



Week 2: Neonatal Health Services Research/Quality Improvement

NICU QI and Safety II

Tuesday, June 16 4:30-6:00 pm EDT

Moderators

Heather Kaplan

Leon Hatch

EDT	Abstract	Title	Presenting Author
4:30 pm		Introduction & General Information	
4:35 pm	3380908	Aiming for zero! Reducing unplanned extubations in a “greenfield” single-family room quaternary NICU	Sanoj Ali
4:45 pm	3382612	Journey to Zero CLABSI	Trishelle Himmelrick
4:55 pm	3375940	The Mothers and Newborns affected by Opioids (MNO) initiative: A statewide perinatal quality improvement initiative in Illinois	Justin Josephsen
5:05 pm	3345937	Implementation of the Eat, Sleep, Console Nows Tool in Massachusetts’ NeoQIC Collaborative	Elisha Wachman
5:15 pm	3382565	A Quality Initiative Prioritizing Nasal-tracheal Intubation Reduces Unplanned Extubations in a Level IV Neonatal Intensive Care Unit	Courtney Juliano
5:25 pm	3367834	Decreasing Time to Parent Updates after Delivery	Tinisha Lambeth
5:35 pm	3373254	Improving Utilization of a NICU Rounding Checklist through Low- and High-technology Tests of Change	Leah Carr
5:45 pm	3369758	Standardizing NICU Nursing Handoffs to Improve Safety	Shilpa Patel
5:55 pm		Wrap Up	

Question Asked	Answer Given	Answerer
Do you use nasal intubation for all gest ages	Yes, we do. But a very reasonable approach might be to use nasal intubation only for older or certain high risk populations	Courtney Juliano
Any reported trauma from using magil in nasal intubation especially in ELBW	We use 'alligator' forceps similar to this- which are much smaller and we have not seen trauma related to use https://utopiatools.com/alligator-forceps-5-5/	Courtney Juliano
Nice project! did you look at intubation attempts or success as other balancing measures? was getting buy-in from your team challenging?	Although we were aware of this as a balancing measure, we did not collect specific data. This was a very big change for our unit. Buy in is often a challenge and certainly was here in the beginning. But as comfort with something new increased and results were shared, buy in increased tremendously.	Courtney Juliano
One of the things that's been missing from most UE work is a concerted effort to reduce time on the ventilator. Similar to CLABSIs, where you can't have one if you don't have a central line, you can't have a UE if you aren't on a ventilator. Did you do anything specific to reduce ventilator days?	When I joined our unit we overhauled our approach to respiratory care. Specific measures to decrease ventilator days included optimization and prioritization of non-invasive support, CPAP education, education and oversight with emphasis on intubation avoidance in DR, minimal sedation (avoidance of paralysis), twice daily assessment of extubation readiness, extubation as a procedure that occurs 24 hours a day	Courtney Juliano