

Antenatal Corticosteroid Treatment (ACT) Hospital Pilot APPLICATION FORM

Please complete all sections below. Incomplete applications will not be reviewed.

Applications are due **July 24, 2015** to Madiha Qureshi at March of Dimes. Contact information, application timeline and submission details may be found at the end of the application on page 3.

Name of Hospital: Neonatal Level of Care:
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Hospital Patient Population - Race/Ethnicity ___ %Non-Hispanic White ___ %Hispanic or Latino ___ %Non-Hispanic Black ___ %Asian ___ %Native American ___ % Other

Name of Project Team Lead or Project Administrator*: Title: Email: Telephone: Mailing Address:

Team Contact Information

* Project lead or administrator may be one of the champions/staff leads identified in the team contact section or may be an additional team member. This person should have influence to drive change, ultimate project oversight and management to ensure implementation objectives and timelines are met.

Please provide contact information for staff champions and leads **in all four sections below** and obtain signatures of commitment from all four team members.

Obstetrician Champion Name: Phone: Email: Signature: _____	QI Champion Name (optional): Phone: Email: Signature: _____
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Nurse Champion Name: Phone: Email: Signature: _____	Hospital Administrator, Neonatologist or Medical Records Champion Name: Phone: Email: Signature: _____
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2014 Baseline Hospital Data			
Primary Payment Source for Delivery ___ %Private Insured ___ %Medicaid ___ %Uninsured ___ %Other			
Total deliveries per year:	Deliveries 23 0/7 - 33 6/7 weeks per year:	Deliveries 34-36 6/7 weeks per year:	Deliveries 37-38 6/7 weeks per year:
Antenatal Corticosteroid Rate and Calculation Method (if known):	Have your pregnant patients ever been transported/referred to higher level hospitals? <input type="checkbox"/> No <input type="checkbox"/> If yes, in 2014 how many <34 week patients were transported?		
Does your hospital follow standardized Antenatal Steroid utilization procedures? <input type="checkbox"/> No <input type="checkbox"/> Yes		Is there currently a policy in place to standardize assessment of preterm labor? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Has your hospital implemented an Antenatal Steroids initiative or participated in an ACT QI collaborative or task force? <input type="checkbox"/> No <input type="checkbox"/> Yes If you answered 'yes', when and please explain?			

If selected, our hospital would commit to the following checklist of activities: Yes No

Hospital Administrator Signature: _____

Check List Agreement

- Identify and recruit four strong leaders (e.g. OB, Nurse, Administrator, Neonatologist, QI Professional) to champion the improvement of ACT in your hospital
- All four identified champions agree to a meeting with the March of Dimes to discuss the pilot program
- Complete pre and post implementation survey
- Standardize ACT processes and procedures
- Develop, add or amend ACT hospital policy to document standardization of ACT processes
- Ensure ready availability of ACT on Labor & Delivery
- Sign ACT Hospital Contract (attached)
- Abstract chart data monthly using the ACT Data Collection Form (see ACT Hospital Contract)
- Sign Data Use Agreement and submit monthly data to Health Catalyst - third party*
- Participate in 9 of 12 one-hour Big 5 State webinars designed to support ACT practice changes

*Health Catalyst is a professional data warehousing and analytics company which helps healthcare organizations perform clinical, financial and operational reporting and analysis. Hospitals will submit chart abstracted data directly to Health Catalyst via a secure website data portal. Hospitals will designate who will enter the abstracted data and who will have direct access to the submitted individual hospital data. Hospitals invited into the collaborative will also have access to de-identified data reports which outline the progress of other hospitals in the collaborative.

Contact information, application timeline and submission details may be found on page 3

Application Timeline

Application Submission Deadline: July 24, 2015

Follow-up Phone Conversations with Hospital Applicants: August 2015

Notification to participate in Big 5 ACT Initiative: September 4, 2015

Hospital Contracts Signed: September-October 2015

Illinois Big 5 Hospital Teams In-person Meeting: Fall 2015

Launch of Data Collection and Quality Improvement Work: January 2015

Application Deadline: July 24, 2015

Applicants must submit both an electronic and original hardcopy of their application to:

Madiha Qureshi, MPH
Director of Program Services
March of Dimes Illinois Chapter
111 W. Jackson Blvd., Suite 1650
Chicago, IL 60604

MQureshi@marchofdimes.org