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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 | |