Children's Hospital Rush University Children's Hospital $|\mathsf{LPQC}2021|$ Neo Storyboard

Hospital & QI Team Overview

Hospital OB/NICU Services Overview

- Urban hospital downtown Chicago
- Perinatal Administrative Referral Hospital with advanced Maternal-Fetal Medicine Program
- 2400 Deliveries in 2020
- 72 bed level 3 NICU
 - 856 NICU admissions in 2020
 - 93 very low birth weight (VLBW) infants

Our BASIC Quality Improvement Team

- Andrew Berenz, MD: Interim Co-Medical Director, Neonatal ICU
- Laura Seske, MD, MS: Director of Quality Improvement, Neonatal ICU
- Kim Carmignani, MSN, RNC-NIC, PCN, NEA-BC: Unit Director – NICU
- Adelaide Caprio, MSN, APN, ACCNS-N, RNC-NIC: Neonatal Clinical Nurse Specialist
- Kristen Welsh, Pharm D: NICU Pharmacist
- **Betty Vu**, MD: Pharm D
- Colleen Nash, MD: Pediatric Infectious Disease
- Raymond Garay, APN: Neonatal Nurse Practitioner
- John Overby, BSN, RNC-NIC: Interim NICU Educator

Nursing Student Data Entry Specialists:

- Kate Lustbader
- Maggie Schwegel
- Madeline Nissen
- **Emma Martinez**

Baseline Data

- Collected Quarter 4 Baseline Data including received Antibiotics in the first 72 hours of life.
 - Approximately 120 deidentified patients were entered into REDCap Database.
- Automatic Stop Time for antibiotics in EMR was already in place prior to start of BASIC program.
- Discussion of duration of treatment with antibiotics was and remains a standard practice among care providers in the NICU & Newborn Medicine service lines.

Readiness Survey

- Hospital EMR is EPIC allows for data pull to streamline data entry.
- Labs, IV placement and antibiotic initiation is timely and allows for bonding time with parents, initiation of antibiotics within first in-room with parent.
- Gaps identified include:
 - Kaiser Neonatal Early-Onset Sepsis EMR for the Rush System.
 - Standardized Risk Assessment Tool is not or baby.

BASIC QUALITY INITIATIVE AT RUSH

October – December 2020 for ALL infants who

hour of life and administration of antibiotics

Calculator not yet available through EPIC

consistently documented in EMR for mom

- EMR:
 - Calculator

 - Standardized discussion and documentation of infants who required prolonged duration of antibiotics
- families.
- indications.
- sepsis

- Newborn Service.

EMR Implementation

• Plans to implement the following strategies in

Kaiser Neonatal Early-Onset Sepsis

• Standardized note template to integrate "Risk Assessment" for all infants

Opportunities

• Standardized education about EOS for all

• Evaluation of antibiotics given in the absence of risk factors other than prematurity when delivery occurs purely for maternal

• Further analysis of Social Determinants of Health and outcomes related to newborn

QI Tools in use

• Rush utilizes the IHI PDSA Quality Improvement Methodology. • Data are reviewed monthly at the NICU Quality Improvement Meeting. • Relevant data are shared with the Well-