

VON DAY AUDIT

IMPROVING CRITICAL TRANSITIONS AND CLINICAL OUTCOMES FOR EVERY NEWBORN

PART ONE: UNIT LEVEL DATA FORM

1) General unit policies and procedures:

- a. Does your center have written policies or guidelines regarding which patients are eligible for admission to your Neonatal Intensive Care Unit or other special care units? Yes No
- b. Does your center have written policies or guidelines regarding hand-offs between attending physicians? Yes No
- c. Does your center have written policies or guidelines regarding hand-offs between advanced practice providers (APP)? Yes No
- d. Does your center have written policies or guidelines regarding hand-offs between nurses [for example, included team members, expectation of face to face sign out]? Yes No
- e. Does an individual infant get assigned to a primary physician or advanced practice provider (APP) within the first week after admission? Yes No
- f. Does an individual infant get assigned to a primary nurse or nursing team within the first week after admission? Yes No
- g. Does your center have a standard admission order set? Yes No
- h. If yes, does your center have unique standard admission order sets for specific population of infants? Yes No
- i. In shift to shift handoffs, does your staff routinely use structured communication tools [such as **SBAR** (Situation, Background, Assessment, Recommendation) or **I-PASS** (Illness severity, Patient summary, Action list, Situation awareness or contingency planning, Synthesis by receiver)]? Yes No
- j. Does your hospital or NICU provide teamwork training (such as the AHRQ TeamSteps) that is available to all staff? Yes No
- k. Does the NICU team routinely conduct a formal evaluation or debriefing when transitions do not go as planned? Yes No
- l. Does the NICU team formally screen families for critical social determinates of health (including food insecurity, transportation needs, living situation) on admission and throughout the NICU stay? Yes No
- m. Does your center have written policies or guidelines that support the bedside presence of at least one parent at all hours of the day? Yes No
- n. Are parents involved when creating policies or practices related to transitions of care? Yes No

2) Transport from outside hospital:

- a. Does your center accept infants transferred from outside hospitals? **[if no, proceed to section 3]** Yes No
- b. Does your center have a dedicated team for neonatal transport that has expertise in the care of critically ill newborns? Yes No
- c. Does your transport service have a system in place to ensure immediate availability of medical advice for caregivers at the referring hospital? Yes No
- d. Does your transport service have a system in place to ensure rapid dispatch of a transport team for critically ill neonates at referring hospital? Yes No

- e. Does your transport service use a standardized intake form for all transport requests to ensure that team members gather pertinent information before transport? Yes No
- f. Does your transport team use telemedicine to communicate with referring caregivers? Yes No
- g. Does your transport team use telemedicine to communicate with the families of infants referred to your center for care? Yes No
- h. Does the team (or specific members of the team) have specific training regarding critical procedural skills including:
 - h1. Specific training regarding airway management including endotracheal intubation? Yes No
 - h2. Specific training regarding vascular access? Yes No
 - h3. Specific training regarding thoracostomy Yes No
- i. Does your center hold refresher skill courses and perform ongoing clinical assessment to help to ensure maintenance of competency? Yes No
- j. Is there a transport database which can be used for benchmarking, quality improvement and research? Yes No
- k. Does your center have policies and procedures in place to assure communication with families regarding the status of the infant at transfer? Yes No
- l. Does your center have policies and procedures in place to assure communication with families regarding the status of the infant on admission to the receiving center? Yes No
- m. Does your center have policies and procedures in place to inform the referring physicians and caregiving team regarding the status of the infant on admission? Yes No
- n. Does your transport team routinely perform a formal debriefing of each transport? Yes No

3) Delivery room care:

- a. Does your center have a delivery service? **[if no, proceed to section 4]** Yes No
- b. Does your center have written policies or guidelines regarding which deliveries require attendance by a designated resuscitation team? Yes No
- c. Does your center have written policies or guidelines regarding what personnel should be present at the deliveries of newborn infants? Yes No
- d. Does your center have written policies or guidelines regarding the training required for personnel before they can attend deliveries of newborn infants? Yes No
- e. Does your center have a program in place for simulation-based neonatal resuscitation training? Yes No
- f. Does your center conduct/participate in daily briefings between obstetric and neonatal providers to share critical case specific information regarding anticipated high-risk deliveries that require neonatal provider attendance? Yes No
- g. Does your center have written policies or guidelines regarding the performance of briefings by the resuscitation team prior to deliveries? Yes No
- h. Does your delivery room team routinely use structured communication tools such as **SBAR (Situation, Background, Assessment, Recommendation)** for briefing prior to deliveries? Yes No

- i. Does your delivery room team routinely use an equipment checklist to ensure the quality and safety of deliveries? Yes No
- j. Does your center have written policies and procedures in place for communication with caregivers immediately after each delivery? Yes No
- k. Does your center have written policies or guidelines regarding communication with families immediately after the delivery? Yes No
- l. Does your delivery room team routinely perform a formal debriefing of each delivery? Yes No

4) In hospital transfer for MRI:

- a. Does your center have facilities to perform MRI on infants? **[if no, proceed to section 5]** Yes No
- b. Does your center have written policies or guidelines regarding what personnel should participate in the transport of infants to the MRI facility? Yes No
- c. Does your center have written policies or guidelines regarding the training required for personnel before they can participate in the transport of infants to the MRI facility? Yes No
- d. Does your center use a checklist to ensure that all necessary preparations for the transfer to the MRI facility are carried out? Yes No
- e. Does your center have written policies or guidelines requiring a time-out procedure to ensure the preparation for transport to the MRI facility is carried out correctly? Yes No
- f. Does your center have written policies or guidelines regarding adequate monitoring of infants transported to the MRI facility? Yes No
- g. Does your center have written policies or guidelines regarding communication with families immediately after transport to the MRI facility? Yes No

5) In hospital transfer for surgical procedures:

- a. Does your center have facilities to perform surgery on infants? **[if no, proceed to section 6]** Yes No
- b. Does your center have written policies or guidelines regarding what personnel should participate in the transport of infants to the operating room? Yes No
- c. Does your center have written policies or guidelines regarding the training required for personnel before they can participate in the transport of infants to the operating room? Yes No
- d. Does your center use a checklist to ensure that all necessary preparations for the transfer to the operating room are carried out? Yes No
- e. Does your center have written policies or guidelines requiring a time-out procedure to ensure the preparation for transport to the operating room is carried out correctly? Yes No
- f. Does your center have written policies or guidelines regarding adequate monitoring of infants transported to the operating room? Yes No
- g. Does your center have written policies or guidelines regarding communication with families immediately after transport to the operating room? Yes No
- h. Does your center have mechanisms to provide ongoing status updates while the infant is in the operating room? Yes No

6) Planning transition to home:

- a. Does your center have a formal process to engage families in planning transition to home? Yes No
- b. Does your center use telemedicine to provide family education and assess family readiness for discharge?
Yes No
- c. Does your center use telemedicine to facilitate communication between the inpatient and outpatient team in discharge planning? Yes No
- d. Does the center have formal guidelines regarding medical stability and clinical status of newborn infants regarding:
d1. Adequacy of weight gain? Yes No
d2. Adequacy of thermal control? Yes No
d3. Adequacy of respiratory control? Yes No
d4. Adequacy of feeding prior to discharge? Yes No
- e. Prior to discharge, does your NICU team have a formal process to determine follow-up care needs, including identifying appropriate providers and exchanging appropriate information, identification of a primary care physician, referral for surgical specialty or pediatric medical specialty care as needed and neurodevelopmental follow-up?
Yes No
- f. Prior to discharge, does your center perform a formal or informal psychosocial assessment of parenting strengths and risks? Yes No
- g. Does your center review the adequacy of financial resources of the family and refer qualified families for financial support including WIC, SSI and Medicaid? Yes No
- h. Prior to discharge of medically complex infants, does your center assess the adequacy and safety of the home environment? Yes No
- i. Prior to discharge of medically complex infants, does your center create an emergency intervention plan and identify and notify emergency medical service providers? Yes No
- j. Prior to discharge of medically complex infants, does your center arrange home nursing visits for assessment and parent support? Yes No
- k. Prior to discharge of medically complex infants, does your center arrange home nursing visits for assessment and parent support? Yes No
- l. In preparation for homecare for the technology dependent infant, does your center assess the availability of 24- hour telephone access, electricity, safe in-house water supply and adequate heating? Yes No
- m. Does your center routinely provide copies of discharge summaries to families? Yes No
- n. Does your center provide families with a draft version of the discharge summary prior to finalization in order to incorporate their suggestions? Yes No
- o. For breastfeeding mothers, does your center provide information on breastfeeding support and availability of lactation counselors? Yes No
- p. Does your center routinely review readmissions to identify opportunities for improvement in the discharge process? Yes No

7) Antibiotic utilization:

- a. Does your NICU have a policy that requires prescribers to document in the medical record or during order entry the dose, duration, and indication for all antibiotic prescriptions? Yes No
- b. Is there a formal procedure or process prompting the NICU care team to review the appropriateness of all antibiotics prescribed for infants in the NICU 48 hours after the initial order (e.g. "antibiotic time out")? Yes No
- c. Does your center have written policies or guidelines regarding communication with families regarding initiation or discontinuation of antibiotic therapy? Yes No

8) Respiratory management/extubation:

- a. Does your center have written policies or guidelines outlining the indications for intubation? Yes No
- b. Does your center have written policies or guidelines outlining the indications for extubation of ventilated infants?
Yes No
- c. Does your NICU team make daily assessments to help determine eligibility for extubation? Yes No
- d. Does your center have written policies or guidelines regarding communication with families regarding major changes in respiratory status including need for intubation and planned extubation? Yes No

9) Initiation of pharmacological therapy for infants with neonatal abstinence syndrome (NAS):

- a. Does your center have written policies or guidelines outlining the indications for initiating pharmacological treatment for NAS? Yes No
- b. Does your center have written policies or guidelines outlining the agent and dose for pharmacological treatment for NAS? Yes No
- c. Does your center have written policies or guidelines regarding how to wean infants from pharmacological treatment for NAS? Yes No
- d. Does your center have written policies or guidelines regarding communication with families regarding initiation of pharmacological treatment for NAS? Yes No