

Partnering with Private Pediatricians

BASIC Monthly Teams Call
March 21st, 2022



Call Overview

- Face-to-Face 2022
- BASIC Data Review
- Partnering with Private Pediatricians
- Shelly Shallat, MD: Strategies to engage private pediatricians
- Laura Cronin, MSN, RNC-NIC: Implementing BASIC at Hinsdale Hospital
- Wrap Up



Save the Date!

Nurses, Providers, & Staff
join us for an interactive day
of collaborative learning for
current ILPQC initiatives!

2022 OB & Neonatal Face-to-Face **VIRTUAL** Meetings

Obstetric May 25, 2022

Neonatal May 26, 2022

2022 ILPQC 10th Annual
Conference
Thursday, October 27, 2022

Registration Opening April 4th, 2022

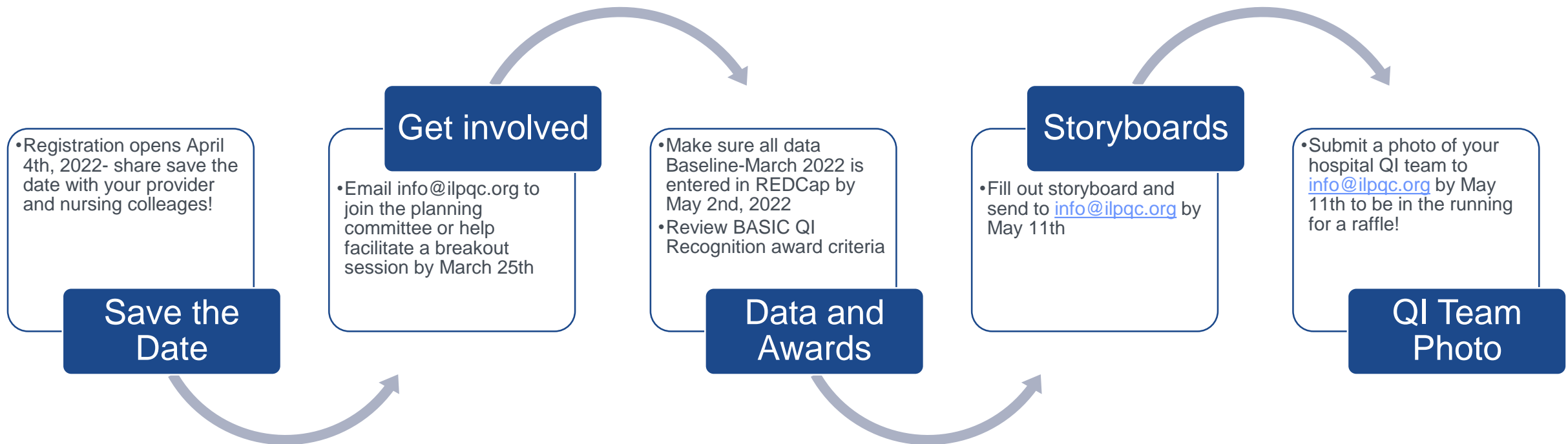
Neonatal Day Face-to-Face Agenda

ILPQC 2022 Neonatal Face-to-Face Meeting		12:30 – 1:15 pm	BASIC Hospital Teams Panel Share Real-World Approaches
8:15 – 8:45 am	<p>Welcome & overview- Looking to our QI Community with Renewed Strength to Achieve Success in 2022</p> <p>Leslie Caldarelli, MD; Justin Josephsen, MD</p>		BASIC teams to collaboratively share strategies
8:45-9:30am	<p>Recovering from the Pandemic: The Role of Civility and Community</p> <p>Gaurava Agarwal, MD</p>	1:15 – 1:25pm	Break
9:30-9:40 am	Break	1:25 – 2:00 pm	<p>Breakout Session 1: Small Group Key Topic Discussions on Implementation Strategies</p> <p><i>Co-facilitated by IL perinatal network administrators, educators, and Neo providers</i></p> <ul style="list-style-type: none"> - 36 is the new 48: Moving to a 36-hour rule-out - BASIC Clinical Culture Change: Leveraging Education, Debriefs, and Data - “We only see a few babies”: Making your data work for you - Strategies to get the most out of the ILPQC Data System - Implementation strategies for Early Onset Sepsis Risk Assessment in newborns <35 weeks - MNO-Neonatal Sustainability: Optimizing Coordinated Discharge Plans - Taking the first steps to bring parents alongside us in our QI journey
9:40 – 9:55 am	<p>The Challenge of Increasing Maternal OUD Rates in Illinois: Continuing our MNO-Neonatal work</p> <p>Leslie Caldarelli, MD; Justin Josephsen, MDs</p>	2:00 – 2:05 pm	Break
9:55 – 10:40 am	<p>Bringing parents alongside us in our QI journey</p> <p>LaToshia Rouse, CD(DONA)</p>	2:05 – 2:40 pm	<p>Breakout Session 2: Small Group Key Topic Discussions on Implementation Strategies</p> <p><i>Co-facilitated by IL perinatal network administrators, educators, and Neo providers</i></p> <p>(See above sessions)</p>
10:40 – 10:55am	<p>The Right Antibiotics, Right Babies, Right Amount of Time: Going for the Gold in October</p> <p>Leslie Caldarelli, MD; Justin Josephsen, MDS</p>	2:40 – 2:45 pm	Break
10:55 – 11:15am	QI Awards	2:45 – 3:00 pm	<p>Wrap-up, evaluation, and raffle: Going for Gold with BASIC and what’s next for neonatal teams?</p> <p>Leslie Caldarelli, MD; Justin Josephsen, MD</p>
11:15 – 12:30 pm	Virtual Storyboard Review & Lunch		

Neonatal Day Breakout Sessions

- 36 is the new 48: Moving to a 36-hour rule-out
- BASIC Clinical Culture Change: Leveraging Education, Debriefs, and Data
- “We only see a few babies”: Making your data work for you
- Strategies to get the most out of the ILPQC Data System
- Implementation strategies for Early Onset Sepsis Risk Assessment in newborns <35 weeks
- MNO-Neonatal Sustainability: Optimizing Coordinated Discharge Plans
- Taking the first steps to bring parents alongside us in our QI journey

Face to Face Preparation



Face-to-Face 2022 Neonatal Storyboard Template

<Hospital Logo> <Hospital Name> ILPQC 2022
Neo Storyboard

2. Hospital & QI Team Overview

<Fill in BASIC QI Team & Roles.>

<List your **biggest accomplishments** this year / since last Face to Face and what you are **looking forward to working on** in the last 6 months of the year>

3. BASIC Data

<Share data on progress towards achieving BASIC measures. Please use graphs when possible>

4. BASIC Strategies

<Describe specific strategies for implementing key BASIC structure measures>

5. MNO-Neo Sustainability

<Share your MNO-Neonatal Sustainability Data & Plans>

Instruction sheet available too!

- BASIC QI Team and Roles
- Biggest accomplishments this year & what are you looking forward to working on in the last 6 months of the year
- Data & progress towards achieving BASIC measures
- Strategies for implementing key BASIC structure measures
- MNO-Sustainability Data & Plans

Update on BASIC Progress

BASIC Data Collection Updates

- We are listening to you!
- Working have updated the newborn data form to **remove** questions that may be **time consuming** to collect and less directly tied to achievement of initiative aims including:
 - Maternal risk for EOS questions
 - Newborn antibiotic prescribing rationale
 - Additional criteria
- We have updated the paper data form and hid questions on the REDCap data form.
- 10 of 40 (25%) questions were removed.
- Please reach out with any questions!

BASIC QI Recognition Awards

- All structure & patient-level data entered for Baseline-March 2022 due May 2nd, 2022, at Midnight
- Key Structure Measures "In Place":
 - Standardized Family Education Process
 - EOS Risk Assessment Protocols for ≥ 35 and < 35 Newborns
 - Standardized Dosing Guidelines
 - Antibiotic Discussions/Time Outs Protocol
 - Standardized Automatic Stop Order Process
- Achievement of process and outcome level measures (Based on Jan – March 2022 data)
 - $\geq 80\%$ of neonatal/pediatric providers and nurses educated
 - 20% reduction (or absolute rate of $\leq 4\%$) in newborns ≥ 35 weeks who receive antibiotics
 - 20% reduction in newborns with a negative blood culture who receive antibiotics for > 48 hours
 - $\geq 80\%$ of newborns with the anticipated duration of antibiotic course discussed by clinical team (antibiotic time out)
 - $\geq 80\%$ of newborns with an automatic stop order entered into the medical chart



F2F Award Criteria:

- Data complete
- Structure measures in place
- At least 3 process/outcome measures achieved

BASIC Data Review: Structure Measures

Going Well:

>35 Risk Assessment Protocol: 77% In Place

<35 Risk Assessment Protocol: 73% In Place

Standardized Dosing Guidelines: 87% In Place

Need to Focus On:

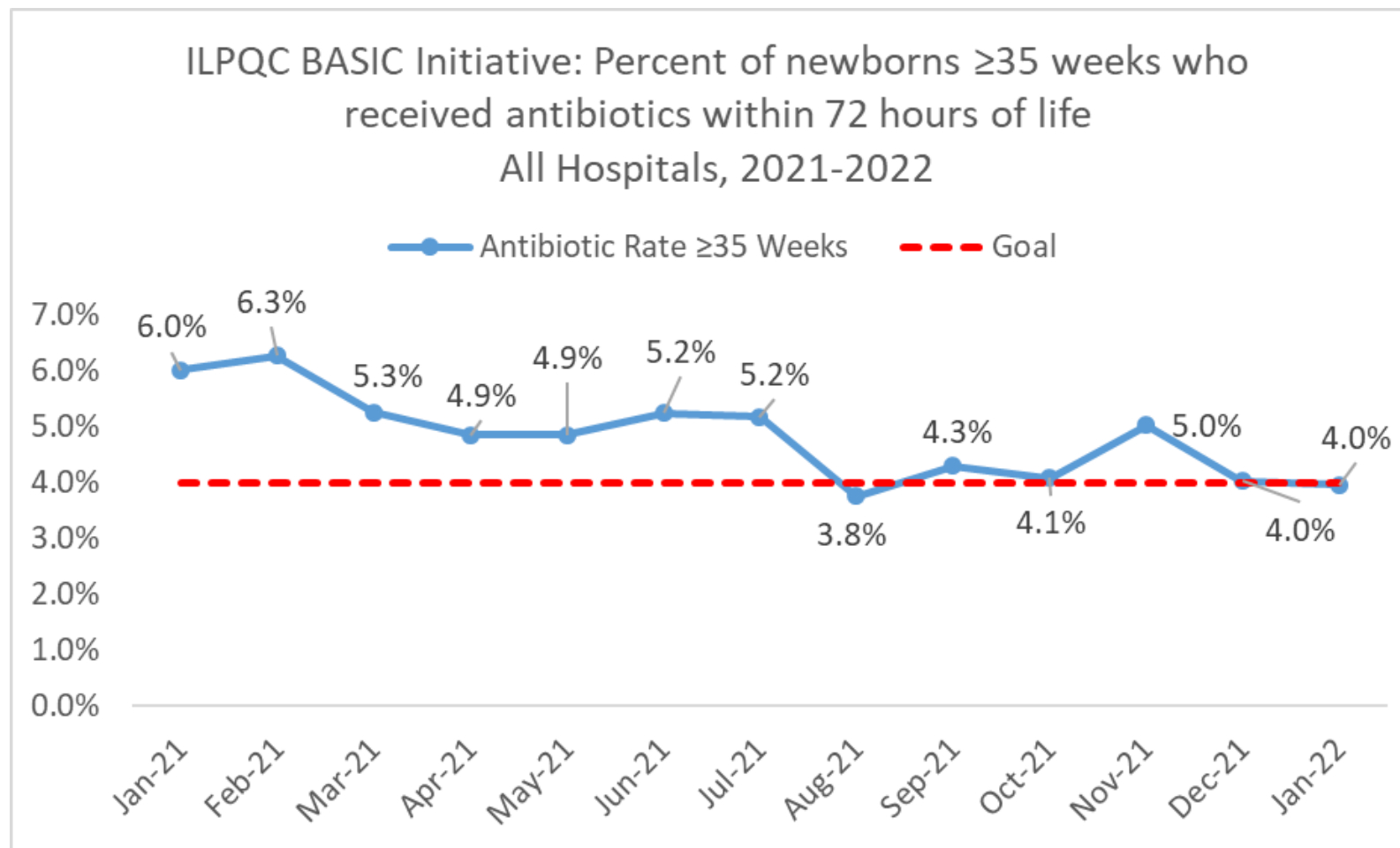
Antibiotic Time Outs: 60% In Place

Automatic Stop Orders: 60% In Place

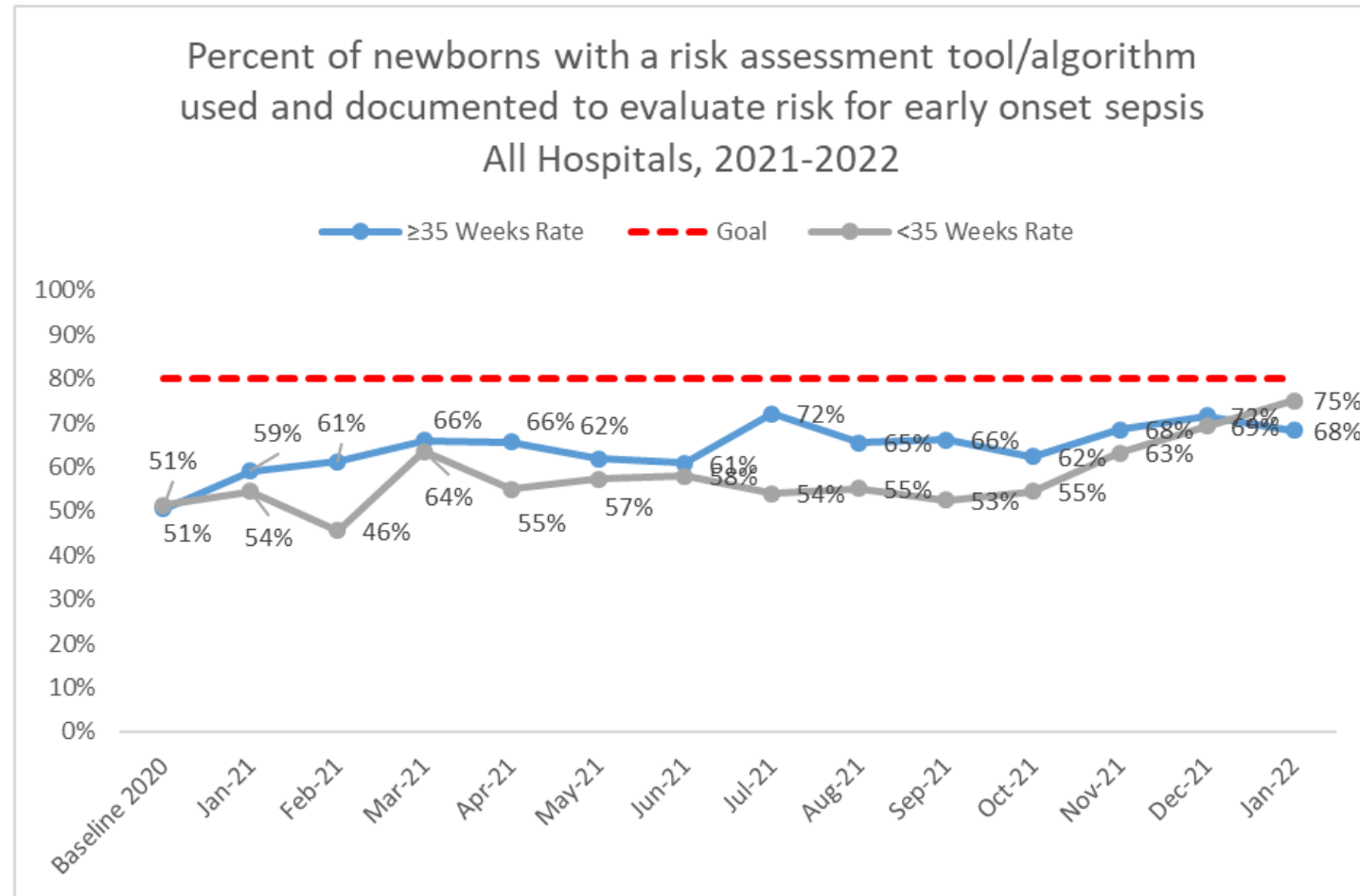
Family Education: 50% In Place

Healthcare Team Education: 56% In Place

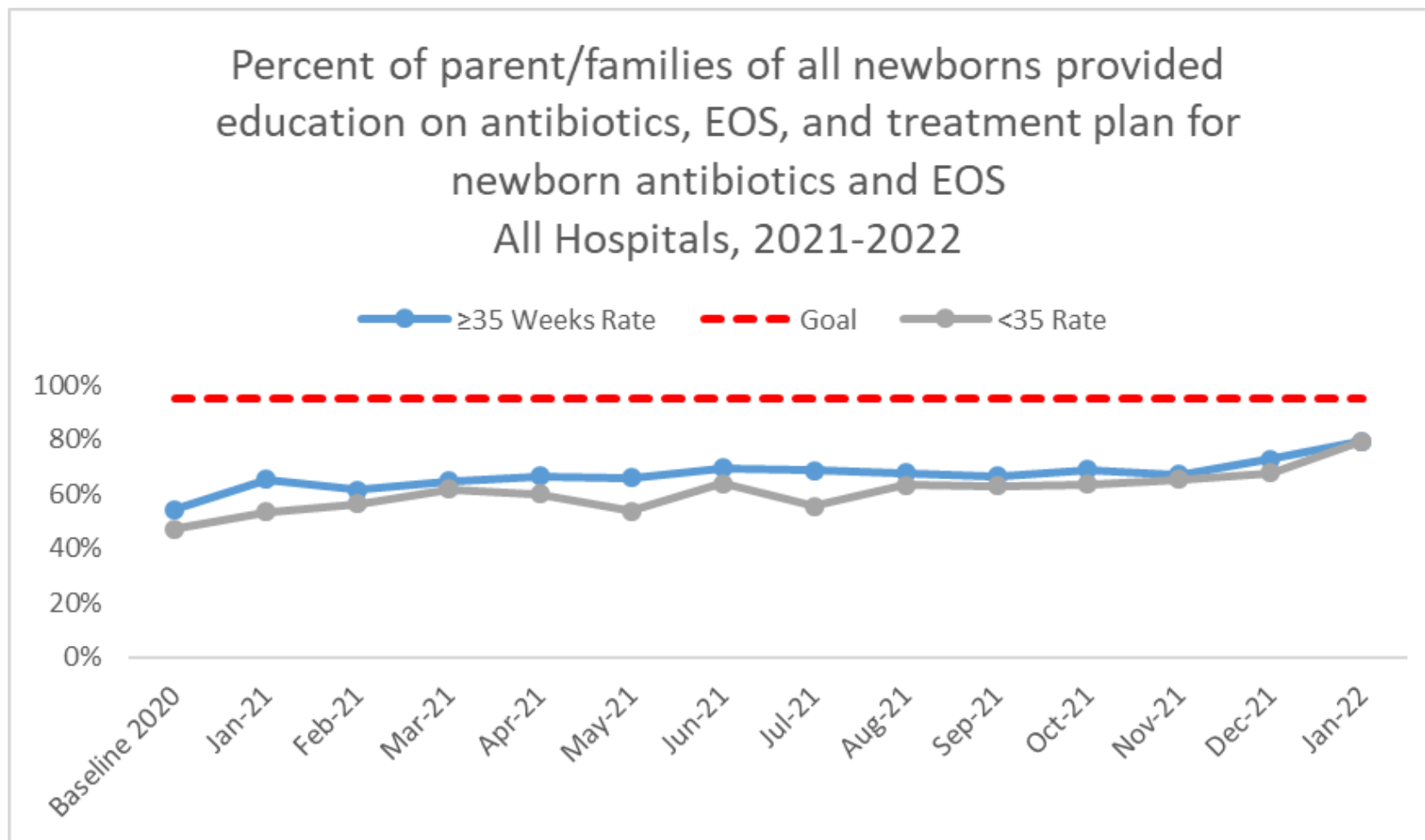
Progress towards achieving BASIC: ≥35 ABX Prescribing



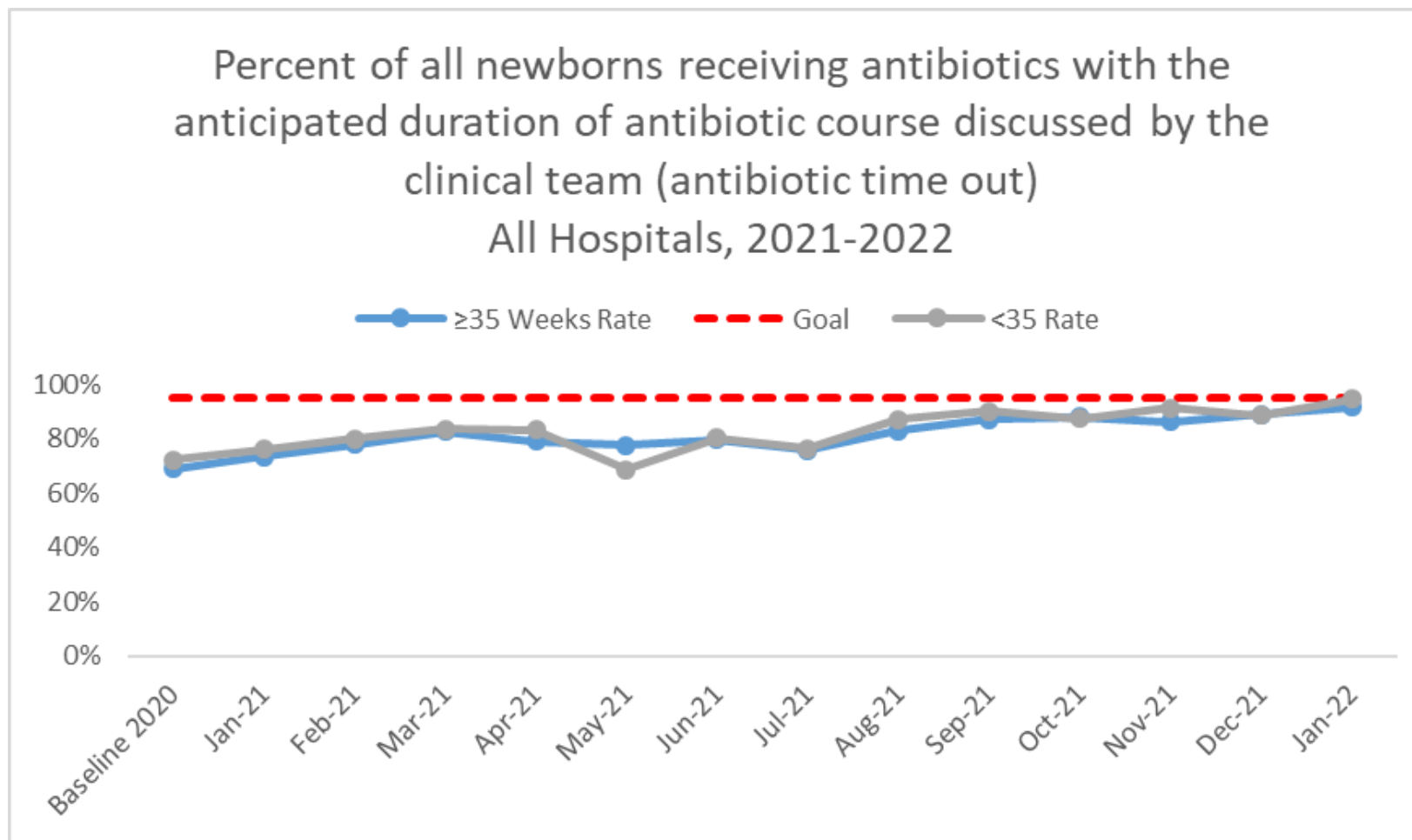
Progress towards achieving BASIC: EOS Risk Assessment



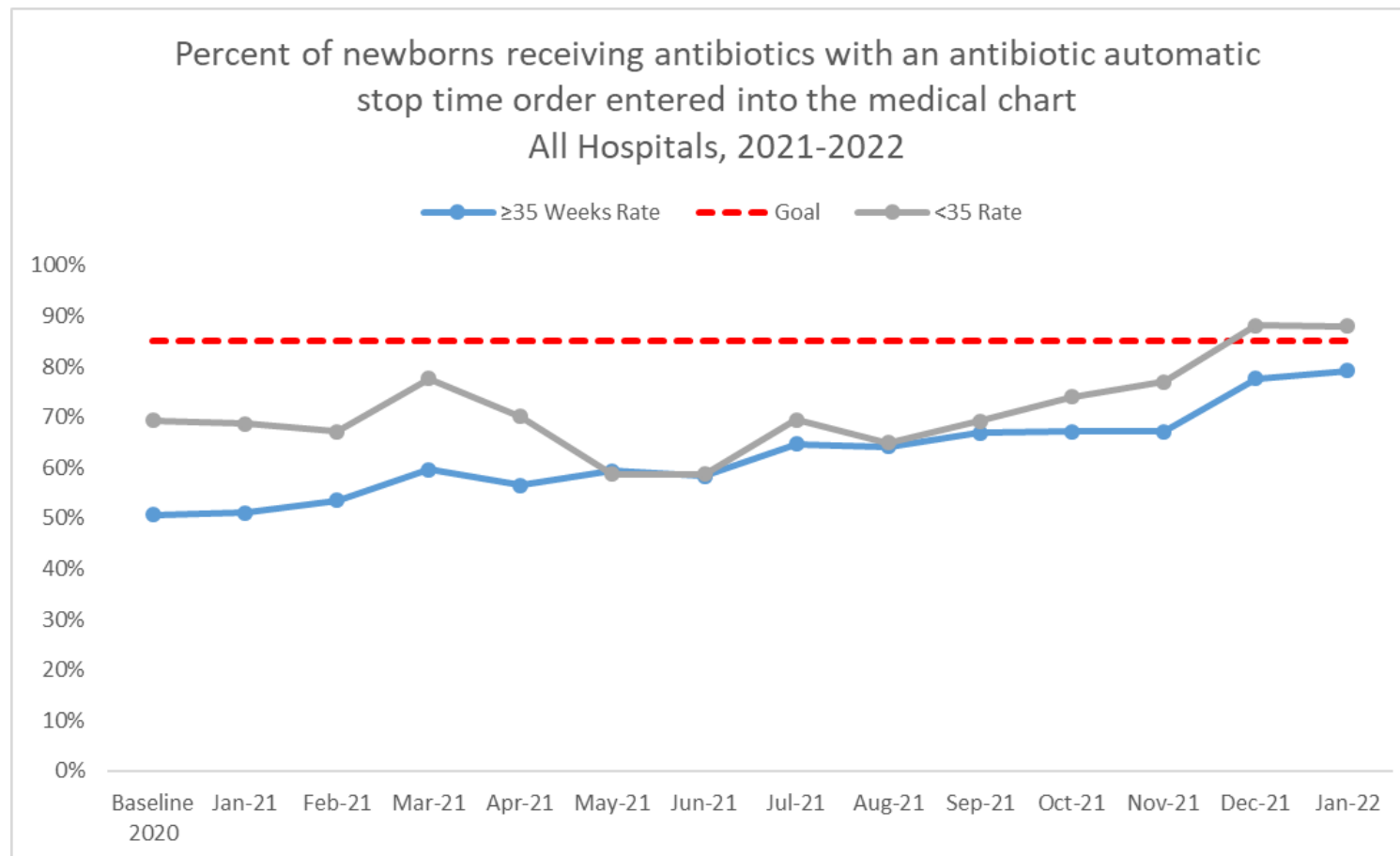
Progress towards achieving BASIC: Family/Caregiver Education



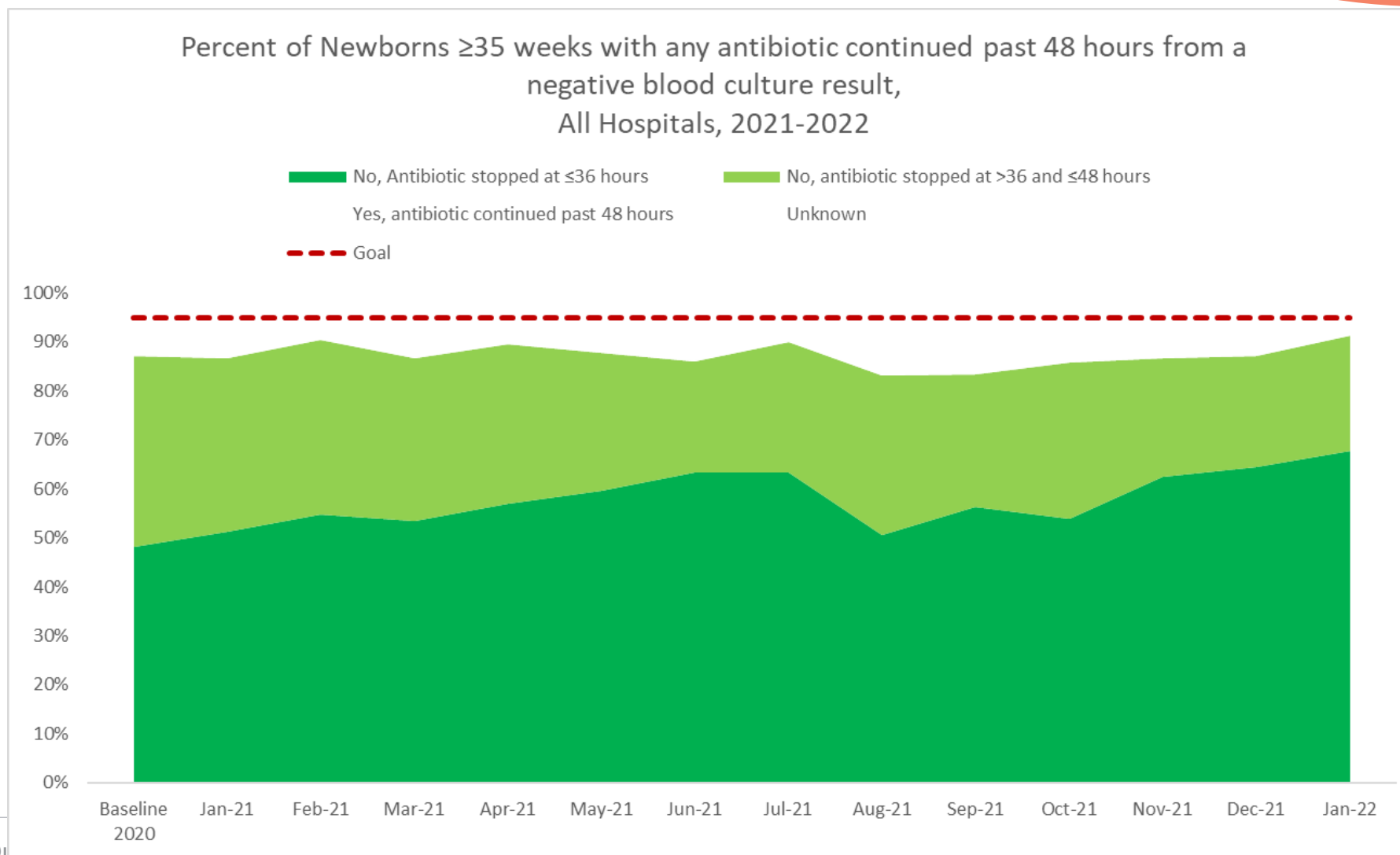
Progress towards achieving BASIC: ABX Time Out



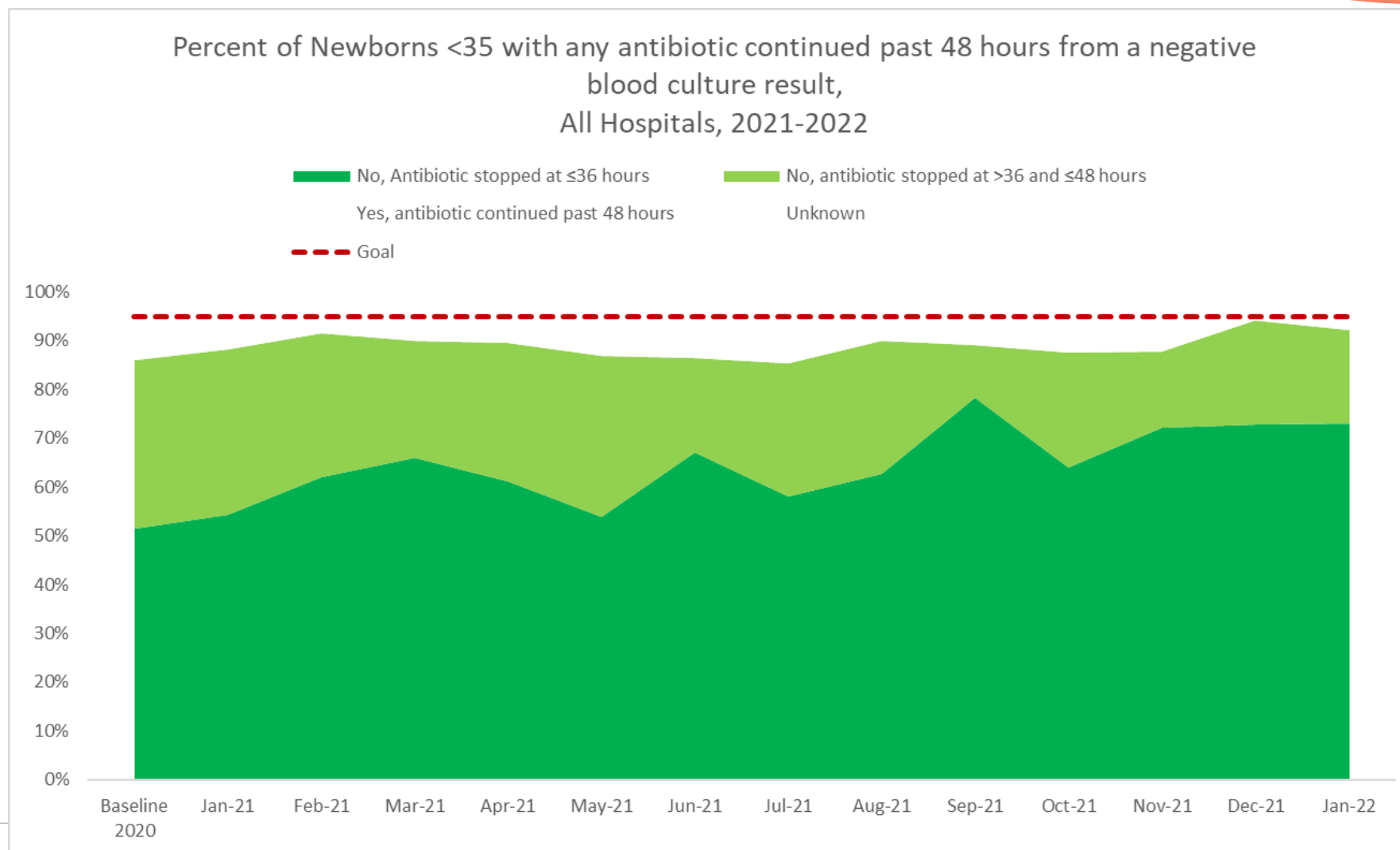
Progress towards achieving BASIC: Automatic Stop Order



Progress towards achieving BASIC: ≥35 ABX Discontinued



Progress towards achieving BASIC: <35 ABX Discontinued



The BASIC Roadmap: Checking Progress

We use QI Award criteria to understand where the collaborative is at with achieving initiative goals. As of December 2021...

- 54 of 82 (66%) of BASIC teams have submitted at least all Baseline & and 2021 data for either patient **or** structure measures
- 30 of 82 (37%) of BASIC teams have submitted **all** Baseline & and 2021 data for either patient or structure measures

Among the 30 teams with all data submitted:

- 10 (33%) have all 6 key structure measures in place
- 20 (66%) have at least 1 of the measures in place
- 29 (97%) have >80% education for providers & nurses

Partnering with Private Pediatricians



Engaging Pediatricians key steps

1. Education on the importance of antibiotic stewardship

2. ILPQC BASIC initiative key aims and measures

3. What is the role of the private pediatrician in antibiotic stewardship?

1. Educate on the Importance of Neonatal Antibiotic Stewardship

- Antibiotics are essential in fighting infections in newborns, but wide variations in antibiotic prescribing for newborn infections can lead to unnecessary or prolonged antibiotic exposure resulting in short- and long-term adverse outcomes such as:
 - Separation of parents and baby
 - Reduction in breastfeeding and increase in formula supplementation
 - An increase in longer term chronic conditions including asthma, allergies, and obesity
 - Antibiotic resistance
 - **Impaired development of the intestinal microbiome**

2. Share the Aims of the BASIC Initiative

- Decrease the number of newborns born at ≥ 35 weeks who receive antibiotics
- Decrease number of newborns with a negative blood culture who receive antibiotics for longer than 36 hours



Right Antibiotic for the **Right Baby** at the **Right Time**

3. Role of the Private Pediatrician

- ☐ Be informed about current evidence-based guidelines regarding antibiotic stewardship
- ☐ Know assessment tool methodology used at the hospital
 - ❖ Categorical Risk Assessment
 - ❖ NEOSC
 - ❖ Enhanced Observation
- ☐ Use NEOSC for every baby and follow recommended guidelines
- ☐ Utilize order sets and tools, including automatic stop time, to assist in appropriate antibiotic administration
- ☐ Educate all parents and caregivers

Standardizing Parent/ Caregiver Education Process

How can we make sure EVERY parent and caregiver is receiving adequate education on why their baby is getting antibiotics?

Have parent education handout printed and readily available on the unit in both English and Spanish

Post QR code to parent education video in the nursery for easy access

Utilize current patient education tools (e.g. iPad) to share parent education videos in both Spanish and English

Document education and use of specific educational materials in the EMR

New ILPQC Tool to Engage Private Pediatricians!

- This education/communication tool includes key information about the BASIC initiative and the role of the private pediatrician in antibiotic stewardship
- Make available in the newborn nursery for providers
- Use as just-in-time education
- Send out to private pediatrician offices
- Make to sure to communicate any specific processes to your hospital with your private pediatricians

Babies Antibiotic Stewardship Improvement Collaborative (BASIC)



PEDIATRICIANS IMPROVING ANTIBIOTIC USE TO HELP BABIES THRIVE

Your hospital is participating in the Illinois Perinatal Quality Initiative (ILPQC) statewide neonatal quality improvement initiative implementing current evidenced-based antibiotic guidelines from the CDC and AAP to provide the appropriate antibiotics, to appropriate newborns, for the appropriate length of time.



BASIC Initiative Aims:

- ↓ Decrease by 20% 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 longer than 36hrs

Why Neonatal Antibiotic Stewardship?

Antibiotics are important in fighting infections in newborns, but wide variations with antibiotic prescribing can lead to unnecessary or prolonged exposure, resulting in adverse outcomes:

- Separation of parents and baby
- Reduction in breastfeeding and increase in formula supplementation
- Antibiotic resistance
- Impaired development of intestinal microbiome leading to increased risk of NEC
- Increase in longer term chronic conditions including asthma, allergies, and obesity

WHAT YOU CAN DO!

- Connect with your hospital's **BASIC QI Team** and learn how to get involved.
- Stay informed with **Current Evidence-Based Antibiotic Guidelines**.
- Know the **Assessment Tools & Resources** used at your hospital:
 - Early Onset Sepsis (EOS) Risk Assessments
 - Neonatal Early Onset Sepsis Calculator (NEOSC)
 - Enhanced Serial Observations
 - Antibiotic "Time-outs" at 36 hrs
 - Automatic Antibiotic Stop Time
- **Educate Parents and Caregivers** about EOS and antibiotic use.
- Access the **ILPQC BASIC Toolkit** for more resources (www.ilpqc.org/basic2021)



PEDIATRICIANS are vital to **ACHIEVE THE GOAL** of **RIGHT ANTIBIOTICS** to the **RIGHT BABIES** for the **RIGHT LENGTH OF TIME!**

OSF St. Francis Medical Center

Shelly Shallat, MD

Engaging Pediatricians in Nursery Quality Improvement

Shelly Shallat MD FAAP CLS

Medical Director of Newborn Nursery, Newborn Hospitalist,
OSF Healthcare Children's Hospital of Illinois

Newborn Nursery Resident Education Director, Clinical
Assistant Professor of Pediatrics, University of Illinois College
of Medicine Peoria

OSF St. Francis Medical Center Newborn Care Peoria, IL

Newborn nursery

37 bed private-room unit

Central Nursery with 4 Level 2 beds

Approximately 2200 Admissions per year

Newborn Care is provided by newborn hospitalists (85% of admissions), outpatient pediatricians, and neonatologists

NICU

64-bed private-room unit

Level III NICU and a Level II Intermediate Care Unit

Approximately 800 Admissions per year

Newborn Care is provided by neonatologists and nurse practitioners

U of I College of Medicine Peoria

Pediatric residents and medical students

Neonatology and Pediatric Hospitalist Fellowships

Antibiotic Stewardship – October 2016

Problem Statement

Antibiotic administration to newborns is not without harm. Changes to the microbiome and negative effects from separating moms from babies result. CDC recommendations and current practice result in overuse of antibiotics. Antibiotics should be used judiciously.

SMART AIM Statement

To decrease: Antibiotic Usage Rate

From: 65

To: 50

By: December 2018

In: Newborns > 36 wks born at SFMC and admitted to the post partum unit (not NICU)

Outcome Measures

Antibiotic Usage Rate (Antibiotic Days/1000 Patient Days)

Readmission rates

NICU transfers with delayed recognition of sepsis



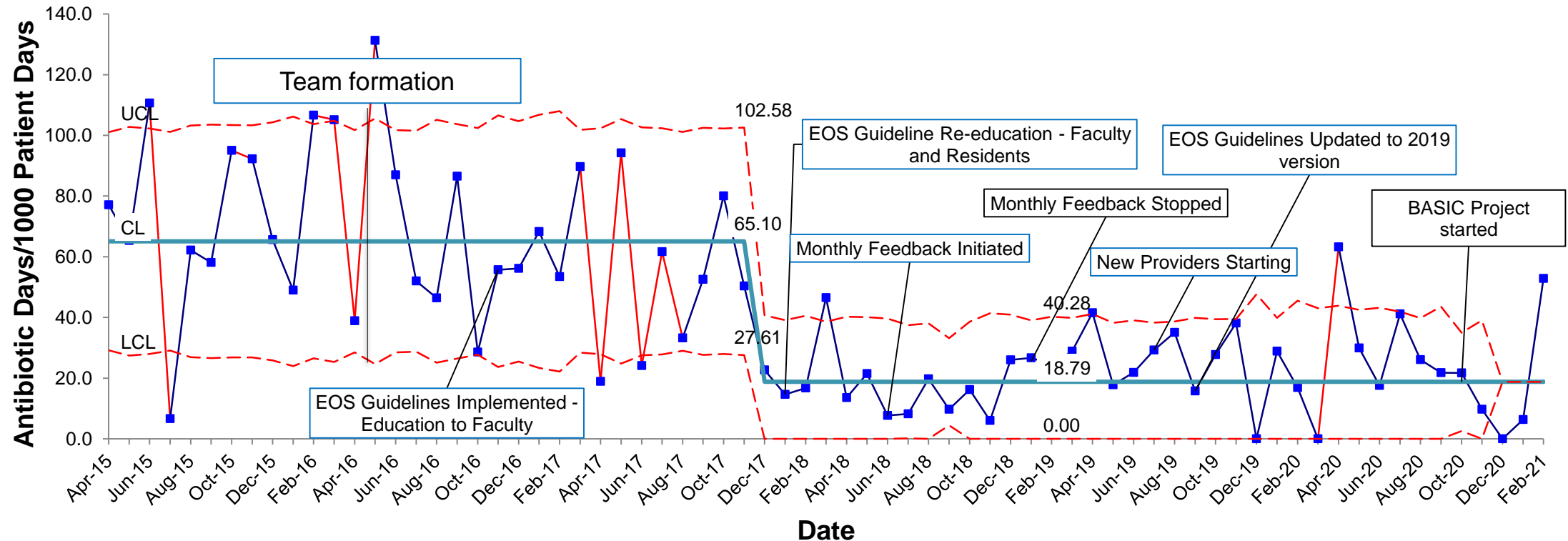
ARTICLE | JULY 01 2017

Chorioamnionitis and Management of Asymptomatic Infants ≥ 35 Weeks Without Empiric Antibiotics **FREE**

Amanda I. Jan, MD ; Rangasamy Ramanathan, MD; Rowena G. Cayabyab, MD

Antibiotic Stewardship - ILPQC

Newborn Nursery Antibiotic Usage Rate - u Chart



Start Up Plan

1. Team Development

Pediatrician champion with Neonatology and Nurse Leadership for project development and PDSA cycles

1. Buy-in
2. Add Perspective
3. Agree on common messaging
4. Speak to their peers

2. Communication - Pediatrician champion to communicate project to pediatricians- gathers feedback

1. Newborn Hospitalist group
2. Rounding physicians
3. Mode of Communication – meetings/email/hallway conversations

Implementation/Ongoing Communication

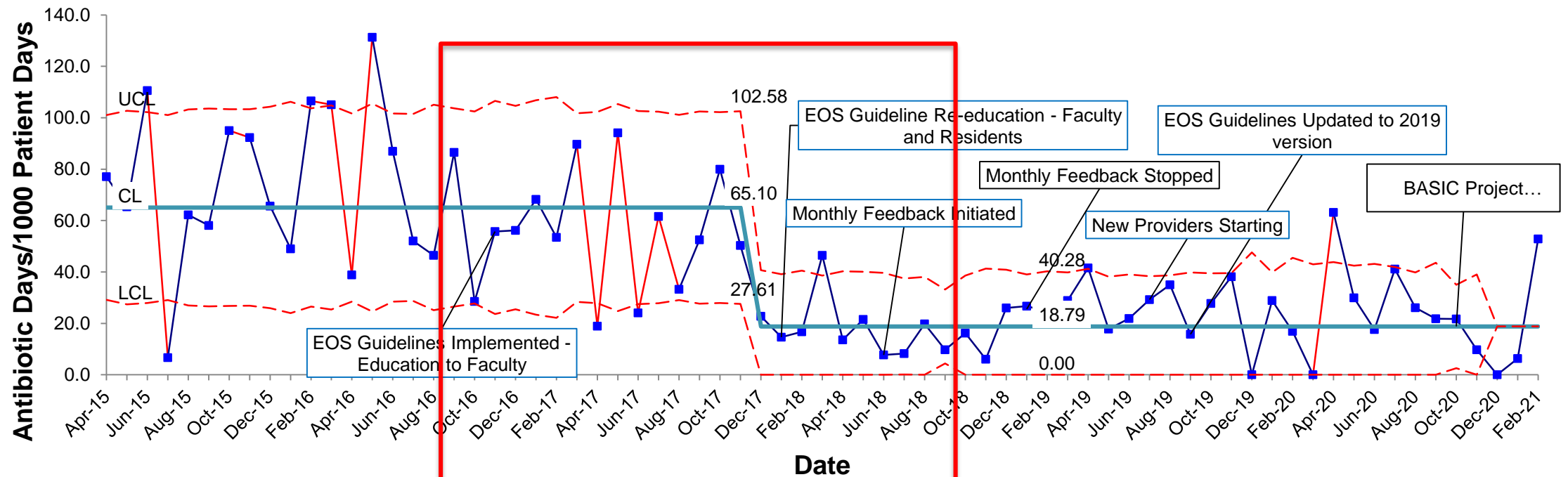
3. Standing Agenda item - REPEAT
 1. Hospitalist/Newborn Committee meetings(Neos/Nurse leaders)/Pediatric Department meeting
 1. Minutes – incorporate graphs
 2. Email communications

Wednesday January 11th, 2022 Newborn Committee Agenda	
Time	Topic
11:30	Reflection/Approval of minutes
11:30	NBC 2021 Goals Review
	NBC 2022 Goals Plan
11:40	Standing Reports
	COVID Vaccination Rates
	Census Level 1/Level 2
	Hepatitis C testing
	NICU Transfers
	Hyperbilirubinemia
	Antibiotic Usage
	Readmissions
	Vitamin K Refusal Rates

Use the Data

4. Separate the data from the NICU
5. Share data/outcomes of early adopters
6. Share balancing measures
7. Share directed data/feedback

Newborn Nursery Antibiotic Usage Rate - u Chart



Sustainability

6. Make the work the path of least resistance
 1. Order sets – embed rationale and tools
 2. Automatic stop times – abx
 3. ESC flowsheet in EMR – MNO
 4. Add Hepatitis B to nursing standing orders on admission with Vitamin K and Emycin
7. Keep talking about it

PROCESS!

ILPQC Pediatrician Engagement

- Survey who covers nurseries in Illinois
- Directly engage newborn hospitalists via ILPQC communications
- Neonatologists/Nurse leaders to collaborate/invite participation
- Depending on project – consider separating out Nursery from NICU in data

Hinsdale Hospital

Laura Cronin, MSN, RNC-NIC



Implementing BASIC at Hinsdale Hospital

Laura Cronin, MSN, RNC-NIC

Manager NICU/Pediatrics

Introduction

- Hinsdale Hospital NICU's journey in antibiotic stewardship began back in late 2017. Seeking a QI initiative, the antibiotic stewardship team was created and consisted of the NICU educator, an antimicrobial pharmacist, a neonatologist, and group of new graduate NICU nurses that needed an evidence-based practice project.
- The first task for the team was to examine the NICU baseline data of positive cultures from 2015-2017. After reviewing the data, the team agreed to proceed with decreasing the rule-out sepsis period from 48 hours to 36 hours., resulting in one less dose of Ampicillin and one less dose of gentamicin for EOS at birth.
- The team instructed the neonatologists to use the Kaiser Permanente Newborn Sepsis Calculator and identify maternal risk factors to determine the infant's risk for EOS. With these implementations, the NICU went from performing septic workups on 96.2% of patients admitted to the NICU to 83% of patients.
- Finally, with the QI initiative, the NICU saw 42.8% of all patients admitted to the NICU being treated with antibiotics for EOS, which was down from 56.8% of all patients.

Where are we now?

With the launch of the BASIC initiative, Hinsdale Hospital's NICU is in a sustainability phase, which is to have a goal of less than 4% overall antibiotic rate. At this stage we no longer have the need for a robust team, so the BASIC team consists of the NICU educator, manager, and neonatologists.

QI Team

- Each month the NICU leadership team meets for our level III quality meeting. This meeting consists of the Director for Women and Children's, the NICU manager, the NICU educator, pharmacy, and neonatology. During this meeting we discuss the QI projects that we are performing currently and suggest areas that we would like to focus on in the future.
- The NICU nurses recently relaunched their unit-based governance, which is empowering the bedside nurses to have a voice in what QI projects they would like to see implemented.

Parental Education

- We strive to be as paperless as possible in the NICU, so we currently do not handout an educational pamphlet on BASIC.
- We do educate every family that has a baby being treated for EOS on antibiotic use and the treatment plan. This is documented in the neonatologist's note.

What about Private Pediatricians?

At Hinsdale for neonates, we haven't had to work hard at getting private pediatrician's buy in on BASIC because we do not have neonates in MBU receiving antibiotic therapy. Every patient that meets criteria for treatment of EOS is transferred to the NICU.

However, our private pediatricians are involved in BASIC since our pediatric hospitalists created algorithms on clinical pathway for pediatric community acquired pneumonia, ED clinical and IP clinical pathway for pediatric skin soft tissue infection, ED and IP clinical pathway for pediatric UTIs. These algorithms are distributed to our ED and all private practice pediatricians on staff at the hospital.

Wrap-up and Next Steps

Upcoming Call Schedule

Date	Topic
April 18 2022, 2-3 PM	Integrating the NEOSC into the EMR
May 26, 2022	ILPQC 2022 Face-to-Face Meeting

Next Steps for BASIC

q Review Face-to-Face to-dos!

- q Registration Open April 4th

- q Submit QI Data by May 2nd

- q Submit QI Storyboard by May 11th

- q Submit team photo by May 11th (to be included in raffle!)

- Continue working towards goals to be achieved by Face-to-Face

- Review Structure Measures and Face-to-Face Award Criteria

- Continue with QI Team meetings and data sharing

Thanks to our Funders



In kind support:

