

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

PROJECT CHARTER FOR GOLDEN HOUR PART I

Project Title: FPQC Golden Hour Part I – Delivery Room (DR) Management QI

Business Case: Inadequate thermoregulation, hyperoxia/hypoxia, immediate umbilical cord clamping, and a lack of teamwork during the first hour of life in very low birth weight (VLBW) infants have been strongly associated with development of neonatal morbidities and mortality.

Problem Statement: Approximately 50% of VLBWs have admission temperatures <36.5°C (2011 VON FPQC database). Compliance with 2011 NRP guidelines for target pre-ductal SPO₂ after birth is often not consistent or monitored in Delivery Room (DR) settings. Delayed cord clamping in preterm infants is associated with decreased need for blood transfusions and incidence of intraventricular hemorrhage. Optimizing DR management by promoting teamwork, standardizing processes associated with thermoregulation, and maintaining goal SPO₂ targets in VLBW infants may result in improved care quality and better outcomes.

Project Scope Includes: Evidence-based factors with the highest impact on thermoregulation, oxygen monitoring, delayed cord clamping, and teamwork for infants with gestational age ≤30 6/7 wks OR birth weight ≤1500 g beginning at the time the DR team is notified of an impending delivery to the time of NICU admission.

This Project Scope Does Not Include: Other management occurring within the 1st hour of life (e.g. management of ventilation or IV fluids), which will be addressed in Golden Hour Part II.

Project Goals: FPQC Golden Hour Part I sites will develop and utilize a specific DR management plan for infants with a gestational age ≤30 6/7 wks OR birth weight ≤1500 g by 12/2014, with goals of:

1. Achieving goal NICU admission temperature of 36.5°-37.5°C in >75% of infants
2. Achieving compliance with NRP oxygen targets (85-95%) at 10 minutes of life* in >50% of infants
3. Implementing delayed cord clamping for 30-60 seconds in >50% of infants
4. Assigning pre-defined roles in >50% of deliveries
5. Having team debriefings within 4 hours of delivery in >50% of infants

*Site specific method to measure compliance with NRP O₂ saturation targets

Anticipated Support or Resources Required: Ability to have blended O₂ source in DR

Proposed Project Schedule for QI cycle #1:

Goal	Goal Completion Date
Define project goals, project charter, and review toolkit	
Measure current state* and assemble teams+ at pilot sites	
Analyze results of current state	
Improve: implement improvements	
Control: revise processes in place	

*Current State: Minimum chart review of last 2 consecutive months VLBW admissions

+Pilot Site Team: Minimum of 4 members (Physician Team Lead, Nursing Team Lead, Administrator, and Data Lead)

FPQC Team Members:

FPQC Leadership: John Curran, MD; Bill Sappenfield, MD, MPH; Linda Detman, PhD; Maya Balakrishnan, MD; Doug Hardy, MD

Project Sponsor: Maya Balakrishnan, MD

Quality Leader: Terri Ashmeade, MD

Milestones: To be determined by each pilot hospital

Milestone for QI cycle #1	Expected Start Date	Actual Start Date	Expected Completion Date	% Complete
1. Define Process: - Review and accept project charter - Process map of your hospital's DR practice				
2. Measure Process: - Identify data collection/entry plan - Determine current baseline for targets - Implement process improvements				
3. Analyze Process: - Analyze data - Analyze process - Determine root causes				
4. Improve Process: - Develop potential solutions - Implement selected solutions				
5. Control Improvements: - Develop control plan to monitor improvements - Document response plan				

Anticipated Impact: Decreased number of VLBW infants not meeting recognized standard of care goal temperature and target O₂ saturations within the 1st hour of life.

Prepared By: Maya Balakrishnan, MD 6/2013

Approval by Hospital Site:

<u>Team Role</u>	<u>Name</u>	<u>Signature</u>
Physician Lead:		
Nursing Lead:		
Administrator:		
Data Lead:		
Other Member:*		
Other Member:*		
Other Member:*		
Other Member:*		

**If applicable*

APPENDIX

Descriptions of FPQC Team Members:

FPQC Leadership Team: Members select QI projects and identify goals for the project

Collaborative Project Sponsor (aka Project Champion): Identifies project scope, coordinates data collection/analysis for Collaborative, and available to address concerns

Quality Leader: Respected quality improvement leader who provides project feedback and ensures the project's direction and focus follow principles of quality improvement

Descriptions of Hospital Site Team Members:

- Minimum 4 at each of 6 sites
- Each team should include a team lead (Physician, Nursing, Data) and an Administrator

Physician Team Leader and Nurse Team Leader: Measures current performance of each project goal, the impact on site's resources and potential cost savings; determines realistic probability of success; responsible for developing and implementing project to meet Collaborative's agreed upon timeline; monitor quality measures for project; maintains project momentum; and, communicates with site team as well as with Collaborative

Administrator: Identifies impact of project goals on site's goals, assists to meet resource needs, addresses barriers to project implementation, and helps determine realistic probability of success

Data Lead: Responsible for ensuring site's data collection and data entry

