



Partnering to Improve Health Care Quality
for Mothers and Babies

GOLDEN HOUR PART I: DELIVERY ROOM MANAGEMENT

Congratulations on being a pilot hospital site!

Our goals are to implement evidence-based practices associated with teamwork, thermoregulation, oxygen administration, and delayed cord clamping to improve care quality and better outcomes in infants $\leq 30\ 6/7$ wks or with anticipated birth weight ≤ 1500 g. We are thrilled at the interest this project has generated and are excited to get started. The following sites have committed to this project:

- ◆ All Children's Hospital/John Hopkins Medicine, St. Petersburg
- ◆ Baptist Hospital, Miami
- ◆ Florida Hospital, Tampa
- ◆ St. Joseph's Hospital, Tampa
- ◆ University of South Florida/Tampa General Hospital, Tampa



Please feel free to contact Maya Balakrishnan at mbalakri@health.usf.edu with any questions, concerns, or suggestions. Together we can make a difference in the quality of care our babies receive!

The FPQC Leadership Team

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Facilitating Communication Between FPQC sites

We hope to achieve this goal through the following:

- ◆ Monthly conference calls will be scheduled starting in September 2013.
- ◆ Dr. Balakrishnan will contact sites individually at minimum on a monthly basis to discuss data analysis and any concerns/questions that arise.
- ◆ We are developing a series of 4-6 training lectures covering topics of quality improvement, CUSP training, and TEAMSTEPPS training.

SAVE THE DATE:

NEONATAL-FOCUSED MEETING: SEPTEMBER 27, 2013
9:00 AM - 3:00 PM



Annual meeting for Florida's current Level III NICUs
Review of 2012 as well as 5-Year VON Centers & FPQC Data

Who Should Attend: Physician and nurse teams from each Level III NICU (2 per team recommended)

Location: Bilirakis Room, The Lawton and Rhea Chiles Center for Healthy Mothers and Babies

3111 East Fletcher Avenue Tampa, FL 33613

Meeting Participation Fee: Free registration. Attendees are responsible for travel costs. FPQC will provide lunch.

For the draft agenda or to RSVP, please email fpqc@health.usf.edu.

August 2013 Project Goals

Develop your multidisciplinary team. Each hospital has identified a “core team” including the following leads: Physician, Nurse, Data management, and Administrator. They will organize and lead their hospital’s multi-disciplinary team effort. Teams should consider involving any person involved in the process of identification of an anticipated delivery to an infant’s NICU admission.



Review and provide feedback for the following items (email mbalakri@health.usf.edu):

- ♦ **Project Charter:** This provides sites with a concise project summary for reference, identifies goals and deadlines, and it sets the stage for successful project completion. It is a living document and sites will have individual milestones with each cycle of improvement. We hope to have consensus on overall FPQC project goals and timeline for QI cycle #1. Each site should determine their timeline for milestones and sign the charter. Teams should review and provide feedback by **8/31/13**.
- ♦ **Data Collection Sheet:** FPQC’s data collection sheet includes the minimum required data collection to participate in this project. Each item was purposefully selected. Our goal is to collect enough information to identify areas for process improvement while not causing undue data collection burden. Each center may wish to expand their individual data collection beyond the required items. FPQC’s goal is to have each site’s data entered by the 5th of the current month in order for a data analysis to be provided to sites by the 15th of the following month. Teams should provide feedback on item additions/deletions, definitions, or other questions regarding the data collection sheet by **8/26/13**.
- ♦ **Golden Hour Part I Toolkit:** The toolkit is organized into 4 sections (Team work, Temperature regulation, Oxygen saturation monitoring, and Delayed cord clamping) The potentially better practice is listed in the left column with supporting evidence for each suggestion in the right column. Each section starts with the project goal and ends with a table of implementation strategies. Each site will develop an individualized selection of these potentially better practices to implement. We would like each pilot site to evaluate 2 sections by performing a literature review and provide feedback by **8/26/13**. Dr. Balakrishnan will collate responses, update the toolkit, and send a final toolkit draft to all sites by **9/2/13**.

	Team Work	Temperature	Oxygen Monitoring	Delayed Cord Clamping
All Children’s Hospital/Johns Hopkins Medicine	X		X	
University of South Florida/Tampa General Hospital	X		X	
St. Joseph’s Hospital		X		X
Florida Hospital in Tampa		X		X
Baptist South in Miami	X	X		

Determine your site’s IRB requirements. I have included USF’s IRB application as an email attachment.

Process map your hospital’s delivery room management with the multidisciplinary team.

Collect your site’s baseline data using the Baseline data collection sheet. The items in grey do not require collection. We expect that access to our electronic database will be available in the first week of September. Please use the paper form to collect data from 7/1/13 to 8/31/13 on all babies admitted to your NICU with a gestational age $\leq 30 \frac{6}{7}$ wks or birth weight ≤ 1500 g. Goal electronic data submission by **9/15/13**.

Quality Improvement Focus: Process mapping

WHY is it important to develop a process map for this project?

- ♦ A process map or flow diagram will sequentially identify steps in a process.
- ♦ It helps streamline work by identifying who is doing what, with whom, when, and for how long. It also can help identify areas for improvement.

WHO should be involved in developing the process map?

- ♦ Get appropriate feedback of the current process by involving any person who plays a part in the process (e.g., from notification of an anticipated delivery to an infant's NICU admission). This group may include the person notifying NICU of a potential delivery, people responsible for the admissions process, the delivery team, and Obstetricians.
- ♦ Sometimes it is easier to process map in a small group. The core team may choose to interview each of these different groups separately to create a draft of the process map before presenting it as a whole to the multidisciplinary team.
- ♦ It is important to map the *current* process (not the perceived or ideal future process) in order to identify areas for improvement.

WHAT are boundaries for this project's process map?

- ♦ Golden Hour Part I: Delivery Room Management focuses on management for infants with a gestational age $\leq 30\frac{6}{7}$ wks *or* anticipated birth weight ≤ 1500 g from the time the NICU is notified of an anticipated delivery to the time of NICU admission.
- ♦ Our goals involve teamwork, thermoregulation, oxygen monitoring, and delayed cord clamping. Your site may choose to include other management or measures occurring in the 1st hour of life (e.g., management of ventilation or IV fluids). FPQC hopes to address some of these in Golden Hour Part II.

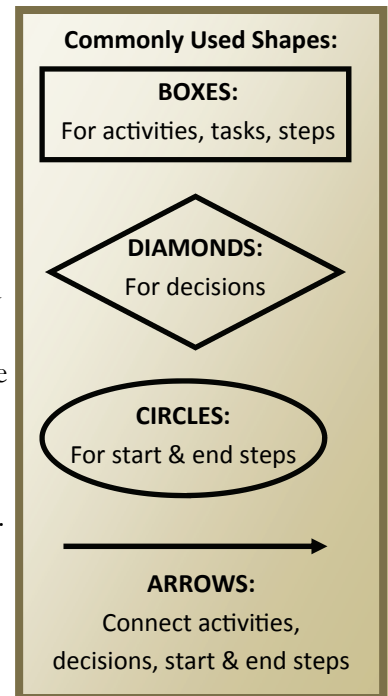


HOW can a process map be created for this project?

1. Create your "high level" process map identifying 5-7 key steps which commonly occur at deliveries for this population of infants and the people who performs them.
2. Create a current state detailed process map by having each discipline discuss each of the sub-processes that occur in these 5-7 key steps.
3. Oftentimes things we think happen and things that actually happen do not coincide. Use the completed map to walk through the process of an actual delivery to enhance the map.
4. Analyze the process map to identify bottlenecks, sources of delay, errors that are being fixed instead of prevented, role ambiguity, duplication of work, unnecessary steps, hand-offs, and total time from start to end of the process.
5. Create your future state process map so that you can develop and implement a plan to reach this future state.

WHERE can more information on developing a Process Map be found?

- ♦ www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfhandbook/mod5.html
- ♦ www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfhandbook/mod5appendix.html
- ♦ www.isixsigma.com/tools-templates/process-mapping/bolo-be-lookout-list-analyzing-process-mapping
- ♦ www.fpm.iastate.edu/worldclass/process_mapping.asp
- ♦ www.nnphi.org/CMSuploads/MI-ProcessMappingOverview.pdf



"Either you manage the process...or it manages you. You do have a choice!"