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| **ILPQC Equity and Safe Sleep for Infants (ESSI)** **Monthly Infant Data Form** |
| **Data Collection Instructions:****Eligibility criteria: Collect data from infants discharged to home / caregiver. \*This is a different process than the Sleep Environment Audit conducted on the ESSI Monthly Hospital Data Form.\*****Exclusion Criteria: Infants who died before discharge or transferred to other hospitals for care and / or infants with complex medical / surgical issues (e.g., genetic abnormalities, congenital heart disease). Exclude infants discharged from a pediatric unit.** The goal is to review a sample of 20 infants a month from each neonatal unit (e.g., NICU, Special Care Nursery, Infant Nursery, postpartum)* Example 1: If your hospital has **100 neonates discharged in a month**, then divide 100 by 20=5 and you will select every 5th newborn discharge for that month from each unit that discharges neonates
* Example 2: If your hospital has **35 neonates discharged in a month**, then 35 divided by 20 is 1.75 and you will select every 2nd newborn discharge for that month from each unit that discharges neonates
 |
| REDCAP Identifiers  |
| Hospital ID Number | Hospital ID Number: \_\_\_\_\_\_\_\_ |
| Infant Demographics  |
| Unit infant was discharged from | * Neonatal Intensive Care Unit (Level 3/4)
* Intermediate Care/Special Care Nursery (Level 2/2E)
* Infant Nursery (Level 1)
 |
| Date of Infant Discharge (MM/DD/YYYY) | Date of Infant Discharge \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Date of Birth (MM/DD/YYYY) | Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Gestational age at birth (weeks) | Gestational age, weeks: \_\_\_\_ |
| Infant Ethnicity (select one) | * Hispanic
* Non-Hispanic
* Unknown Ethnicity
* Declined
 |
| Infant Race (Select all that apply) | * Asian
* Black
* Native American or American Indian
* Native Hawaiian or Pacific Islander
* White
* Other Race: \_\_\_\_
* Unknown Race
* Declined
 |
| **Birthing Person Demographics**\*Please complete this information to the best of your ability. If you don’t have access to specific birthing person data, please mark “Unknown” |
| Health Insurance Type (select one) | * Private Insurance
* Public Insurance (Medicaid)
* Self-Pay
* Uninsured
* Unknown
 |
| Birthing Person Ethnicity (select one) | * Hispanic
* Non-Hispanic
* Unknown Ethnicity
* Declined
 |
| Birthing Person Race (select all that apply) | * Asian
* Black
* Native American or American Indian
* Native Hawaiian or Pacific Islander
* White
* Other Race: \_\_\_\_
* Unknown Race
* Declined
 |
| Measures |
| Parent(s)-reported infant race & ethnicity documented in the infant medical record | * Yes
* No
 |
| What was the parent or caregivers’ preferred language to receive medical updates | * English
* Spanish
* Polish
* Arabic
* Urdu
* Other: \_\_\_\_\_\_\_
* Not documented
 |
| Documentation of a qualified interpreter used to provide safe sleep education to the parent or caregiver | * Yes
* No
 |
| Documentation of parents or caregivers reporting an understanding of a safe sleep environment | * Yes
* No
 |
| Please answer the following in regard to safe sleep |
| Documentation of a conversation with parents or caregivers about adjustment to life with a newborn and safe sleep outside of the hospital | * Yes
* No
 |
| If specific anticipated challenges were identified, was there documentation of resources and guidance shared with parents or caregivers  | * Yes
* No
 |
| Please answer the following in regard to Social Determinants of Health |
| Documentation in the infant chart of social determinants of health (SDOH) screening completed | * Documented / SDOH needs identified
* Documented / No SDOH needs identified
* Not Documented
 |
| Parent or caregiver with SDOH needs identified have documentation of linkage to needed resources/services in the infant chart | * Yes
* No
 |
| Documentation of ESSI bundle components in the discharge summary | * Yes
* No
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Data Dictionary:

* Race and ethnicity:
	+ Declined: documented as declined​
	+ Unknown: race not documented in medical record
* Insurance:
	+ Including Medicaid managed care organizations in public insurance
	+ Connect with billing for list of what is included​
* Parent Reported infant race and ethnicity:
	+ birth certificate reviewed and entered into newborn chart, parent is asked and race is entered into newborn chart​
* Documentation of a conversation with parents or caregivers about adjustment to life with a newborn and safe sleep outside of the hospital:​
	+ Asking parents about their plans for safe sleep outside of the hospital and discussing anticipated challenges or barriers to safe sleep, sharing recommended safe sleep practices specific to their personal situation​
* ESSI Bundle:
	+ Parents or caregivers report an understanding of a safe sleep environment.
	+ Family is prepared for a transition to home, including SDoH screening and resource linkage.
	+ Communication to primary care provider completed