**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 October – December 2020 for ALL infants who 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 hour of life and administration of antibiotics in-room with parent.
- Gaps identified include:
  - Standardized Risk Assessment Tool is not consistently documented in EMR for mom or baby.

**EMR Implementation**
- Plans to implement the following strategies in EMR:
  - Kaiser Neonatal Early-Onset Sepsis Calculator
  - Standardized note template to integrate “Risk Assessment” for all infants
  - Standardized discussion and documentation of infants who required prolonged duration of antibiotics

**Opportunities**
- Standardized education about EOS for all families.
- Evaluation of antibiotics given in the absence of risk factors other than prematurity when delivery occurs purely for maternal indications.
- Further analysis of Social Determinants of Health and outcomes related to newborn sepsis

**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-Newborn Service.