

Vermont Oxford Network “All Care is Brain Care” Audit, 2023-2024

As rates of neonatal survival and morbidities continue to improve, we must safeguard the full potential of every infant. All care we provide must consider an especially vulnerable and important organ: the developing brain. By exploring evidence and implementing better practices, we can ensure that all care benefits the brain. The purpose of this audit is to evaluate unit policies and guidelines pertaining to brain care among centers participating in the Vermont Oxford Network “All Care is Brain Care” Internet-based Newborn Improvement Collaborative for Quality (iNICQ) and the Newborn Improvement Collaborative for Quality (NICQ). The audit will help centers assess gaps and will provide data for benchmarking.

There are several steps that your center must do to participate.

1. *Assign an audit coordinator.*

The audit coordinator/data collector will oversee the audit process regarding communication with the institutional review board (IRB) and Vermont Oxford Network (VON). The audit coordinator may or may not be the individual who conducts the audits. If the coordinator is not the person who conducts the audit, s/he should develop a process to collect the audit data from those who are completing the audits.

2. *Address any local Human Subjects Research concerns.*

The audit does not collect patient information. It does not involve any specific interventions or direct physical contact with any individual or patient. No aspect of the infant’s care will be directly audited. Using a self-determination tool developed by The University of Vermont IRB, the audits were determined to not require IRB review because they do not meet the definition of a research activity under the regulatory definition according to 45 CFR 46.102(d). However, this determination solely addresses the role of VON in sponsoring and supporting the NICQ and iNICQ Collaboratives and the supporting audits. The approval from The University of Vermont Committee on Human Research does not cover any activities conducted by institutions or staff participating in VON audits or collaboratives. Each site participating in VON audits or the collaborative will need to discuss the protocol with a local IRB to determine whether any necessary human subject reviews and approvals are needed.

3. *Conduct the audit.*

During the designated week, answer the audit questions and enter the data into the online data collection tool.

Data Collection Form

The data collection form appears on the following pages of this packet. If your center’s answer to any question is “unknown” or “uncertain”, please answer no.

If your center's answer to any question is "unknown" or "uncertain", please answer no.

OVERALL

1. Does your center have a Neuro Neonatal Intensive Care Unit (Neuro NICU)?

Yes	No
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The unit may be either a unit within a neonatal intensive care unit or in a physical space separate from a neonatal intensive care unit.

CLINICAL PRACTICES IN THE GOLDEN HOUR

Antenatal Care/Delivery Room Practices

2. Do you have a delivery service at your center?

Yes	No
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If yes to 2, please answer 3a-3f. Otherwise, skip to 4:

3a. Does your center have written guidelines or policies addressing the use of antenatal corticosteroids?

Yes	No
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3b. Does your center have written guidelines or policies addressing the use of antenatal magnesium?

Yes	No
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3c. Does your center have written guidelines or policies addressing delayed cord clamping in preterm infants?

Yes	No
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3d. Does your center have written guidelines or policies addressing delayed cord clamping in term infants?

Yes	No
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3e. Does your center have written guidelines or policies for the use of noninvasive respiratory support during initial stabilization (in the delivery room or shortly after admission)?

Yes	No
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3f. Does your center perform delivery room resuscitation team training/simulation?

Yes	No
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Transport Services/Practices

4. Does your center accept infants transferred from outside centers?

Yes	No
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5. Does your center transfer infants to other centers?

Yes	No
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If yes to either 4 or 5, please answer 6. Otherwise, skip to 8.

6. Does your center have a dedicated multidisciplinary neonatal transport team?

Yes	No
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If your center's answer to any question is "unknown" or "uncertain", please answer no.

If yes to 6, please answer 7a-7d. Otherwise, skip to 8.

7a. Does your transport team use telemedicine to communicate with referring caregivers?

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Yes	No
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7b. Does your transport team use telemedicine to communicate with the families of infants?

Yes	No
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7c. Does your transport team have the ability to use noninvasive support during transport?

Yes	No
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7d. Does your transport team have the ability to initiate cooling on transport?

Yes	No
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Family Communication/Support

8. Does your center have written protocols and guidelines addressing expectations regarding family communication during the Golden Hour?

Yes	No
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9. Does your center have policies or guidelines that address joint counseling (by maternal fetal medicine services and neonatal medicine services) for families prior to high-risk deliveries?

Yes	No
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ACUTE PHASE OF CARE

10. Does your center have specific guidelines or policies addressing the unique needs of the infants born at less than (<) 25 weeks of gestation?

Yes	No
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11. Does your center have written guidelines or policies addressing early skin to skin care (within 72 hours of birth)?

Yes	No
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12. Does your center have written protocols and guidelines addressing expectations regarding family communication during the acute phase of care?

Yes	No
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13. Does your center have written guidelines or policies addressing clustering of care to minimize unnecessary intervention in the first week of life?

Yes	No
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IVH Reduction

14. Does your center have written guidelines or policies addressing the use of prophylactic indomethacin to prevent IVH?

Yes	No
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15. Does your center have written guidelines or policies addressing the use of midline head positioning?

Yes	No
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16. Does your center have written guidelines or policies addressing the timing of screening cranial ultrasound?

Yes	No
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If your center's answer to any question is "unknown" or "uncertain", please answer no.

Therapeutic Hypothermia for Hypoxic Ischemic Encephalopathy

17. Does your center provide therapeutic hypothermia in infants with hypoxic ischemic encephalopathy?

Yes	No
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If yes to 17, please answer 18. Otherwise, skip to 20.

18. Does your center have written guidelines or policies for therapeutic hypothermia in infants with hypoxic ischemic encephalopathy?

Yes	No
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If yes to 18, please answer 19a-19d. Otherwise, skip to 20.

19a. Does this guideline or policy address the population eligible for therapeutic hypothermia?

Yes	No
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19b. Does your center have written guidelines or policies allowing holding during therapeutic hypothermia?

Yes	No
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19c. Does your center have written guidelines or policies regarding standardized use of aEEG as part of the criteria to consider cooling?

Yes	No
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19d. Does your center have written guidelines or policies regarding standardized use of EEG to diagnose and manage seizures?

Yes	No
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Respiratory Care Practices

20. Does your center have written guidelines or policies regarding the indications for intubation and mechanical ventilation?

Yes	No
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21. Does your center have written guidelines or policies for the use of premedication for intubation (unless emergent)?

Yes	No
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22. Does your center have written guidelines or policies for sedation/pain of intubated infants?

Yes	No
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23. Does your center have written guidelines or policies for the weaning infants from respiratory support?

Yes	No
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24. Does your center have written guidelines or policies for the extubation of intubated infants?

Yes	No
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25. Does your center have written guidelines or policies regarding the indications and methods of surfactant treatment?

Yes	No
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26. Does your center have written guidelines or policies for the use of caffeine?

Yes	No
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If your center's answer to any question is "unknown" or "uncertain", please answer no.

Other

27. Does your center have written guidelines or policies for the use of erythropoietin (EPO) for neuroprotection in preterm infants?

Yes	No
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28. Does your center have written guidelines or policies for the treatment of hypotension and blood pressure support?

Yes	No
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29. Does your center use near-infrared spectroscopy?

Yes	No
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FAMILY SUPPORT

30. Does your center provide real time translation services to families?

Yes	No
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31. Does your center provide implicit bias training?

Yes	No
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32. Does your center routinely stratify data by race/ethnicity?

Yes	No
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33. Does your center routinely stratify data by family's primary language?

Yes	No
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34. Does your center provide training in trauma informed care?

Yes	No
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35. Are families formally screened for social determinants of health?

Yes	No
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36. Does your NICU have a full-time social worker?

Yes	No
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