

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!



**41 Teams
reporting!**

ILPQC Annual Conference Survey

The Annual Conference Survey is vital in helping the Collaborative



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

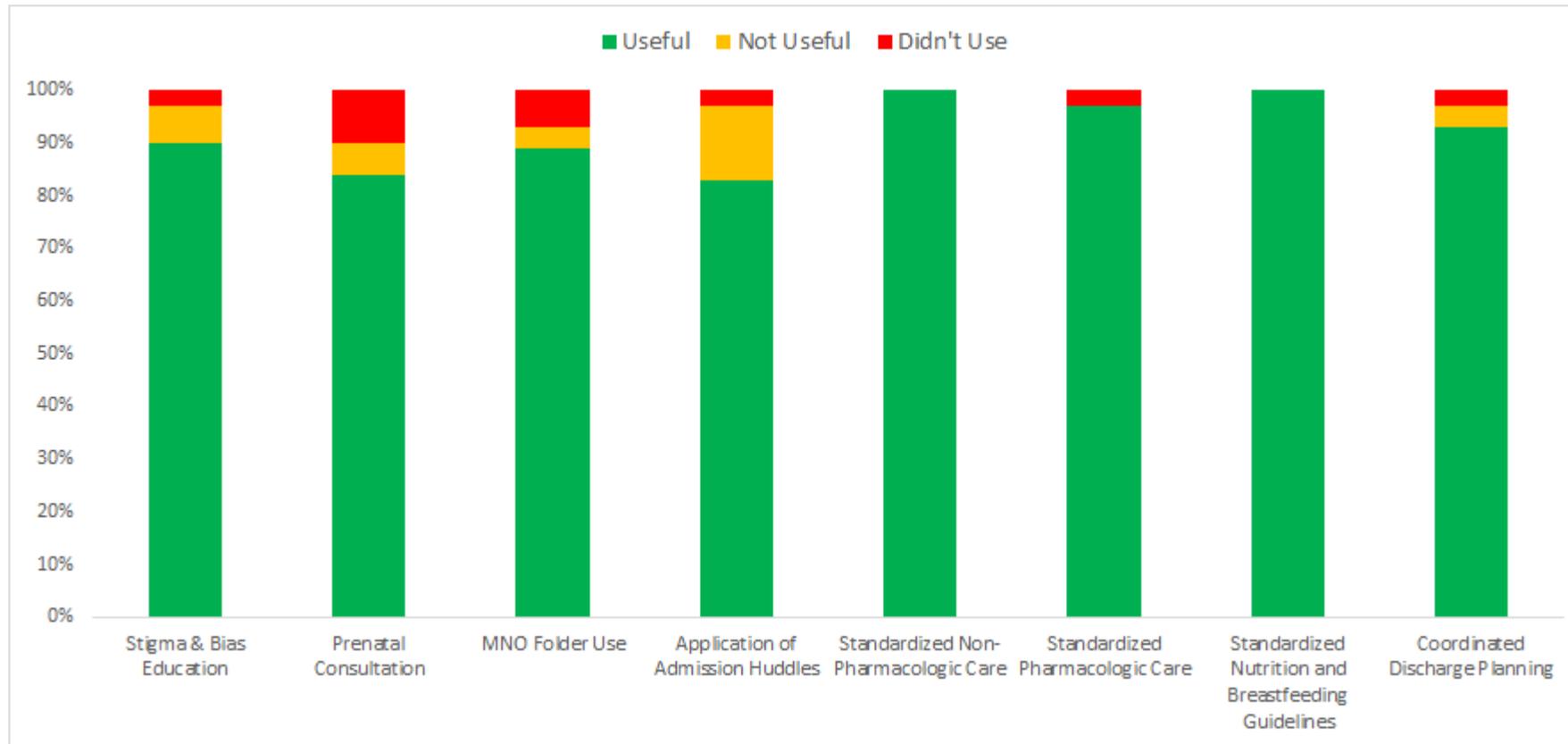
Getting buy-in for
all providers to use
the protocols

Improving
communication
from Labor &
Delivery to Nursery

Identifying patients
with opioid use
disorder prenatally

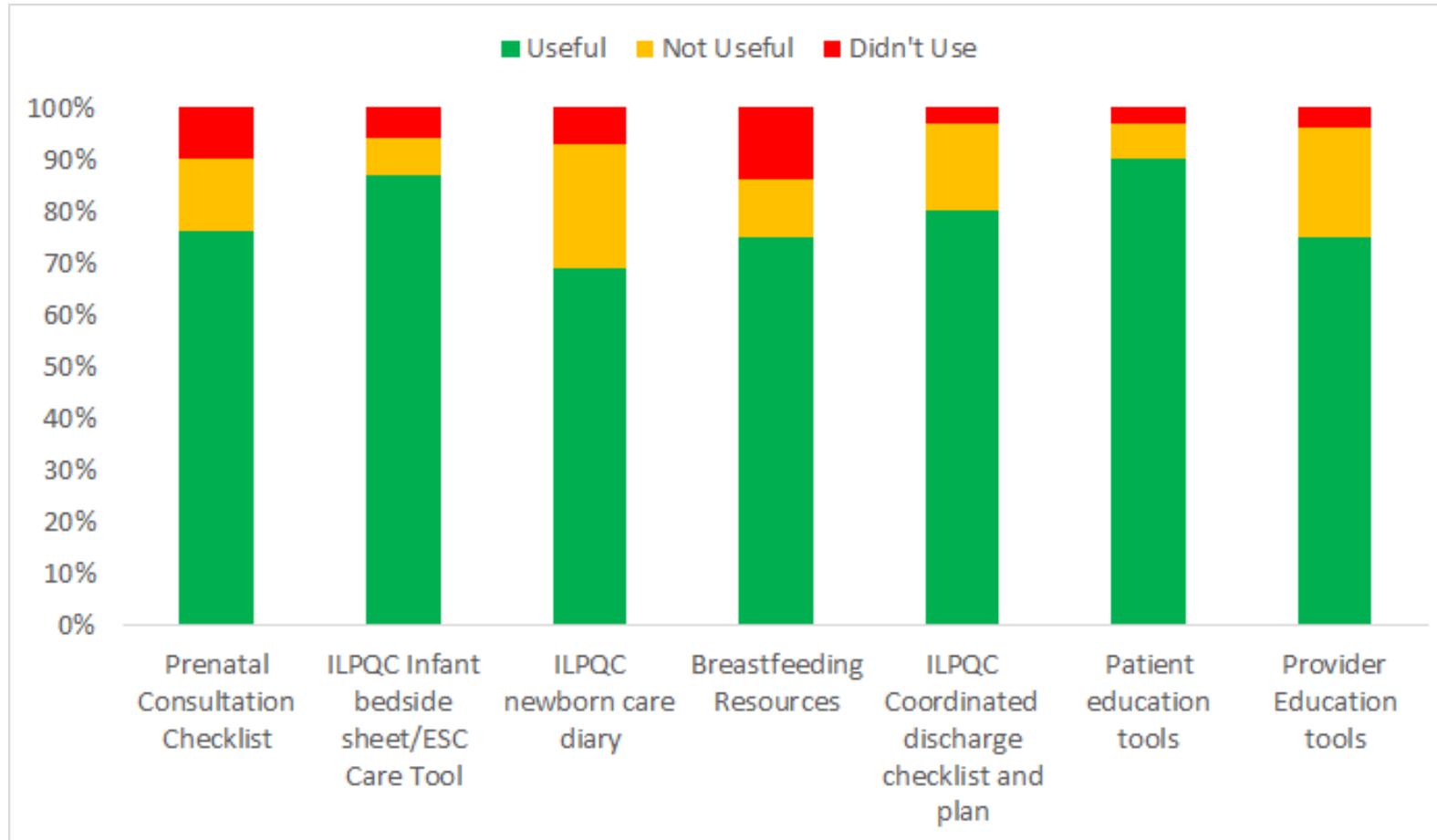
Most Effective Key Strategies

Annual
Conference
Survey Data



Most Useful Toolkit Elements

Annual Conference Survey Data



YOUR Successful Strategies Improving Care

Annual
Conference
Survey Data



Optimized Non-pharmacologic Care



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

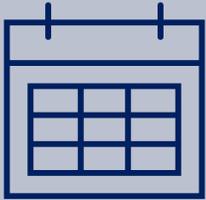


Coordinated Discharge Plan

- 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

Annual
Conference
Survey Data



Monthly
audits



Consistent
use of
ongoing
team
huddles
and folders



Annual
staff and
provider
education



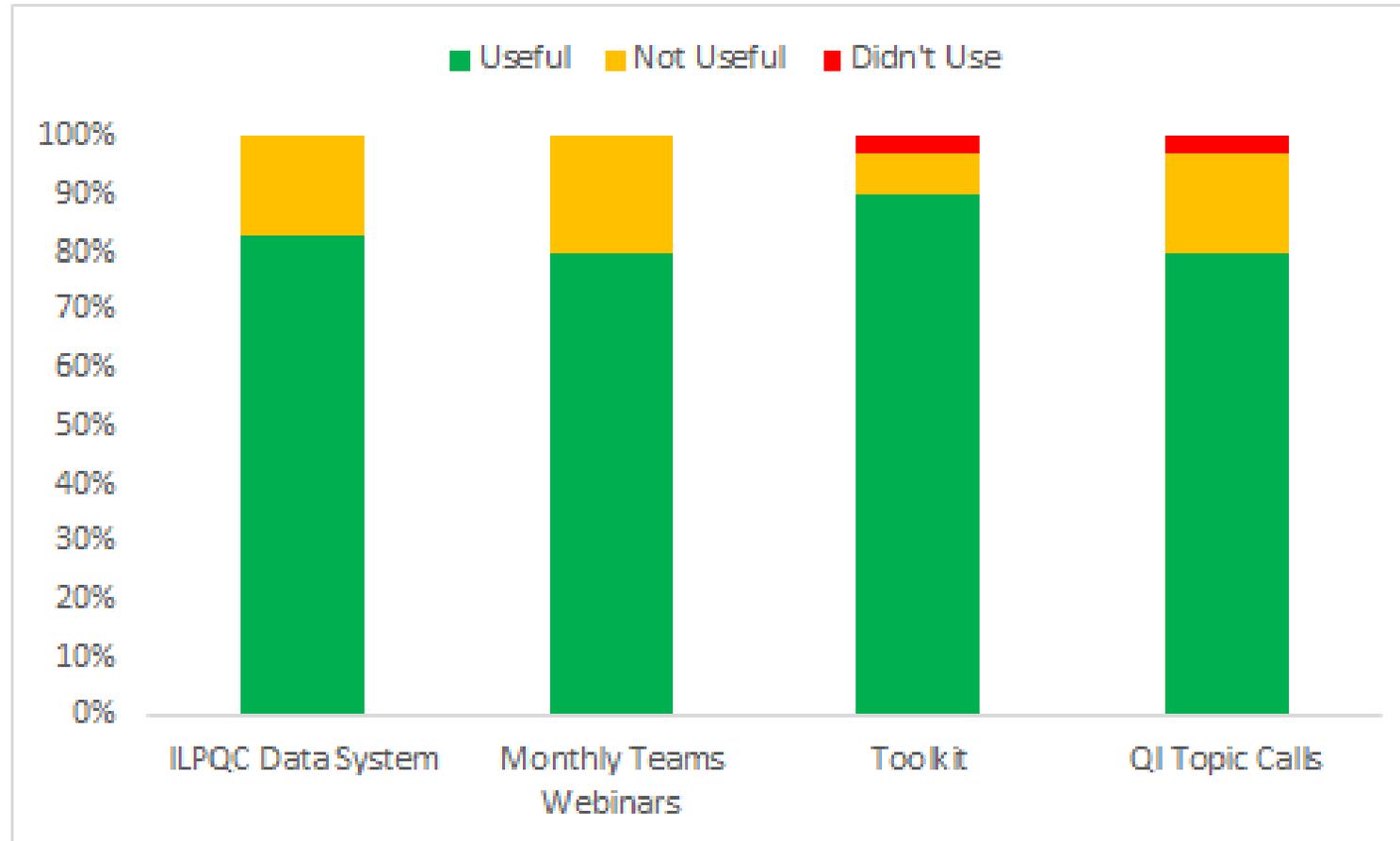
Didactic
class for all
new hires



Best
Practice
Alerts
(BPA)

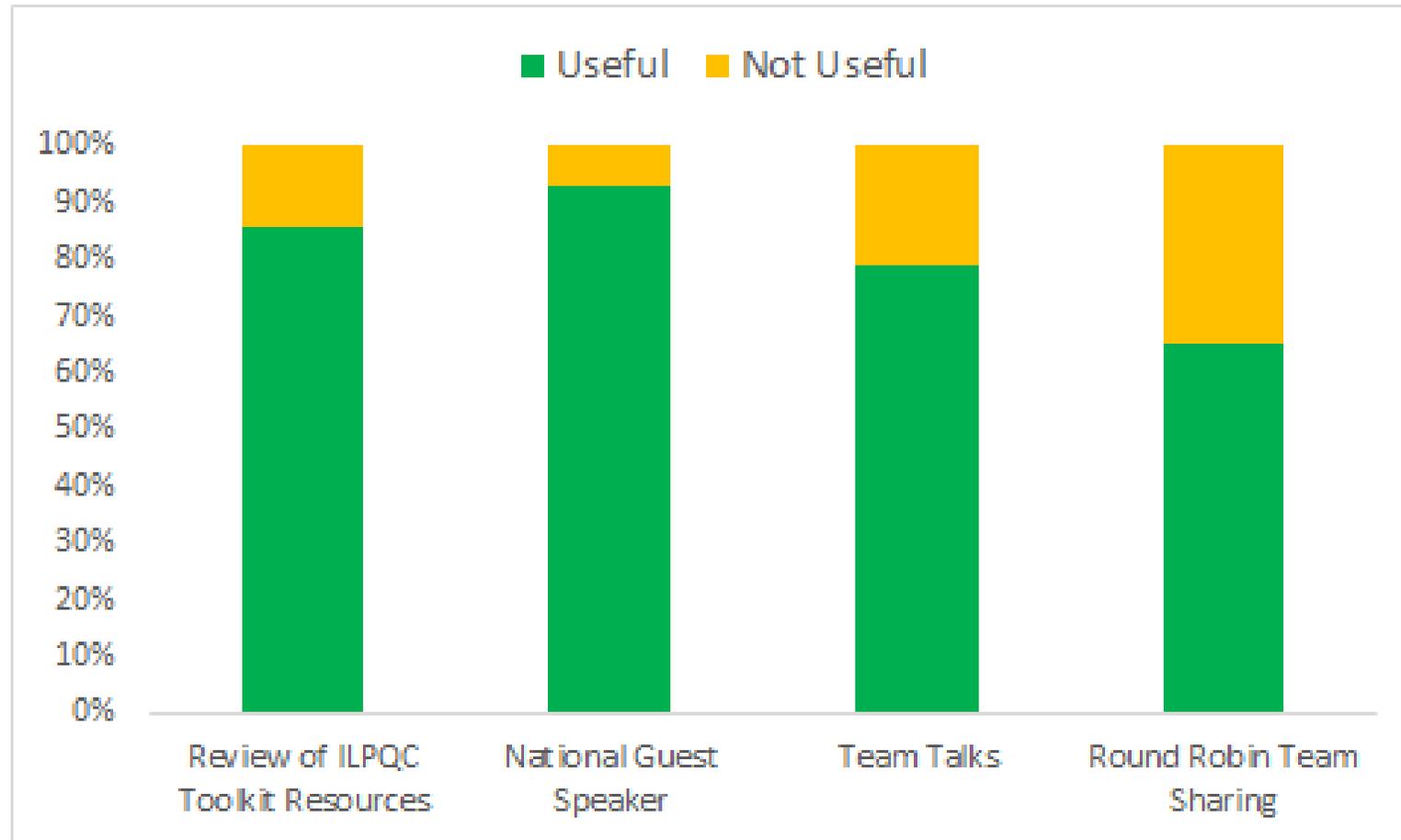
Collaborative Learning QI Resources

Annual
Conference
Survey Data



Components of Monthly Teams Calls

Annual
Conference
Survey Data



Babies Antibiotic Stewardship Improvement Collaborative

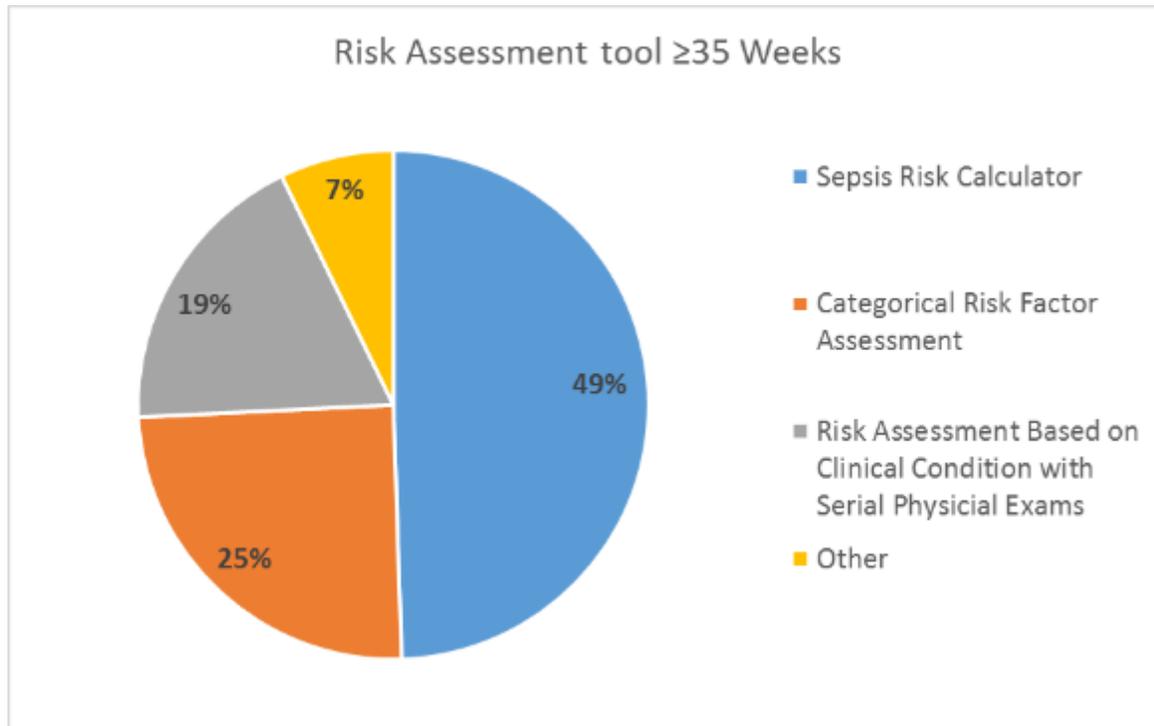
BASIC Survey Results

BASIC Risk Assessment Evolution

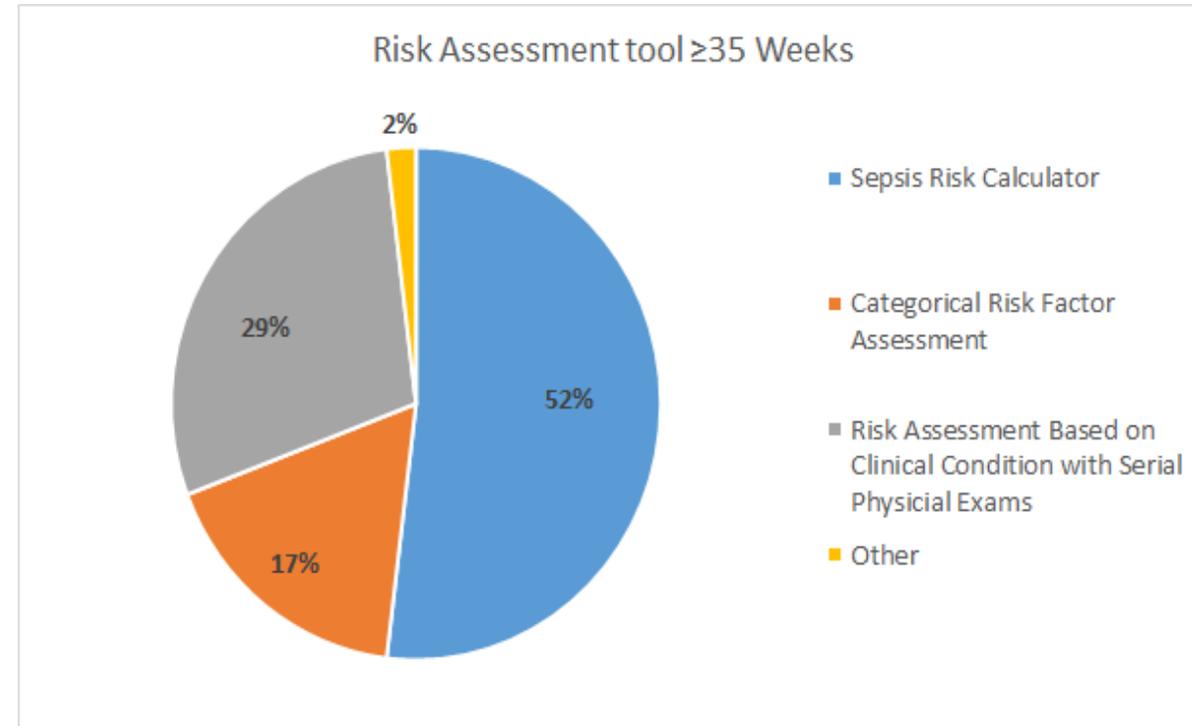
Annual
Conference
Survey Data



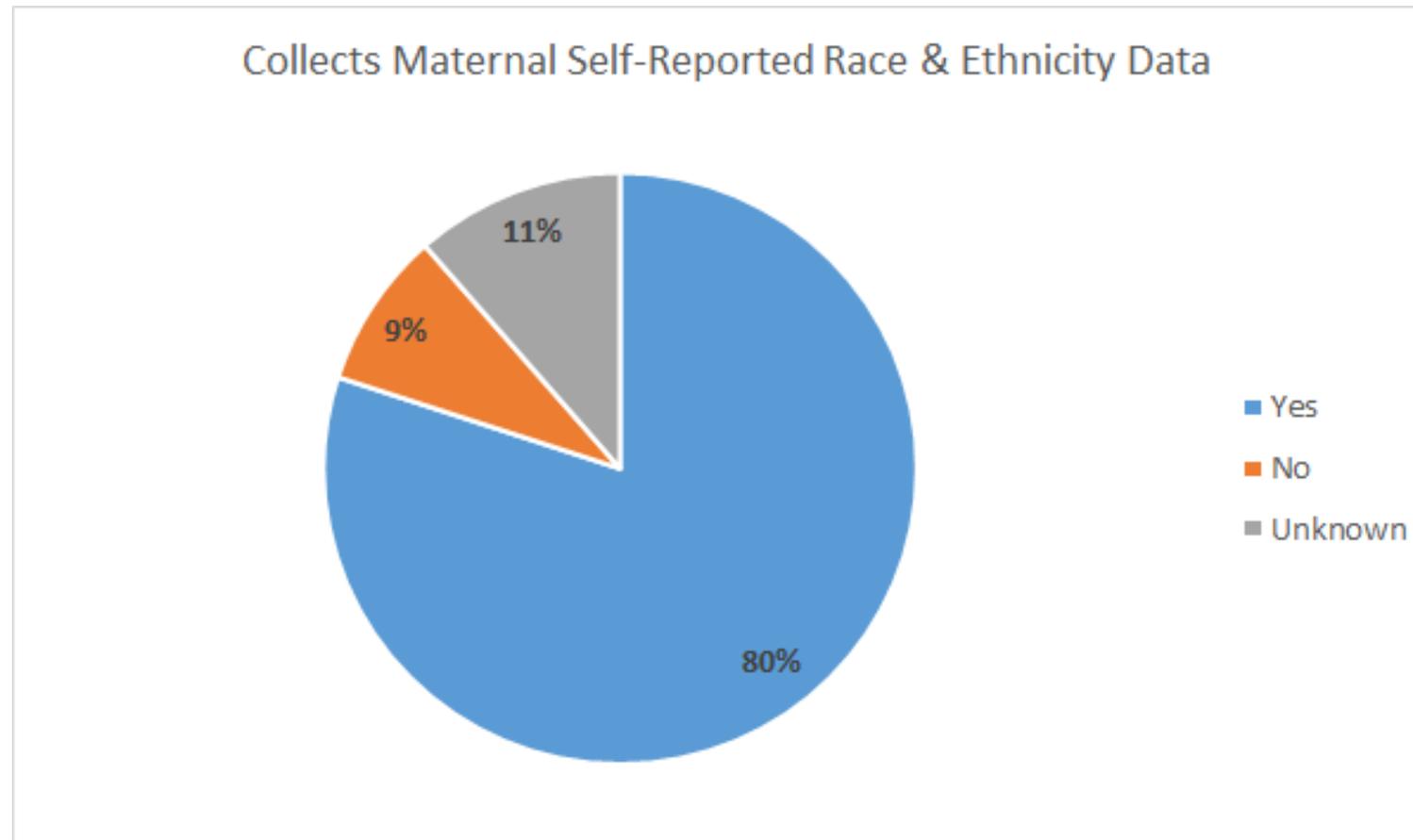
2020 Survey



2021 Survey



Race/Ethnicity Data Collection Current Capacity



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

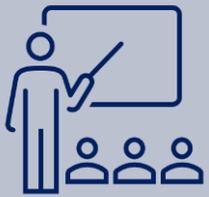
Time and resources
to collect data

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
implement
ation



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

Annual
Conference
Survey Data



Maintain decrease
in antibiotic use

Implement EOS
calculations in
progress notes

Standardize
education

Incorporate the
neonatal sepsis
calculator in the EMR

Evaluate data by
race/ethnicity

Standardize process of
increased monitoring
for at-risk newborns

Potential Future Neonatal Initiatives 2023 and Beyond

Annual
Conference
Survey Data



Care of Late
Preterm Infant



Safe Sleep



Perinatal
Simulation
Program
Development



Optimal
Breastfeeding



Transitions in
Care

Quality Improvement & Data

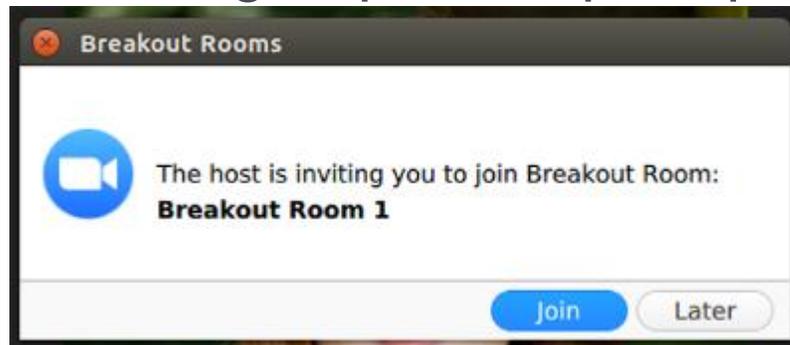
Gustave Falciglia, MD



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



Leslie Caldarelli
ILPQC Neonatal
Co-Lead



Patrick Lyons
BASIC Clinical Lead



Justyna Grothaus
ILPQC Neonatal
Advisory Group



Gustave Falciglia
BASIC Clinical Lead



Sameer Patel
BASIC Clinical Lead



Justin Josephsen
ILPQC Neonatal
Co-Lead



Kenny Kronforst
BASIC Clinical Lead

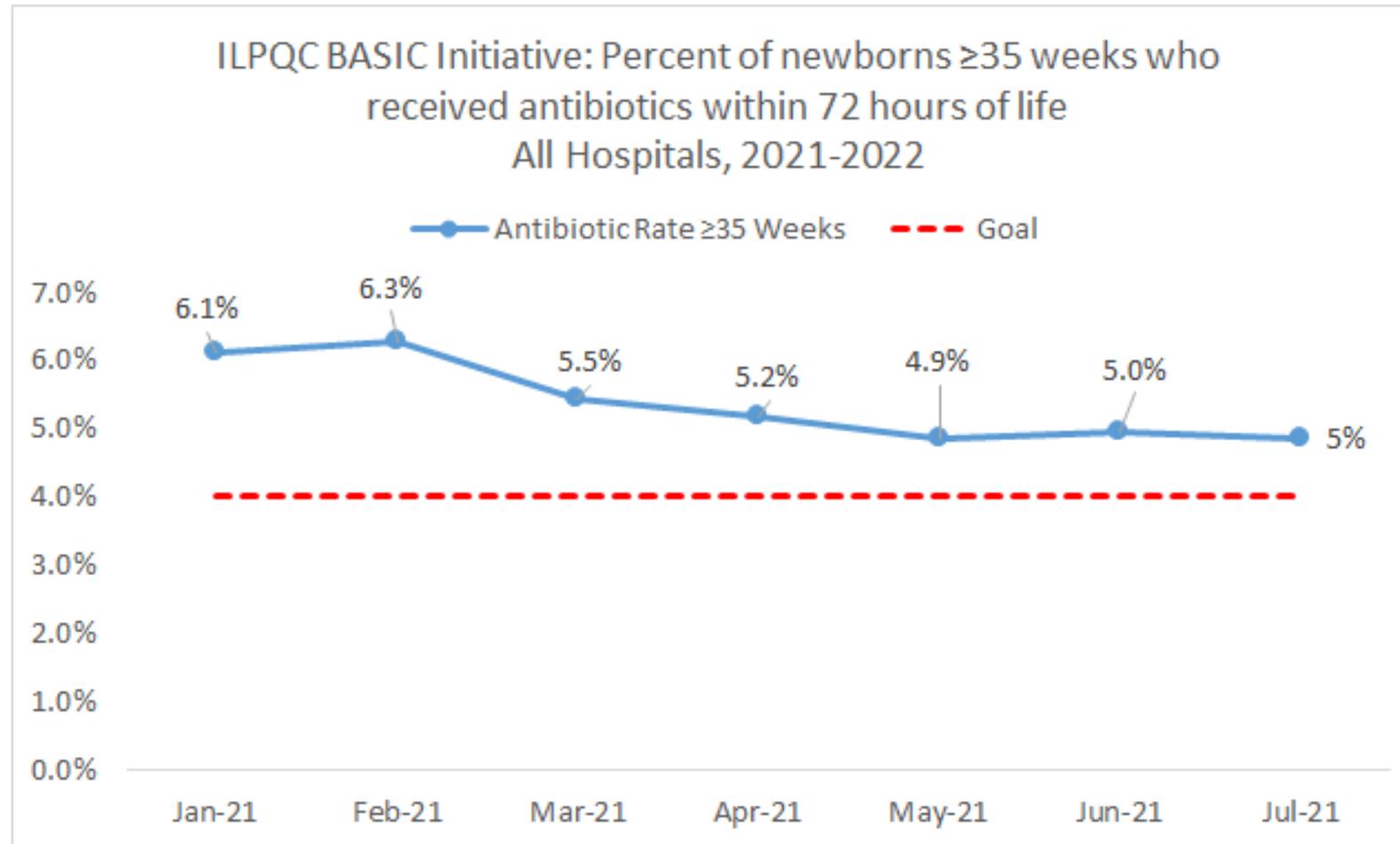


Munish Gupta

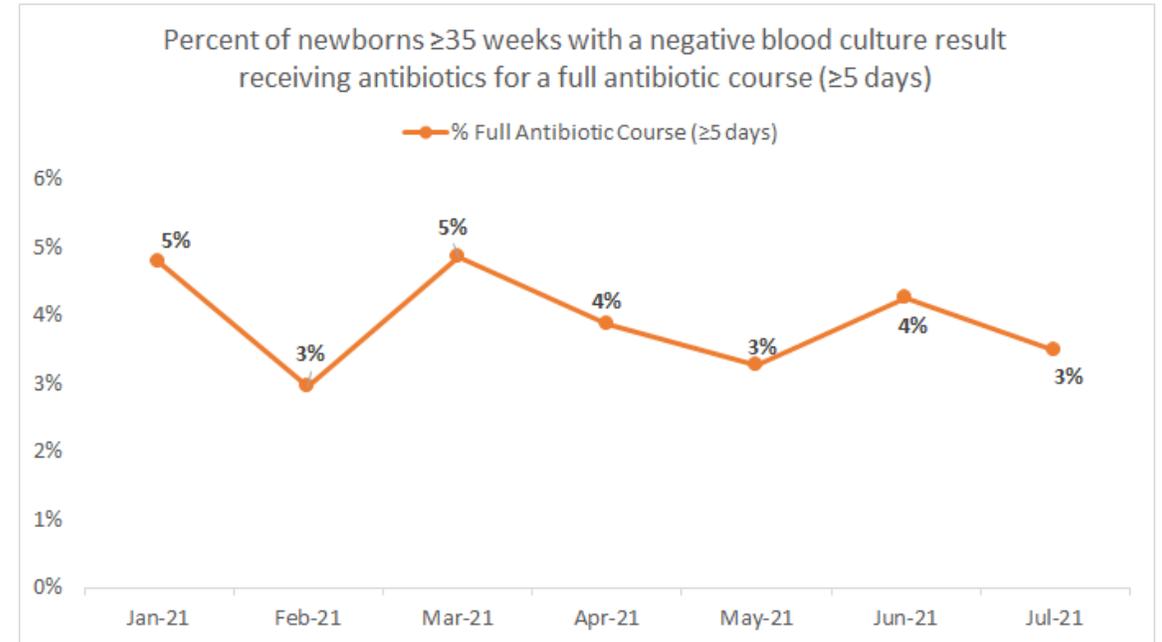
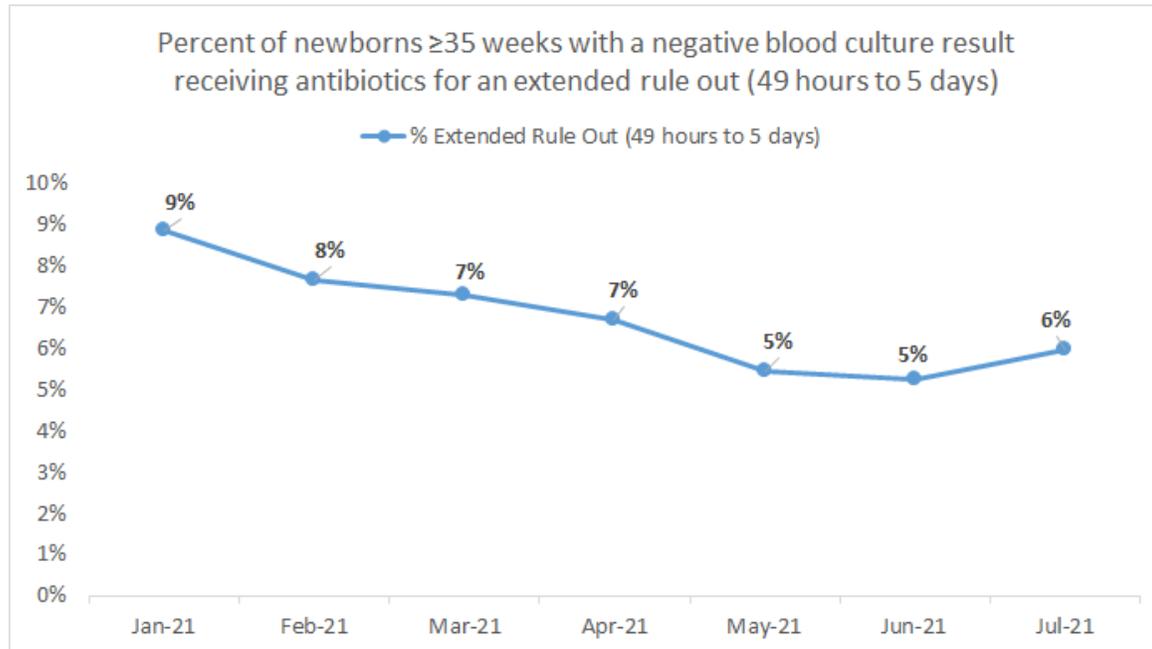
BASIC Data Review



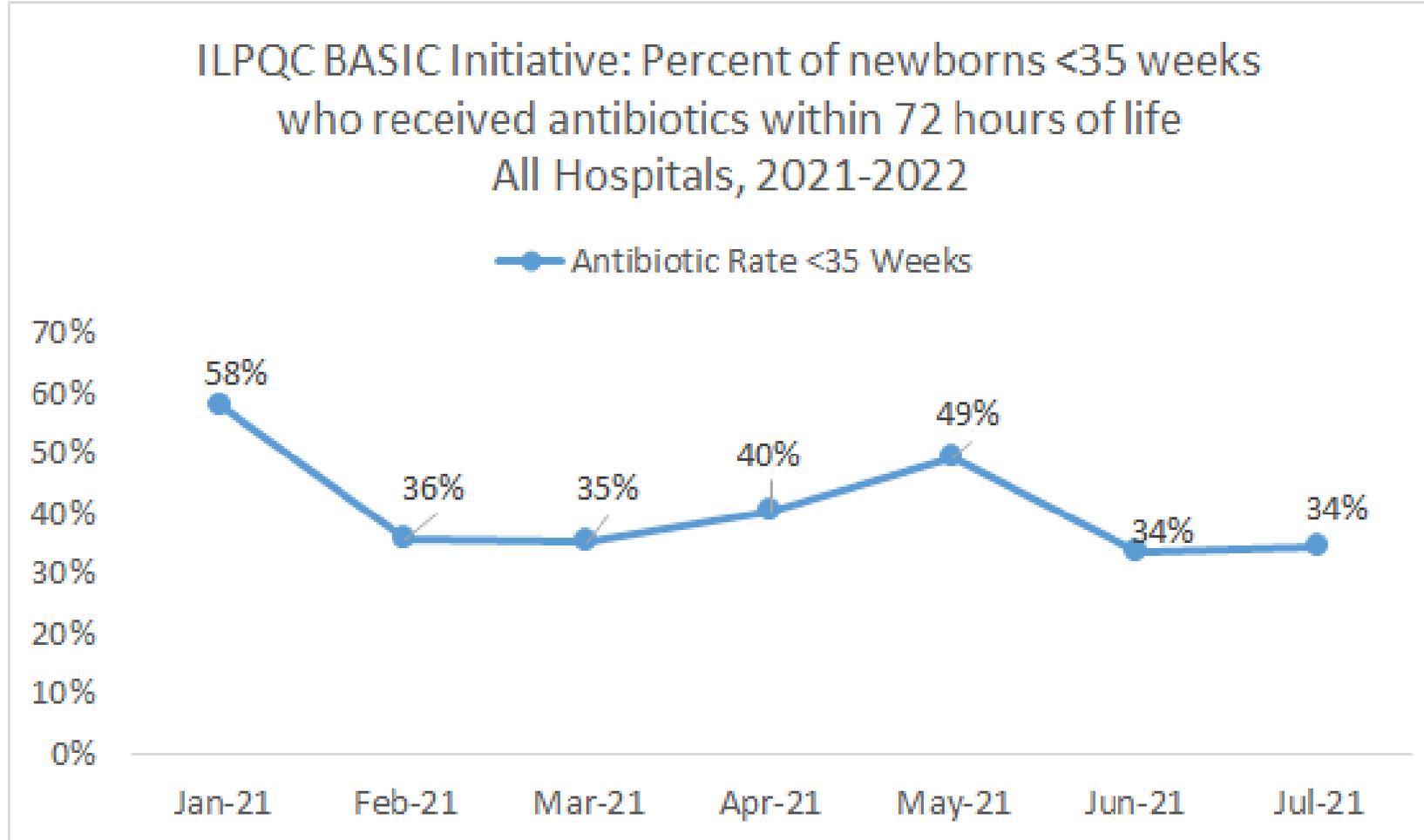
BASIC Aim: Reducing antibiotic usage in newborns ≥ 35 weeks



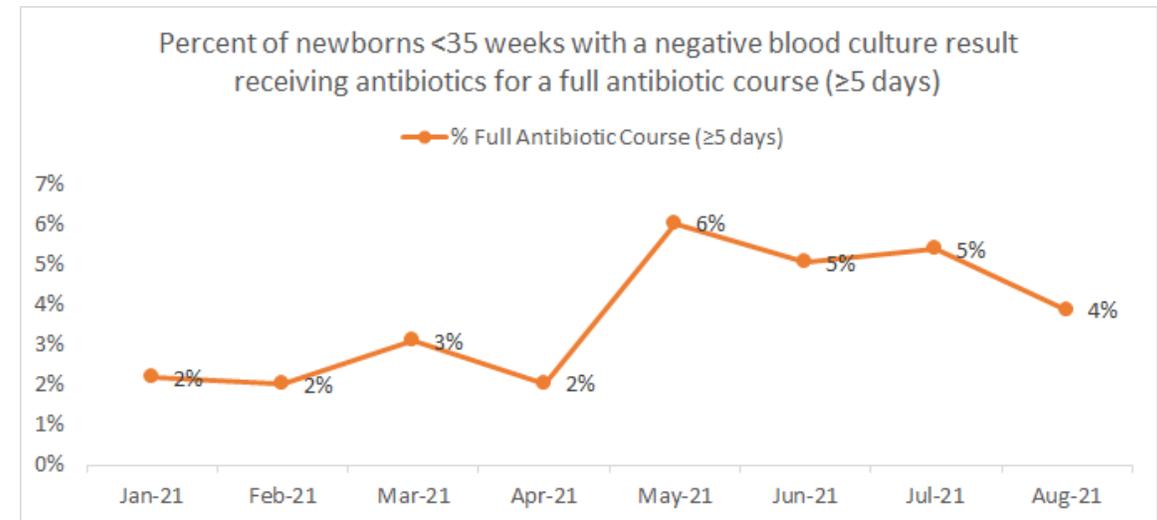
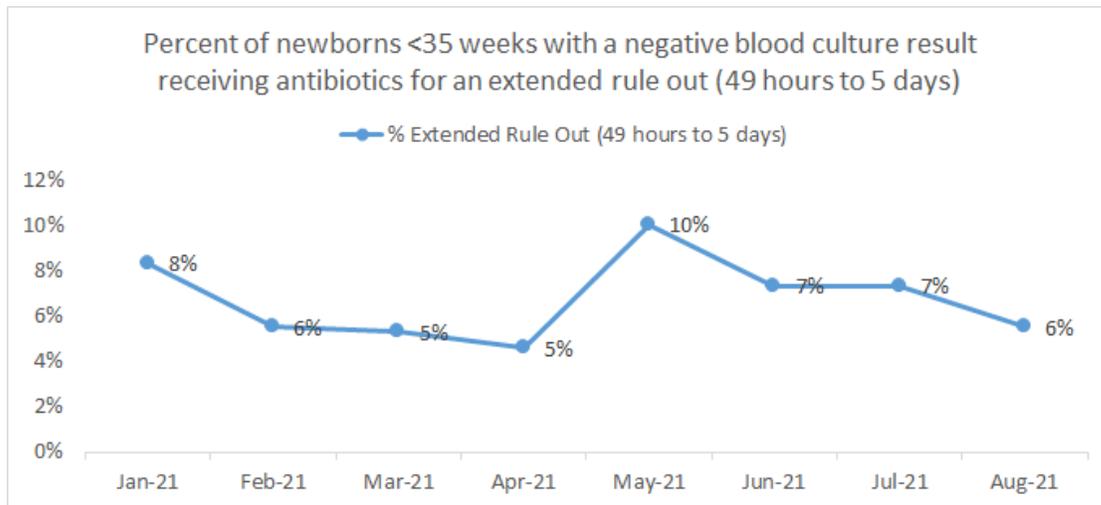
BASIC Aim: Reducing length of antibiotic exposure with negative cultures ≥ 35 weeks



BASIC Aim: Reducing antibiotic usage in newborn <35 weeks

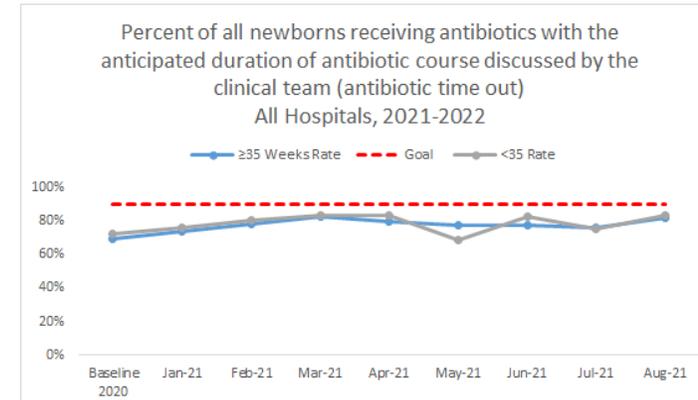
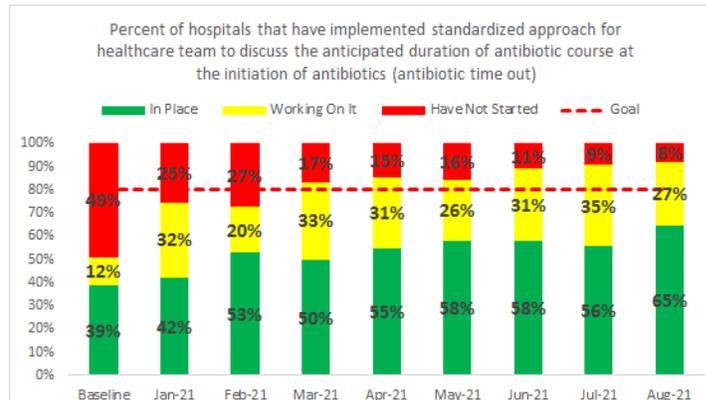


BASIC Aim: Reducing antibiotic usage in newborns <35 weeks

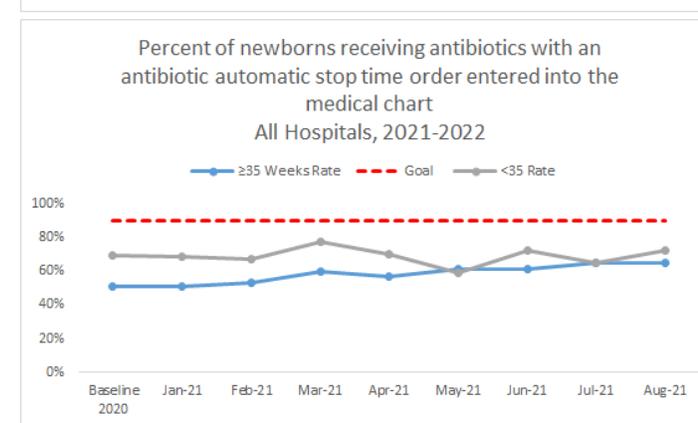
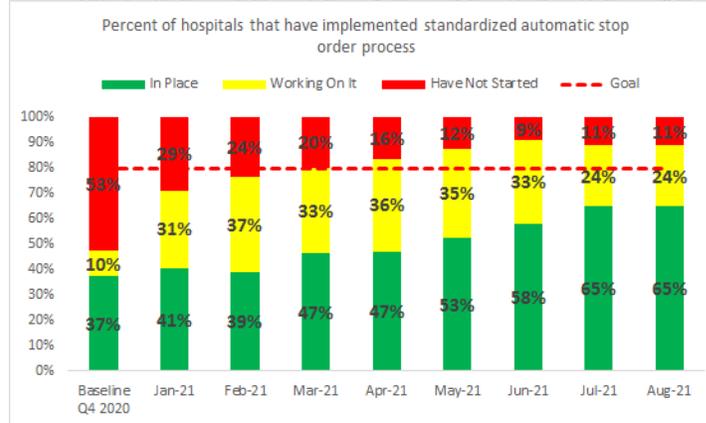


Stop: Antibiotic Time Outs & Stop Orders

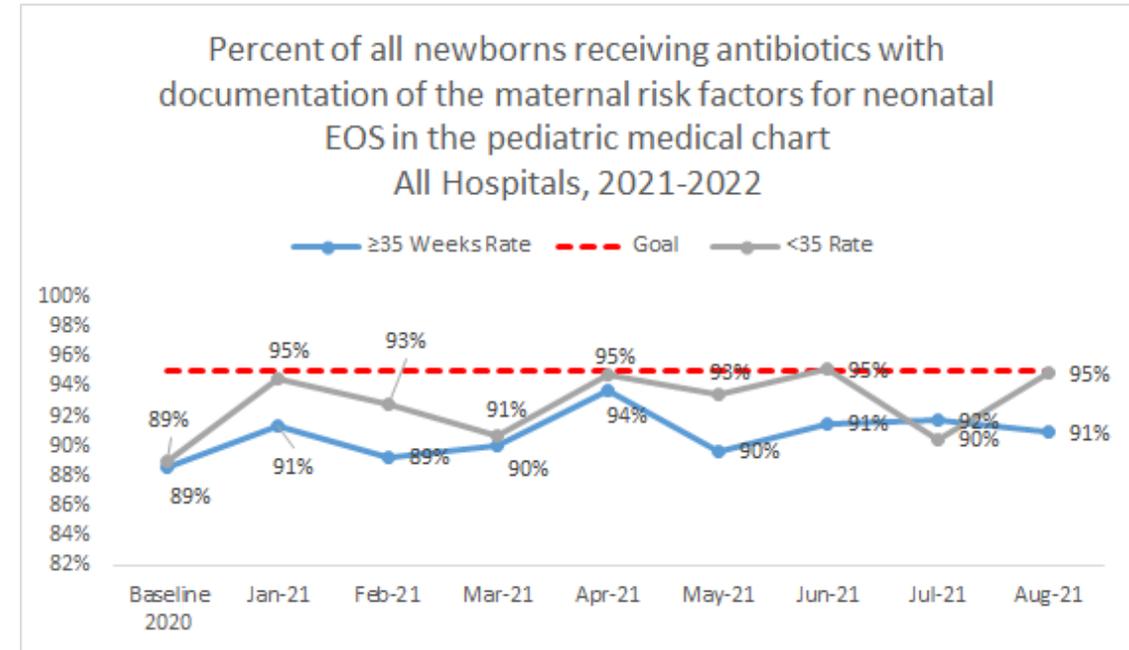
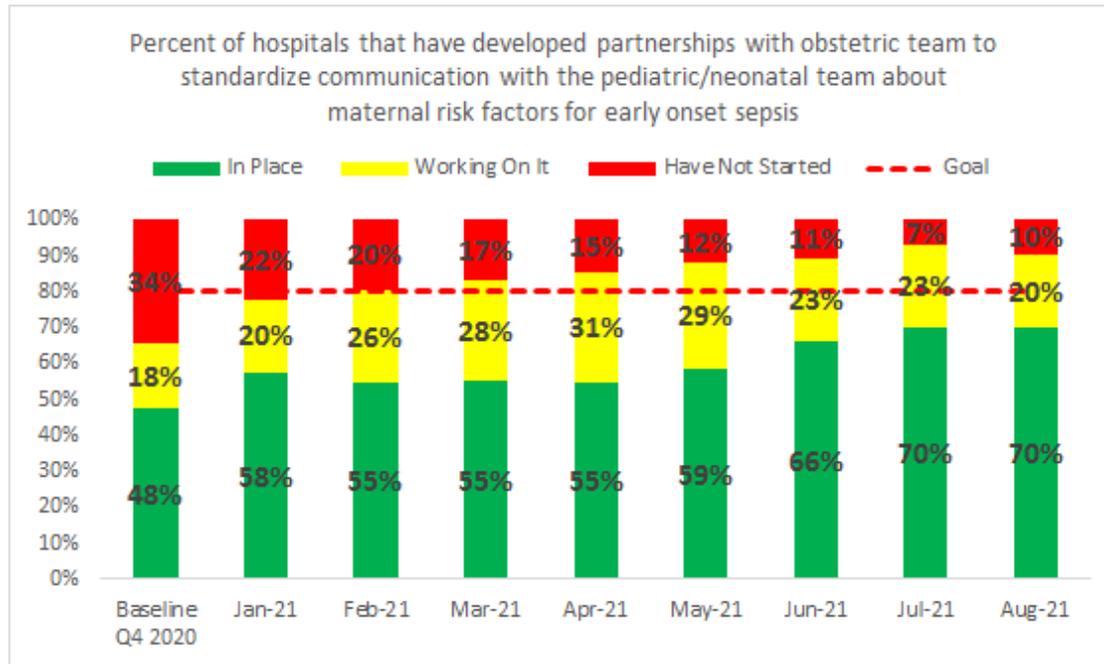
Time Outs



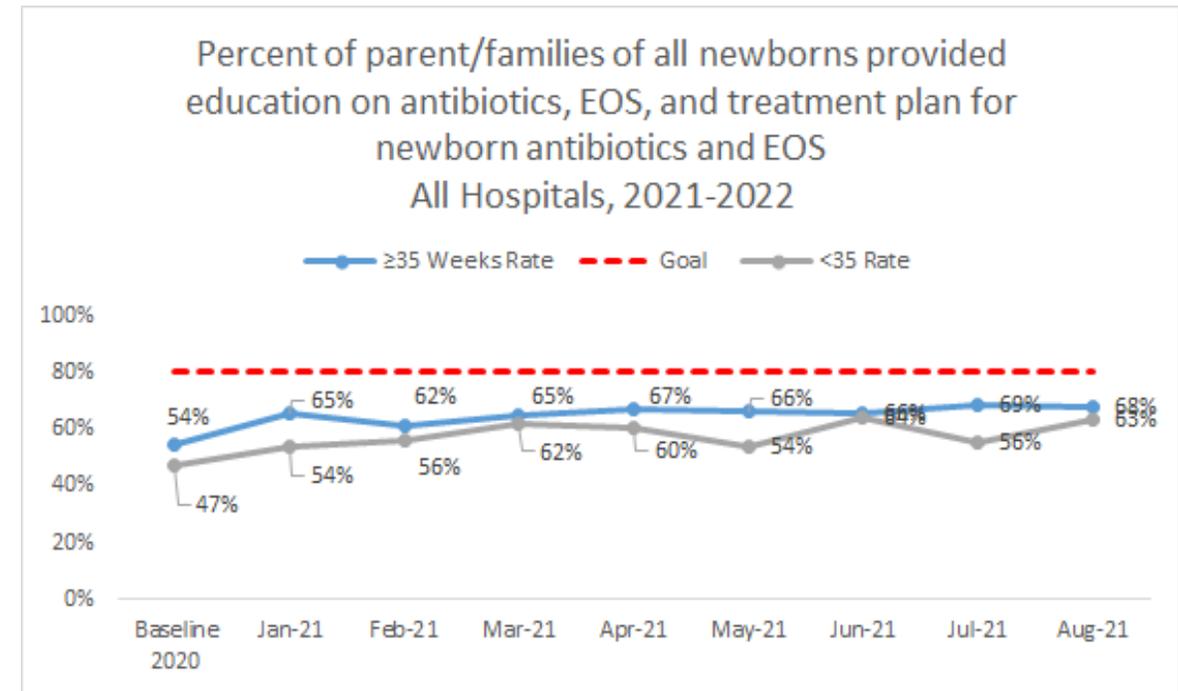
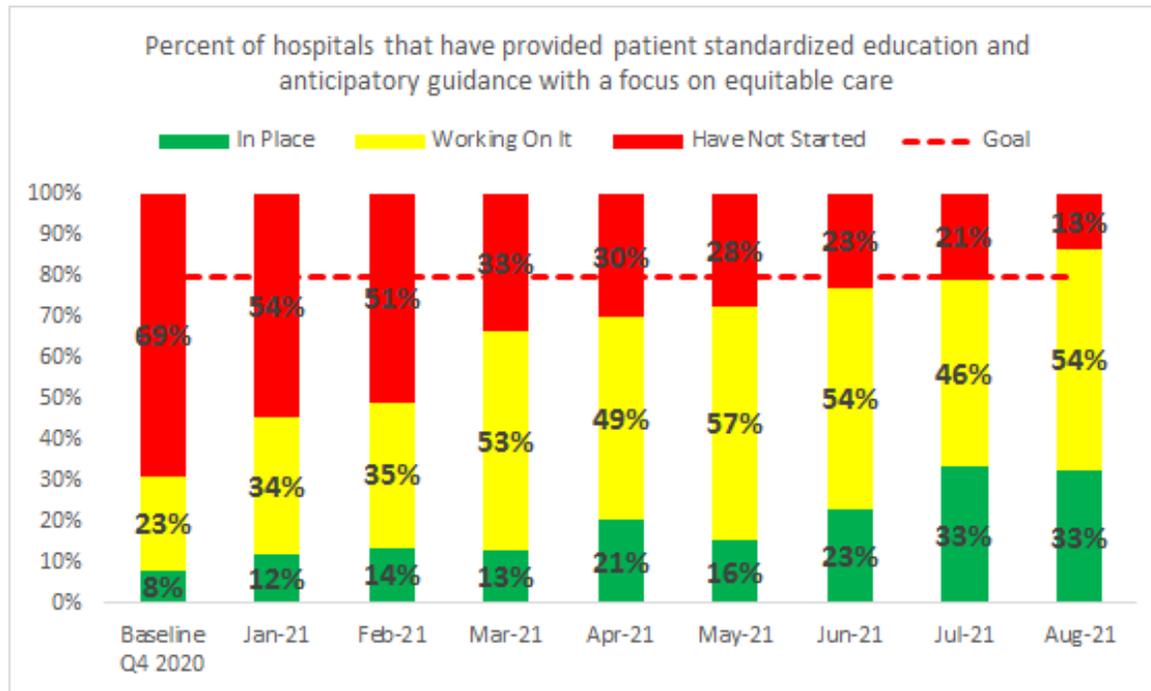
Stop Orders



Collaborate: Communication with OB



And Listen: Patient Education



"Ask the Professor"

Ask the Professor



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



Munish Gupta, MD, MMSc
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...

The image displays three overlapping documents from the Illinois Perinatal Quality Collaborative (ILPQC). The top document is the 'Newborn Admission Report' for LD RN to Newborn RN. The middle document is the 'BASIC Review for Newborn Major Report to Pediatrician'. The bottom document is the 'ILPQC Antibiotic Time-out Tool', which is a flowchart and form used to determine if continuing antibiotics longer than 70 hours is appropriate. The flowchart starts with 'START' and a note: 'Based on patient's clinical status & culture results, discuss if the patient has a clinical picture of infection or a recent diagnosis of infection.' It then asks 'Can the antibiotic be discontinued?' and branches into 'Yes' and 'No'. The 'No' path leads to 'INDICATIONS FOR CONTINUED ANTIBIOTIC THERAPY' and then to 'Decide if longer antibiotic is being administered in light of clinical picture of infection, culture results, & antibiotic resistance.' The 'Yes' path leads to 'Decide if longer antibiotic is being administered in light of clinical picture of infection, culture results, & antibiotic resistance.' Both paths lead to 'Decide if longer antibiotic is appropriate?' and then 'Decide and document the planned duration of antibiotic therapy?'. The flowchart ends with 'Enter antibiotic stop time when?'. Below the flowchart are five numbered boxes: 01 BACTERIAL INFECTION?, 02 CAN YOU DE-ESCALATE?, 03 WHAT'S THE DURATION?, 04 IS IT THE RIGHT DRUG?, and 05 DID YOU DOCUMENT? Each box has a brief description of the question.

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

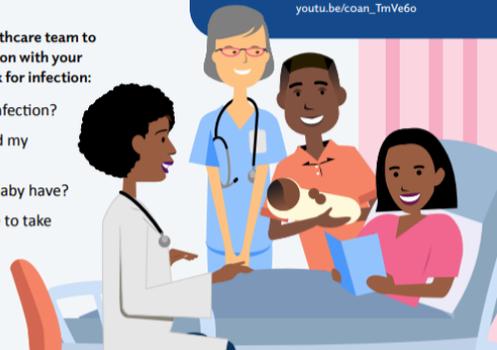
Some questions to ask your healthcare team to better understand what is going on with your baby and why your baby is at risk for infection:

- ▶ 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?

Scan here to watch the video.



youtu.be/coan_TmVe6o





Wrapping Up & Next Steps

Upcoming Call Schedule

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

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



ILPQC 9th Annual Conference

Thursday October 28th | 8am - 4:15 CST

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

Annual
Conference
Survey Data



Tools to be Updated to Help Support

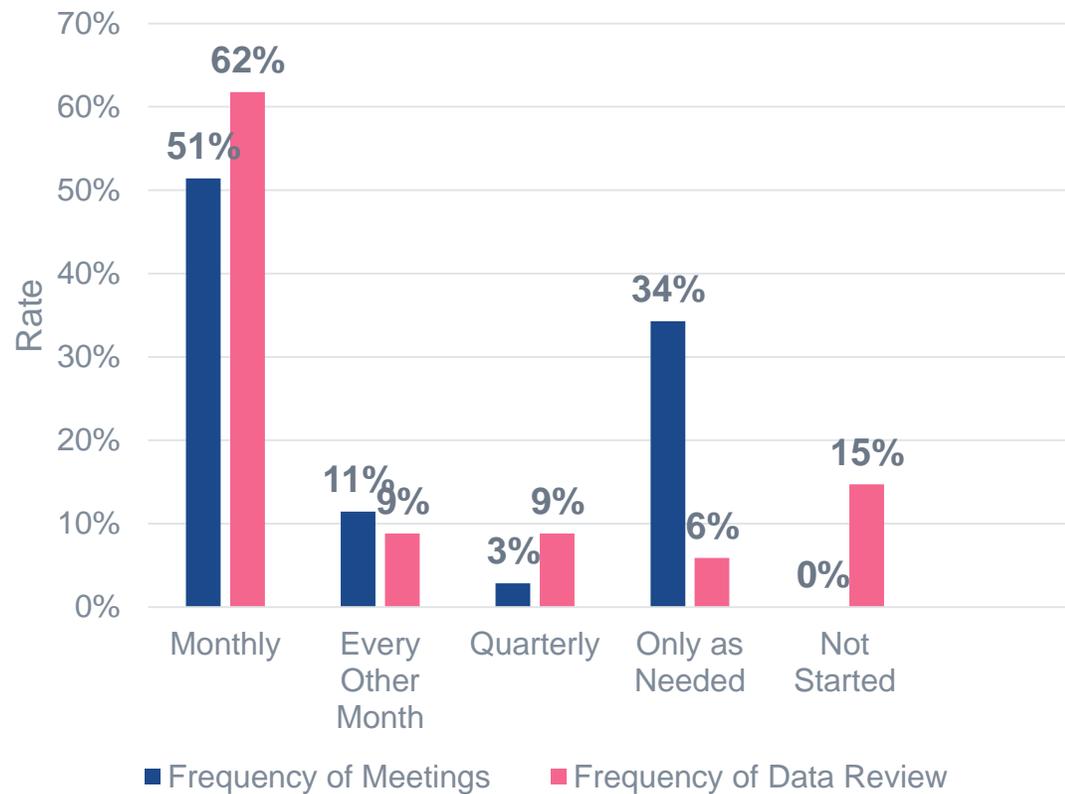
- Standard patient education on antibiotics
- **Sepsis calculation tools**
- Staff education and resources
- Use of biomarkers
- More languages available in education materials
- Clinical algorithms

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



REDCap Data Use

