestation with a blood culture within 72 hours of life: \_\_\_\_\_\_\_\_Total number of newborns **24 0/7 to** **<35** weeks gestation with a blood culture within 72 hours of life: \_\_\_\_\_\_\_\_ |
| Data Monitoring, Transparency, and Stewardship Infrastructure |
| 1. Hospital has implemented a process for standardized education for healthcare team on neonatal antibiotic stewardship best practices
 | * Haven’t started
* Working on it
* In place
 |
| 4a. At the end of this month, cumulative proportion of neonatal/pediatric providers educated on neonatal antibiotic stewardship best practices  | * 0%
* 10%
* 20%
* 30%
* 40%
* 50%
* 60%
* 70%
* 80%
* 90%
* 100%
 |
| 4b. At the end of this month, cumulative proportion of neonatal/pediatric nurses educated on neonatal antibiotic stewardship best practices  | * 0%
* 10%
* 20%
* 30%
* 40%
* 50%
* 60%
* 70%
* 80%
* 90%
* 100%
 |
| 1. Hospital has provided patient standardized education and anticipatory guidance with a focus on equitable care to families on antibiotics, early onset sepsis, and treatment plan for newborn antibiotics and early onset sepsis
 | * Haven’t started
* Working on it
* In place
 |
| 1. Hospital has developed, in coordination with IT department, an electronic reporting system from electronic medical record
 | * Data not available in Medical Record
* Haven’t started
* Working on it
* In place
 |
| 1. Hospital has Implemented Quality Improvement strategies to ensure feedback is provided to the neonatal/pediatric clinical team through one or more of the following components:
* monitor and share provider-level and/or unit level antibiotics prescribing data;
* antibiotic debriefs to identify & review neonatal sepsis and antibiotic decisions for consistency with protocols and procedures;
* report that tracks current inpatient newborns who are receiving antibiotics
 | * Haven’t started
* Working on it
* In place
 |
| Timely and Appropriate Initiation of Antibiotics |
| 1. Hospital has implemented standardized policies, protocols, and support tools to evaluate risk for early onset sepsis for newborns for ≥ 35 0/7 weeks gestation based on the AAP recommended risk assessment tools.

AAP Risk Assessment Recommended tools for ≥ 35 0/7 weeks gestation are:* multivariate risk assessment (Kaiser Calculator)
* categorical risk factor assessment (maternal risk factors alone)
* risk assessment primarily based on newborn clinical condition with serial physical exams
 | * Haven’t started
* Working on it
* In place
 |
| 1. Which AAP Risk Assessment Recommended tool(s) for ≥ 35 0/7 weeks gestation is (are) your team currently using? (Select all that apply)
 | * Sepsis Risk Calculator
* Categorical risk factor assessment (maternal risk factors alone)
* Risk assessment primarily based on newborn clinical condition with serial physical exams
 |
| 1. Hospital has implemented standardized risk assessment algorithm to evaluate risk of early onset sepsis for every neonate < 35 weeks gestation.
 | * Haven’t started
* Working on it
* In place
 |
| 1. Hospital has developed partnerships with obstetric team to standardize communication with the pediatric/neonatal team about maternal risk factors for early onset sepsis.
 | * Haven’t started
* Working on it
* In place
 |
| 1. Hospital has implemented standardized serial assessment of neonates
 | * Haven’t started
* Working on it
* In place
 |
| 1. Hospital has implemented standardized identification of and response to neonates with worsening clinical status.
 | * Haven’t started
* Working on it
* In place
 |
| Appropriate Administration and De-escalation |
| 1. Hospital has implemented standardized policies, protocols and support tools to assist staff in properly and consistently obtaining blood cultures
 | * Haven’t started
* Working on it
* In place
 |
| 1. Hospital has partnered with inpatient lab to optimize timely processing of blood culture results and communication with care team
 | * Haven’t started
* Working on it
* In place
 |
| 1. Hospital has implemented standardized policies, protocols and support tools to assist staff to stop or de-escalate therapy promptly based on the culture and sensitivity results
 | * Haven’t started
* Working on it
* In place
 |
| 1. Hospital has implemented standardized dosing guidelines and order sets to reduce intra-hospital variation of antibiotic prescribing
 | * Haven’t started
* Working on it
* In place
 |
| 1. Hospital has implemented standardized approach for healthcare team to discuss the anticipated duration of antibiotic course at the initiation of antibiotics (antibiotic time out)
 | * Haven’t started
* Working on it
* In place
 |
| 1. Hospital has implemented standardized automatic stop order process
 | * Haven’t started
* Working on it
* In place
 |
| Equitable Care Delivery |
| 1. Hospital has implemented a standardized process to review newborn antibiotic quality data stratified by race/ethnicity and insurance status and share with providers and staff
 | * Haven’t started
* Working on it
* In place
 |