BASIC Teams Call: Using EMR for Data & Clinical Support

April 19, 2021
1:00 – 2:00pm
Call Overview

• ILPQC Face to Face
• BASIC Data Overview
• Guest Speaker: Leveraging the EMR, Patrick Lyons, MD, Lurie Children’s Hospital
• Designated time for questions & answers
• BASIC Data Question Office Hours (After Call)
ILPQC FACE TO FACE
Illinois Perinatal Quality Collaborative's

2021 Virtual Face to Face Meeting

On-Line and Free!

Calling all nurses, providers and staff!

May 26
The OB Face-to-Face meeting topics include: Promoting Vaginal Birth, Birth Equity, and MNO-OB Sustainability. This day will be worth 3.75 contact hours.

May 27
The Neonatal Face-to-Face meeting topics include: Babies Antibiotic Stewardship Improvement Collaborative (BASIC), Equitable Care, and MNO-Neonatal Sustainability. This day will be worth 3.75 contact hours.

Breakout sessions, Hospital Storyboards, QI Awards and more!

Featured Speakers

Dr. Amanda Bennett
OB & Neo Day

Dr. Joseph Cantey
Neo Day

Dr. Audra Meadows
OB Day

Dr. Russell Kirby
Neo Day

LaTosha Rouse
OB Day

CME's offered through Northwestern Medicine

Fernberg School of Medicine
## 2021 Face-to-Face Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:15 – 8:40 am</td>
<td><strong>Welcome &amp; overview- Celebrating Our Accomplishments in a Virtual World with a Look to 2021 and Beyond- Justin Josephsen &amp; Leslie Caldarelli</strong></td>
</tr>
<tr>
<td>8:40-9:45 am</td>
<td><strong>Infant Mortality Inequities in Illinois and Prevention Opportunities + Q&amp;A Amanda Bennett &amp; Russell Kirby</strong></td>
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<tr>
<td>9:45 – 9:55 am</td>
<td>Break</td>
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<tr>
<td>9:55 – 10:40 am</td>
<td><strong>Being a Good Antibiotic Steward in the Nursery Setting: It can be done!- Joseph B. Cantey</strong></td>
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<tr>
<td>10:40-10:55am</td>
<td><strong>Unpacking the BASIC Toolkit Justin Josephsen &amp; Leslie Caldarelli</strong></td>
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<tr>
<td>10:55 – 11:15 am</td>
<td>QI Awards</td>
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<tr>
<td>11:15 – 12:30 pm</td>
<td><strong>Virtual Storyboard Review &amp; Lunch</strong></td>
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<tr>
<td>12:30 – 1:15 pm</td>
<td><strong>BASIC Hospital Team Panel: Sharing Strategies for a Successful Launch- ILPQC BASIC Hospital teams</strong></td>
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<tr>
<td>1:15 – 1:25 pm</td>
<td>Break</td>
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<tr>
<td>1:25 – 2:00 pm</td>
<td><strong>Breakout Session 1: Small Group Key Topic Discussions on Implementation Strategies</strong></td>
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<tr>
<td>2:00 – 2:05 pm</td>
<td>Break</td>
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<tr>
<td>2:05 – 2:40 pm</td>
<td><strong>Breakout Session 2: Small Group Key Topic Discussions on Implementation Strategies</strong></td>
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<tr>
<td>2:40 – 2:45 pm</td>
<td>Break</td>
</tr>
<tr>
<td>2:45 – 3:00 pm</td>
<td><strong>Where do we go from here? Wrap-up, evaluation and raffle</strong></td>
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<tr>
<td><strong>Neonatal Breakout Sessions</strong></td>
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<td>--------------------------------</td>
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<tr>
<td>MNO-Neonatal: Help! I feel like we just got going with MNO</td>
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<tr>
<td>Addressing disparities in infant mortality</td>
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<tr>
<td>Navigating your BASIC data- how to optimize and streamline data collection</td>
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<tr>
<td>Leveraging your EMR to Achieve BASIC Success</td>
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<tr>
<td>BASICally, how to I get my Neonatologists &amp; Pediatricians to buy into this?</td>
<td></td>
</tr>
<tr>
<td>Key Components of Neonatal Early Onset Sepsis Calculator (NEOSC)- Optimizing Team Communication &amp; Clinical Monitoring</td>
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</tbody>
</table>
Neo F2F Storyboard Session

• Create a storyboard for the May 2021 “Face to Face” to share their QI team progress!

• Storyboard can focus on...
  – Launching the BASIC initiative:
    • 30/60/90 day achievements
    • Prioritization matrix
    • Data collection strategies
  – MNO-Neo Sustainability:
    • Compliance monitoring
    • Education for new hires
    • Continuing and ongoing education.

• Where can I find this guide?
You are ILPQC!

• Get **READY**... ILPQC wants to celebrate you during our virtual Face-to-Face Meeting!

• Coordinate with your colleagues to create ONE slide or send ONE a picture to celebrate your QI team

• Ideas to include on slide:
  – Team/Hospital Picture
  – Picture of QI bulletin board
  – Location/Region
  – Birth Volume/NICU Beds
  – Perinatal Level and Network
  – Current & Future Initiatives
  – Contact information for your team for collaboration

• Submit by emailing your slide or picture to info@ilpqc.org
2021 OUTSTANDING LAUNCH AWARDS

ILPQC 2021 FACE-TO-FACE MEETING

BASIC

AWARD CRITERIA

✓ Team Roster sent to ILPQC
  +

✓ All 2020 Q4 Baseline Data Submitted
  +

✓ All Data Submitted *
  +

✓ BASIC Readiness Survey Submitted

*ALL DATA SUBMITTED (HOSPITAL + PATIENT LEVEL) JANUARY THROUGH MARCH 2021 BY APRIL 30TH
4 Steps to Get Ready for the ILPQC Face-to-Face

1. Save the date - Registration Open!
   Held Virtually May 26th (OB) & May 27th (Neo) 2021
   Meeting will be from 8:30am-3:30pm (OB) 8:15am-3:00pm (Neo)

2. Qualify for an award

3. Submit Storyboard
   Coordinate with your colleagues working across initiatives to complete the ILPQC storyboard template. Have one person from your hospital submit by May 11th

4. Email Hospital slide
   Please upload your team photo/slide collage via the AC survey or email to info@ilpqc.org by May 11th
BASIC DATA OVERVIEW
Vision: ILPQC hospitals, regardless of perinatal level or past experience with implementing newborn antibiotics initiatives, will implement best practices to provide: the right antibiotics to 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

Measures:
• % of newborns with EOS risk assessment tool used and documented
• % of parents/families provided education on antibiotics, EOS, and treatment plan for their newborn
• % of parents/families provided education in their preferred language
• % of newborns receiving abx with documentation of maternal risk factors for EOS in their chart
• % of newborns with anticipated duration of abx course discussed by clinical team
• % of newborns with antibiotic automatic stop order in medical chart
Coming soon:
BASIC QI Tools and Resources

Exciting resources that’ll be ready soon!

• Family education video for newborns receiving antibiotics
• Labor & Delivery Patient Education Sheet
• Communication Tools
  – L&D → Newborn caregiver communication on maternal risk for Postpartum to pediatric physician tool on results of EOS risk assessment
• BASIC Grand Rounds for interdisciplinary teams
• Nursing Education Tools and Resources
• **Send your ideas for needed resources or your excellent examples to info@ilpqc.org**
BASIC Monthly Data Collection

Patient-level Data

Submit for every individual newborn receiving antibiotics in a month

Great resource to guide your monthly QI team meetings

Hospital-level Data
Hospital Measure Reports Live!

1. When in hospital measures data form, go to the left hand menu and click Reports under Project Bookmarks

2. Type in your 3-digit hospital ID in the new web page

3. Use structure measure reports to track your hospital’s monthly system changes towards achieving BASIC
Newborn Measure Reports

1. When in newborn measures data form, go to the left hand menu and click Reports under Project Bookmarks.
2. Type in your 3-digit hospital ID in the new web page.
3. Use newborn measure reports to track your hospital’s monthly system changes towards achieving BASIC.
# BASIC Hospital Team Data Submission (82 Teams Total)

<table>
<thead>
<tr>
<th>Month</th>
<th>Teams Reporting Patient Data</th>
<th>Teams Reporting Hospital Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline (Q4 2020)</td>
<td>65</td>
<td>58</td>
</tr>
<tr>
<td>January 2021</td>
<td>64</td>
<td>58</td>
</tr>
<tr>
<td>February 2021</td>
<td>57</td>
<td>52</td>
</tr>
<tr>
<td>March 2021</td>
<td>41</td>
<td>28</td>
</tr>
</tbody>
</table>

Use your hospital data form as a QI team meeting roadmap to guide your efforts. Please contact us if you need help getting started with reviewing and entering your data.

If hospital data is not submitted for a given month you will not have access to team’s Antibiotic Prescribing Rate over time.
## Sample BASIC Monthly Hospital Data

<table>
<thead>
<tr>
<th>Structure Measure</th>
<th>Baseline Q4 2020 % In Place</th>
<th>February 2021 % In Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developed an electronic reporting system from EMR</td>
<td>25%</td>
<td>29%</td>
</tr>
<tr>
<td>Standard protocols for &gt;35 EOS assessment</td>
<td>48%</td>
<td>55%</td>
</tr>
<tr>
<td>Standard protocols for &lt;35 EOS assessment</td>
<td>38%</td>
<td>45%</td>
</tr>
</tbody>
</table>
## Sample BASIC Monthly Hospital Data

<table>
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<tr>
<th>Structure Measure</th>
<th>Baseline Q4 2020 % In Place</th>
<th>February 2021 % In Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnership with OB team to standardize communication about maternal risk factors for EOS</td>
<td>48%</td>
<td>55%</td>
</tr>
<tr>
<td>Standard serial assessment of neonates protocol</td>
<td>57%</td>
<td>67%</td>
</tr>
<tr>
<td>Standard identification and response to worsening clinical status</td>
<td>52%</td>
<td>65%</td>
</tr>
<tr>
<td>Standard protocols to properly &amp; consistently obtain blood cultures</td>
<td>62%</td>
<td>66%</td>
</tr>
</tbody>
</table>
## BASIC Monthly Hospital Data

<table>
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<th>Structure Measure</th>
<th>Baseline Q4 2020 % In Place</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Standardized automatic stop order process</td>
<td>37%</td>
<td>39%</td>
</tr>
<tr>
<td>Standardized process to review newborn abx quality data by race/ethnicity and insurance status</td>
<td>2%</td>
<td>6%</td>
</tr>
</tbody>
</table>
ILPQC BASIC Initiative: Percent of newborns ≥35 with a risk assessment tool used and documented to evaluate risk for early onset sepsis
Hospital ___ & Select Comparisons, 2021-2022
Percent of newborns receiving antibiotics with an antibiotic automatic stop time order entered into the medical chart
All Hospitals, 2021-2022
Percent of Newborns ≥35 weeks with any antibiotic continued past 48 hours from a negative blood culture result,
All Hospitals, 2021-2022

- No, Antibiotic stopped at ≤36 hours
- No, antibiotic stopped at >36 and ≤48 hours
- Yes, antibiotic continued past 48 hours
- Unknown

Goal

Baseline 2020 | Jan-21 | Feb-21
Leveraging The EMR

Patrick Lyons, MD
Lurie Children’s Hospital
Objectives from Today’s Call

• Summarize EMR utility in BASIC
• Review EMR data structure and reporting
• Showcase examples of EMR builds that will contribute to achieving BASIC AIMS
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
• Data Entry & Reporting
• Clinical Decision Support
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
- Provide standardized education and anticipatory guidance with focus on equitable care to families on EOS and treatment plan
- Coordinate with IT to implement reporting system from EMR
- 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
- Review health quality data stratified by race, ethnicity, and Medicaid status to identify disparities and address opportunities for improvement

Version 2.12.2021
A. Decrease by 20% (or absolute rate of 4%) the number of newborns, born at ≥35 weeks who receive antibiotics

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**AIMS**

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**ILPQC**

Version 2.12.2021
Partnering with IT

• Anticipating Challenges
  – Opaque change management process
    • How to even get started?
  – Limited resources (and competing priorities) within IT

• IT jargon
  • Analyst = your friend in IT who will be doing the building
  • “Validate build”
  • IT Environments:
    – “PRD” or “Production” = the EMR system that you use every day
    – “Dev” or “POC” = the part of the system where changes are built
    – “TST” or “TEST” = the part of the system where changes are tested
DATA ENTRY AND REPORTING
BASIC Reporting

• Monthly Hospital Data Form (Structure Measure)
  – Hospital-Level Newborn Data

• Monthly Newborn Data Forms (Process Measure)
  – Patient-Level: Data collection is resource intensive, especially with high volume hospitals.

1. Identify Eligible Patients (Newborn Form Data Collection Instructions)
2. Audit Patient-Level Data
   • Identify EMR Gaps
   • Organize Notes for Data
3. Generate Reports!
BASIC Reporting

- Monthly Hospital Data Form (Structure Measure)
  - Hospital-Level Newborn Data

- Monthly Newborn Data Forms (Process Measure)
  - Patient-Level: Data collection is resource intensive, especially with high volume hospitals.

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  2. **Audit Patient-Level Data**
     - Identify EMR Gaps
     - Organize Notes for Data
  3. **Generate Reports!**
1 - Identify Eligible Patients

ILPQC Babies Antibiotic Stewardship Improvement Collaborative (BASIC)

Monthly Newborn Data Form

Data Collection Instructions:

- Please collect data on all live born neonates born between 24-44 weeks gestation receiving any intravenous (IV) antibiotics within the first 72 hours of life (including newborns who die within 72 hours of life).
- Exclude newborns requiring surgical procedures or antibiotics for surgical prophylaxis within the first 72 hours of life.
- If a live born newborn 24-44 weeks gestation receives any intravenous (IV) antibiotics within the first 72 hours of life and is transferred within the first 72 hours of life, 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 (including newborns who die within 72 hours of life).
- 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.
2 - Audit Patient-Level Data

• Match data form questions to data source
  – On Paper (SBAR, signout sheets)
  – In the EMR

• For example:

<table>
<thead>
<tr>
<th>Question</th>
<th>Data Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Birth Weight (grams)</td>
<td>In nursing flowsheets</td>
</tr>
<tr>
<td>29. Date of blood culture draw (mm/dd/yyyy)</td>
<td>In lab results</td>
</tr>
<tr>
<td>30. Time of the blood culture drawn (hh:mm)</td>
<td>??? Not in the chart</td>
</tr>
<tr>
<td>45. Was parent/family education provided on antibiotics, early onset sepsis, and treatment plan for newborn antibiotics and early onset sepsis?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Yes</td>
</tr>
<tr>
<td></td>
<td>o No</td>
</tr>
<tr>
<td></td>
<td>o Unknown</td>
</tr>
</tbody>
</table>
2 - Audit Patient-Level Data
(Fill in Data Gaps)

- Modify the EMR to capture any missing data

Flowsheet for RN documentation

Note template for MD documentation
2 - Audit Patient-Level Data (A Note on Note Templates)

Free Text = Manual Chart Review

Discreet = Reportable

Free Text

Social: Name is ***. PMD upon discharge: ***.
Parents updated on treatment plan ***. Language used was in family’s preferred language of ***.
Continue current management with frequent evaluations and vital sign checks as noted above. Continue to support and update family.

Discreet: Selection matches data form and is saved in a discreet form for reporting
3 - Generate Reports!

• All EMRs have capability of generating reports; the process of building reports varies by institution
• Most hospital systems have a dedicated team responsible for data reporting that might be separate from the IT team (Data Analytics, Enterprise Data Warehouse)
• Key takeaways
  • Ensure the answer to every data form question exists in your EMR
  • Make data discreet to the extent possible to enable reporting
  • Work with your hospital’s data analytics team to create reports
CLINICAL DECISION SUPPORT
Adopt A Risk Assessment Tool

A. Categorical Risk Assessment

- Signs of clinical illness
  - Yes \(\rightarrow\) Blood cultures* Empiric antibiotics
  - No \(\rightarrow\) Maternal intrapartum temperature \(\geq 38^\circ C (100.4^\circ F)\)
    - Yes \(\rightarrow\) Blood cultures* Empiric antibiotics
    - No \(\rightarrow\) GBS IAP indicated for mother?
      - Yes \(\rightarrow\) Routine newborn care
      - No \(\rightarrow\) Adequate GBS IAP* given?
        - Yes \(\rightarrow\) Clinical observation for 36–48 hours after birth
        - No \(\rightarrow\) Routine newborn care

B. Neonatal Early-Onset Sepsis Calculator

- Incidence of Early-Onset Sepsis
- Gestational age
- Highest maternal antepartum temperature
- ROM (Hours)
- Maternal GBS status
- Type of intrapartum antibiotics

C. Enhanced Observation

- Signs of clinical illness
  - Yes \(\rightarrow\) Blood cultures* Empiric antibiotics
  - No \(\rightarrow\) Maternal intrapartum temperature \(\geq 38^\circ C (100.4^\circ F)\) or inadequate indicated GBS IAP?
    - Yes \(\rightarrow\) Serial physical examination and vital signs for 36–48 hours
    - No \(\rightarrow\) Blood cultures* and empiric antibiotics if infant develops signs of clinical illness
  - No \(\rightarrow\) Routine newborn care

* Indicates that blood cultures should be performed and empiric antibiotics should be given immediately.
Make Your Risk Assessment Tool Easy To Find

• Add a link to a protocol or to the Kaiser EOS website into admission or antibiotic order sets

• Using Epic & Using NEOSC? Turn on the built-in NEOSC based on the Kaiser EOS calculator!
  • Auto-populates risk factors from data in the maternal chart.
  • Recommendations can be displayed in patient lists and within the patient’s chart
Epic Early-Onset Sepsis Calculator (Based on Kaiser NEOSC)
Use order sets to translate recommendations into clinical practice
Order Sets

• A group of orders that standardizes & expedites the ordering process for a common clinical scenario
• Reduce variation in care
• Align clinical practice with BASIC AIMS
• Educate healthcare team on best practices
Order Sets With NEOSC

Newborn Antibiotic Orders

- Incorporates antibiotic best practices for initiation of antibiotics in infants <72 hours of life AND >= 34 weeks gestational age at birth.
- This is an add-on order set to be used in conjunction with admission order set.
- Please include documentation of neonatal indications for prescribing antibiotics with "NEOABX".

None
- Kaiser Sepsis Calculator

Nursing Orders

Nursing
- Vital Signs
  - Routine, PER PROTOCOL, Starting today at 11:12, Until Specified. (Choose Vital Sign Frequency Per NEOSC Recommendations:19324)
- Nursing Communication
  - Please Contact Pediatric Hospitalist / Neonatologist For The Following: ANY of the following that are persistent (> =4h): - Tachycardia (HR > 160) - Tachypnea (RR > 60) - Temperature instability (>100.4°F or <97.5°F) - Respiratory distress (grunting, flaring, or retracting). TWO or more of the following lasting > =2h: - Tachycardia (HR > 160) - Tachypnea (RR > 60) - Temperature instability (>100.4°F or <97.5°F) - Respiratory distress (grunting, flaring, or retracting). OR with any other concerns.

Medication Orders

Antibiotics
- *Note - Antibiotics Have Default Stop Time of 24 Hours*
  - Gentamicin syringe pump: 12 mg
    - 12 mg (4 mg/kg/dose = 3 kg Dosing weight), Intravenous, Administer over 30 Minutes, EVERY 24 HOURS, Next dose today at 11:30, For 24 hours, Last dose today at 11:30
  - Ampicillin syringe pump: 150 mg
    - 150 mg (50 mg/kg/dose = 3 kg Dosing weight), Intravenous, Administer over 20 Minutes, EVERY 8 HOURS, Next dose today at 11:30, For 24 hours, Last dose tomorrow at 01:00

Laboratory Orders

- Lab Tests
  - Minimum Blood Culture Volume = 1ml
  - Culture, Bacteria, Blood: STAT, CLINICIAN DRAW, ONCE; today at 11:12, For 1 occurrence, Blood
Order Sets With NEOSC

Link to Kaiser calculator
Order Sets With NEOSC

Vital Sign Frequency
Based on Kaiser EOS
Order Sets With NEOSC

Serial Assessment Protocols
Order Sets With NEOSC

Standardized Antibiotic Dosing
Order Sets With NEOSC

Default Stop Times

Newborn Antibiotic Order Set
- Incorporates antibiotic best practices for initiation of antibiotics in infants <72 hours of life AND >= 34 weeks gestational age at birth.
- This is an add-on order set to be used in conjunction with admission order set.
- Please include documentation of neonatal indications for prescribing antibiotics with "NEOABX"
Order Sets With NEOSC

Blood Culture Best Practices
Order Sets With Risk Assessment Tools

Risk Categorization Tool for Infants <35 weeks GA
RECAP - EMR Process

Discovery phase

Brainstorming phase

Partnership phase
RECAP - EMR Partnership Process

- Identify IT person for partnership
- Share project plan and create assignments for departments
- IT and analytics team builds EMR changes
- QI team reviews draft/proposed changes
- QI teams and clinical staff provide feedback
- Feedback incorporated and final review provided
- EMR changes rolled out and staff education
- Feedback loop
- QI team continues with BASIC work
QUESTIONS?
Want to Dive Deeper into EMR Optimization for BASIC?

- ILPQC is offering a QI Topic call on Thursday, April 29th from 12-1pm!!
- Target audience: Data analysts and EHR professionals
- Invited but not targeted: clinicians, nurses, physicians, etc.
- We encourage hospital teams to invite their HIT team members!
- Register here: https://northwestern.zoom.us/meeting/register/tJ0pfumorzojG9CWHDq7f1gDXfHnPLn9GyxU
USING EMR FOR DATA & CLINICAL SUPPORT
EMR Utilization in ILQPC Data System

Monthly Hospital Data Form Questions:

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
Get to Green: Electronic Reporting System in EMR

WHAT DOES IT MEAN TO BE AT GREEN WITH IMPLEMENTING REPORTING SYSTEM IN EMR?

- Have reports built into your EMR to support QI work and data entry/reporting
- Have EMR systems implemented for clinical decision support (i.e. dot phrases/order-sets)
Next Steps within Next Month

✓ BASIC “Successful Launch Award” at Face to Face
  ✓ Submit BASIC Readiness Survey
  ✓ Enter baseline (Q4 2020), January, February and March 2021 newborn & hospital data

✓ Log into your REDCap account to view your hospital’s structure and newborn measures

✓ Work with your team to make a 30-60-90 day plan and PDSA...consider EMR builds for your BASIC protocols!

✓ Recruit your data analysts and HIT colleagues to attend 4/29 QI Topic Call on Deeper Dive in Optimizing Your EMR for BASIC
## 2021 BASIC Webinars

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
</tr>
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<tr>
<td>April 19</td>
<td>Using EMR for Data &amp; Clinical Support</td>
</tr>
<tr>
<td>May 29</td>
<td>Neonatal Face to Face Meeting (Virtual)</td>
</tr>
<tr>
<td>June 21</td>
<td>Driver 3: Administer and De-escalate Antibiotics</td>
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<tr>
<td>July 19</td>
<td>Using YOUR Data to Achieve Success</td>
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<tr>
<td>August 16</td>
<td>Using ILPQC Data for Equitable Care</td>
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<tr>
<td>September 20</td>
<td>Assessment for EOS in Newborns &lt;35 Weeks</td>
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<tr>
<td>October</td>
<td>Annual Conference</td>
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<tr>
<td>November 15</td>
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<tr>
<td>December 20</td>
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Register for all upcoming webinars here:

[https://northwestern.zoom.us/meeting/register/tJcpc-qppjMpdWBNEO8WJsLjfDDUz9ucmt2](https://northwestern.zoom.us/meeting/register/tJcpc-qppjMpdWBNEO8WJsLjfDDUz9ucmt2)
OFFICE HOURS
For newborns with a documented maternal diagnosis of chorioamnionitis or intraamniotic infection, at our institution we routinely

• 1. Evaluate for sepsis and start on antibiotics
• 2. Evaluate for sepsis and monitored clinically without antibiotics
• 3. Evaluate based on NEOSC recommendations
• 4. Other
THANKS TO OUR FUNDERS

In Kind Support
Build Your Teams QI Capacity!

Are you or a member of your hospital QI team looking to learn and build quality improvement skills and strategies?

- What is IHI and why does it matter to me?
  - IHI stands for the Institute for Healthcare Improvement
  - Helps leaders use improvement science to advance and sustain outcomes in healthcare
- We are granting a few volunteers per hospital access to the IHI Open School.
- This **FREE** opportunity allows participates to asynchronously complete up to 13 continuing education hours leading to a **Certificate in Quality Improvement Science**.
- Members will have access for two years to complete the open school training.
- Details coming Summer 2021!