



GOLDEN HOUR PART I: DELIVERY ROOM MANAGEMENT

We are excited about the progress we are making with this project! Some quick updates:

- ◆ The ABP MOC application is submitted. The review process takes approximately 12 weeks.
- ◆ The USF IRB for the project database is currently under review. After receiving IRB approval, we will be able to provide sites with access to the FPQC database for baseline data entry.
- ◆ We are developing an area for this project on the FPQC website.
- ◆ We have a project listserv. Dr. Balakrishnan will provide sites with access. Please use the listserv to communicate questions, concerns, suggestions, and to share innovative ideas.
- ◆ Dr. Balakrishnan will be contacting individual sites to arrange a conference call to discuss baseline data collection reports and any project issues in late September-early October.

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

SAVE THE DATE:

NEONATAL-FOCUSED MEETING: SEPTEMBER 27, 2013

9:00 AM - 3:00 PM

Inside This Issue:

- ◆ Project & Meeting Updates
- ◆ September Project Goals
- ◆ Quality Focus: Teamwork

Annual meeting for Florida's current Level III NICUs

to review VON Centers and FPQC data (2012 and 5-year aggregate data)

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

Location: Bilirakis Room, The Lawton and Rhea Chiles Center for Healthy Mothers and Babies (3111 East Fletcher Avenue Tampa, FL 33613)

Costs: Free registration. Attendees are responsible for travel costs. FPQC will provide lunch.

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

TeamSTEPPS Training Webinar

Laura Haubner, MD, CPHQ, CHSE will be presenting our first webinar on application of TeamSTEPPS methodology to the Golden Hour in October 2013 (date and time to be announced). Dr. Haubner is an Associate Professor in the Division of Neonatology at USF's College of Medicine. She is a TeamSTEPPS master trainer. The webinar will include discussion on the following topics:

- ◆ Team structure, critical aspects of teamwork, and the importance of a shared mental model
- ◆ Discuss communication techniques and strategies for briefing, huddles, and debriefing
- ◆ Golden hour applications for leadership, mutual support, situation monitoring, & communication.

Please contact her at lhaubner@health.usf.edu if you are interested in having Dr. Haubner visit your site for more intensive TeamSTEPPS training.



September 2013 Project Goals



Collect your site's baseline data using the baseline data collection sheet. The items in grey do not require collection. Access to FPQC's electronic database will be available pending USF IRB approval. 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 for electronic data submission is currently **9/15/13**. This date may change pending IRB approval. The goal date will be 7-10 days from the date your site receives access to the database. Once report sheets have been generated (within an anticipated time frame of 14 days

of data submission), Dr. Balakrishnan will meet individually with sites to discuss their baseline data report. We hope that prospective data collection can start in 10/2013. 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).

Develop your site's DR management guideline. Our pilot sites had some great suggestions for the toolkit. The DR toolkit we have developed can provide evidence-based measures relating to each of FPQC's goals. Your site may wish to include additional goals that can be addressed in your individual site's guideline. Review your process map when developing your guideline to ensure all aspects of care in the DR is addressed. Remember the difference between a guideline and a protocol.

- ♦ A *guideline* is an evidence-based statement that helps practitioners make decisions about care in specific clinical circumstances. These are flexible and provide research-based options for decision making.
- ♦ A *protocol* is a problem-oriented set of instructions describing why, when, where, and by whom care is given. These are generally not deviated from.

Develop your site's data collection sheet addressing the measures for each of your site's goals. The items included on FPQC's data collection sheet are the minimum required for participation in this project. Some sites will choose to use FPQC's data collection sheet and others will choose to incorporate FPQC's measures into their site's data collection sheet. Either option is acceptable. FPQC will only receive de-identified data from your site entered into the electronic database and provide a report on these measures. Clearly define each item in your data collection sheet.

Develop a plan to educate providers who are part of your delivery room process and who will utilize your guideline or developed tools and checklists. Education, time, and consistency are needed to sustain change. Alleviate doubt by helping providers understand your site's current weaknesses and appreciate the benefits of proposed solutions.

Visit the FPQC Golden Hour Part I: Delivery Room Management website

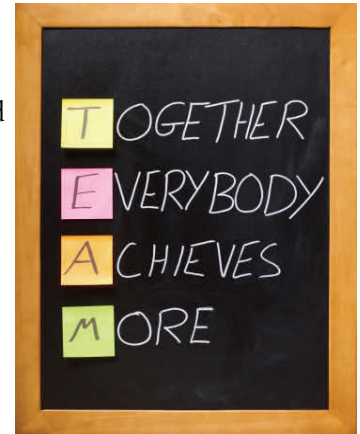
(<http://health.usf.edu/publichealth/chilescenter/fpqc/golden1.htm>). Currently, we are working on building a password protected area for this project on the FPQC website. Anticipated launch date is end of September 2013. This section will include project information (e.g., project charter, toolkit), shared information from pilot sites (e.g., developed guidelines, data collection sheets, checklists), and links to useful websites. Please submit any items your site is willing to share to mbalakri@health.usf.edu. We understand many of these items may be updated as you go through quality cycles and will update your documents as you send them to FPQC. Dr. Balakrishnan will email instructions on receiving your site's password later this month when website access is available.



Quality Improvement Focus: Teamwork

WHY are teamwork and communication important?

- ♦ Teamwork is an essential part of organizational structure. Coordinating work, communicating effectively, and evaluating performance can help prevent errors and improve quality of care.
- ♦ Creating a safe environment will promote effective communication and active listening. Encourage team members to introduce themselves, support feedback, and foster participation.
- ♦ Consider creating structured opportunities for communication, such as a multidisciplinary team “huddle” with shift changes, briefings when notified of a delivery, or debriefings after a resuscitation.



WHO should conduct briefings or debriefings?



- ♦ Your team should define roles and responsibilities for DR team members. Any member of the DR team can conduct a briefing or debriefing. There should be a positive, nonjudgmental tone to these meetings.
- ♦ Briefings should be a short meeting describing pertinent maternal and fetal history which can help members anticipate and prepare for potential DR scenarios. It may help the DR team to be more efficient and prevent delays in care.
- ♦ DR debriefings are short meetings after a resuscitation to evaluate the team’s effectiveness and to identify the team’s strengths and weaknesses.
- ♦ In general, briefings and debriefings can each occur within several minutes. Having a checklist of items for these discussions can help a team efficiently recognize what went well, what did not go well, and what could be done better in a situation.

WHAT tools are available for briefing and debriefing?

- ♦ TeamSTEPPS has published effective checklists for briefing and debriefing which can easily be modified.

TeamSTEPPS Briefing Checklist	TeamSTEPPS Debriefing Checklist
Who is on core DR team?	Communication clear?
All members understand & agree upon goals?	Roles & responsibilities understood?
Roles & responsibilities understood?	Situation awareness maintained?
Plan of care identified?	Workload distribution?
Staff availability assessed?	Did we ask for or offer assistance?
Workload assessed?	Were errors made or avoided?
Available resources assessed?	What went well, what should change, what can improve?

HOW can you help your multidisciplinary team be more successful?

- ♦ The Core team should match its members to roles that best fit that person’s expertise and interests. Support your team members by telling them your expectations, giving them attainable goals, and providing regular feedback.
- ♦ Aspire to achieve measureable progress rather than perfection.

WHERE can more information on Teamwork be found?

- ♦ www.teamstepps.ahrq.gov
- ♦ www.ahrq.gov/legacy/teamstepstools/primarycare/slpcobt.htm
- ♦ “Development of a strategic process using checklists to facilitate team preparation and improve communication during neonatal resuscitation” by Neil Finer (see email attachment)
- ♦ “Introduction to debriefing” by Roxane Gardner (see email attachment)

***“Teams that don’t communicate well aren’t teams,
but merely groups of individuals working side by side.”***