

# 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](mailto:info@ilpqc.org) by November 15<sup>th</sup> 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!

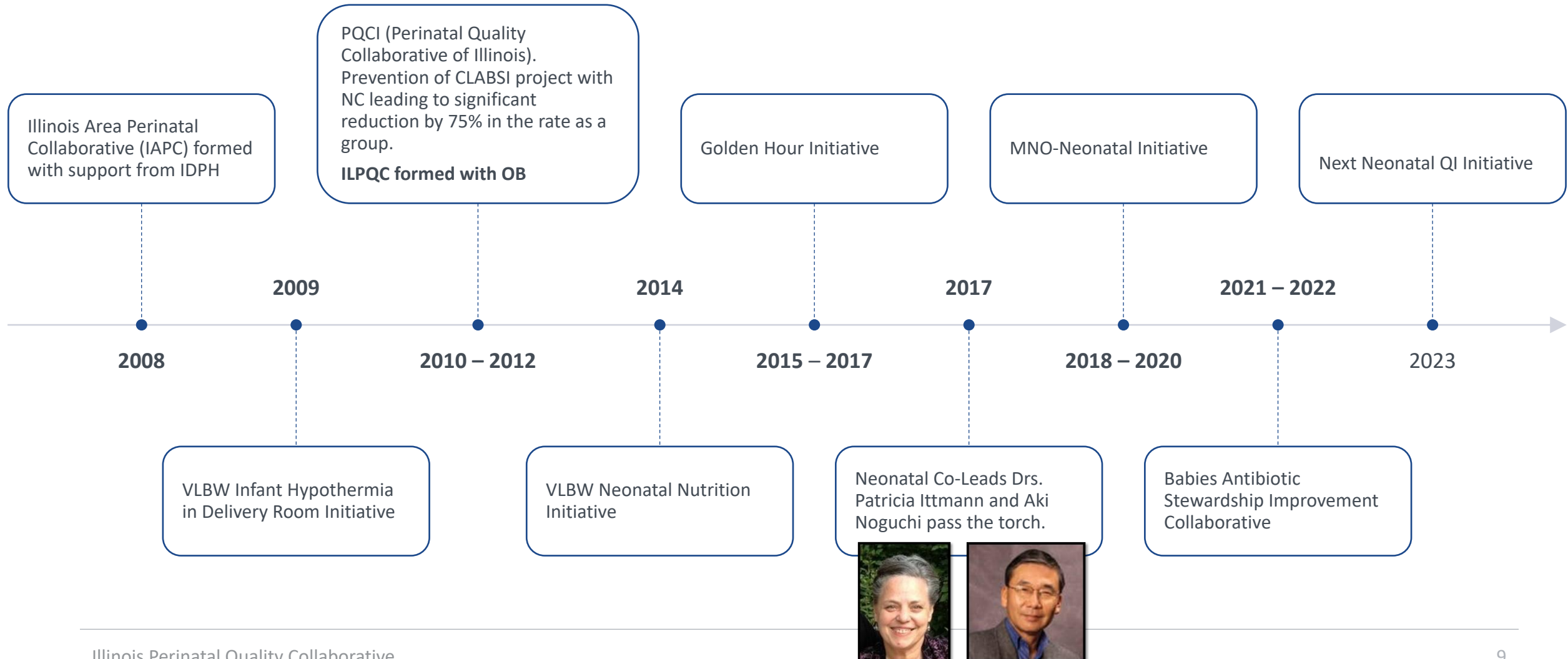
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Thank you to all who continue to contribute to building a successful state collaborative for IL!



# More than 10 Years!

## Neonatal QI Work in Illinois



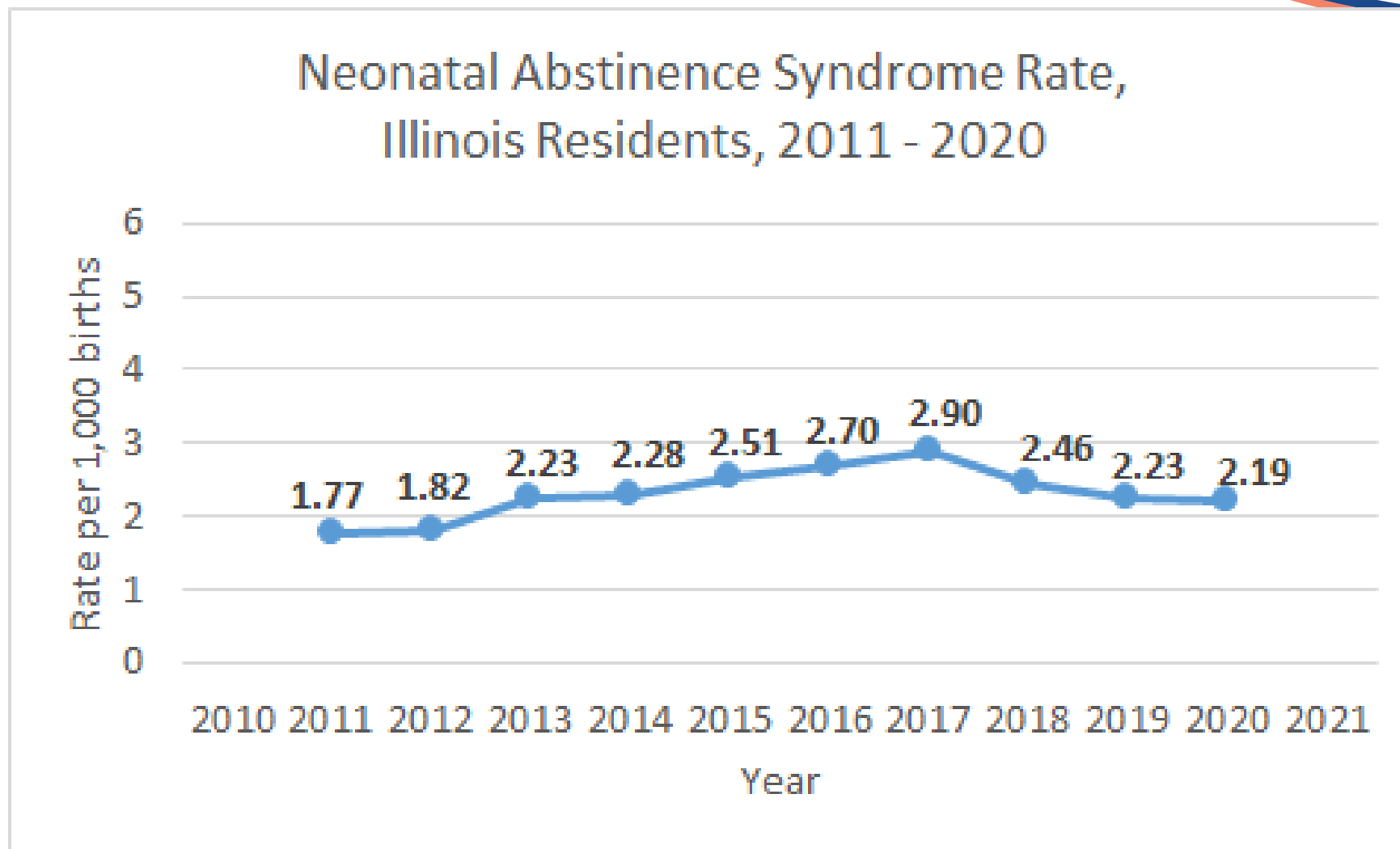
# Growth of a Statewide Culture of QI

- 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

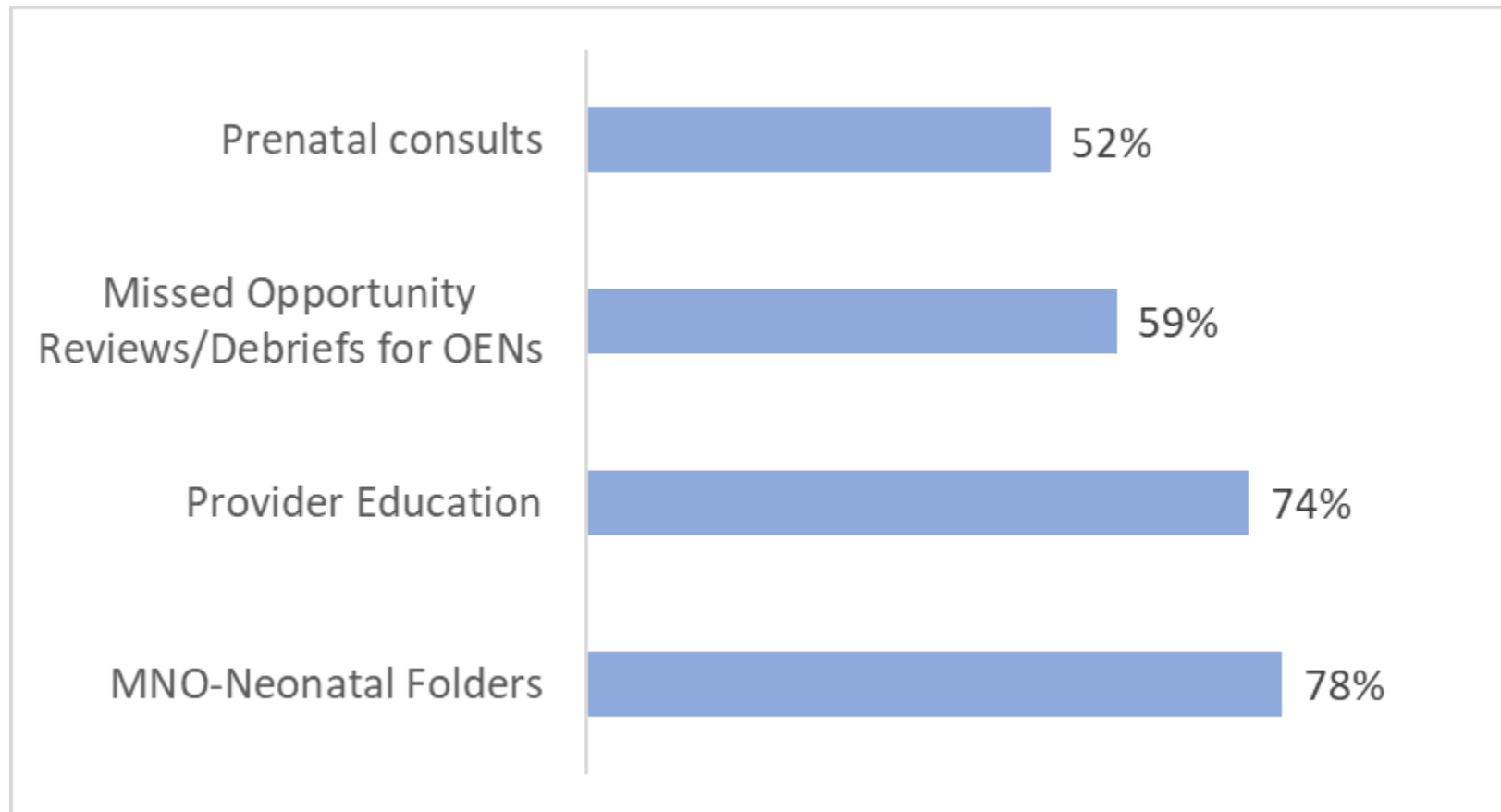
Maintaining effective strategies for the next year and beyond

# The landscape of NAS in Illinois



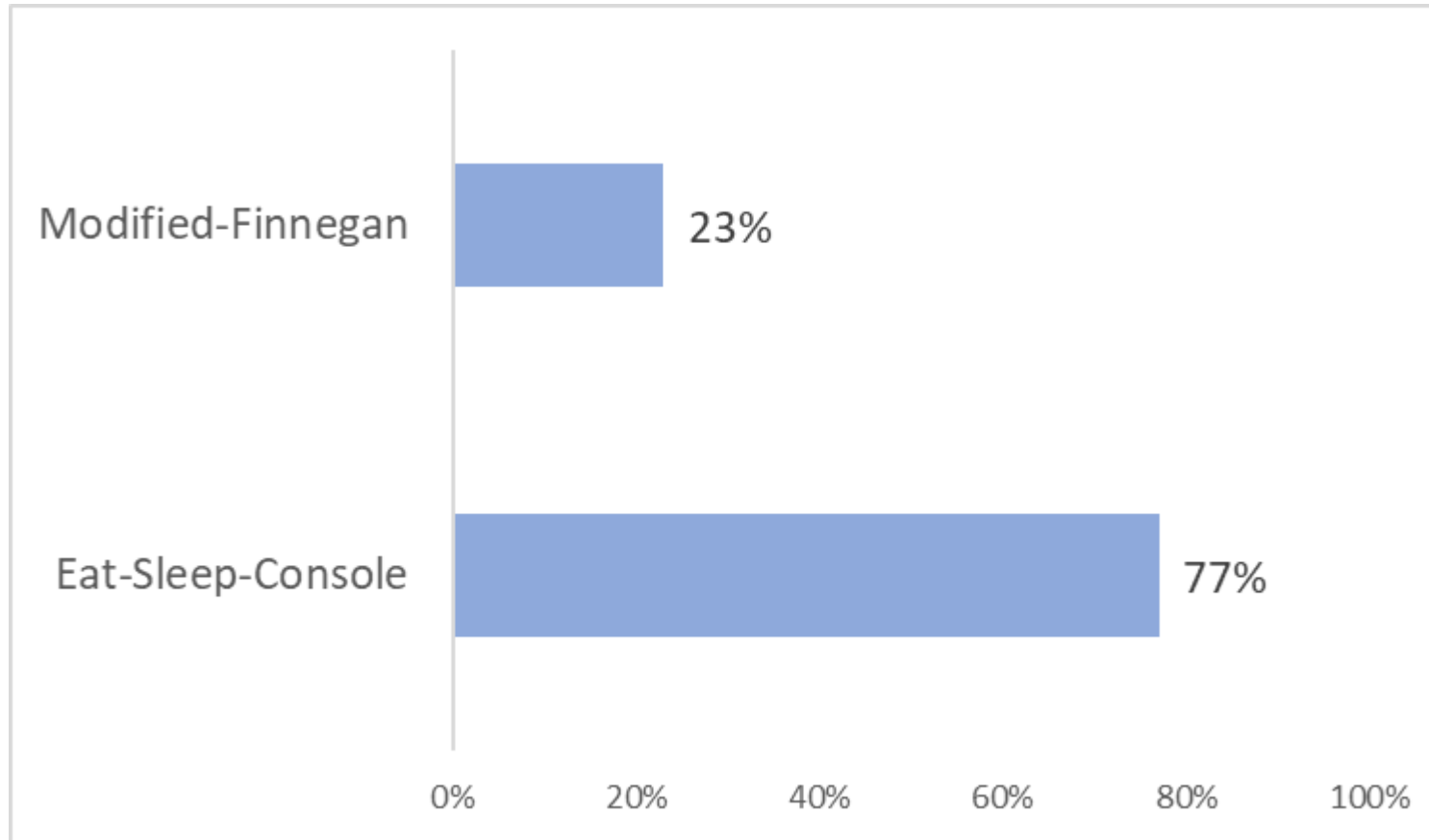
# Concentrated efforts to provide optimal care for all OENs in the past year

## 2022 Teams Survey

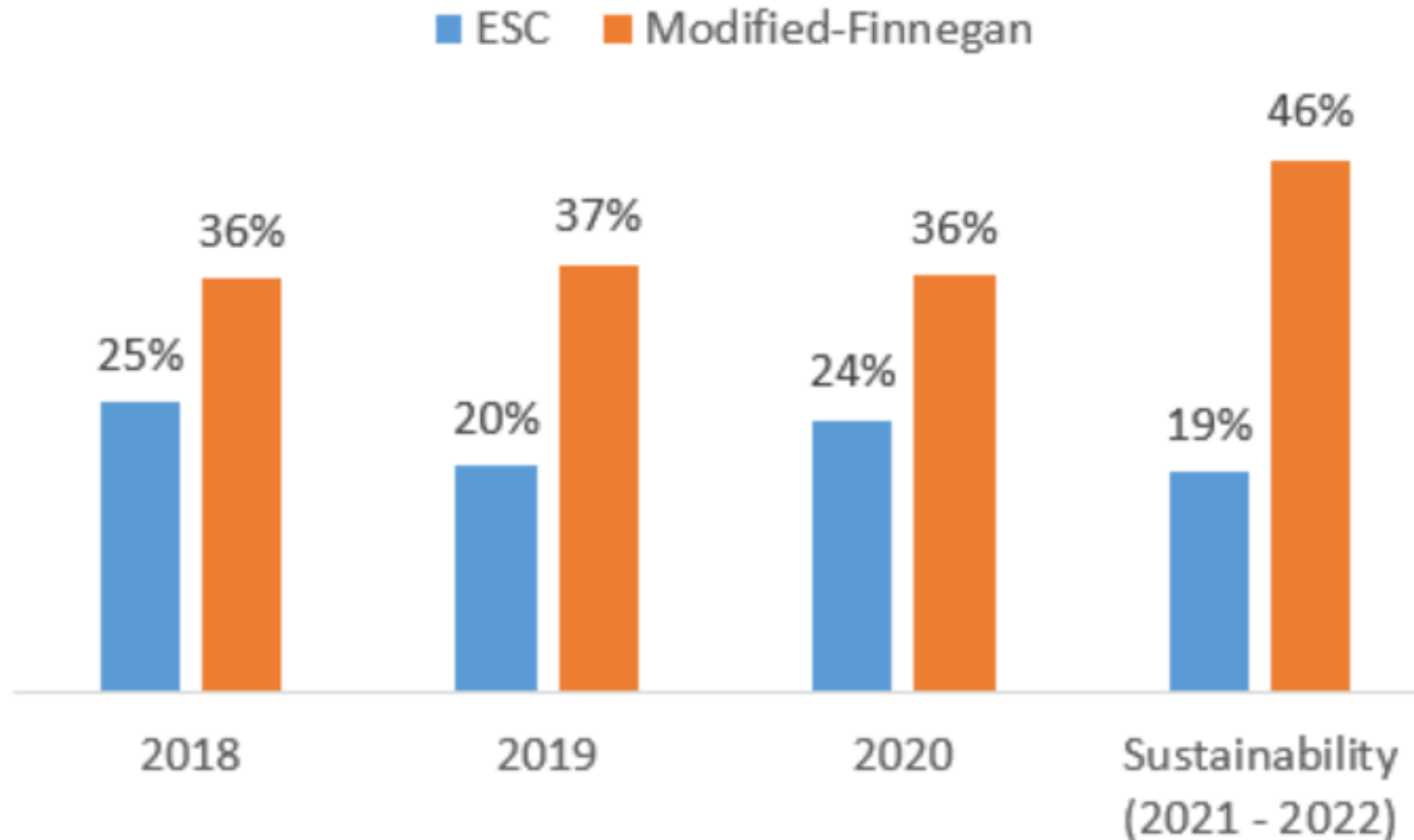


# What NOW/NAS assessment tool does your hospital use for opioid-exposed newborns?

2022 Teams  
Survey

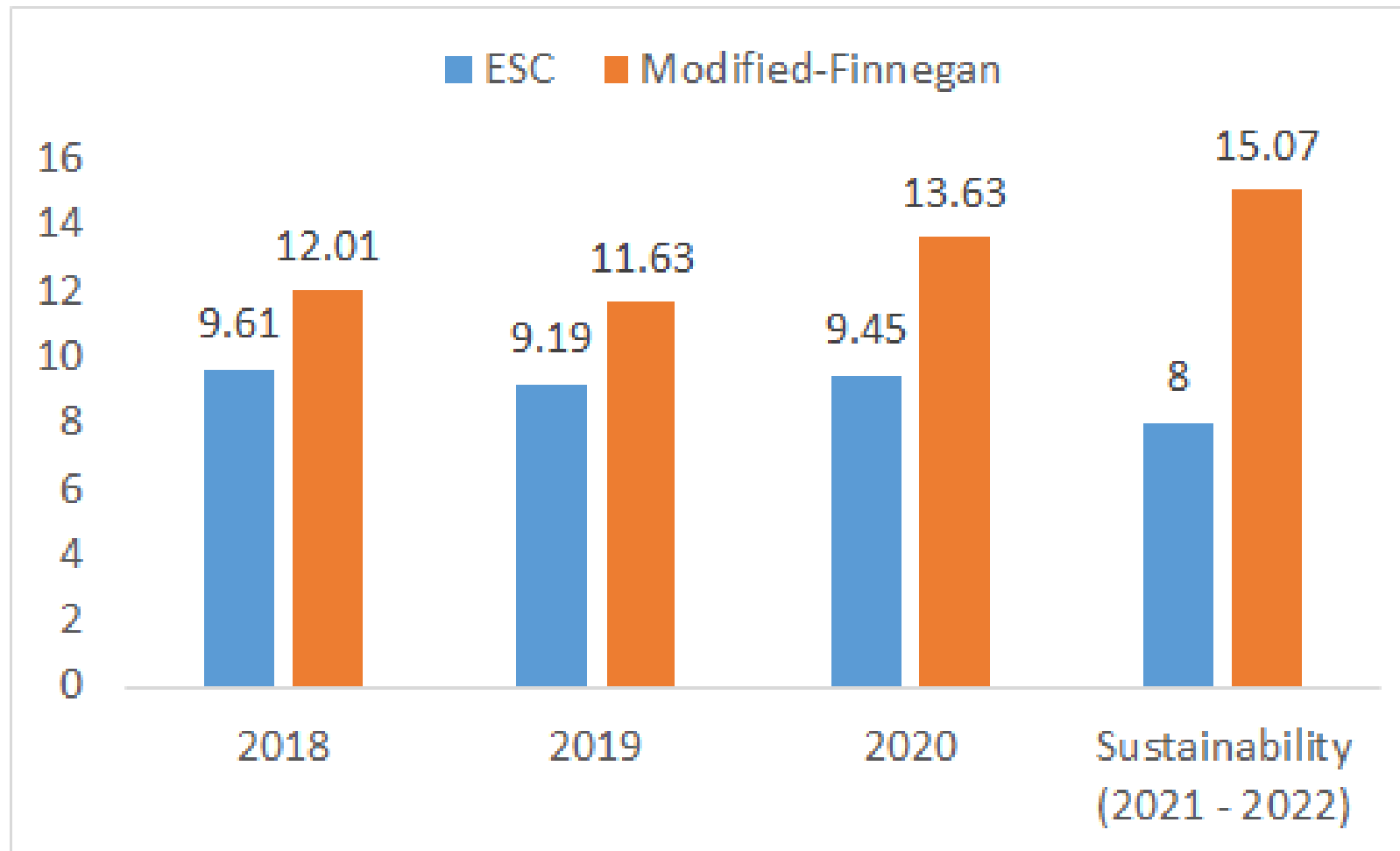


# Pharmacologic Treatment Initiation based on NAS Assessment





# Length of Stay based on NAS Assessment



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

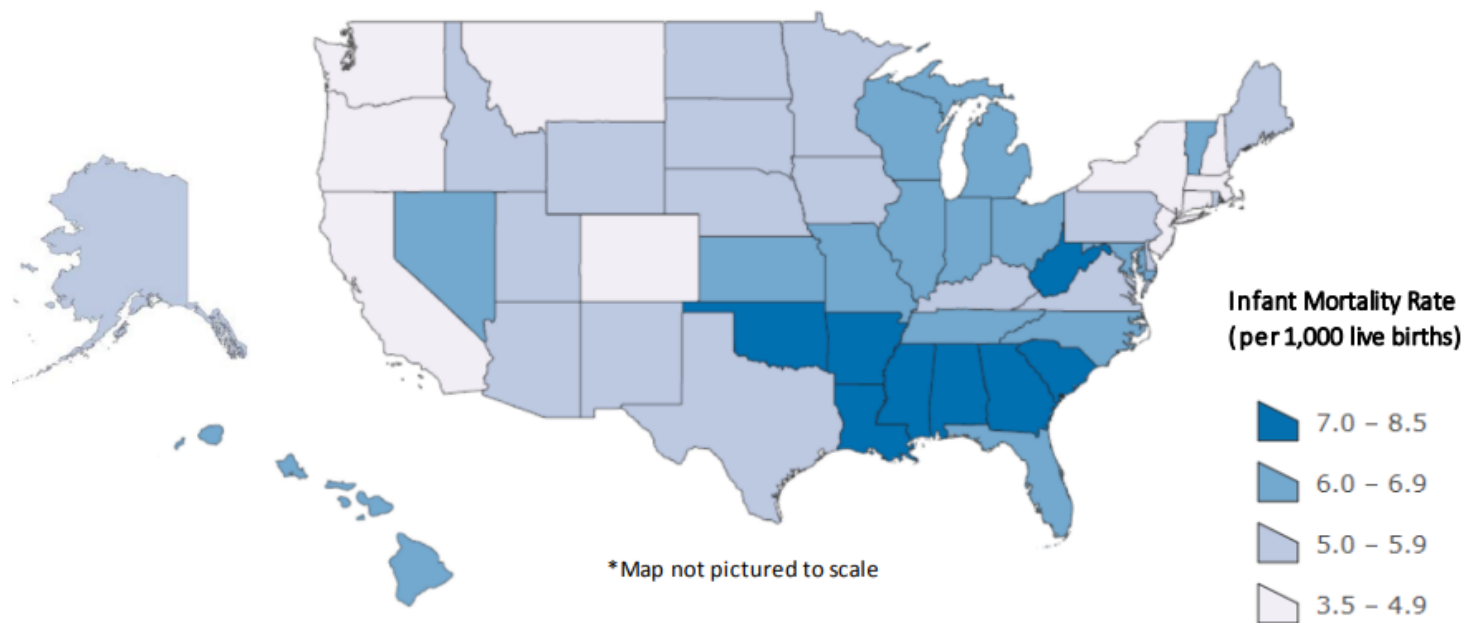
- Monitoring of key patient measures and missed opportunity reviews for patients not receiving optimal care
- New-hire and continuing education for providers, nurses, and staff
- Continued focus on stigma and bias reduction
- Ensuring systems changes are in place including MNO Folders, mapped community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

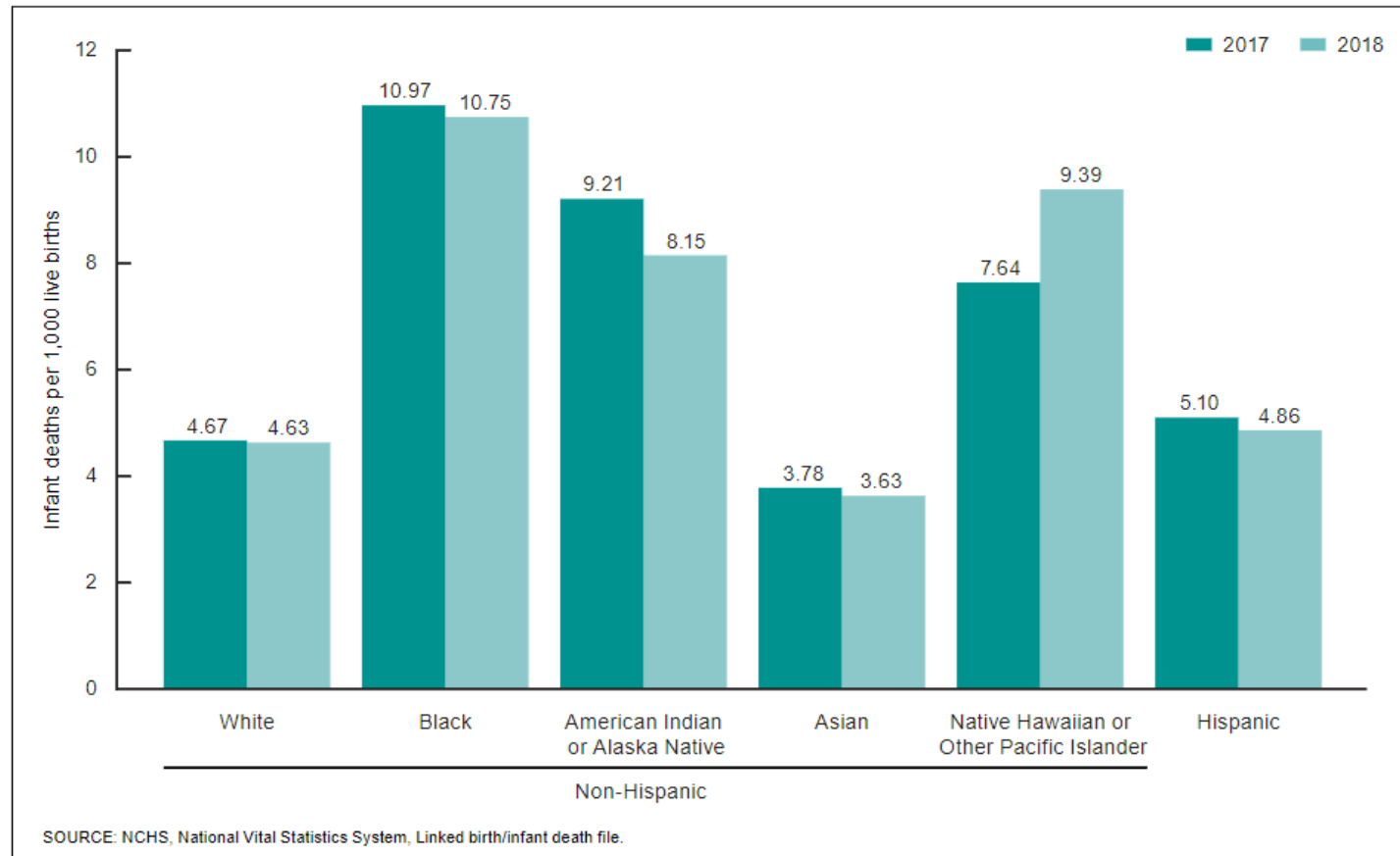


Figure 2. Infant mortality rates, by race and Hispanic origin: United States, 2017–2018

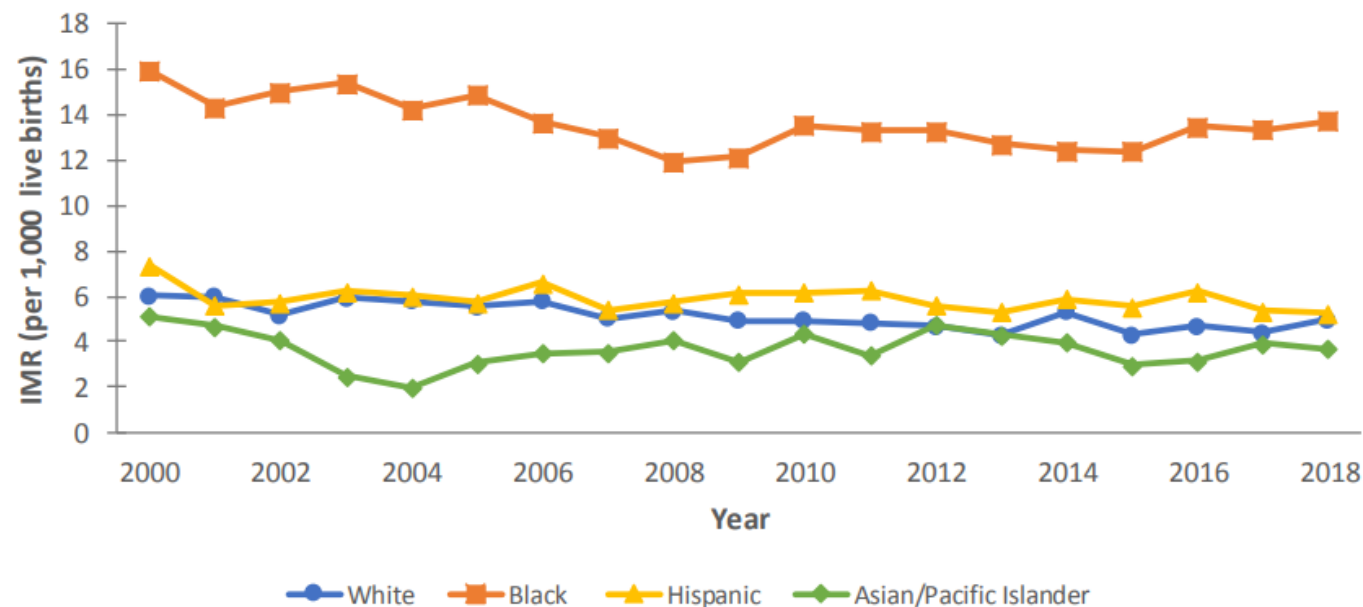
# Racial Disparities in Infant Mortality in Illinois

"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



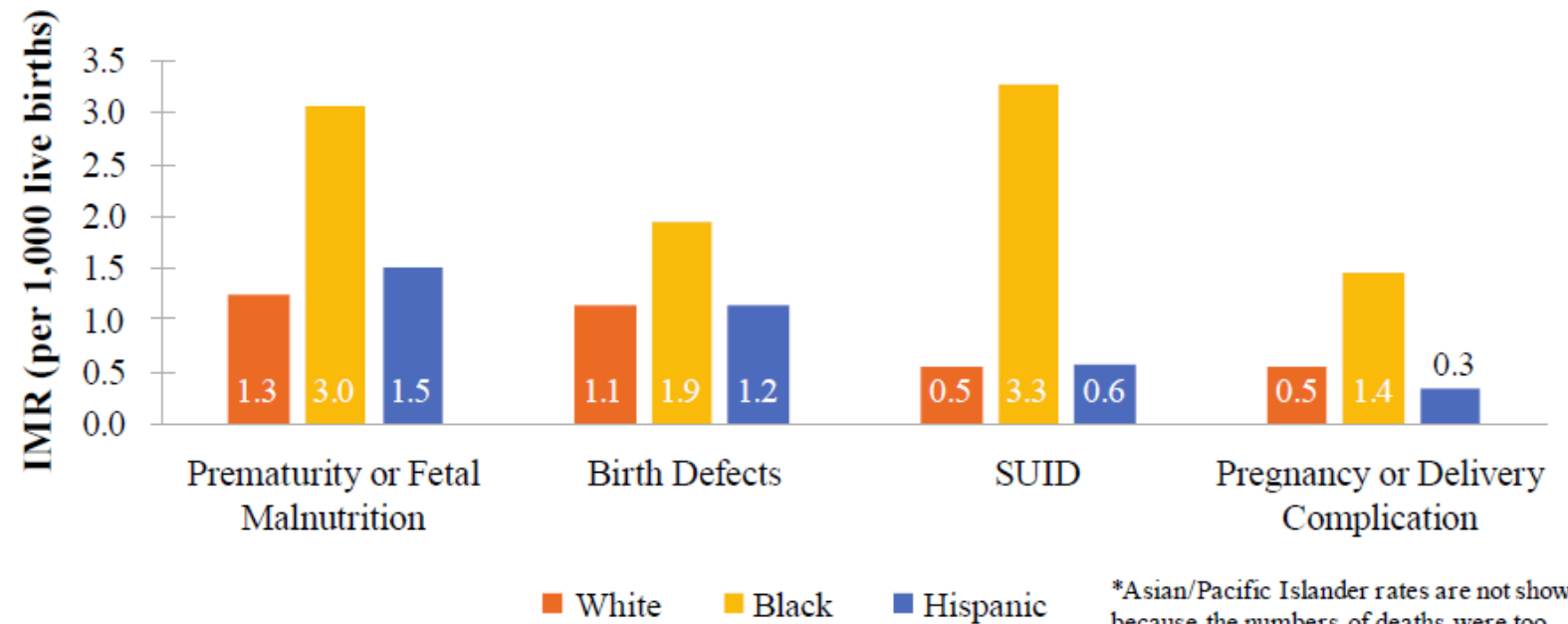
**Figure 4: Trends in Infant Mortality Rate by Race/Ethnicity**



# 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

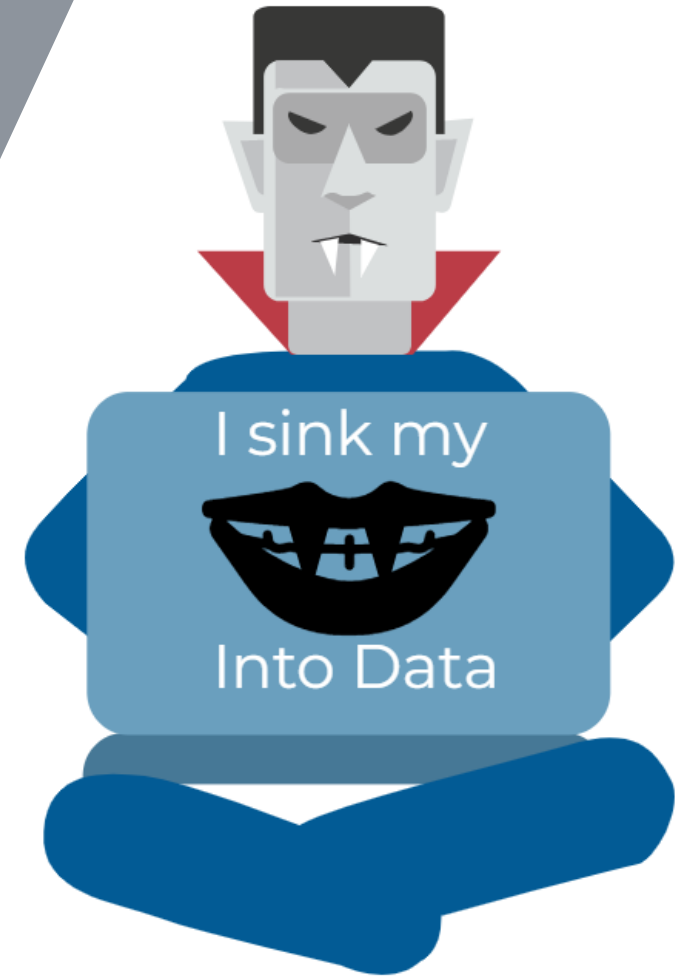
Identifying  
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Delivering  
Respectful  
Care/Equitable  
Care

Evaluating  
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Equitable Lens

# Annual Conference Team Survey Results



# Annual Conference Survey



*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

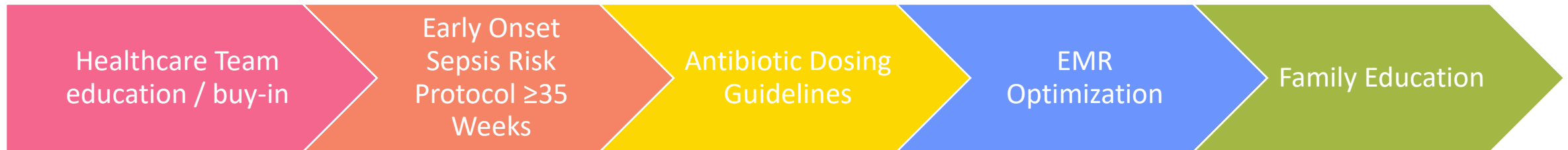


2022 Teams  
Survey



# 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

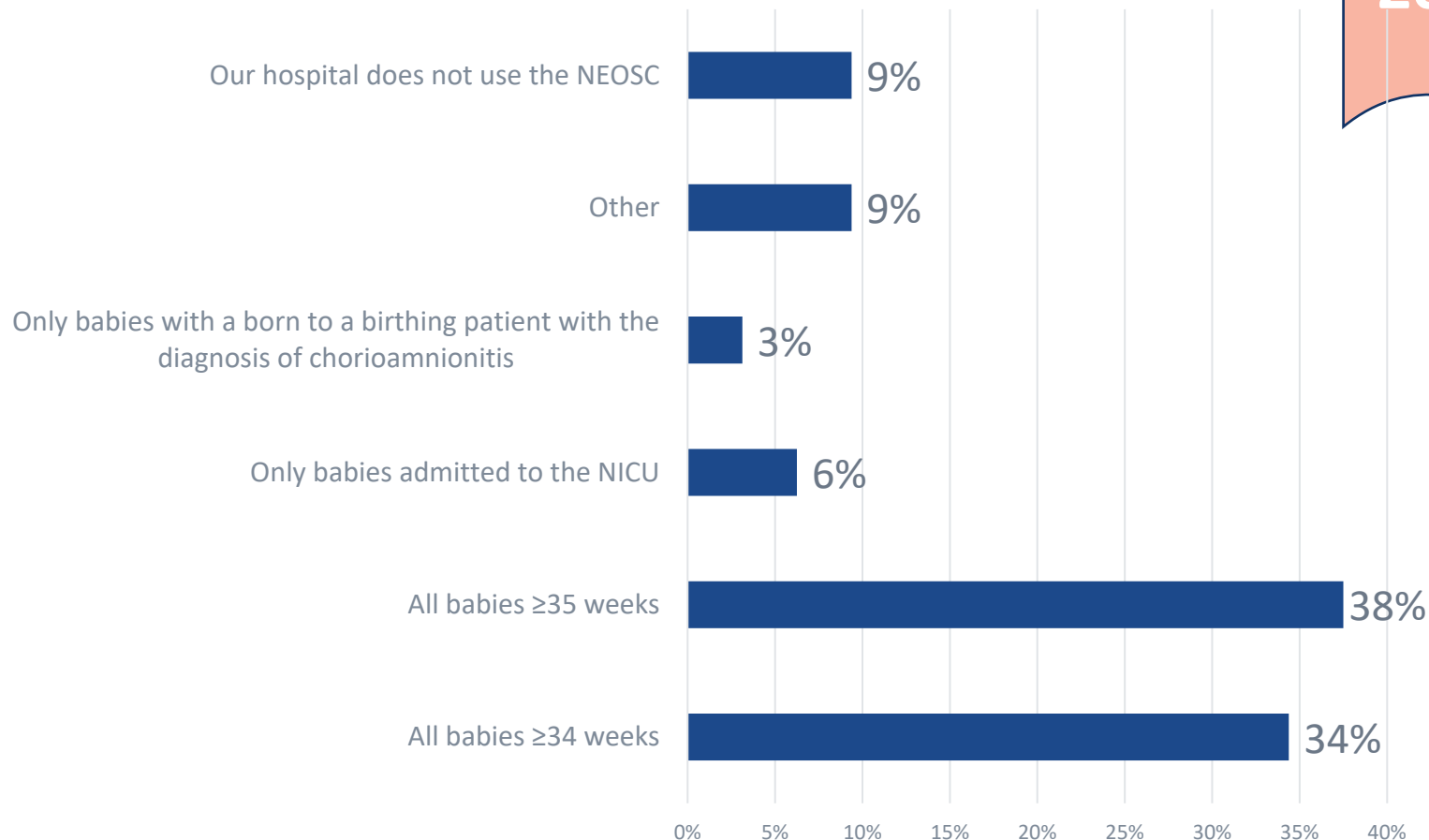
63% reported  
better  
communication

# 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

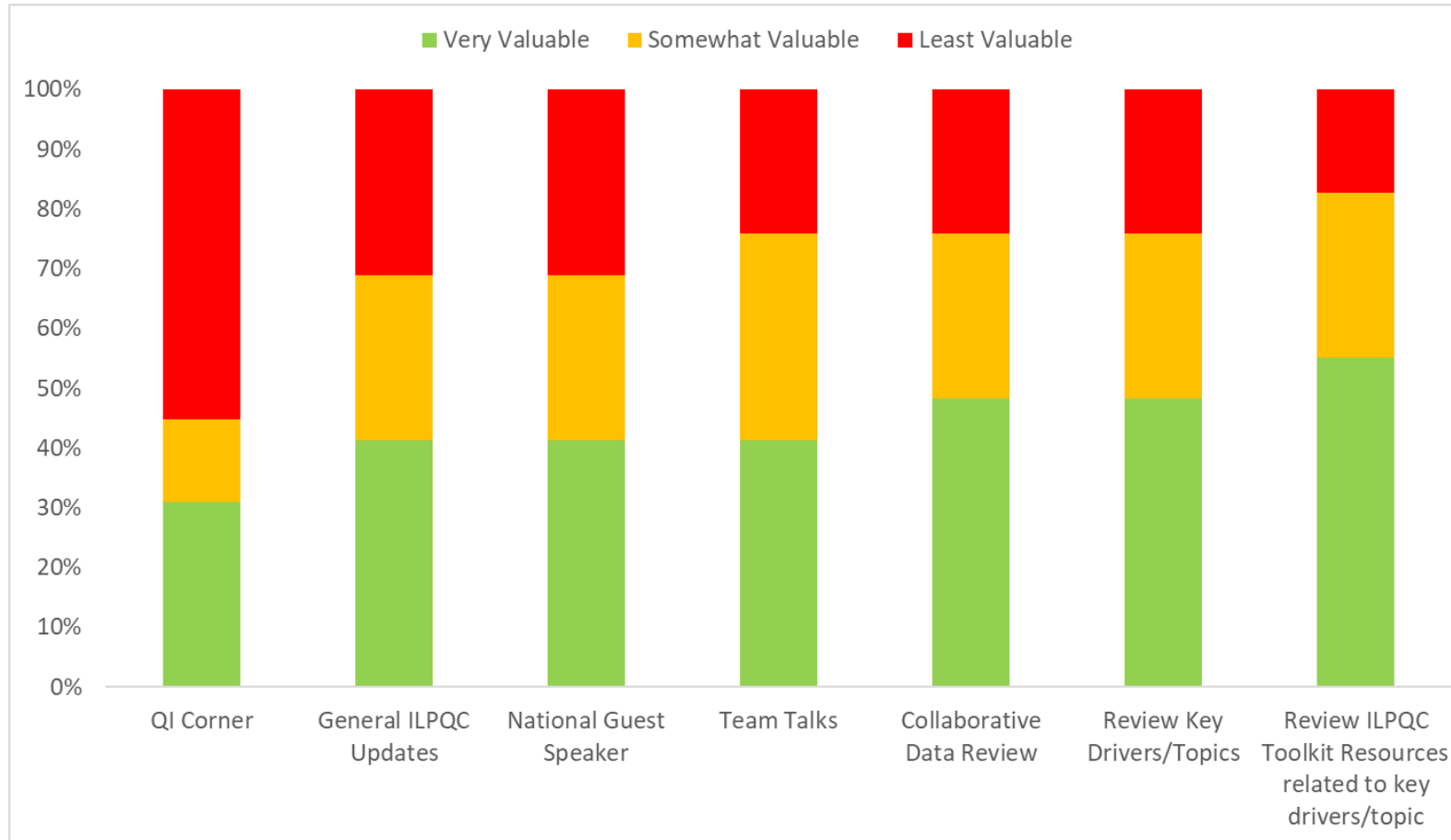
- 78% of teams reported the family education materials helpful in educating families on EOS and their newborns treatment plan
- 75% of teams provide the education materials to most or all families
- 75% of teams reported the materials were well-received when shared with the family





# Top rated components of BASIC Teams Webinars

2022 Teams  
Survey





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

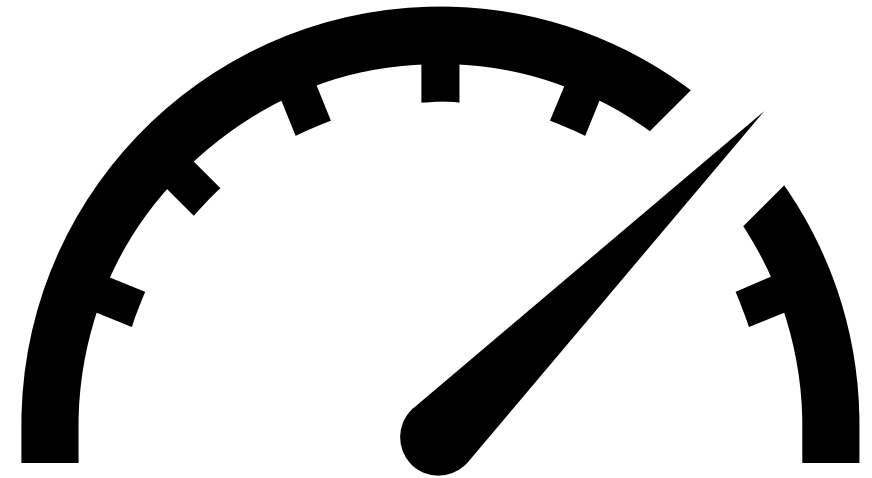
- Antibiotics stopped by 36 hours with a negative blood culture: 88%
- Antibiotic prescribing rate: 63%
- Antibiotic Automatic Stop Time: 53%
- Antibiotic Time Out: 34%
- Family Education: 34%

2022 Teams  
Survey



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

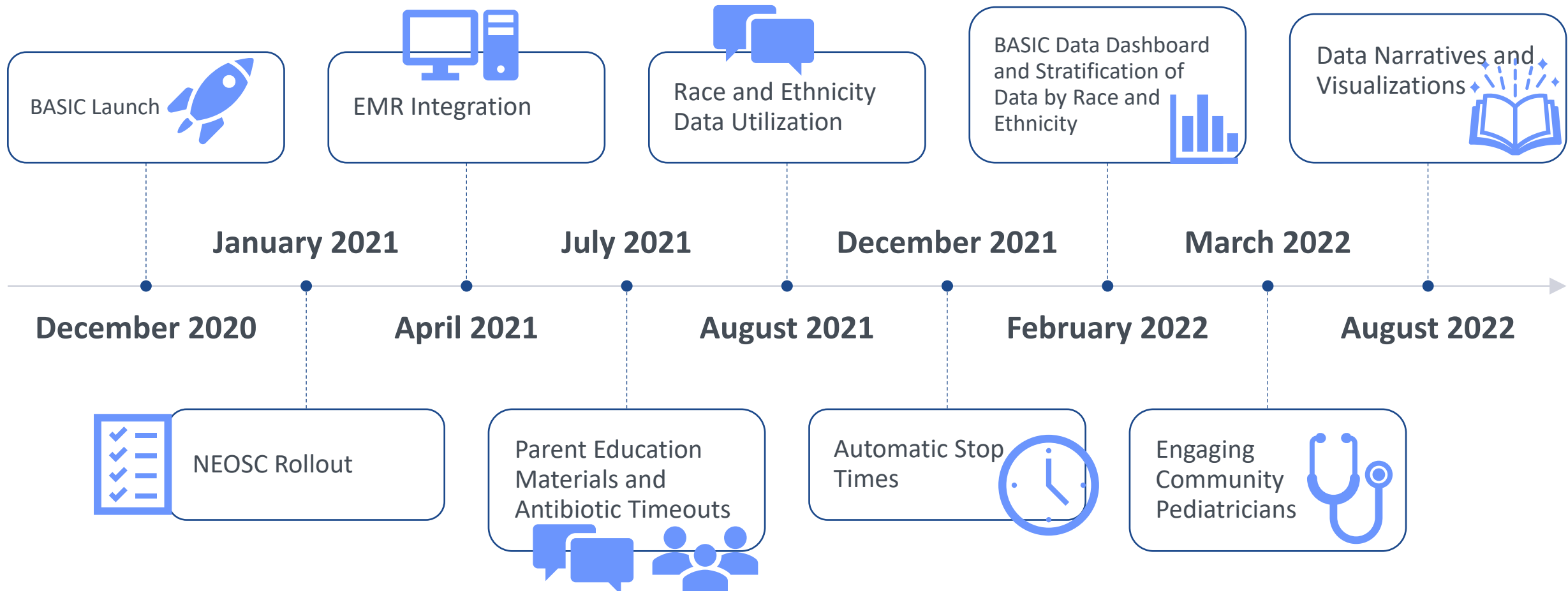
- 75% report use the BASIC Dashboard!
- Of those, 66% of those who use the dashboard have looked at stratified graphs by race and ethnicity:
  - Family education
  - Antibiotic time-outs
  - Culture-negative sepsis
- Reported reasons for lack of use
  - Don't know how to access the dashboard
  - Don't 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





- 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

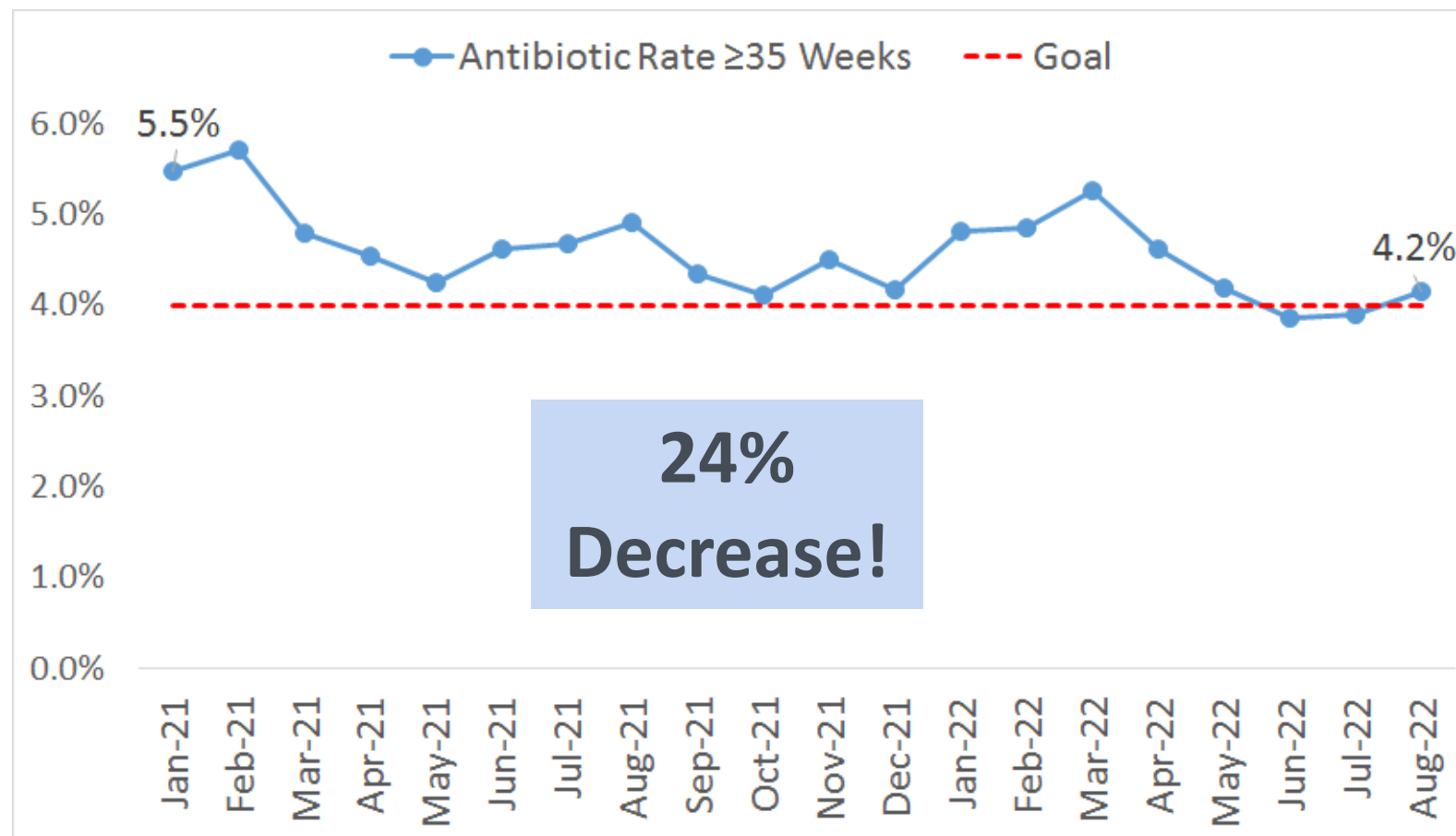
# What We Sought to Achieve Statewide

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

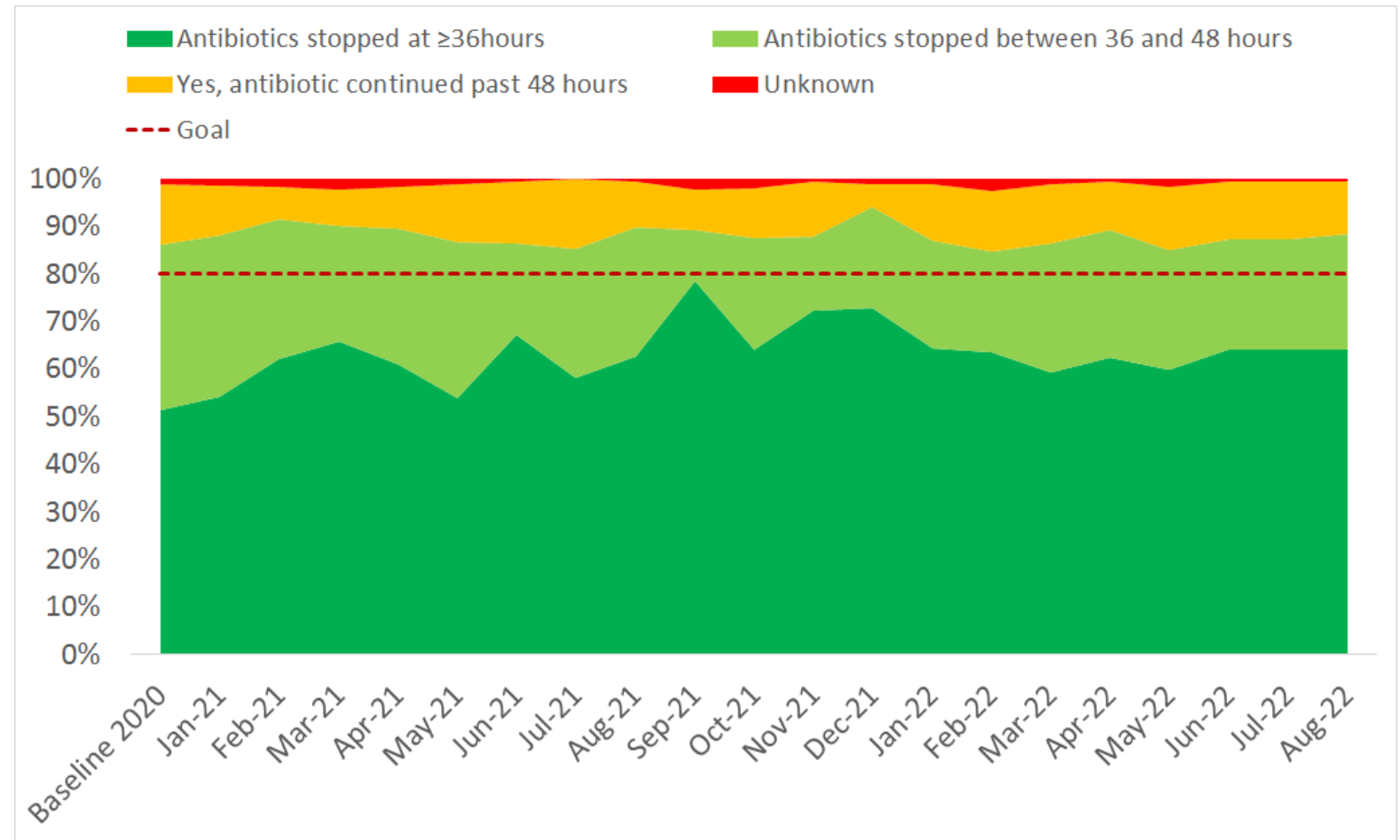


The Right Antibiotic for the Right Baby for the Right Length of Time

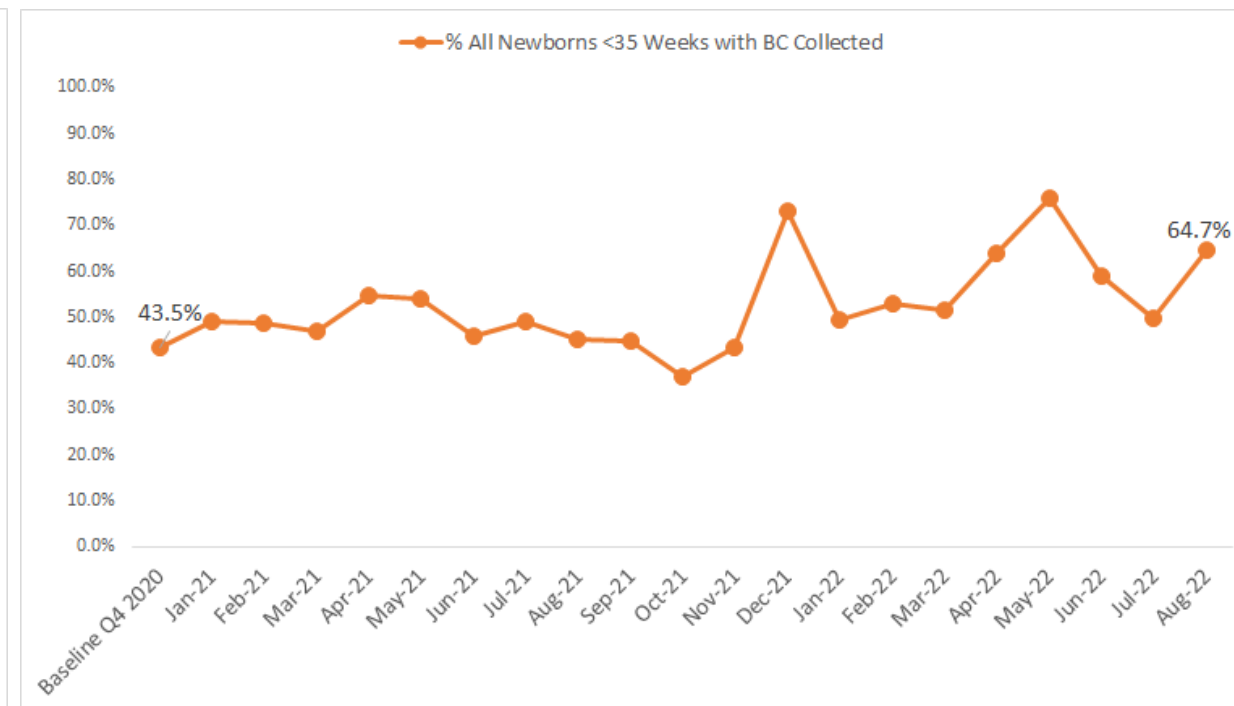
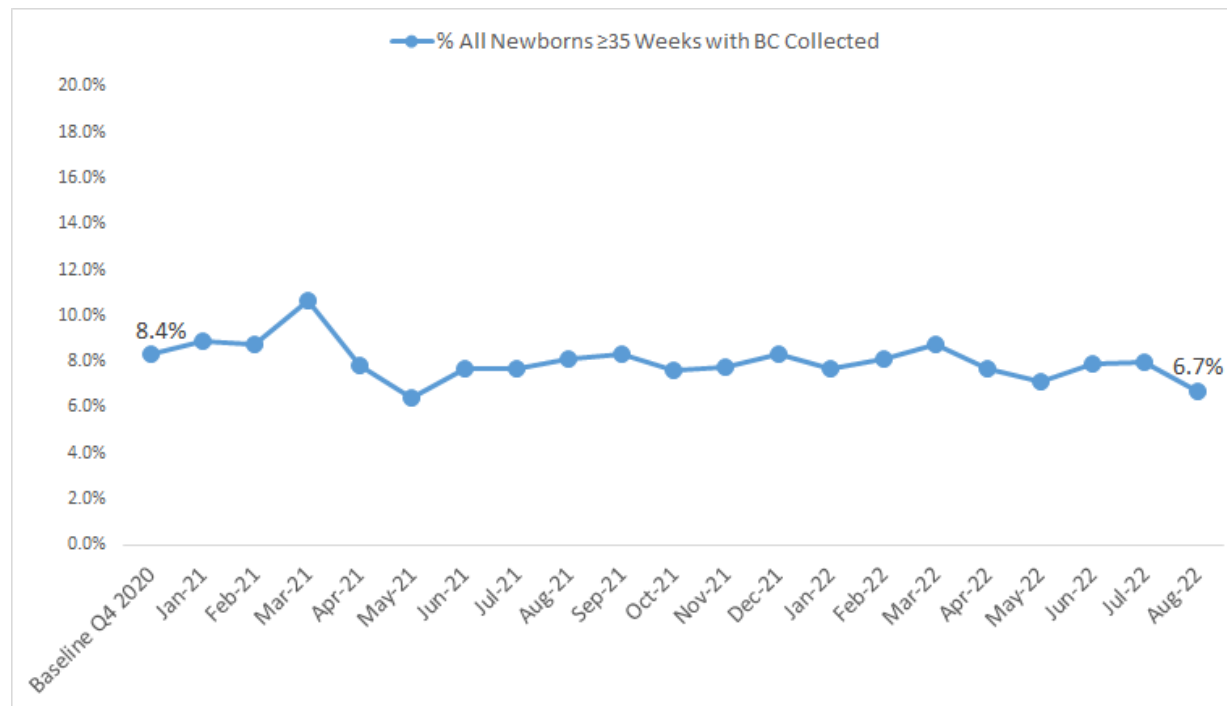
# Making Change Happen: Newborns $\geq 35$ weeks who received antibiotics within 72 hours of life



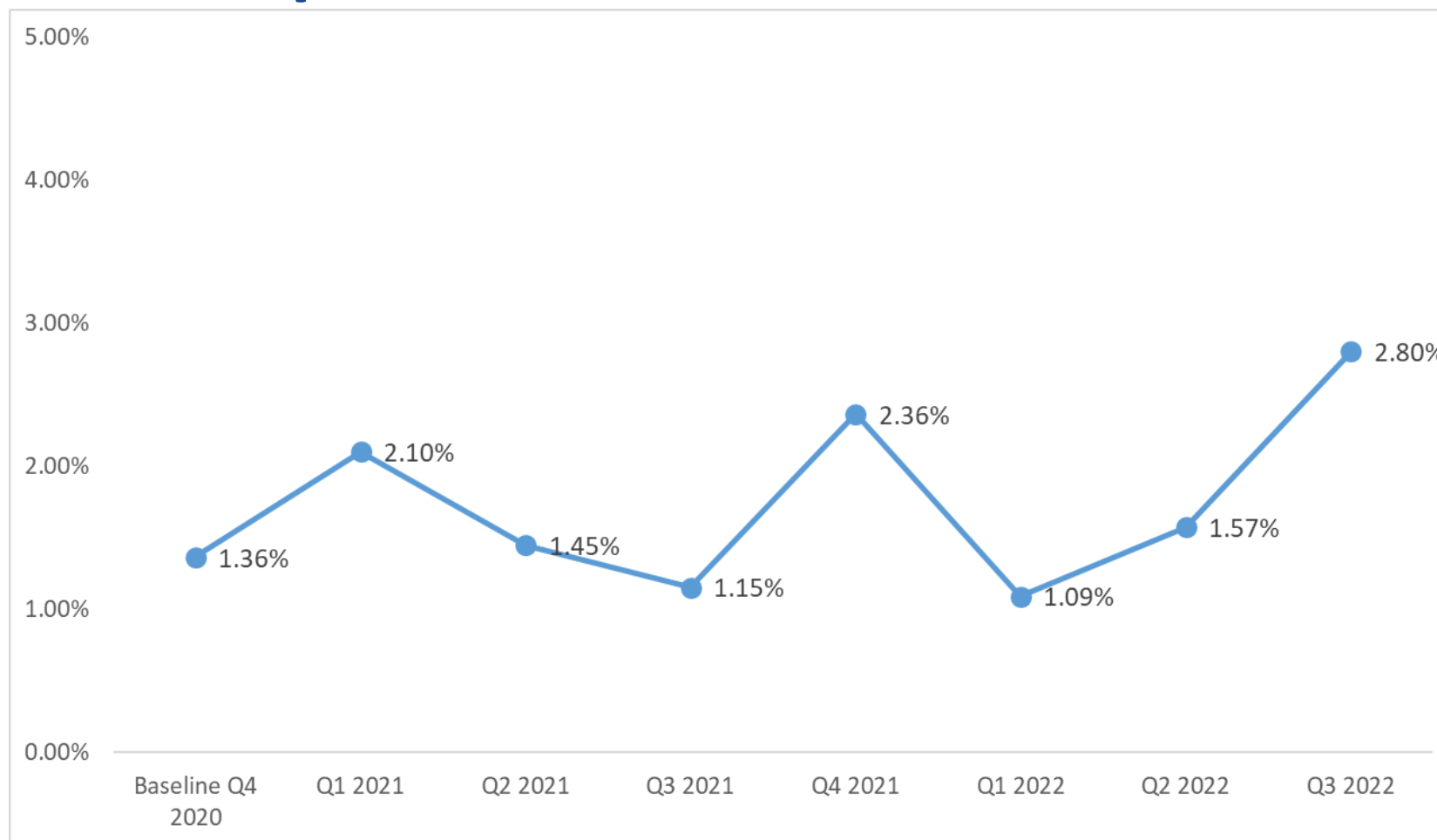
**Newborns  $\geq 35$  weeks  
with antibiotics  
stopped  
by 36 hours with  
negative blood culture**



# 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%**  $\geq 35$  EOS Risk  
Assessment  
**79%**  $< 35$  EOS Risk  
Assessment



**93%** standardized  
dosing guidelines



**89%** standardized  
antibiotic debriefs/  
"Time Outs"

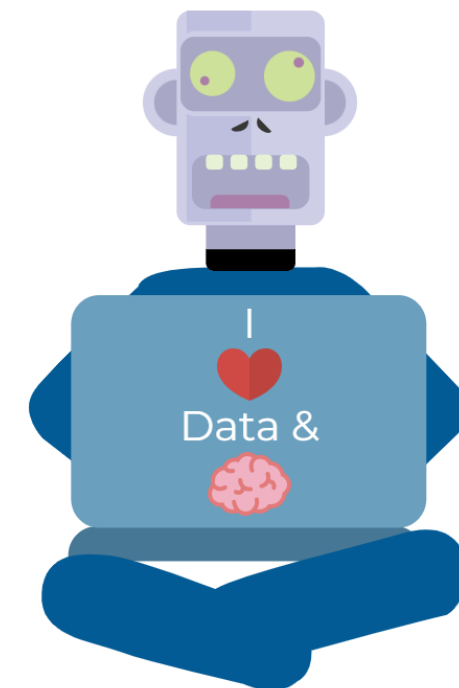
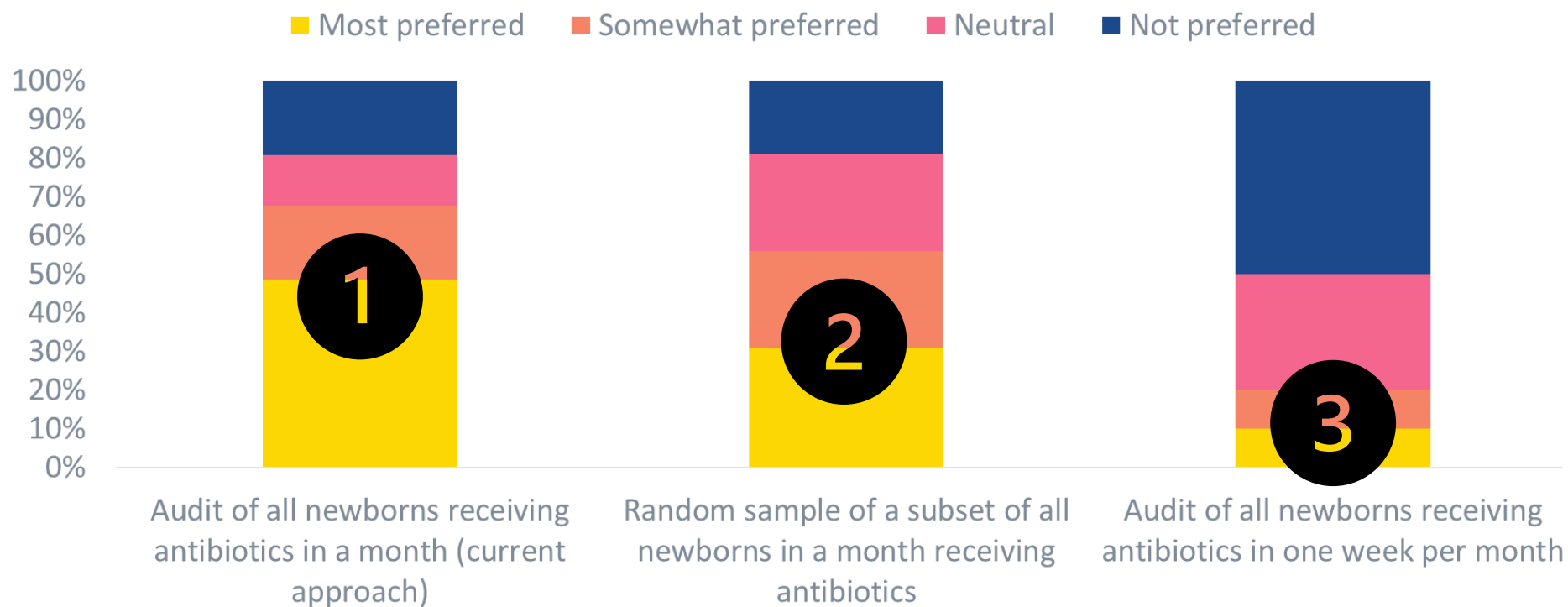


**89%** standardized  
antibiotic automatic  
stop orders





# 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 24<sup>th</sup> 2023**

**Neonatal Teams:**

**May 25<sup>th</sup> 2023**

More Information Coming Soon!

**President Abraham Lincoln  
Doubletree Hotel  
Springfield, IL**

ILPQC 11th Annual Conference Thursday,  
November 2, 2023