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 update

Maya Balakrishnan, MD Assistant Professor of Pediatrics USF College of Medicine

FPQC Neonatal-Focused Meeting September 30, 2014

Objectives

Provide project overview

Discuss initiative-wide results

Team work

- *Thermoregulation
- Oxygen administration
- Delayed cord clamping

Discuss opportunities for improvement

Selection of Pilot Hospitals

- ◆ Participate in FPQC
 ◆ Deliver babies with
 ◆ GA≤30 6/7 wks
 - ✤ Anticipated BW≤1500g
- Expressed interest in participation



- # births
- extent of existing quality infrastructure



Selection of Pilot Hospitals





General Descriptive Statistics

Data to 7/31/2014

Table 1. Mean birth weight and gestational age

Variable	Ν
Birth weight in grams	671
Gestational age in weeks	671

*n=565 in prospective database (i.e., after 10/1/2014) In 2012 ~2,250 VLBW infants in VON's FPQC database
→ From 10/2013-7/2014=9 months
→ Estimate ~1,688 VLBW infants
Our efforts affected the care of ~33% of these infants

Evidence-Based Measures in DR Management

- 1. TEAMWORK
- 2. THERMOREGULATION
- 3. OXYGEN ADMINISTRATION
- 4. DELAYED CORD CLAMPING



Readiness bundle:

Pre-delivery DR preparation & DR debriefing Goal: $\geq 80\%$ of DR team debriefings w/in 4 hours of



Exclusive DR team roles

Goal: ≥90% of DR teams having exclusive DR roles



Opportunities for improvement

- Advantage of debriefings
- Goal: 1-3 documented opportunities for each delivery
- Total # opportunities to date: 201 (for 565 deliveries)
- Pareto principle or the "80-20 rule"
 - 80% of output is created by 20% of input
 - Opportunities grouped into general themes
 - Helps highlight important areas to direct focused efforts

Opportunities for improvement (n=201)



Teamwork opportunities for improvement (n=118)





Effects of level of engagement on team work



Measures of team work

Evidence-Based Measures in DR Management

- 1. TEAMWORK
- 2. THERMOREGULATION
- 3. OXYGEN ADMINISTRATION
- 4. DELAYED CORD CLAMPING



Admission Temperature

Goal temperature: 36.5-37.5° C



~50% of VLBWs have abnormal admission temperature

*FPQC data is similar to VON network data

NICU admission temperature

Goal: $\geq 80\%$ with NICU admission temperature of 36.5°-37.5°C

←Data Points —Goal



NICU admission temperature



Initiative-Wide Data



General themes

Evidence-Based Measures in DR Management

- 1. TEAMWORK
- 2. THERMOREGULATION
- 3. OXYGEN ADMINISTRATION
- 4. DELAYED CORD CLAMPING



Pre-ductal oxygen saturation at 10 minutes

Goal: ≥80% compliance with NRP oxygen targets (85-95%) at 10 min

The following infants are excluded -

1. Infants with SPO2 >95% despite receiving FiO2 of 21% and 2. Infants with SPO2 <85% despite receiving FiO2 100%

-Data points with excluded infants ----Goal



Initiative-Wide Data

Percent of infants within

Month of Birth

Pre-ductal oxygen saturation at 10 minutes

Note: The following infants are excluded – 1. Infants with SPO2 >95% despite receiving FiO2 of 21% 2. Infants with SPO2 <85% despite receiving FiO2 100%



Initiative-Wide Data

Pre-ductal oxygen saturation at 10 minutes





General themes

Evidence-Based Measures in DR Management

- 1. TEAMWORK
- 2. THERMOREGULATION
- 3. OXYGEN ADMINISTRATION
- 4. DELAYED CORD CLAMPING



Delayed Umbilical Cord Clamping

Goal: $\geq 80\%$ compliance with delayed cord clamping for 30-60 seconds

→ All hospitals → Original 6 hospitals — Goal





Some final thoughts...

Our efforts are affecting the care of a significant number of VLBWs delivered in FL

- Engage your team members & share how well your site is doing with them!
- There is always room for improvement keep working through your PDSA cycles.

Start developing strategies to sustain your gains.