# ILPQC BASIC Teams Call

December 21, 2020

1:00 – 3:00pm

# Call Overview

- Introductions
- BASIC Overview
- AIMS, Key Driver Diagram, and Measures
- Unpacking the Toolkit
- 10 Steps to Get Started with BASIC
- Upcoming Calls & Timelines
- Questions

ILPQC
Illinois Perinatal Quality Collaborative

# Save the Date!

## 2021 OB & Neonatal Face-to-Face Meetings

**Nurses, Providers, & Staff**
join us for an interactive day of collaborative learning for current ILPQC initiatives!

## OB Teams: May 26, 2021

## Neonatal Teams: May 27, 2021

More information coming soon!

Virtual Meeting

Illinois Perinatal Quality Collaborative
633 N. St. Clair, 20th Floor
Chicago, IL 60611

Northwestern Medicine
Feinberg School of Medicine

# 2021

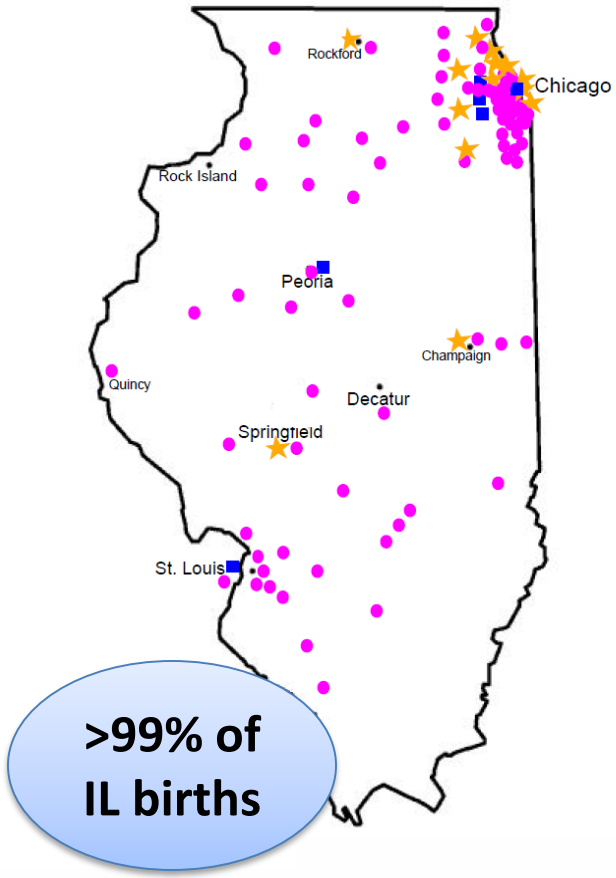

# Annual Conference

## October 28, 2021

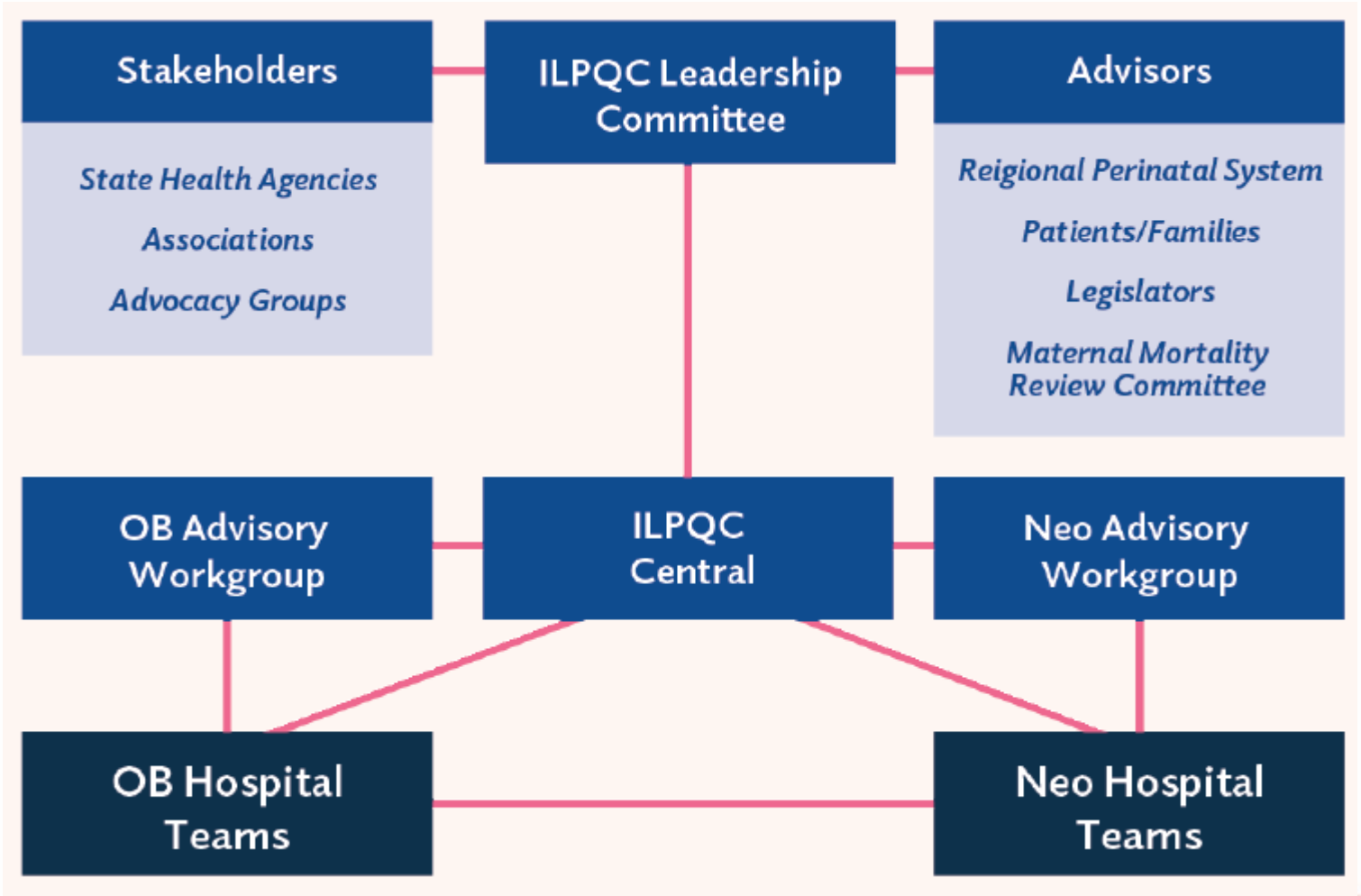
# ILPQC STRUCTURE AND SUPPORTS

# Illinois Perinatal Quality Collaborative (ILPQC)

Multi-disciplinary, multi-stakeholder Perinatal Quality Collaborative with 107 Illinois hospitals participating in 1 or more initiative



# ILPQC Infrastructure



# ILPQC Central Team

Ann Borders
ILPQC Executive Director, OB Lead

Leslie Caldarelli & Justin Josephsen
Neonatal Leads

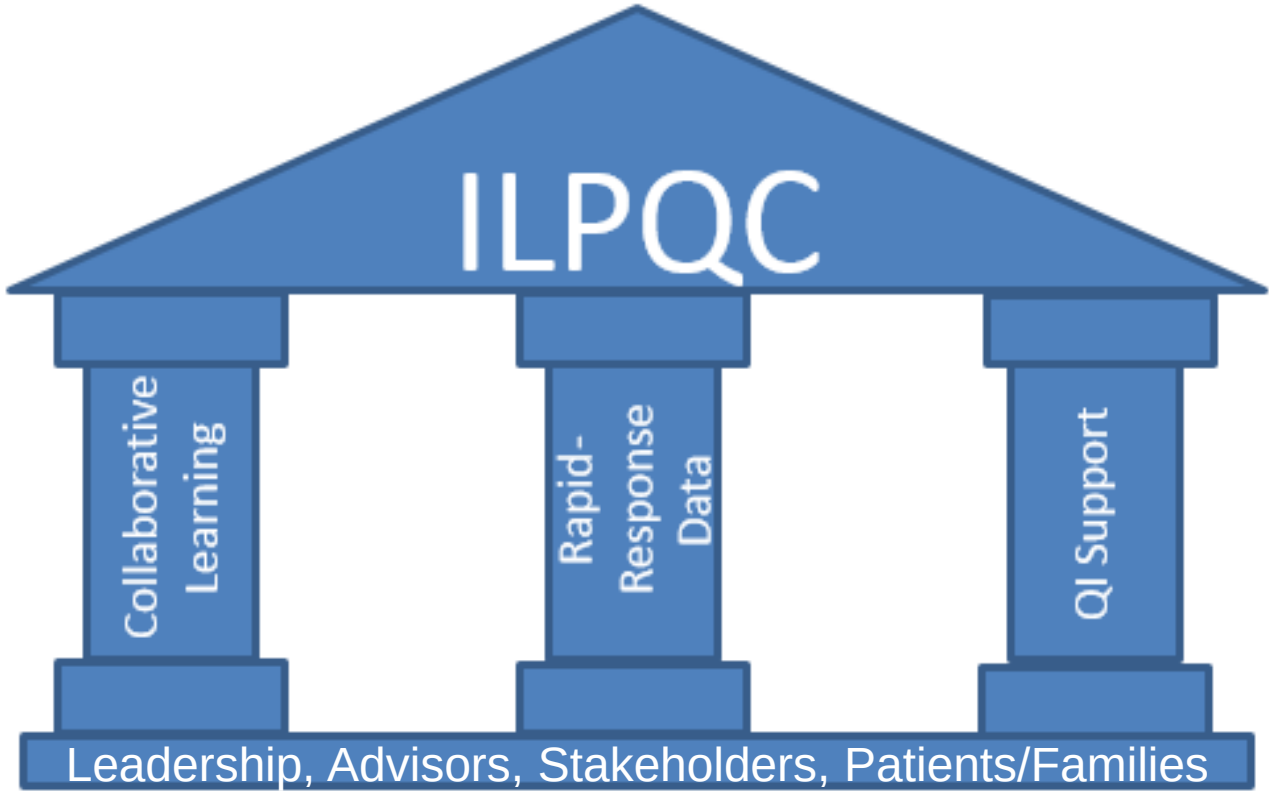
Patricia Lee King
State Project Director, Quality Lead

Daniel Weiss & Autumn Perrault
Project Manager, Nurse Quality Manager

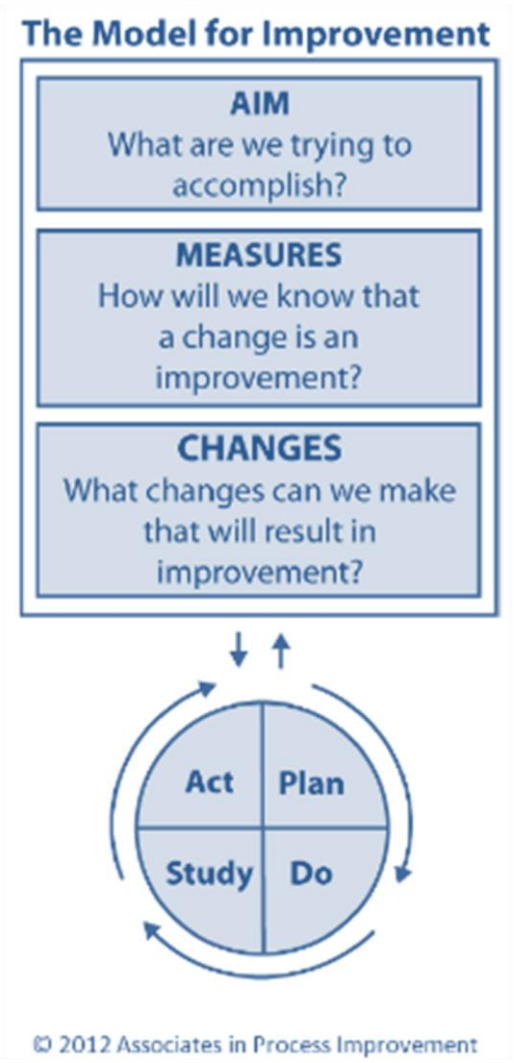
Kalyan Juvvadi
Data System Developer

Ieshia Johnson & Ellie Suse
Project Coordinators

# ILPQC: Three Pillars Support Quality Improvement Success



# What is Quality Improvement?




**Hospital QI Work:**

What changes can you make to your process/system and test with a PDSA cycle to reach initiative goals?

# BASIC OVERVIEW

# Don't Forget to Submit Your BASIC QI Team Roster!

- To date, we have 69 ILPQC hospitals signed up to participate in the BASIC initiative

- It is not too late to submit your team's QI roster- if you have not yet please do so today! https://redcap.healthlnk.org/surveys/?s=H8P8TAPF33

- Submitting a QI team roster is a foundational aspect of initiative participation, don't miss out on this opportunity!

- If you have any additions/edits to your roster, please email Dweiss@northshore.org

# Why Neonatal Antibiotic Stewardship?

Antibiotics are essential in fighting infections in newborns, but wide variations in antibiotic prescribing for newborn infections can lead to unnecessary or prolonged antibiotic exposure resulting in short- and long-term adverse outcomes such as:

- Mother-baby separation
- Reduced breastfeeding and increase formula supplementation
- Impaired development of intestinal microbiome
- Longer term chronic conditions including asthma, allergies, and obesity
- Antibiotic resistance

# Why did ILPQC choose BASIC?

Responds to feedback from ILPQC Neonatal QI Teams, Advisory Group, Leadership Group, and Illinois stakeholders

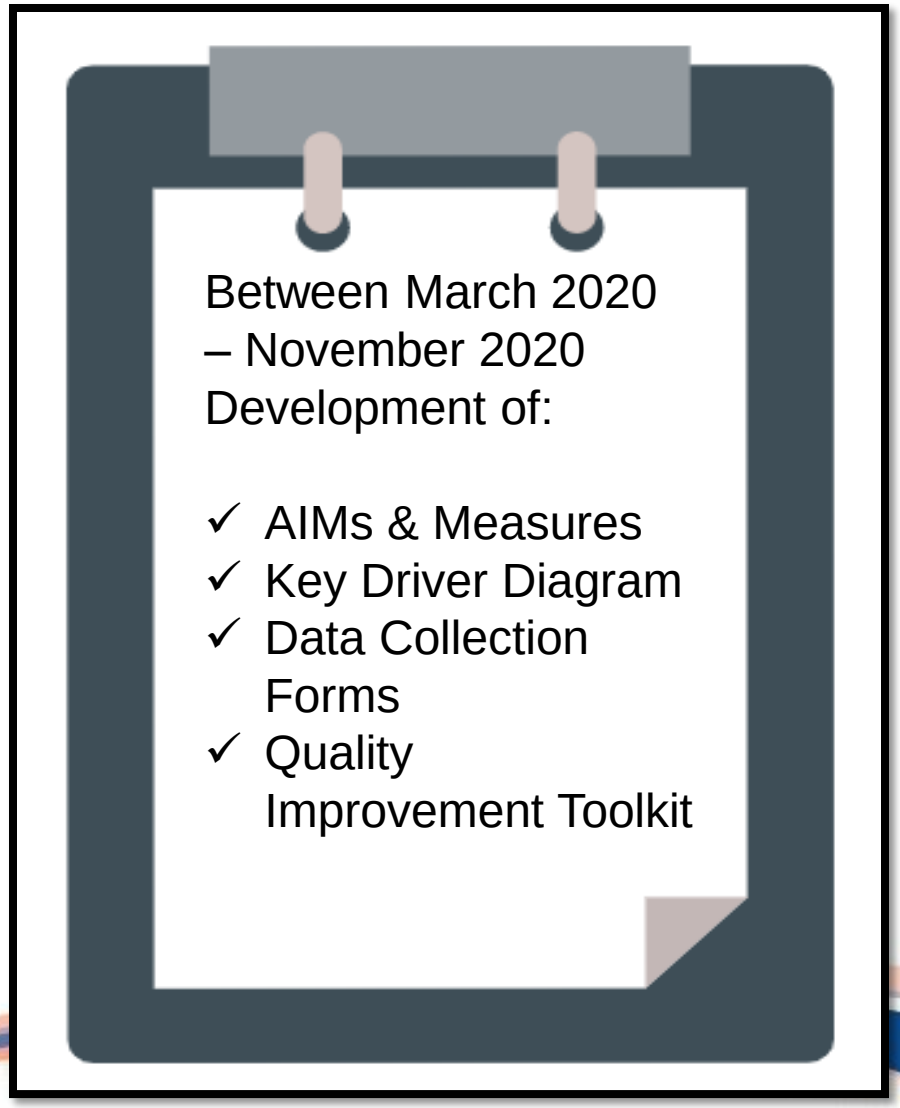

Addresses critical importance and can affect all **babies** and **hospitals** of all perinatal levels

Supplements work hospitals have implemented with VON's AS initiative

Builds on lessons learned from other PQCs who have proven effective strategies & focused AIMs to improve outcomes

# Thank you to all that helped plan the BASIC Initiative!

- **BASIC Wave 1 Teams**
- **BASIC Planning Workgroup**
- **BASIC Clinical Leads:**
  - Gustave Falciglia, MD
  - Jodi Hoskins, DNP, MSN-Ed, RNC
  - Kenny Kronforst, MD
  - Patrick Lyons, MD
  - Sameer Patel, MD, MPH



# Thank you BASIC Wave 1 Teams

| Network | Hospital | Level |
|---|---|---|
| UC | Edward Hospital | III |
| UC | MacNeal Hospital | II |
| UC | University of Chicago Medical Center | III |
| Stroger | John H. Stroger Hospital | III |
| NU | Northwestern Memorial | III |
| NU | Northwest Community | III |
| UIC | UIC | III |
| UIC | Advocate Children's- Park Ridge / Lutheran General | III |
| Loyola | Loyola University Medical Center | III |
| Loyola | Morris Hospital | II |
| Rush | Rush Copley Medical Center | III |
| Rush | Advocate Sherman Hospital | II |
| Rush | AMITA Health St. Joseph Hospital - Chicago | III |
| Rockford | Javon Bea Hospital | III |
| Rockford | Swedish American | II+ |
| St. John's | Carle Foundation Hospital | III |
| St. John's | Memorial Medical Center | II |
| St. Francis | OSF St. Francis Medical center | III |
| St. Francis | Advocate BroMenn Medical Center | II |
| Cardinal Glennon | Cardinal Glennon Children's Hospital | III |
| Cardinal Glennon | SSM Health St. Mary's- St. Louis | III |
| Cardinal Glennon | Memorial Belleville/East | II |

# BASIC AIMS, KEY DRIVERS, AND MEASURES

# ILPQC BASIC

**Vision:** ILPQC hospitals, regardless of perinatal level or past experience with implementing newborn antibiotics initiatives, will implement best practices to provide: the right antibiotics for the right babies for the right duration

**AIMs:**

- Decrease by 20% (or absolute rate of 4%) the number of newborns, born at ≥35 weeks who receive antibiotics
- Decrease by 20% the number of newborns with a negative blood culture who receive antibiotics for longer than 36 hours

# DRAFT BASIC Key Driver Diagram


## AIMS

By June 2022, ILPQC Hospitals will:

A. Decrease by 20% (or absolute rate of 4%) the number of newborns, born at ≥35 weeks who receive antibiotics

B. Decrease by 20% the number of newborns with a negative blood culture who receive antibiotics for longer than 36 hours

## Primary Drivers

- Implement QI infrastructure
- Monitor & share transparent antibiotic data
- Initiate timely and appropriate antibiotics
- Administer and de-escalate antibiotics
- Deliver equitable care

## Change Ideas

- Create multidisciplinary antibiotic stewardship QI team
- Educate healthcare team on best practices
- Educate and support partners and family
- Coordinate with IT to implement reporting system
- Review transparent data and debrief with providers
- Standardize risk assessment for early onset sepsis (EOS)
- Communicate with OBs to share maternal risk for EOS
- Implement protocols for serial assessment with response to worsening status
- Consistently obtain blood cultures
- Partner with inpatient lab to process blood culture results
- De-escalate therapy based on culture and sensitivity results
- Implement pharmacy protocols to assure appropriate use
- Standardize dosing guidelines and order sets
- Implement process to discuss antibiotic duration and course
- Implement automatic stop order processes
- Provide training and education on social determinants, cultural sensitivity, and implicit and explicit bias
- Develop QI efforts to ensure care to eliminate disparities
- Identify social determinant needs of families and link to resources
- Implement process to assist families after discharge

*Version 12.14.2020*

# Data to Drive Change

# Structure Measures - lead to lasting changes

- Gives a sense of a health care provider's capacity, systems, and processes to provide high-quality care.

**For example:**

- Whether the health care organization uses electronic medical records or medication order entry systems
- The number or proportion of board-certified physicians
- The ratio of providers to patients

# Structure Measures

- Identifying Hospital-Level Measures: Hospital policies, protocols, and educational curriculum for providers, staff, and patients
- Building a foundation with hospital-level (structure) measures to standardize systems & drive optimal care
- Planning for sustainability at the onset

# Structure Measures

- Are the policies and practices in place that are needed to make systems improvements and facilitate culture change improvements?

- Hospital-level measures tracked **monthly** on the systems changes a hospital is making on an initiative

- Report Type: Stacked bar charts

# Structure Measures

**Data Monitoring, Transparency, and Stewardship Infrastructure**

- Provider and nurse education on abx stewardship & equitable care
- Patient education
- Electronic reporting system in EMR
- Quality Improvement Strategies to ensure feedback is provided to clinical team

# Structure Measures

**Timely and Appropriate Initiation of Antibiotics**

- Standardized risk assessment for early onset sepsis
- Partnership with obstetric team to standardize communication about maternal risk factors for early onset sepsis
- Standardized serial assessment of neonates
- Standardized identification and response to neonates with worsening clinical status

# Structure Measures

**Appropriate Administration and De-escalation**

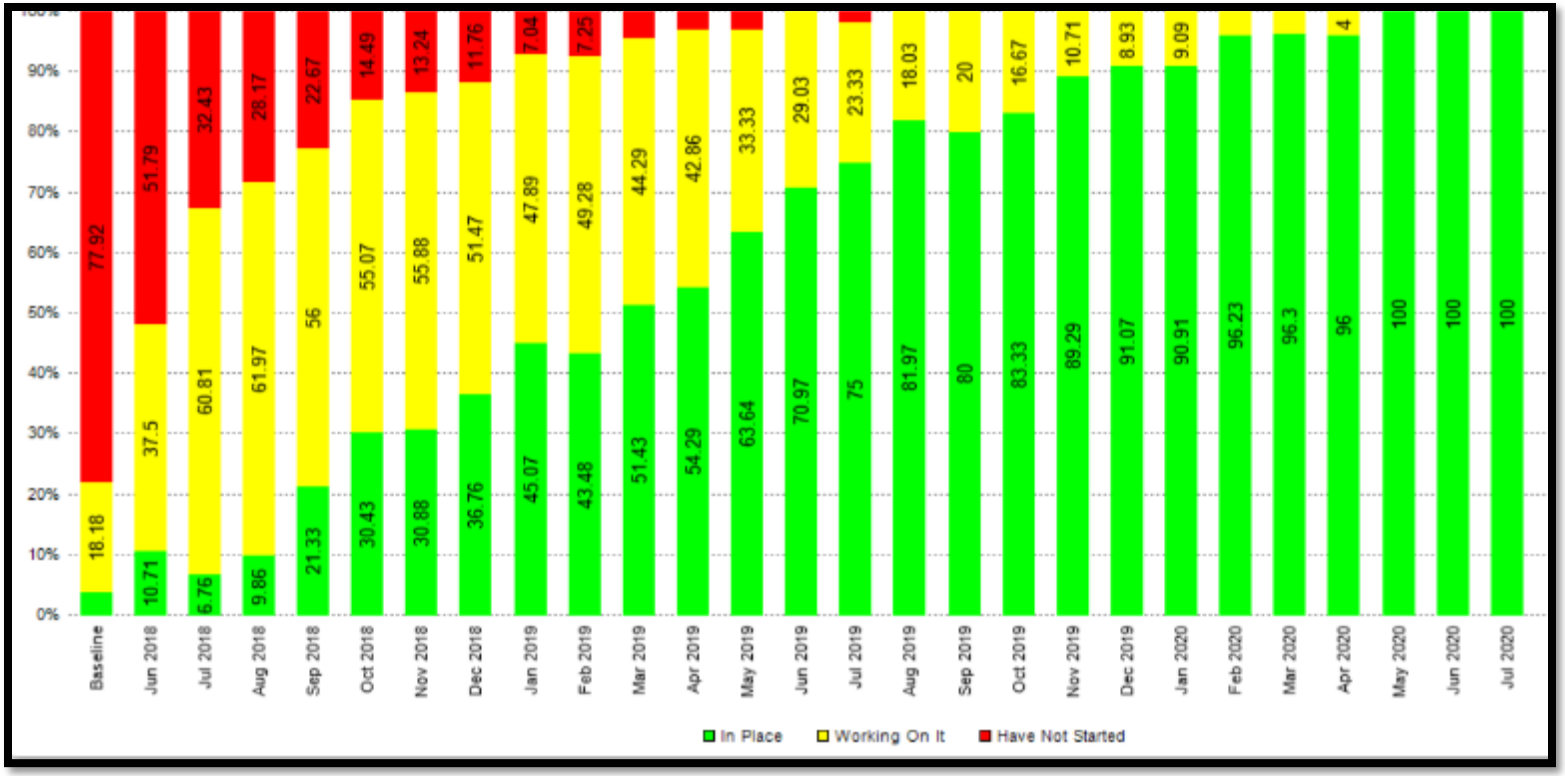
- Standardized protocols to properly and consistently obtain blood cultures
- Partnership with inpatient lab to optimize timely processing of blood culture results and communication with care team
- Protocols to assist staff to stop or de-escalate therapy based on culture and sensitivity results
- Standardized dosing guidelines
- Standardized team approach to discuss anticipated duration of abx course at initiation of abx
- Standardized automatic stop order process

# Structure Measures

## Equitable Care Delivery

- Standardized process to review antibiotic data by race/ethnicity and share with providers and staff
- Implementation of social determinants of health tool and facilitate coordinated connection to community resources and follow up
- Provide information at the appropriate health literacy level
- Provide communication in preferred language

# Measuring Progress – Structure Measures



# Process Measures:

Process measures indicate what a provider does to maintain or improve health, either for healthy people or for those diagnosed with a health care condition. These measures typically reflect generally accepted recommendations for clinical practice.

For example:

- The percentage of people receiving preventive services (such as mammograms or immunizations).
- The percentage of people with diabetes who had their blood sugar tested and controlled.

The majority of health care quality measures used for public reporting are process measures

# Process Measures

- Are the parts/steps in the system performing as planned? Are we on track in our efforts to improve the system?
- Patient-level measures tracked **monthly** on the clinical culture changes being implemented
- Report Type: Run Charts

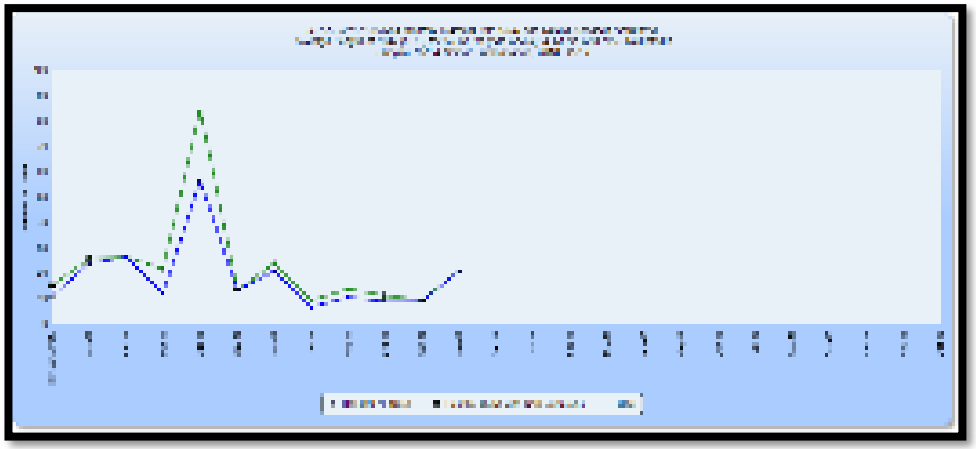
# Process Measures

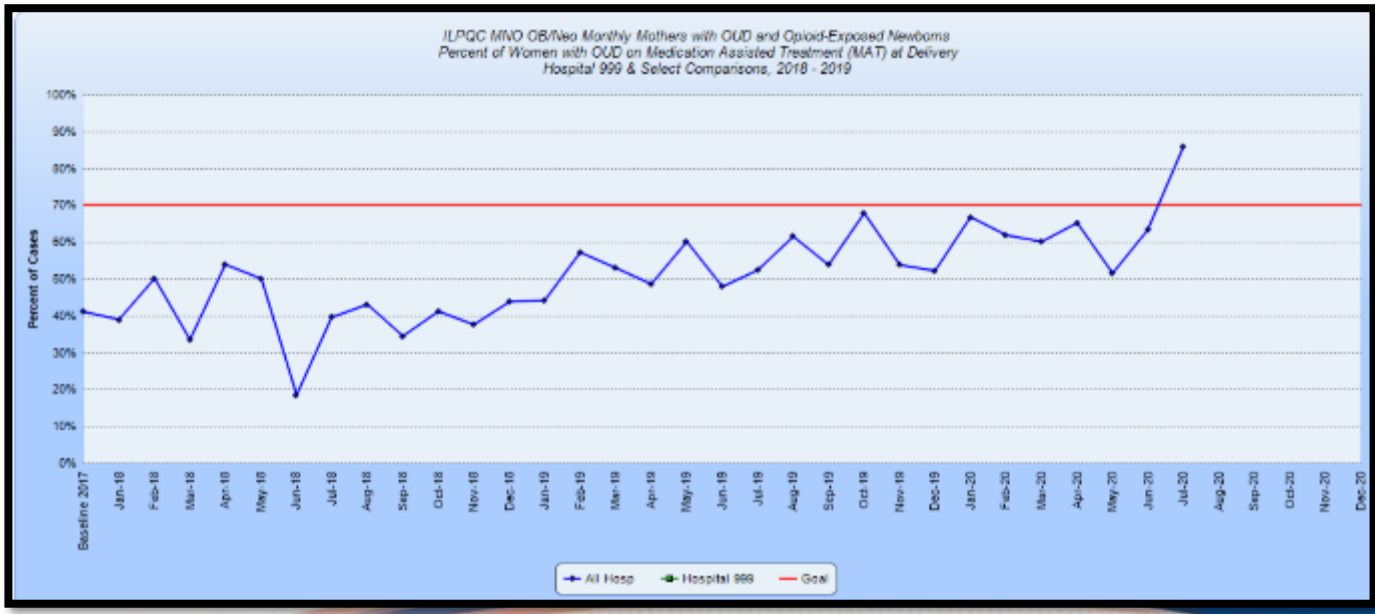
- % of parents/families with newborns who received antibiotics who were provided education on antibiotics, early onset sepsis, and treatment plan for newborn antibiotics and early onset sepsis
- % of newborns <35 weeks gestation who received antibiotics with a risk assessment algorithm used and documented to evaluate risk of EOS
- % of newborns ≥35 weeks gestation who received antibiotics with a risk assessment tool used and documented to evaluate risk for early onset sepsis (EOS)

# Process Measures

- % of all newborns who received antibiotics with documentation of maternal risk factors for neonatal EOS in the pediatric medical chart
- % of all newborns with anticipated duration of antibiotic course discussed by the clinical team at the initiation of antibiotics
- % of all newborns with an antibiotic automatic stop time order entered into the medical chart

# Types of Measures ILPQC Uses to Measure Progress – Process





# Balancing Measures

- Ensuring there are no unintended consequences of the quality improvement initiatives

# BASIC Data Collection

# BASIC Data Collection

## Patient-level Data

**ILPQC Babies Antibiotic Stewardship Improvement Collaborative (BASIC)**

**Monthly Newborn Data Form**

**Data Collection Instructions:**

- Please collect data on all newborns of all gestational ages receiving any intravenous (IV) antibiotics within the first 72 hours of life.
- Exclude newborns requiring surgical procedures or antibiotics for surgical prophylaxis within the first 72 hours of life.
- If a newborn that receives any intravenous (IV) antibiotics within the first 72 hours of life is transferred, the receiving hospital will submit data on the newborn and should request from the transferring hospital any information pertinent to completion of the data form.
- Data will be submitted monthly for all newborns born that month who meet the following definition. Data should be submitted by the 15th of the month for the previous month.

| REDCAP Identifiers | |
|---|---|
| REDCap Record ID | REDCap Record ID: _____ (automatically generated) |
| Hospital ID Number | Hospital ID Number: _____ |
| **A. Maternal Demographics** | |
| 1. Maternal Age | Maternal Age: _____ |
| 2. Type of Delivery | ▫ Vaginal<br>▫ Cesarean section without labor<br>▫ Cesarean section with labor |
| **B. Infant Demographics** | |
| 3. Location of initial admission | ▫ Neonatal Intensive Care Unit (Level 3/4)<br>▫ Immediate Care/Special Care Nursery (Level 2/2E)<br>▫ Newborn Nursery (Level 1) |
| 4. Date of Birth (MM/DD/YYYY) | Date of Delivery ____/____/____ |
| 5. Time of Birth (hh:mm) | Time of Birth ____ : ____ |
| 6. Gestational age at birth (weeks, 0-44) | Gestational age, weeks: ____ |
| 7. Gestational age at birth (days, 0-6) | Gestational age, days: ____ |
| 8. Birth Weight (grams) | Birth weight: _____ |
| 9. Insurance Status | ▫ Medicaid/Public<br>▫ Private |

## Hospital-level Data

**ILPQC BASIC Monthly Structure Measures Data Collection Form**

| REDCAP Study Identifiers | |
|---|---|
| 1. REDCap Record ID | REDCap Record ID: _____ (automatically generated) |
| 2. Hospital ID Number | Hospital ID Number: _____ |
| 3. Please select the time period for this quarterly data: | ☐ Baseline (Oct -Dec 2020)<br>☐ January 2021<br>☐ February 2021<br>☐ March 2021<br>☐ April 2021<br>☐ May 2021<br>☐ June 2021<br>☐ July 2021<br>☐ August 2021<br>☐ September 2021<br>☐ October 2021<br>☐ November 2021<br>☐ December 2021 |
| **Data Monitoring, Transparency, and Stewardship Infrastructure** | |
| Total number of newborns admitted <35 weeks gestation this month (excluding newborns requiring surgical procedures or antibiotics for surgical prophylaxis within the first 72 hours of life): _____ | |
| Total number of newborns admitted <35 weeks gestation this month **transferred out** (excluding newborns requiring surgical procedures or antibiotics for surgical prophylaxis within the first 72 hours of life): _____ | |
| Total number of newborns born at ≥35 0/7 weeks gestation this month (excluding newborns requiring surgical procedures or antibiotics for surgical prophylaxis within the first 72 hours of life): _____ | |
| Total number of newborns born at ≥35 0/7 weeks gestation this month **transferred out** (excluding newborns requiring surgical procedures or antibiotics for surgical prophylaxis within the first 72 hours of life): _____ | |
| Total number of newborns born at <35 weeks gestation this month that had a blood culture drawn within 72 hours of birth? | |
| Total number of newborns born at ≥35 0/7 weeks gestation this month that had a blood culture drawn within 72 hours of birth? | |
| 4. Hospital has implemented a process for standardized education for healthcare team on neonatal antibiotic stewardship best practices and equitable care | ☐ Haven't started<br>☐ Working on it<br>☐ In place |
| At the end of this month, cumulative proportion of neonatal/pediatric providers educated on neonatal antibiotic stewardship best practices and equitable care | ☐ 10%<br>☐ 20%<br>☐ 30%<br>☐ 40%<br>☐ 50%<br>☐ 60%<br>☐ 70%<br>☐ 80%<br>☐ 90%<br>☐ 100% |
| 5. At the end of this month, cumulative proportion of neonatal/pediatric nurses educated on neonatal antibiotic stewardship best practices and equitable care | ☐ 10%<br>☐ 20%<br>☐ 30%<br>☐ 40%<br>☐ 50%<br>☐ 60%<br>☐ 70%<br>☐ 80% |

# BASIC Monthly Patient-level Data Collection

IL PQC
Illinois Perinatal Quality Collaborative

- Please collect data on all newborns of all gestational ages receiving any intravenous (IV) antibiotics within the first 72 hours of life.
- Exclude newborns requiring surgical procedures or antibiotics for surgical prophylaxis within the first 72 hours of life.
- If a newborn that receives any intravenous (IV) antibiotics within the first 72 hours of life is transferred, the receiving hospital will submit data on the newborn and should request from the transferring hospital any information pertinent to completion of the data form.
- Data will be submitted monthly for all newborns born that month who meet the following definition. Data should be submitted by the 15th of the month for the previous month.

# Baseline Data Collection

**Baseline Data Collection**

- (Oct, Nov, Dec 2020) due January 31st

If you missed our BASIC Data Calls

- recordings are available at https://ilpqc.org/basic2021/

There is a data dictionary with definitions on the website!

**REDCap**

- REDCap access has been granted by those identified when you submitted your BASIC team roster
- If you have edits to those who need access, please email dweiss@northshore.org

# When and how often to submit the data

| | Monthly Data Patient-Level | Monthly Hospital Measures |
|---|---|---|
| Data Collection Form(s) Name | BASIC Monthly Newborn Data Form | BASIC Monthly Hospital Data Form |
| Who/what are we collecting data on? | Newborns of all gestational ages receiving antibiotics within 72 hrs of life | Track your QI systems changes: patient and provider education, protocol implementation, mapping resources, process flow etc. |
| Baseline Time Period | October – December 2020 (Quarter 4) | |
| Baseline Due Date | January 31, 2021 | |
| Prospective Data Collection Start | January 1, 2021 | |
| Prospective Data Due Date | January 2021 due February 28th 2021<br>15th of the month for future months | |

# Helping you use your data for BASIC success

Coming Soon!!!

We are SO excited to introduce a new data dashboard to optimize your monthly data review

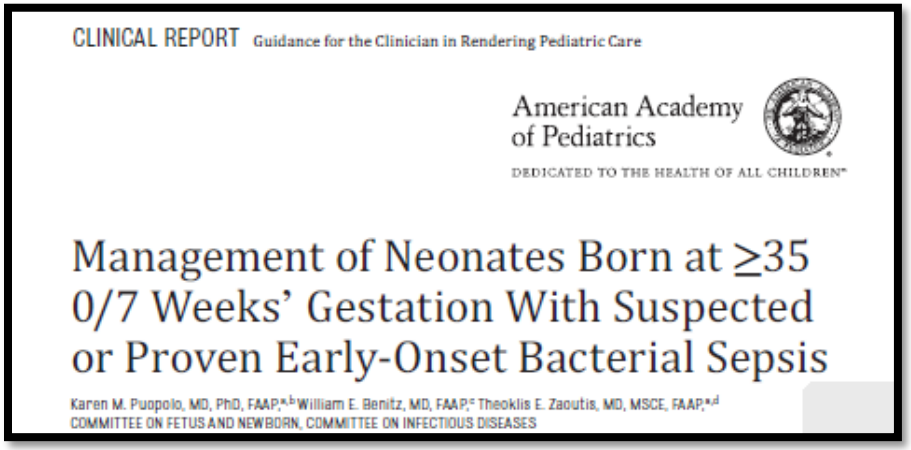
- Overall Antibiotics prescribing rate with improved hospital comparison
- Monthly summary of key performance measures
- Race/Ethnicity Comparisons

Access to real time data allows your hospital to see the effects of QI strategies and drive QI efforts.

# TOOLKIT RESOURCES

# Toolkit Sections

- Initiative QI & Data Resources
- National Resources/Guidance
- Driver 1: Data Monitoring, Transparency, and Stewardship Infrastructure
- Driver 2: Timely and Appropriate Initiation of Antibiotics
- Driver 3: Appropriate Administration and De-escalation
- Driver 4: Equitable Care Delivery

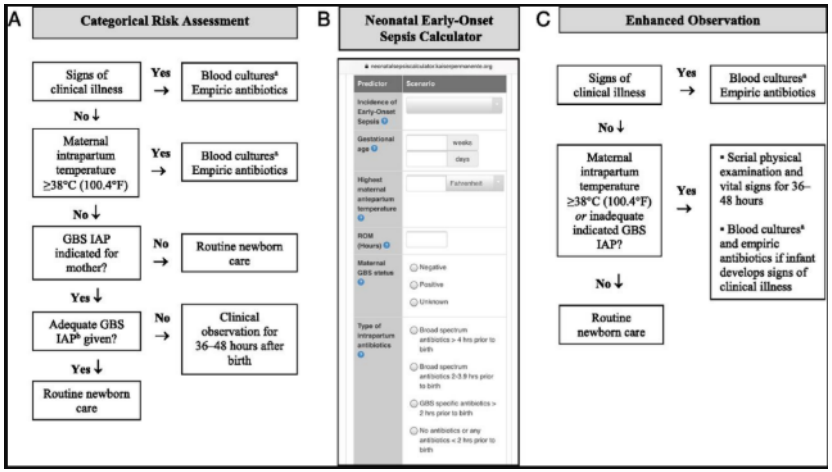

CLINICAL REPORT Guidance for the Clinician in Rendering Pediatric Care

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Management of Neonates Born at ≥35 0/7 Weeks' Gestation With Suspected or Proven Early-Onset Bacterial Sepsis

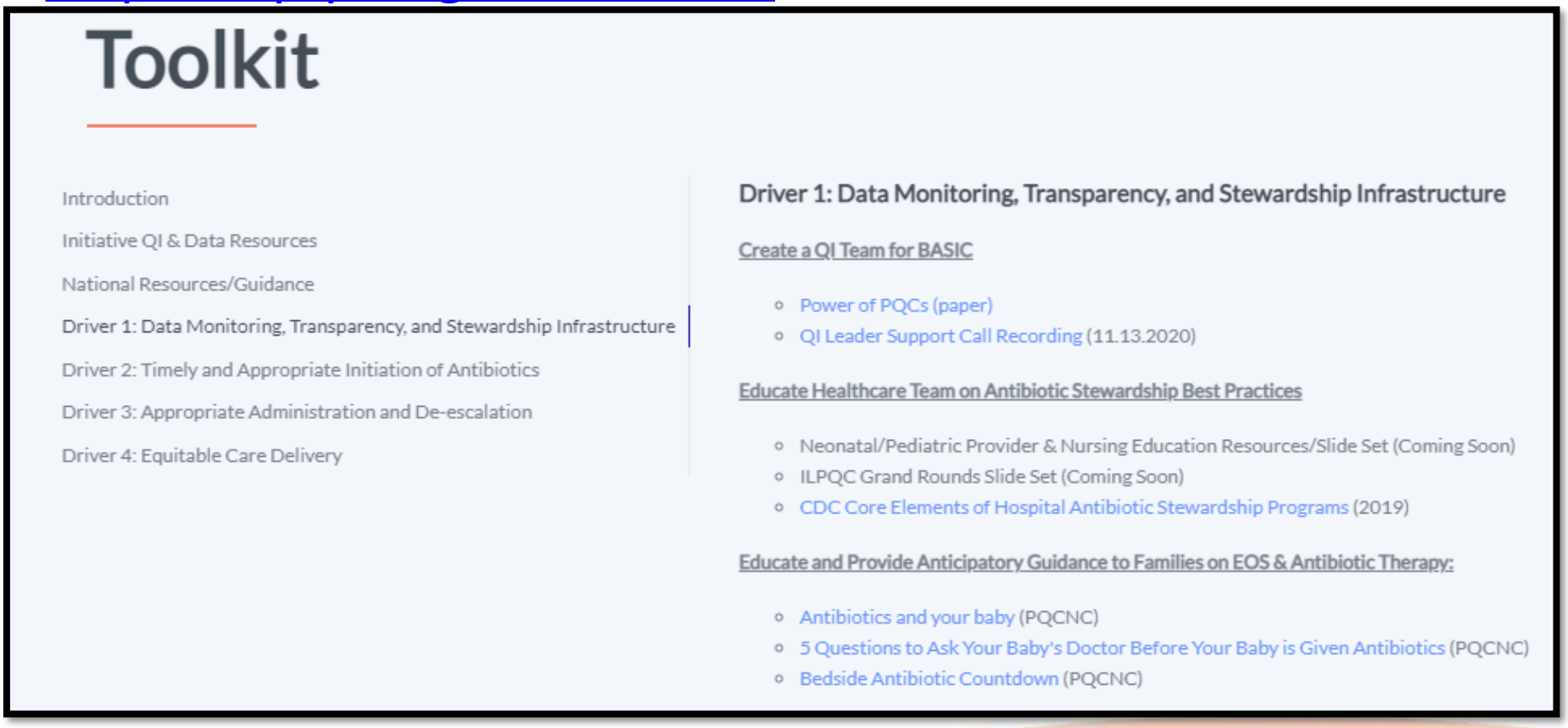
Karen M. Puopolo, MD, PhD, FAAP,[a,b] William E. Benitz, MD, FAAP,[c] Theoklis E. Zaoutis, MD, MSCE, FAAP,[a,d]
COMMITTEE ON FETUS AND NEWBORN, COMMITTEE ON INFECTIOUS DISEASES




https://ilpqc.org/basic2021/

# BASIC Online Living Toolkit

Up to date resources all available online at https://ilpqc.org/basic2021/



## Toolkit

Introduction

Initiative QI & Data Resources

National Resources/Guidance

Driver 1: Data Monitoring, Transparency, and Stewardship Infrastructure

Driver 2: Timely and Appropriate Initiation of Antibiotics

Driver 3: Appropriate Administration and De-escalation

Driver 4: Equitable Care Delivery

### Driver 1: Data Monitoring, Transparency, and Stewardship Infrastructure

Create a QI Team for BASIC

- Power of PQCs (paper)
- QI Leader Support Call Recording (11.13.2020)

Educate Healthcare Team on Antibiotic Stewardship Best Practices

- Neonatal/Pediatric Provider & Nursing Education Resources/Slide Set (Coming Soon)
- ILPQC Grand Rounds Slide Set (Coming Soon)
- CDC Core Elements of Hospital Antibiotic Stewardship Programs (2019)

Educate and Provide Anticipatory Guidance to Families on EOS & Antibiotic Therapy:

- Antibiotics and your baby (PQCNC)
- 5 Questions to Ask Your Baby's Doctor Before Your Baby is Given Antibiotics (PQCNC)
- Bedside Antibiotic Countdown (PQCNC)

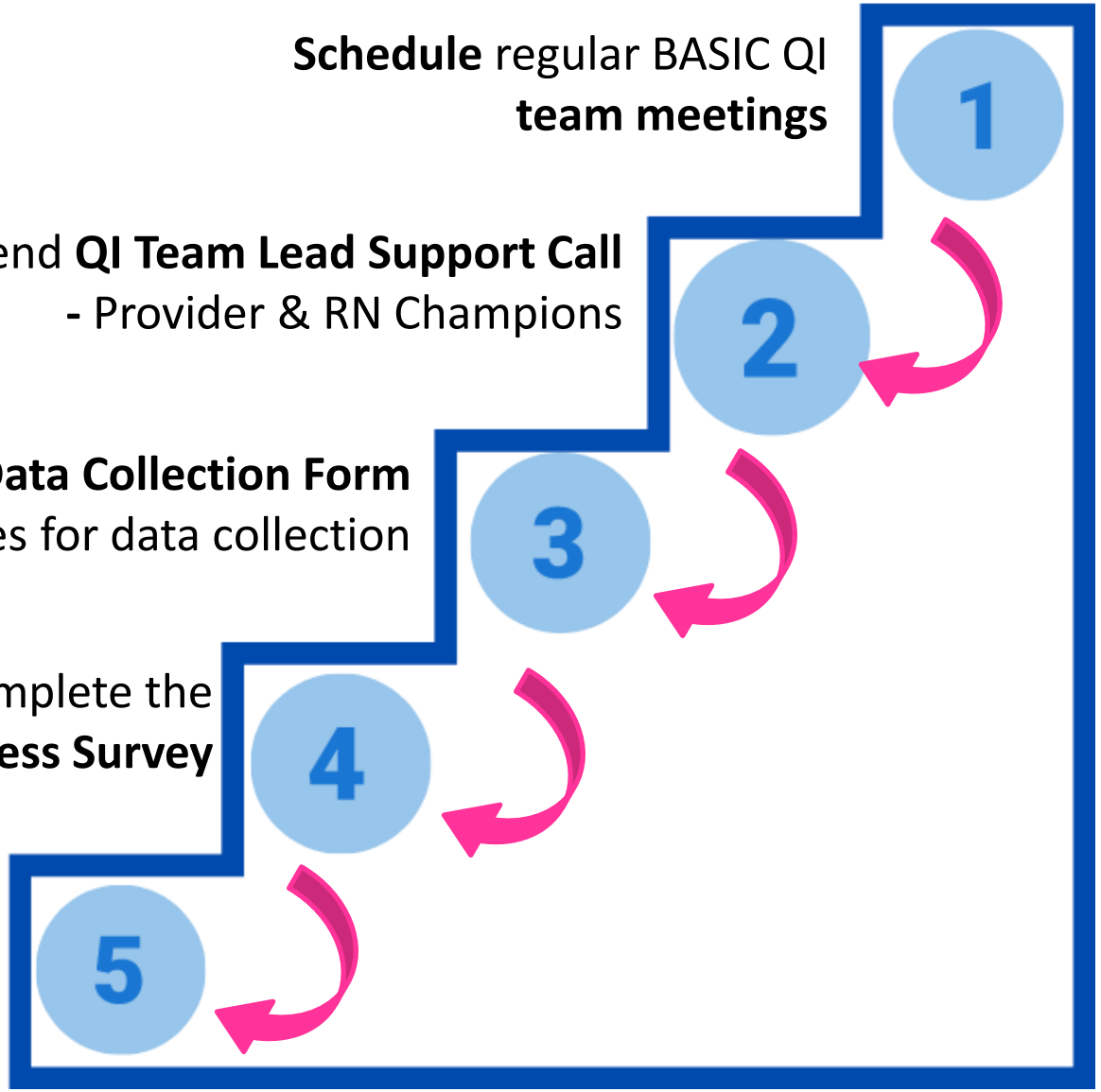
https://ilpqc.org/basic2021/

# 10 STEPS TO GET STARTED WITH BASIC

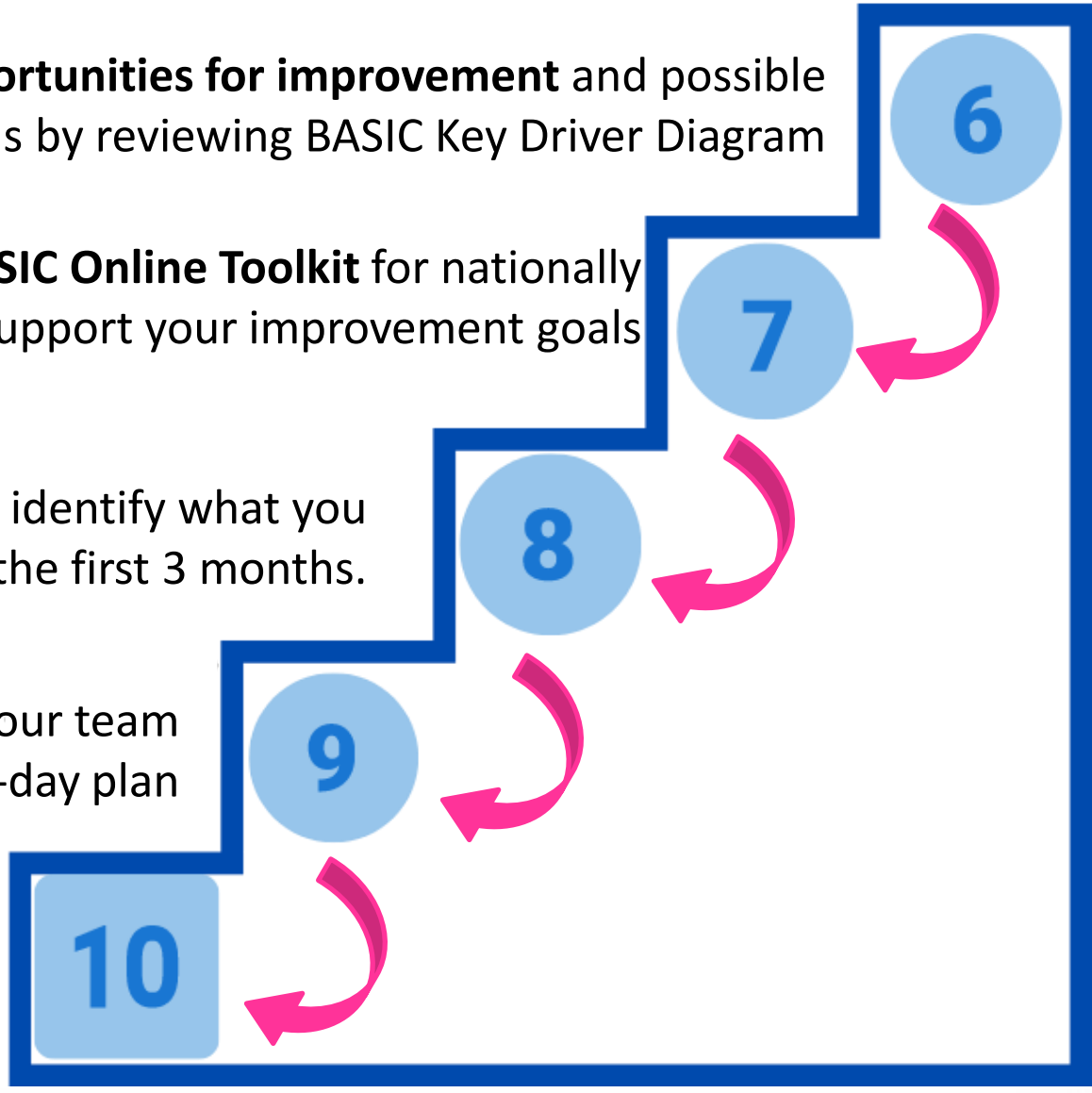
# 10 Steps to Prepare for BASIC

START HERE!

1. **Schedule** regular BASIC QI **team meetings**
2. Attend **QI Team Lead Support Call - Provider & RN Champions**
3. Review the **ILPQC BASIC Data Collection Form** and discuss strategies for data collection
4. Work with your QI team to complete the **BASIC Teams Readiness Survey**
5. Create a **process flow diagram** to reflect your current process for antibiotic decision making



# 10 Steps for Teams to Prepare for BASIC




**Identify opportunities for improvement** and possible interventions by reviewing BASIC Key Driver Diagram

Review the **ILPQC BASIC Online Toolkit** for nationally vetted resources to support your improvement goals

Create a **30/60/90 day plan** to identify what you want to accomplish in the first 3 months.

Plan your first **PDSA cycle** with your team to address your 30/60/90-day plan

**Reach out to ILPQC for help** and celebrate your successes early and often.

# BASIC Readiness Survey

- The BASIC Readiness Survey is **LIVE**
- Why this is important for you to complete?
  - Helps you identify current barriers and opportunities
  - Helps ILPQC know how best to support you
  - Helps identify leaders in the various components of the BASIC initiative to help
- Link to complete here: https://redcap.healthlnk.org/surveys/?s=WNRAREP88P
- Please work with your BASIC QI team to complete by **January 15, 2021**

# BASIC TIMELINES & WEBINARS

# BASIC Timeline

134 attendees

172 attended

| | | | |
|---|---|---|---|
| November | ILPQC BASIC Data Calls<br>**11/18 11:00am OR 11/30 10:00am** | | QI Leader Support Call<br>**Watch Recording** |
| December | Official Kick-off!<br>December 21st | Team Webinars start | Baseline Data Reporting Begins<br>(Q4 2020) |
| January | Readiness Survey Due (1/18/2021)<br>Baseline Data Reporting due (1/31/2021) | | Monthly Data Reporting Begins |

Recordings and Slides for QI Leader Support Calls and Data Training Calls can be found here

https://ilpqc.org/basic2021/

# QI Leader Support Call

We are so excited to announce we will be hosting an encore QI Leader Support Call!!

- The webinar will outline what it means to be a QI leader for the upcoming ILPQC initiatives and will share strategies to help lead a successful QI initiative
- We encourage all QI Team Leads, provider Champions and Nurse Champions to attend
- We will discuss strategies to be an effective leader of a QI Team for the 2021 ILPQC initiatives

**Mark your Calendars:**
**January 7th from 12-1PM**

# BASIC Webinars

| Date | Topic |
| --- | --- |
| December 21, 2020<br>1-3 pm | **BASIC Initiative Launch Call** |
| 2021 Monthly Webinars | **Monthly BASIC Teams Calls (3rd Monday of Month from 1-2pm CST)**<br>(Starting January 2021) |

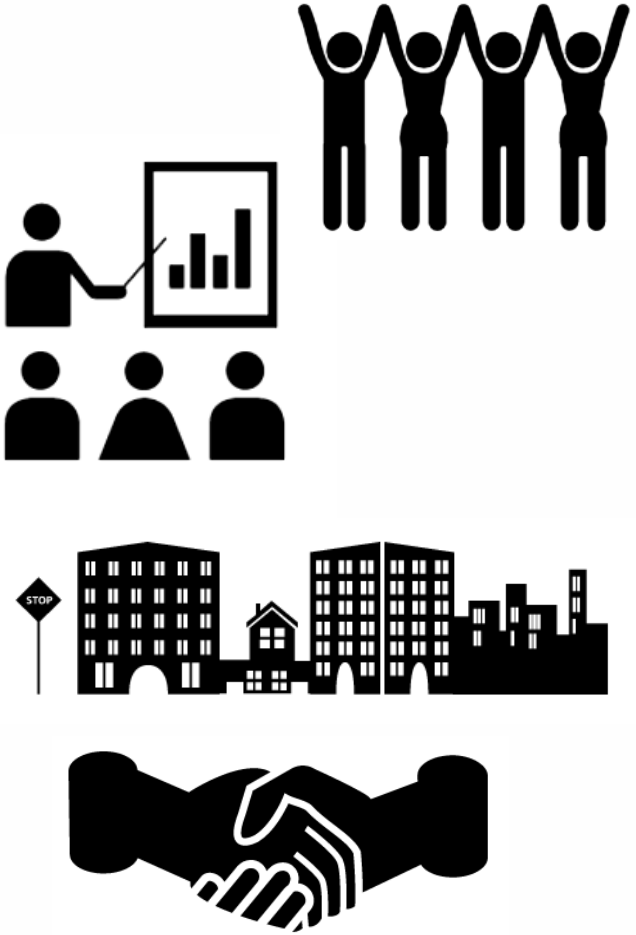
Register for all upcoming webinars here:
https://northwestern.zoom.us/meeting/register/tJcpc-qppjMpHdWBNEO8WJsLjfDDUz9ucmt2

# BASIC Webinar Topics

- Energizing teams & Tools for teams
- Neonatal Early Onset Sepsis Calculator
- Using the EMR
- Trusting the Blood Culture
- Antibiotic Stop Times
- Culture Negative Sepsis
- Clinical Assessments
- Partnering with OB teams
- Provider Education
- Patient Education
- Disparities in Neonatal EOS Care

# Commitment to Equity in Neonatal/Pediatric QI Initiatives

- Provide training and education in the social determinants, cultural sensitivity, and implicit and explicit bias
- Create a dashboard to identify and reduce inequities and disparities
- Provide a standardized tools for screening of all families for social risks and social support
- Create alliances and partnerships with community organizations
- Begin discharge planning and family education at admission, tailored to each family's needs and in a preferred language



# PATIENT FAMILY ENGAGEMENT PILOT

- **Are you interested in getting small group and 1:1 support from LaToshia Rouse, national patient advisor and QI expert, to engage patients/ families in your QI work?**


## Capt. Wanda D. Barfield, MD
## Director, CDC Division of Reproductive Health

"Ms. Rouse is doing amazing work to give parents an audible voice in the Neonatal Intensive Care Unit," Capt. Barfield says. "She is improving the quality of parental involvement in the care of their critically ill newborns."

# PATIENT FAMILY ENGAGEMENT PILOT

- Don’t miss out on our patient family engagement pilot exclusively for ILPQC QI teams
  - A series of 5 monthly sessions with LaToshia Rouse to help your hospital get started with patient engagement starting mid - January 2021
  - Pilot the ILPQC Patient Family Engagement Toolkit
  - Please invite **OB and Neo** team members from your hospital (provider or nurse champion)
- LaToshia will offer a custom education and support program to the hospital team and any patient advisors identified during the process
- Don’t miss the amazing opportunity to build your hospital capacity to engage patients and families in your work

Email us at info@ilpqc.org by January 7 to participate

# ABP MOC Part IV!

- **Reminder for pediatric physicians:** It's not too late for 2020 ABP MOC Part IV Credit for participation in **MNO**. Please submit form to info@ilpqc.org
- **BASIC is qualified for MOC Part IV Credits in 2021**
- It's 25 points! ABP.org: *"…You must earn at least 40 points in Part 4 activities every five years…"*

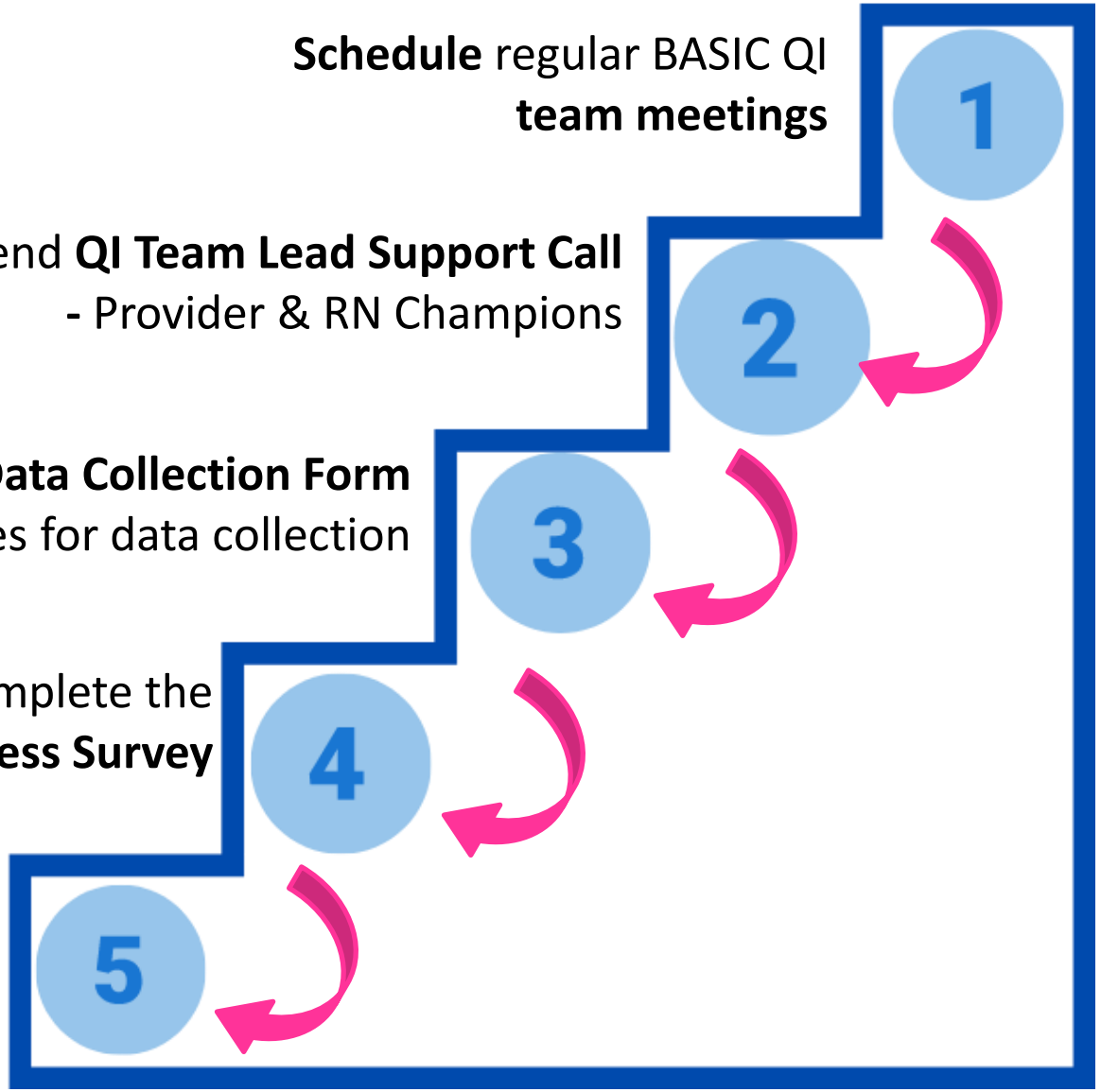
Meaningful participation is defined by the ABP as having an active role in the QI initiative including:

- Intellectually engaged in planning and executing the project
- Implementing the project's interventions (the changes designed to improve care);
- Review data in keeping with the project's measurement plan; and
- Collaborate actively by attending team meetings

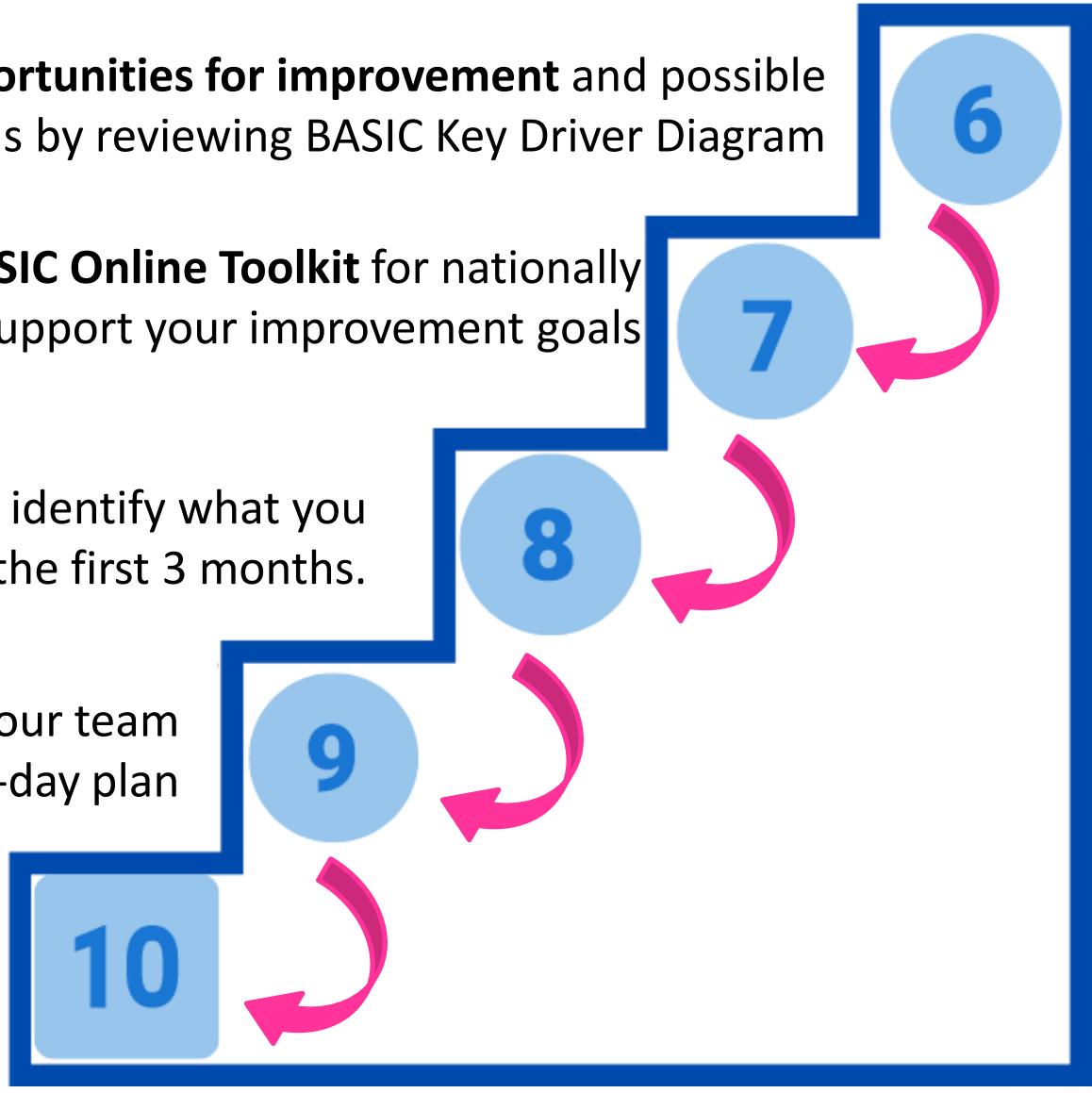
# 10 Steps to Prepare for BASIC

START HERE!

1. **Schedule** regular BASIC QI **team meetings**
2. Attend **QI Team Lead Support Call - Provider & RN Champions**
3. Review the **ILPQC BASIC Data Collection Form** and discuss strategies for data collection
4. Work with your QI team to complete the **BASIC Teams Readiness Survey**
5. Create a **process flow diagram** to reflect your current process for antibiotic decision making



# 10 Steps for Teams to Prepare for BASIC




**Identify opportunities for improvement** and possible interventions by reviewing BASIC Key Driver Diagram

Review the **ILPQC BASIC Online Toolkit** for nationally vetted resources to support your improvement goals

Create a **30/60/90 day plan** to identify what you want to accomplish in the first 3 months.

Plan your first **PDSA cycle** with your team to address your 30/60/90-day plan

**Reach out to ILPQC for help** and celebrate your successes early and often.

- ✓ BASIC Readiness Survey by January 15th, 2020
- ✓ Begin data collection for baseline Quarter 4 2020 (October – December 2020).
- ✓ Data Forms opened December 1st, 2020 for those who had requested REDCap access.
- ✓ Add info@ilpqc.org & dweiss@northshore.org to your "Safe Sender List"
- ✓ Email info@ilpqc.org or dweiss@northshore.org with any questions.

# QUESTIONS

# THANKS TO OUR

## FUNDERS

IDPH Illinois Department of Public Health

CDC Centers for Disease Control and Prevention

DHS Illinois Department of Human Services

JB & MK PRITZKER Family Foundation

AIM Alliance for Innovation on Maternal Health

Email info@ilpqc.org or visit us at www.ilpqc.org