

Florida Perinatal Quality Collaborative

AT THE LAWTON AND RHEA CHILES CENTER FOR HEALTHY MOTHERS AND BABIES



Partnering to Improve Health Care Quality
for Mothers and Babies

GOLDEN HOUR PART I: DELIVERY ROOM MANAGEMENT

Hello! Thank you for helping our 3rd annual FPQC conference be such a success! There were over 200 attendees from hospitals around Florida. The FPQC has received overwhelmingly positive reviews of the Conference. Participants reported gaining an increased understanding of the importance of collaboration at the state level and data-driven quality improvement.

Some quick updates:

- ◆ There have been delays in developing the FPQC password protected project mini-site. We now have a DropBox folder for our project available. We want to encourage collaboration and sharing. Please send any materials you would like to see in the “Site specific documents” folder to mba-lakri@health.usf.edu. Some suggested sub-folders have been created, but this is not all-inclusive list. As your site updates these documents, please email current copies to Maya and she will replace older versions. Thank you for helping us learn from each other!
- ◆ Please note that data reports are provided in a PDF and PowerPoint format. The PowerPoint slides may change format/colors dependent upon the computer the file is opened on. Maya reviews the PDF version for correctness. Please notify fpqc@health.usf.edu if there are any errors.

Inside This Issue:

- ◆ Project & Meeting Updates
- ◆ April Project Goals
- ◆ Quality Focus: Pareto charts
- ◆ Site spotlight: All Children's Hospital/ Johns Hopkins Medicine

- ◆ Thanks to the hard work of Nicole Falk Smith and Linda Detman our data reports keep looking better and better! Please let us know if your site has any suggestions to data reporting or any errors are found. 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



TeamSTEPPS®
Team Strategies & Tools to Enhance Performance & Patient Safety

The FPQC is offering two free TeamSTEPPS trainings focused on Quality Improvement in Perinatal Care: For more information, or to register, please contact FPQC@health.usf.edu

May 2, 2014— Ft. Lauderdale, FL

7:30 am-12:30 pm at Broward Health Medical Center

May 30, 2014—Wellington, FL

7:30 am-12:30 pm at Wellington Regional Medical Center

April 2014 Project Goals

Review your site's performance by reviewing your data report with the core team as well as other team members.

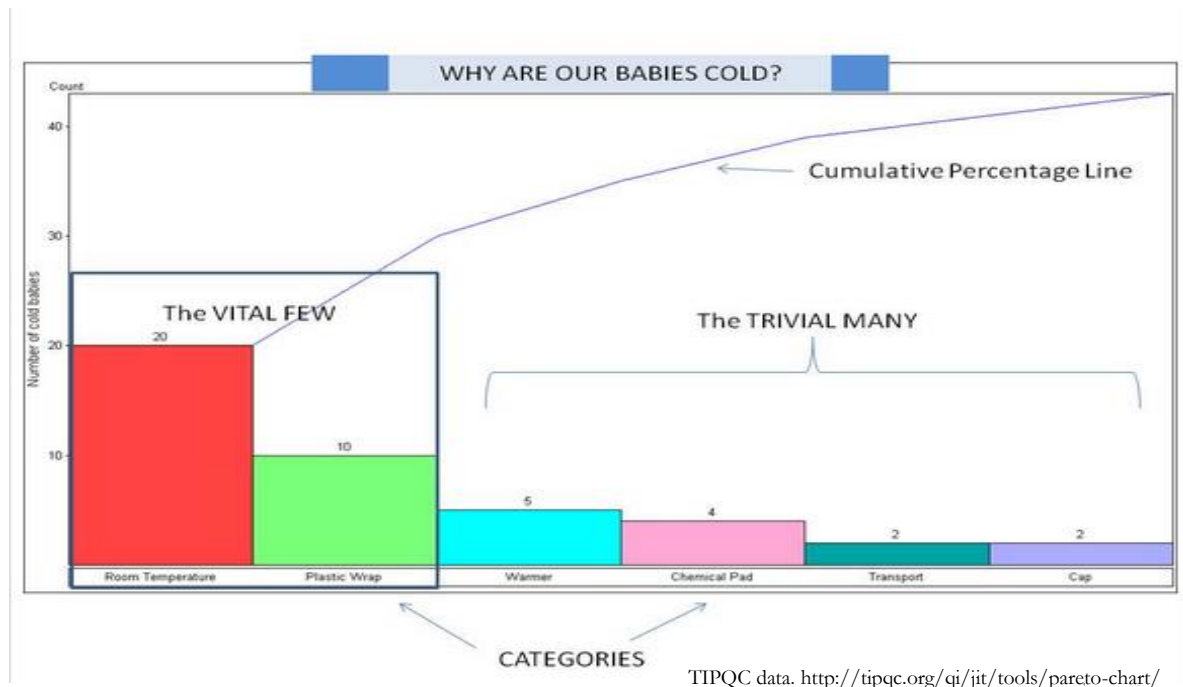
- ◆ After reviewing your data reports, discuss your site's goals for the month to determine your next change cycle.
- ◆ Our goal is to have monthly data report sheets available to sites within 14 days of data submission.
- ◆ Maya will meet individually with sites to discuss their data reports. Data can be submitted monthly by the 15th of the month to receive a report by the 30th of the same month (anticipated 14 day turnaround time).

Know your site's goals for each of the measures. There are 5 initiative wide measures and a number of measures with site-specific goals. While the collaborative has initiative-wide goals established for these 5 main measures, your site may choose to set different goals.

Review the initiative wide data report. As a collaborative we need your site's input to decide if our goals need to be adjusted. Each site will receive 1 survey (emailed to the project's data lead). Please discuss the questions with your site and provide your site's collective response to the Survey Monkey questionnaire by **4/30/14**.

| 5 main goals in infants with a gestational age ≤ 30 6/7 wks. or having an anticipated birth weight ≤ 1500 g by 12/2014 | | % achieved as of 2/2014 data |
|---|---|------------------------------------|
| 1 | Achieving goal NICU admission temperatures of 36.5°C-37.5°C in >75% of infants. | 72% |
| 2 | Achieving compliance with NRP oxygen targets (85-95%) at 10 minutes of life in >50% of infants. | 51% |
| 3 | Implementing delayed cord clamping for 30-60 seconds in >50% of infants | 72% |
| 4 | Assigning pre-defined roles in >50% of deliveries (Airway, Circulation, Team Leader, Scribe). | >55% For each role |
| 5 | Having team debriefings within 4 hours of delivery in >50% of infants. | 55% |

Create a Pareto chart to analyze an area of your project where you can focus your quality efforts. For example, evaluate causes for temperature instability in your infants or your site's list of opportunities for improvement.



TIPQC data. <http://tipqc.org/qi/jit/tools/pareto-chart/>

Quality Improvement Focus: Pareto charts

WHAT is the Pareto principle?

- ♦ The Pareto principle is in a given scenario, 80% of the output is created by 20% of the input.
- ♦ It is also known as the 80-20 rule of the “law of significant few versus the trivial many”.

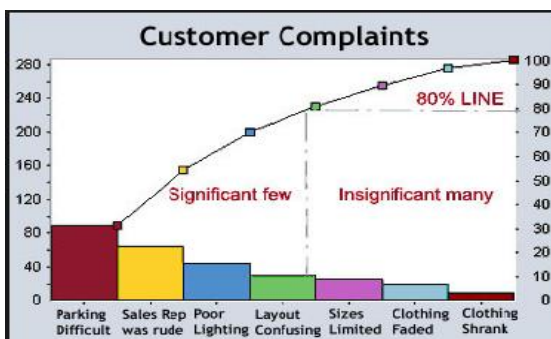


WHO is the Pareto chart named after?

- ♦ Vilfredo Federico Damaso Pareto (1848-1923) was an Italian economist and sociologist who developed the Pareto principle after observations in wealth distribution. He made the observation that 20% of the population owned 80% of Italy's property.

WHY are Pareto charts used?

- ♦ These charts are one of the 7 basic tools in quality improvement methodology.
- ♦ A Pareto chart is represented as a histogram (or bar graph) which demonstrates the Pareto principle.
- ♦ The bars are arranged left to right from longest bars to shortest bars (i.e. most to least significant). It helps to highlight the important variables affecting a problem and direct focused efforts.



<http://whatis.techtarget.com/definition/Pareto-chart-Pareto-distribution-diagram>

WHEN are Pareto charts useful (reference: ASQ)?

- ♦ When analyzing data about frequency of problems or causes in a process
- ♦ When there are many problems or causes and you want to focus on the most significant
- ♦ When analyzing broad causes by look at their specific components
- ♦ When communicating with others about your data

How can we utilize Pareto charts in this project?

- ♦ This requires variables to be categorized and ranked by importance.
- ♦ Microsoft Excel has tools which can help you create Pareto charts.
- ♦ Identify general groups (i.e. independent variables) to categorize listed opportunities for improvement.
- ♦ Create a bar chart with the left sided x-axis representing frequency of occurrence (i.e. percentage for each group) and the y-axis representing each of your general groups.
- ♦ Arrange the groups in order of most frequent to lest frequent occurrence.
- ♦ Calculate the cumulative percentage for each of the groups represented on the right sided x-axis.
- ♦ Identify the groups that include 80% of the causes. These are the causes that should be initially focused on to solve the problem.

WHERE can more information be found?

- ♦ How to use Microsoft Excel to develop a Pareto chart: <http://www.excel-easy.com/examples/pareto-chart.html> and <https://www.youtube.com/watch?v=bxr0iL6NI1g>
- ♦ <https://www.youtube.com/watch?v=GVGdtlnZ7xM>
- ♦ <https://www.youtube.com/watch?v=bjBkWbSpODQ&noindex=1>
- ♦ <http://asq.org/learn-about-quality/cause-analysis-tools/overview/pareto.html>


“20 percent of focused effort results in 80 percent outcome of results!”

- Vilfredo Pareto

Site spotlight:

All Children's Hospital/Johns Hopkins Medicine

Debriefing form



ELBW Pre-Briefing Checklist

Date: _____ Room #: _____


Patient Label

| | |
|---|--------------------------|
| Who is on the team(s)? | <input type="checkbox"/> |
| All members understand and agree upon goals? | <input type="checkbox"/> |
| Roles and responsibilities understood? | <input type="checkbox"/> |
| Plan of care? | <input type="checkbox"/> |
| Staff availability? | <input type="checkbox"/> |
| Workload? | <input type="checkbox"/> |
| Available Resources? | <input type="checkbox"/> |

Contingency Plans: _____

- What might you encounter in this patient? _____
- What else can you plan for? _____

[Please return this form to NICU Education once completed]



ELBW Debrief Checklist

(Within 4 hours)

Date: _____ Room #: _____

Patient Label

| | |
|---|--|
| Stork/Resuscitation Team | |
| <ul style="list-style-type: none"> • Team Lead • Stork RN • Stork RT • Bayfront RN • OB | |
| Handoff completed? <input type="checkbox"/> | |
| Admission Team | |
| <ul style="list-style-type: none"> • Team Leader • Charge Nurse • Admission Nurse • RT • HUC • Other: | |

| | |
|---|--------------------------|
| Communication Clear? | <input type="checkbox"/> |
| Roles and responsibilities understood | <input type="checkbox"/> |
| Situation awareness maintained? | <input type="checkbox"/> |
| Workload distribution? | <input type="checkbox"/> |
| Did we ask for or offer assistance? | <input type="checkbox"/> |
| Were errors made or avoided? | <input type="checkbox"/> |
| *** What went well, what should change, what could improve? ** | <input type="checkbox"/> |

| | |
|---|--|
| Stork Team | |
| <ul style="list-style-type: none"> • Team Lead • Stork RN • Stork RT • Bayfront RN • OB • Other: | |
| Handoff completed? <input type="checkbox"/> | |
| Admission Team | |
| <ul style="list-style-type: none"> • Team Leader • Charge Nurse • Admission Nurse • RT • HUC • Other: | |

Situational Awareness:

- Knowing current conditions affecting the team's work
- Maintaining Mindfulness

[Please return this form to NICU Education once completed]