

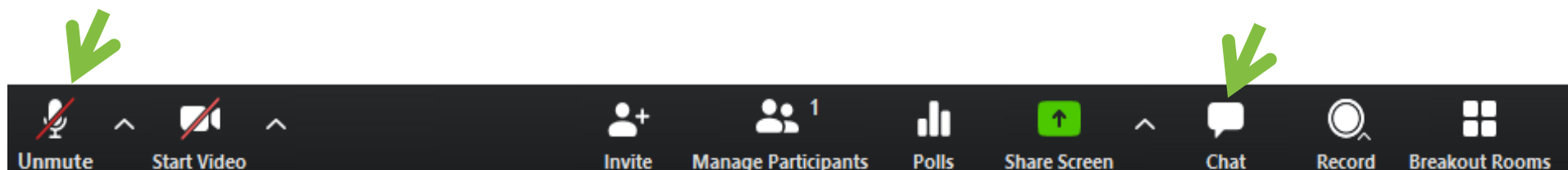


Neonatal Initiatives

Action Period Call
January 24th, 2024
12:00 – 1:00 PM CT

Welcome

- Please type your **name** and the **organization** you represent in the chat box and send to "Everyone."
- Please click on the three dots in the upper right corner of your Zoom image, click "Rename" and put your name and organization.
- Please also do for all those in the room with you viewing the webinar.
- Attendees are automatically muted to reduce background noise.
- You may enter questions/comments in the "chat" box during the presentation. We will have a Q&A session at the end.
- Slides will be available via email and at <http://www.alpqc.org/initiatives/nhp>
- **We will be recording this call to share, along with any slides.**



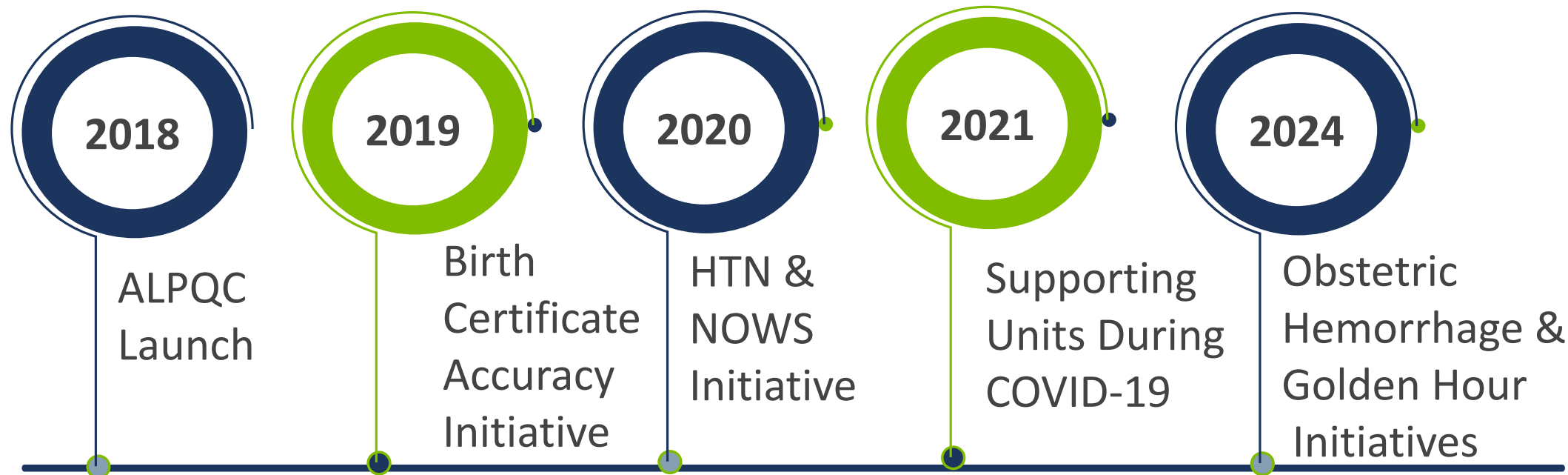
Agenda



Activity	Time
Welcome, Updates, & Reminders	12:00-12:10
Breakout Session	12:10-12:15
NOWS Recap & Sustainability	12:15-12:25
Initiative Introduction & Background	12:25-12:35
Data Measures and Reporting	12:35-12:45
Q&A	12:45-12:55
Next Steps	12:55-1:00

The ALPQC

The Alabama Perinatal Quality Collaborative (ALPQC) aims to share opportunities for education and training to advance the quality and safety of care through collaborative cooperation, evidence-based practices, and equitable approaches to care for mothers and babies in Alabama



Who We Are



Dr. Samuel Gentle,
Neonatology Lead



Caitlin Ballard, Quality
Improvement RN –
Neonatal Initiatives



Lora Ham, Quality
Improvement RN-
Obstetric Initiatives



Britta Cedergren,
Program Director



Mattie Logan,
Program Manager, Digital Media
Specialist



Destiny Bibbs,
Program Coordinator



Updates



Updates & Reminders

- Enrollment is still open for the neonatal initiatives, see alpqc.org for link to enrollment and additional information
- Sustainability reporting for NOWS 1st quarter (Oct-Dec 2023) due January 31, 2024
 - Survey sent out on Jan. 12th; revised version sent out Jan. 18th
- Baseline data (Dec-Feb 2024) due March 31, 2024
 - Survey to be sent out in February
- The ALPQC Quarterly Newsletter was sent out on December 13th, see for important updates and resources on all ALPQC projects and initiatives



ALPQC Success Stories

- 14 hospitals participated in the NOWS initiative; 24 have enrolled in the Neonatal Hypothermia Initiative to date
- 35 hospitals were represented at the ALPQC Summit last September where important updates and stories were shared among attendees.
- Due to this engagement and the success of these initiatives, the ALPQC has been given CDC funding for all initiatives through 2027! THANK YOU!

NOWS INITIATIVE	NHP INITIATIVE	
Ascension St. Vincent's Birmingham	Ascension St. Vincent's Birmingham	Marshall Medical Center North
Baptist Medical Center East	Baptist Medical Center East	Marshall Medical Center South
Brookwood Medical Center	Brookwood Medical Center	Medical Center Enterprise
D.W. McMillan Memorial Hospital	Crestwood Medical Center	Medical West Hospital
East Alabama Medical Center	DCH Regional Medical Center	Northport Medical Center
Helen Keller Hospital	Decatur Morgan Hospital	Russell Medical
Huntsville Hospital for Women & Children	East Alabama Medical Center	UAB
Jackson Hospital	Flowers Hospital	USA Children & Women's
Madison Hospital	Gadsden Regional Medical Center	USA Health Providence
Northeast Alabama RMC	Grandview Medical Center	Baptist Medical Center South
Southeast Health	Helen Keller Hospital	
Thomas Hospital	Huntsville Hospital for Women & Children	
UAB	Jackson Hospital	
USA Children & Women's	Madison Hospital	



Breakout Session



Breakout Session – 5 Minutes

- Select a breakout group!
 - Please introduce yourselves and share:
 - Name, Title, Facility
 - Has your facility participated in previous ALPQC initiatives?
 - What role will you play in the NHP or Expanded Delivery Room Initiative for your facility?
 - Please turn on your camera if possible



NOWS Recap & Sustainability



US Average vs NOWS Initiative



Measure	US Average	Initiative
Receiving or Referred to Addiction Services	69%	77%
Medication for Opioid Use Disorder	66%	71%
Pharmacologic Care	40%	40%
Days of Pharmacologic Care	18 days	6.3 days
Length of Stay	12 days	12.7 days





NOWS Sustainability

- 14 Hospitals across the state participated in our Neonatal Opioid Withdrawal Syndrome (NOWS) Initiative which began in September of 2022
- Entered the Sustainability phase in October of 2023
- Purpose of sustained data collection:
 - Accountability to the outcomes and data
 - Sustained progress to avoid regression to prior baseline





Sustainability Phase Data Submission

QUARTERLY REPORTING Process & Outcome Measures

Reported on <u>ALL</u> NOWS patients		Measurement Period	Reporting Due
Neonatal	Was a Collaborative Discharge Plan completed prior to discharge of infant? (see four components in Toolkit)	Oct – Dec 2023	Jan 31, 2024
	How many days old was the infant at discharge? (Birth is day “0”)	Jan – Mar 2024	April 30, 2024
		Apr – Jun 2024	Jul 31, 2024
Process	Was the patient referred to addiction services prior to maternal discharge?	July - Sep 2024	Oct 31, 2024
	Was Narcan counseling documented in the medical record prior to patient discharge?	Oct – Dec 2024	Jan 31, 2025

All Measures Reported by Race/Ethnicity





Sustainability Reporting

- Reporting Period: October-December 2023
- Survey was emailed on Jan 12th
 - Corrected survey sent out on Jan 18th
- Due January 31st, 2024
- If you did not receive an email with the link to the survey, please email info@alpqc.org






Initiative Introduction & Background



NHP Introduction

- Newborns are at the highest risk of experiencing hypothermia immediately after birth and are more prone to rapid heat loss due to many factors including having less subcutaneous fat, a higher body water content, and their metabolic mechanisms not yet being fully developed.¹
- With each degree decrease in body temperature, there is an 28% increase in the risk of infant mortality.²
- Standardized and early interventions are vital in the prevention, care, and management of neonatal hypothermia.³

1. Oliver et al. *Pediatr Clin North Am.* 1965.
2. Lupton et al. *Pediatrics.* 2007. PMID 17296783.
3. McCall et al. Cochrane Review. 2018. PMID: 29431872



Hypothermia Prevention Key Driver Diagram

Global Aims

To optimize care delivery practices for infants born in the state of Alabama.

SMART Aims

By July 1, 2025, in infants born at
1) Level I-II and 2) Level III+

1) Outcome measure: Reduce the proportion of infants that are hypothermic on admission by 20%
2) Balancing measure: Maintain the proportion of infants that are hyperthermic at delivery

Population

Infants born at delivery hospitals in the state of Alabama.

Drivers

Readiness: Optimize preparation prior to delivery

Management: Optimize support throughout delivery

Debrief: Real time identification of opportunities for improvement

Education: Provide resources to staff, patients, and families.

Interventions

Standardize delivery room temperatures

Checklist of supplies for delivery

Pre-warm radiant warmer to 100%

Use of warm towel to receive baby

Timely application of head cap

Temperature check at 10 min

Complete a debrief form for hypothermic deliveries

In hypothermic infants, check temperature every 10 minutes until normothermic

Systematic dissemination of best care practices to stakeholders

Systematic dissemination of hypothermia prevention performance

Golden Hour Introduction

- Early care practices that occur in the delivery room can improve long term outcomes in preterm infants
- Delayed cord clamping can reduce both mortality and risk for intraventricular hemorrhage.¹
- Bronchopulmonary dysplasia, the most common lung disease of prematurity, impacts 50% of extremely preterm infants² and increases risk for poor long term neurodevelopment.³
- CPAP, compared to intubation, has been shown to decrease the incidence of BPD in extremely preterm infants.⁴

1. Rabe et al. Cochrane Review. 2019. PMID: 31529790.

2. Horbar et al. *Pediatrics*. 2012. PMID: 22614775.

3. Jensen et al. *AJRCCM*. 2019. PMID: 30995069.

4. Subramaniam et al. *Cochrane Review*. 2021. PMID: 34661278



Global Aims

To optimize care delivery practices for infants born in the state of Alabama.

SMART Aims

By July 1, 2025, in infants born at <32w GA:

- 1) Outcome: Increase the proportion of infants receiving delayed cord clamping by 20%
- 2) Outcome: Reduce the proportion of infants that are intubated at delivery by 20%
- 3) Outcome: Reduce the proportion of infants with intraventricular hemorrhage by 20%

Population

Infants born at delivery hospitals in the state of Alabama born at ≤ 30 w gestational age.

Golden Hour Key Driver Diagram

Drivers

Preparation for high risk deliveries

Standardization of delayed cord clamping process

Noninvasive respiratory support optimization

Real time identification of opportunities for improvement

Provide resources to staff, patients, and families

Interventions

Checklist for high risk deliveries

Brief all deliveries of infants born at <32 weeks' gestation

Guidelines with clear inclusion/exclusion criteria

Script for L&D and NICU communication that includes DCC

Guidelines for intubation criteria

Use of CPAP within 60s after birth

Continuous monitoring within 2 minutes after birth

Avoidance of intubation if possible

Debrief all deliveries of infants born at ≤ 30 weeks' gestation

Systematic dissemination of best care practices to stakeholders

Systematic dissemination of care practice performance

2024

January

February

March

April

May

June

July

August

Sep

October

Nov

Dec

Learning Session 1

Learning Session 2

Webinar 1:
Why Hypothermia Matters, REDCap

Webinar 4:
External Speaker

Webinar 5:
Previous Initiatives

Webinar 8:
TBD

Webinar 2:
Preventing Hypothermia

Webinar 6:
Expanding Our Focus

Webinar 9:
TBD

Webinar 3:
Baseline Data Review,
Model for Improvement

Webinar 7:
External Speaker

Initiative Agenda





Key Documents and Getting Started

www.alpqc.org/initiatives/nhp

Initiative Enrollment

KEY DOCUMENTS

- [Neonatal Hypothermia Prevention Charter](#) – Updated 12/12/2023
- [NHP Getting Started](#) – Updated 12/14/2023
- [NPH Toolkit & Checklist](#) – Updated 12/12/2023
- [NHP Driver Diagram](#)



DATA RESOURCES +

OTHER RESOURCES +

CLINICAL DOCUMENTS +

QUALITY IMPROVEMENT TOOLS +





Data Measures



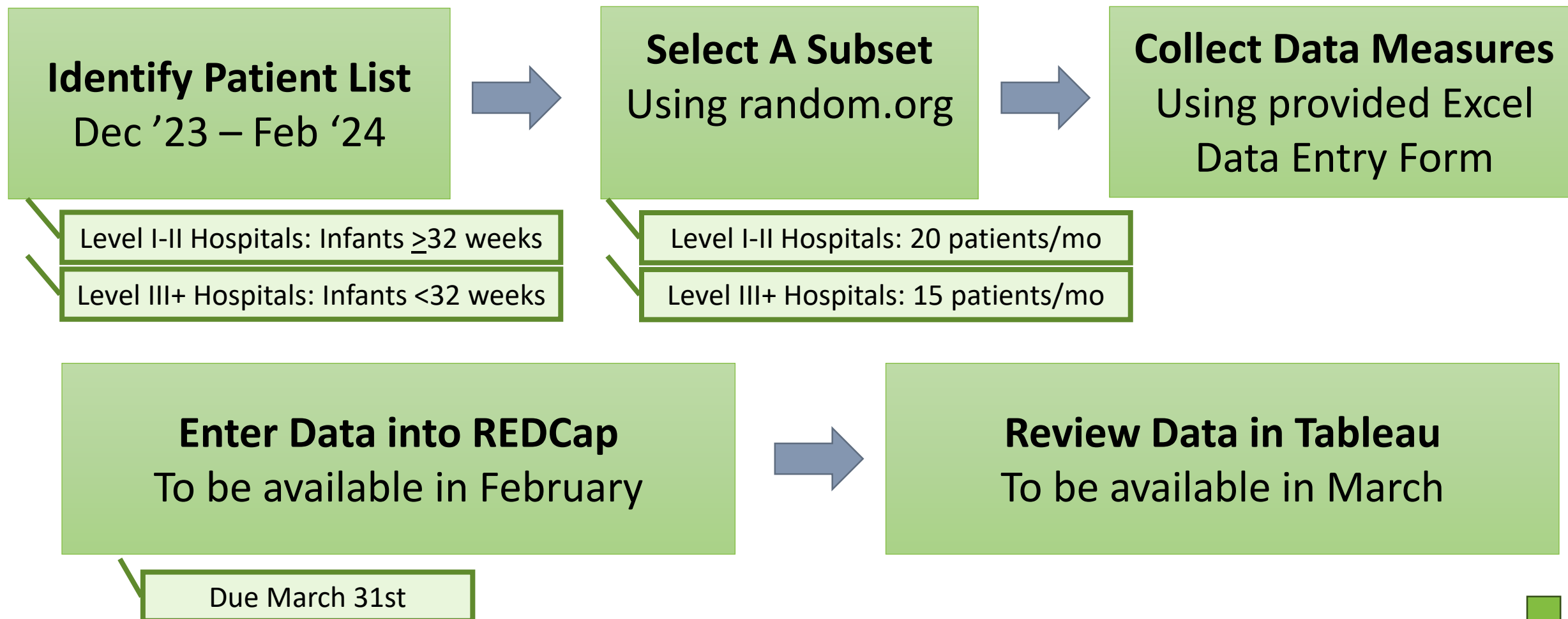


Baseline Data Reporting

- March 27th, 2024 Project Kickoff
- Baseline data Reporting Period: Dec 2023-Feb 2024
 - Survey will be sent out February 14, 2024
 - Due March 31, 2024
- Baseline Questions for NHP to include demographic details and admission temperature -> converted to an outcome




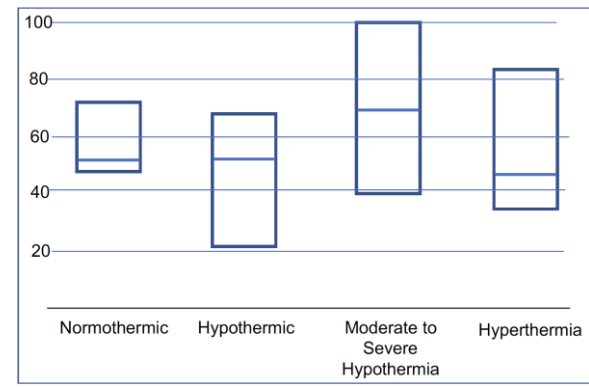
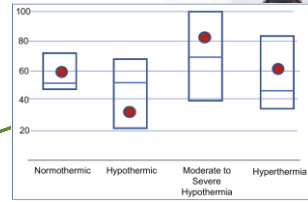
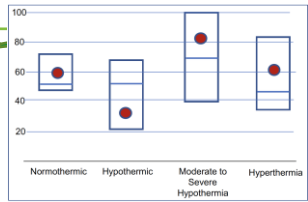
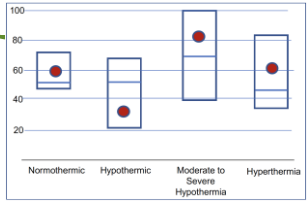
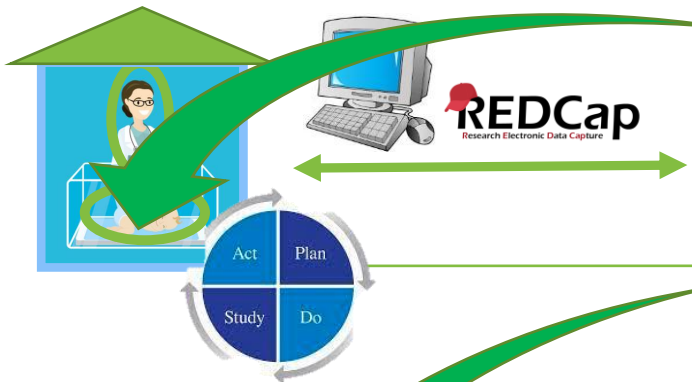
Suggested Approach



Baseline Data Measures



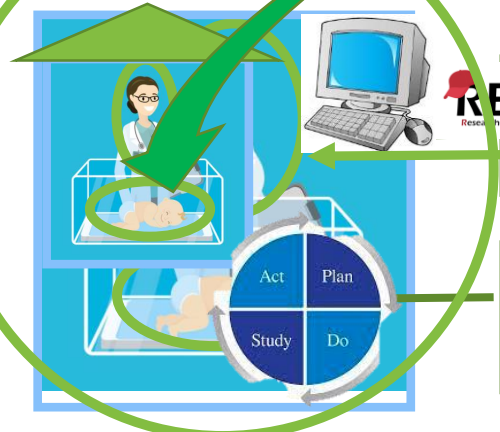
Demographic Information	Outcome Measures: ALL	Outcome Measures: Level III+
1. Patient Race/Ethnicity –Select all that apply: <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi racial <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	O1. Total number of patients during data monitoring period:	O3. Delayed cord clamping (DCC): Did the mother receive either: <ul style="list-style-type: none"> •If non-vigorous, 30 sec of DCC •If vigorous, 60 sec of DCC
2. Gestational Age What was the gestational age of the infant in weeks and days (e.g. 36 5/7)	O2. Temperature on Admission: What was the infant’s temperature (in Celsius) on admission to either the NICU or Mother/Baby Unit? Temperature: ____°C	O4. CPAP: Was CPAP used in the delivery room? <ul style="list-style-type: none"> •Yes •No •Unknown
3. Birth Weight Infants birth weight in grams?	<div style="text-align: center;">  <div style="border: 1px solid green; padding: 10px; width: fit-content; margin: 0 auto;"> <p>Hypothermia Moderate to Severe Hypothermia Hyperthermia</p> </div> </div>	O5. Intubation: Was the infant intubated in DR? <ul style="list-style-type: none"> •Yes •No •Unknown
4. Mode of delivery: Vaginal or cesarean section		O6. Intraventricular Hemorrhage <ul style="list-style-type: none"> •Yes •No •Unknown
		O7. Severe Intraventricular Hemorrhage <ul style="list-style-type: none"> •Yes •No •Unknown



Structural Measures

Process Measures

Outcome Measures



Q&A



Please feel free to **unmute** and ask questions

You may also enter comments or questions in the “chat” box



Looking Forward & Reminders



Reminders

- Please enroll in the Neonatal Hypothermia Prevention Initiative if you have not already done so.
 - Enrollment form can be found at www.alpqc.org/nhp
- Remember to register for monthly Action Period Calls via Zoom
 - Invites for next month's meeting will be sent out early February
 - Action Period calls will take place on the 4th Wednesday of every month at 12pm
- Please register for your 1:1 calls with ALPQC Quality RN
 - Requests/Reminders to be sent out next month

Stay Connected!



Website:
Alpqc.org

Email:
info@alpqc.org

Twitter: @alpqc
<https://twitter.com/alpqc>

Next Meeting



Wednesday, February 28th at 12pm

Thank you!



**Thank you for all your hard work!!
We will see you next month!**