



2020
ANNUAL
REPORT

CPQCC

We are committed to improving the **quality and equity** of health care delivery for California's most vulnerable infants and their families, from birth and NICU stay to early childhood.

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TRIBUTE
D. LISA BOLLMAN

Dear Friends,

Usually, this letter is an upbeat summary of the accomplishments of CPQCC and its partners over the previous year and our plans for the next. But this year feels different, doesn't it? We've all seen each other via Zoom in our natural habitats, with cats, dogs, babies, family members, kids' artwork, schooling, and household mess in the background. We've had to expand our horizons in terms of how to get work done and be sensitive to each other's needs, realizing that the tired person on the other end of the video call is probably also doing several other jobs at the same time (schoolteacher, cook, day care provider, family argument mediator, dog walker). That's just for those of us who are free to work at home. Health care providers have been under far more stress during the pandemic, overworked, exhausted, endangered, and emotionally drained.

But there's hope on the horizon. The vaccine roll out has accelerated. Improved therapeutics for COVID-19 are being developed. More attention is being paid to systemic injustice nationwide and in health care in particular. And at CPQCC, we have dug in and recommitted to delivering the highest quality support to our member hospitals and the patients and communities that they serve. Amid the turmoil of last year, we updated the CPQCC mission statement to reflect our ongoing commitment to fighting racism and advancing health equity across a continuum of care from birth through early childhood.

"We are committed to improving the quality and equity of health care delivery for California's most vulnerable infants and their families, from birth and NICU stay to early childhood."

This mission statement reflects our belief that equity should be central to everything that we do. You will see that reflected in the health equity

spotlights throughout this report and in the content of this year's Improvement Palooza event, which focuses on the journey towards anti-racism in the NICU through teamwork and family-centeredness.

After this difficult year, we can and will lift each other up. And when we do, we can do more for the mothers and babies of California, especially the smallest, sickest, most under-resourced, most disadvantaged, who need us the most. We offer our gratitude and respect to everyone who pulled together in 2020 to help CPQCC further our mission. We particularly want to thank the staff, faculty, and members of CPQCC and all of our invaluable partners for their dedication and resolve. Thanks to your exceptional commitment and hard work, through all of the challenges of the past year we have continued to improve health outcomes and provide the highest quality care to California's most vulnerable infants and families.

JEFFREY B. GOULD
Chief Executive Officer

HENRY C. LEE
Chief Medical Officer

JOCHEN PROFIT
Chief Quality Officer

SUSAN HINTZ
HRIF Medical Director

REBECCA ROBINSON
Administrative Director

COURTNEY C. BREULT
Associate Director of Quality

**RACISM
IS
A PANDEMIC**





FEATURE:
**SUPPORTING OUR MEMBERS
DURING COVID-19**

2020 tested the strength and resolve of our healthcare workforce. To our member hospitals that have been at the front lines of the pandemic from day one, you have our profound gratitude for all that you are doing to keep mothers and babies safe during this challenging time. CPQCC is committed to supporting you in the fight against COVID-19. Below we highlight some of the ways in which we have responded to this challenge.

Supporting Your Perinatal Units During COVID-19 | A Webinar Series

From the early days of the pandemic, CPQCC, and our sister organization, [CMQCC](#), have partnered to bring guidance to our members and the broader healthcare community on preparing and responding to COVID-19 directly from the front lines. In March 2020, we launched the first webinar in our Supporting Your Perinatal Units During COVID-19 series, with a presentation from front line obstetric and neonatal providers at Lucile Packard Children's Hospital at Stanford. The speakers discussed how their units were preparing to screen and care for pregnant women and infants who tested positive or were exposed to COVID-19, and what precautions they were taking to protect their staff. The webinar drew over 4,000 attendees nationwide, demonstrating the urgent need for information on how to respond as the pandemic began to unfold in the United States. A recording of the webinar was viewed over 10,000 times.

Since that first webinar, we have hosted seven additional webinars covering a range of topics, including outpatient care, breastfeeding guidance, and the pandemic's impact on California's Latinx communities. CPQCC and CMQCC will continue to host webinars in this series for the duration of the pandemic, responding to interest from our members and the broader community on topics of importance.

Webinars

- Preparing Your Perinatal Units to Respond to COVID-19: **Practical Recommendations from a Frontline Hospital** – March 24, 2020
- Preparing Your Perinatal Units to Respond to COVID-19: **Transitions of Care and Neonatal Nutrition** – April 10, 2020
- Supporting Your Perinatal Units During COVID-19: **Mental Health Considerations for Patients & Healthcare Workers** – April 29, 2020
- Supporting Your Perinatal Units During COVID-19: **Outpatient Care and Patient Education** – May 15, 2020
- Supporting Your Perinatal Units During COVID-19: **Evolving Guidance** – August 21, 2020
- Supporting Your Perinatal Units During COVID-19: **Breastfeeding Guidance** – September 10, 2020
- Supporting Your Perinatal Units During COVID-19: **Health Equity for Latinx Communities** – September 29, 2020
- Supporting Your Perinatal Units During COVID-19: **A Q&A with Frontline Perinatal Leaders** – February 16, 2021

Reach of the Supporting Your Perinatal Units During COVID-19 Webinar Series

7,000+

attendees on live webinars to date

14,000+

views of webinar recordings to date

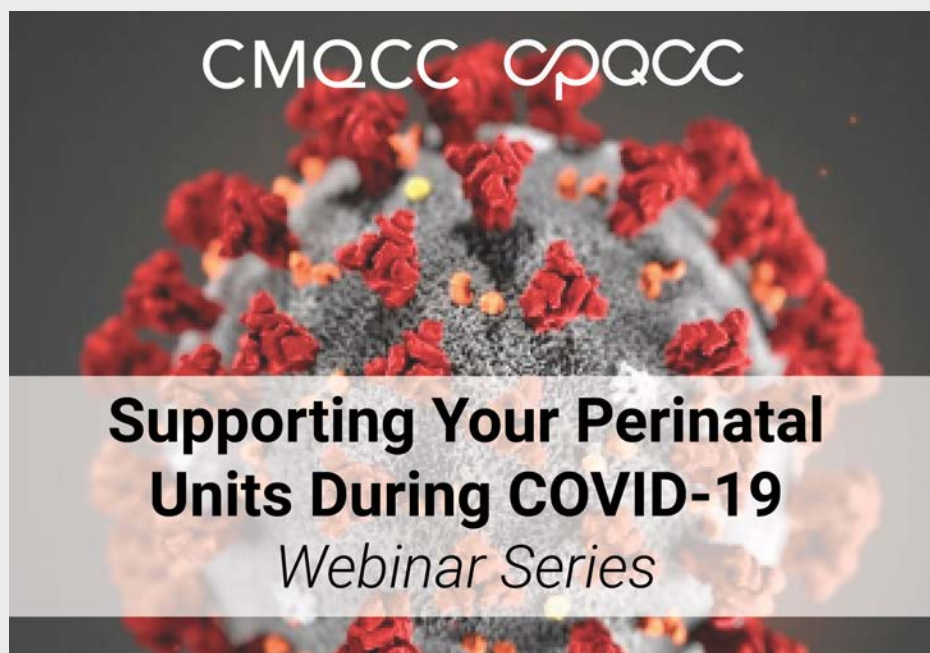
Health Equity Spotlight: The impact of the COVID-19 pandemic on California's Latinx population

The COVID-19 pandemic has disproportionately affected communities of color throughout the United States. In California, this disparity has been felt predominantly by the state's Latinx communities. While Latinx make up approximately 39% of the state's population, they account for 55% of reported cases of COVID-19 and 46% of deaths ([CDPH](#)).

This disparity is equally stark when looking at the perinatal population. A CDC national review of the impact of SARS-CoV-2 infection in pregnant women and women of reproductive age from January – June 2020 found that 46% identified as Latinx compared to 23% as White, 22% as Black, and 4% as Asian ([CDC](#)).

Systemic factors such as overrepresentation in front line occupations, crowded housing conditions, the pandemic's economic impact, and lower rates of healthcare access and utilization have all contributed to the disproportionate impact of the pandemic on Latinx communities across the country.

The seventh webinar in the COVID-19 webinar series featured a frank discussion of the pandemic's impact on perinatal health among California's Latinx population, and strategies to mitigate those impacts. Materials from the webinar are available in Spanish and English on the [COVID-19 Resources for Maternal and Infant Health](#) website, jointly managed by CPQCC and CMQCC.



COVID-19 Resources for Maternal and Infant Health

To further our efforts in disseminating relevant and timely information to healthcare workers, patients, and communities affected by COVID-19, CPQCC has developed a [COVID-19 resource website](#) with CMQCC related to perinatal health. The site is continuously reviewed for accuracy and relevance, to ensure that hospitals have access to the most up-to-date information as the situation unfolds. The resource website includes:

- Important updates for California hospitals from the California Department of Public Health
- The “Supporting Your Perinatal Units During COVID-19” webinar series
- Sample hospital resources
- Organizational recommendations (from AAP, ACOG, CDC, SMFM, and others)
- Caregiver support resources
- Key data sources for California
- National data registries

While some of these resources, such as the organizational recommendations, are more broadly applicable, the webinars and sample hospital resources serve as examples of how individual California hospitals are responding to the pandemic. We encourage hospitals to adapt the guidelines they find on the resource site to fit their local needs.

To date, the resource site has been visited more than 55,000 times since it was launched in March 2020.

Delaying Data Deadlines

In recognition of the numerous burdens placed on hospitals and health care workers during the COVID-19 pandemic, CPQCC extended its annual data finalization deadlines for NICUs and HRIF Clinics, pushing back requirements to submit close-out data for the 2019 birth year by several months. 87% of NICUs and 34% of HRIF Clinics were able to submit their data by those extended deadlines.

COVID-19 Research

Since the early days of the pandemic, CPQCC has contributed to the growing body of research on the management of COVID-19 in the perinatal population. Below are some highlights:

- [Advancing Health Equity by Translating Lessons Learned from NICU Family Visitations During the COVID-19 Pandemic](#) (Neoreviews, Jan 2021)
- [The COVID-19 Pandemic as a Catalyst for More Integrated Maternity Care](#) (American Journal of Public Health, November 2020)
- [Beyond the First Wave: Consequences of COVID-19 on High-Risk Infants and Families](#) (American Journal of Perinatology, October 2020)
- [Neonates in the COVID-19 Pandemic](#) (Pediatric Research, August 2020)
- [International comparison of guidelines for managing neonates at the early phase of the SARS-CoV-2 pandemic](#) (Pediatric Research, June 2020)
- [Interim Guidance for Basic and Advanced Life Support in Children and Neonates with Suspected or Confirmed COVID-19](#) (Circulation, May 2020)



PROGRAM UPDATE **THE NICU DATABASE**

CPQCC released several improvements to the [NICU Database](#) in 2020 designed to streamline data collection for members and enhance the utility of the information collected for NICU quality improvement.

Focus Boards for the Optional All NICU Admits Database

CPQCC developed the optional [All NICU Admits Database](#) for members who want to capture information on all of the infants admitted to their NICU, not just the high-acuity infants eligible for CPQCC’s main NICU Database. Today, over 60 NICUs use the All NICU Admits Database to collect data on all of their NICU admissions. In 2020, CPQCC added focus boards for the All NICU Admits Database to the [NICU Reports](#) site to allow database users to see in real-time the full picture of their NICU admissions.

The focus boards display the clinical diagnoses of the high and low acuity infants that participating NICUs care for, their average length of stay, and the total number of NICU days expended caring for infants across each diagnostic category, by gestational age or birth weight. This information, which has never before been captured by CPQCC, along with admission trends over time, can be compared to the entire CPQCC network or NICUs with similar care levels.



NICU Data Sharing

We designed our new Data Sharing feature to simplify data entry and increase the quality and consistency of the information entered into the NICU Database. Data Sharing allows two or more NICUs that care for the same patient to automatically share data about that patient with each other directly on the [NICU Data](#) site, helping members:

- complete data items for transported infants
- obtain follow-up status for infants transported out to another CPQCC NICU
- make patient data more consistent across NICUs

This new feature simplifies and automates our previous data-sharing process, which required NICUs to manually verify and ensure the consistency of data items for patients cared for in multiple units.

Maternal Substance Exposures

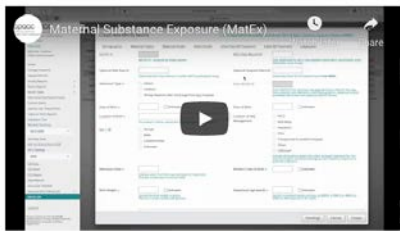
CPQCC launched the supplemental Maternal Substance Exposures (MatEx) Database in 2018 to further understand this critical public health issue. By collecting data on all maternal substance exposures, including but not limited to opioids, we aim to improve care for exposed newborns by focusing on the treatment of neonatal abstinence syndrome (NAS) and length of stay in the hospital. As of the end of 2020, data on over 450 infants have been entered into the database. CPQCC has developed a range of reports using MatEx data to identify high and low-performance areas, monitor the effects of improvement interventions, and conduct research that advances the quality of NAS care.

In 2020, CPQCC released three video tutorials designed to help users enter data, analyze reports, and use that analysis to implement quality improvement in their unit. The tutorials are available on the [CPQCC website](#), along with a range of additional resources.

We encourage NICUs across California to participate in the database, regardless of the number of substance-exposed infants they treat. We believe that having data from across the state will allow us to better understand current practices in managing NAS and determine which are the most effective for substance-exposed infants. Interested units should email info@cpqcc.org or submit a [Help Ticket](#).

Video Tutorials

MatEx Data Entry: Watch this short video tutorial on how to enter a data entry record into the MatEx Database.



QI Example: Check out this video to learn how to use MatEx data for quality improvement in your unit.



Delivery Room Oxygen

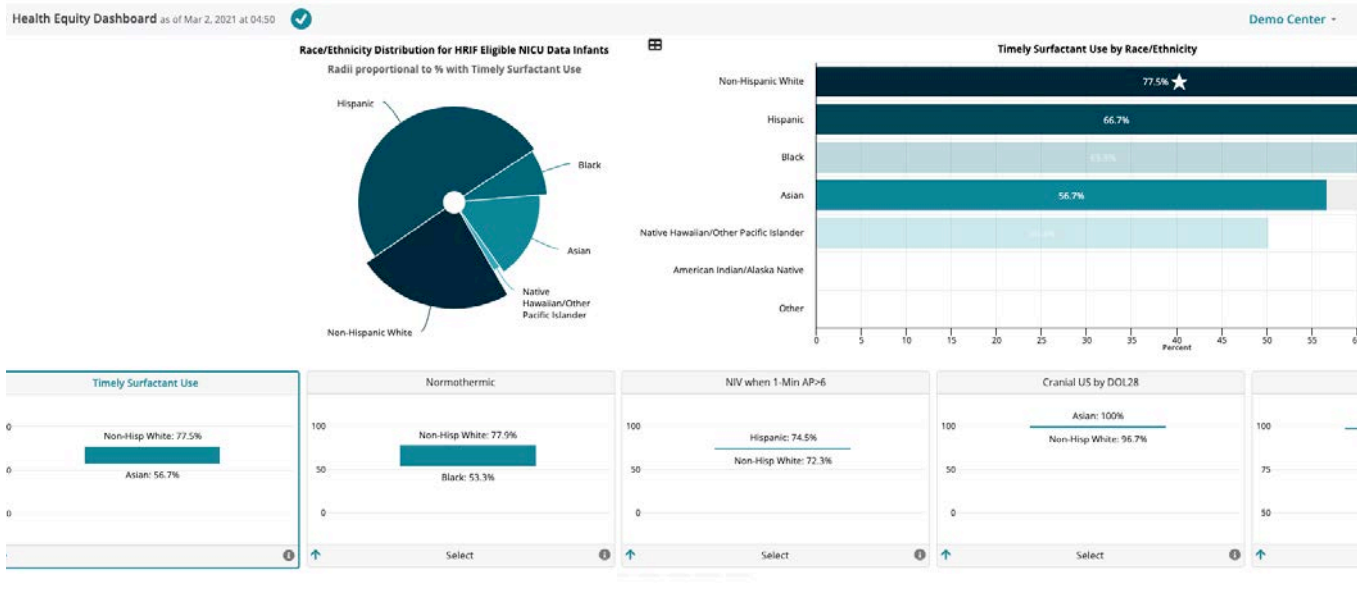
Since 2010, the International Liaison Committee on Resuscitation (ILCOR) guidelines have recommended “lower oxygen” as the initial oxygen concentrations for preterm infants requiring resuscitation despite lower certainty of evidence. The guidelines state that oxygen be titrated during resuscitation to meet peripheral oxygen saturation (SpO₂) target ranges which correspond to those of spontaneously breathing, healthy full-term infants. A 2019 ILCOR meta-analysis comparing initial lower (<30%) oxygen concentration and initial higher (>65%) oxygen concentration for preterm infants <35 weeks’ gestation who needed respiratory support at birth demonstrated no consistent evidence to define the ideal initial oxygen concentration. As such, the current recommendation remains to use lower oxygen concentrations (<30%).

In January 2020, CPQCC launched an ongoing data collection pilot study to examine this issue. As part of the pilot, we ask that participants collect data on mean oxygen saturation (SaO₂) at 5 minutes and inspired oxygen concentration (FiO₂) at 5 minutes for inborn infants < 1500 grams or < 32 weeks’ gestation.

CPQCC is actively recruiting participants to join this pilot study. More information, including data collection resource webinars, can be found on the [CPQCC website](#). Interested units should email info@cpqcc.org or submit a [Help Ticket](#).

Elevating the Health Equity Dashboard

CPQCC's Health Equity Dashboard displays critical process and outcome measures by race and ethnicity to allow NICUs to see if and where disparities in care exist. In 2020, CPQCC elevated the Health Equity Dashboard to be the first report members see when they login to the [NICU Reports](#) site. A short video overview of the Health Equity Dashboard can be found on [CPQCC's main website](#) and on our NICU Reports site (look for the video camera icon when viewing the Health Equity Dashboard).



Annotating Control Charts to Document Quality Improvement

Users can now annotate their control charts to reflect when quality improvement interventions occurred and define the baseline period, intervention period, and sustainability (maintenance) period. Members can find a short video introducing this new feature on [CPQCC's main website](#) and on our [NICU Reports](#) site (look for the video camera icon when viewing a control chart).



Health Equity Spotlight: Measuring Family-Centered Care in the NICU

[Research](#) has found that NICU care disparities often present as sub-optimal engagement with Black, Indigenous, people of color (BIPOC) families in the NICU.

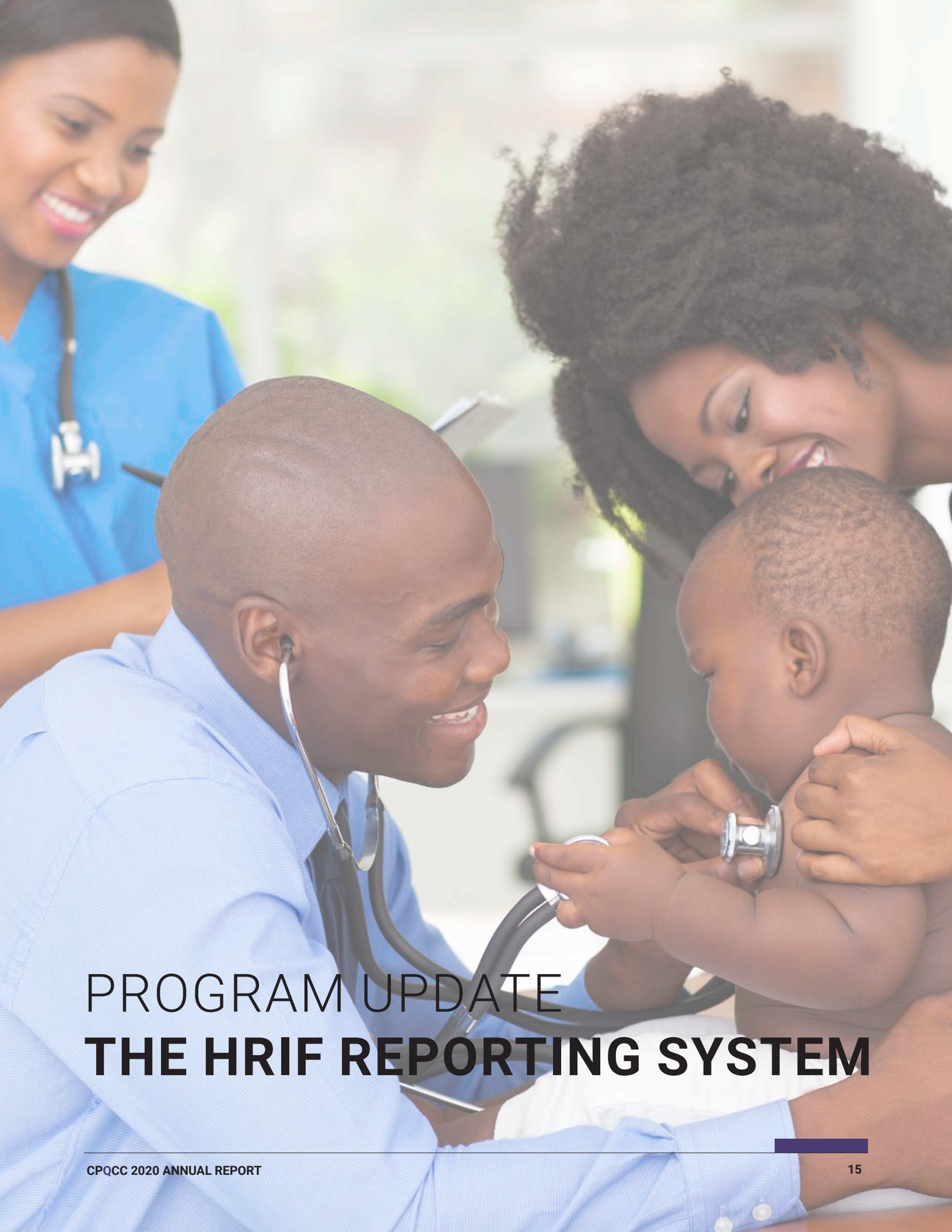
Family involvement is crucial in improving NICU infants' outcomes. CPQCC is partnering with NICU families to pilot test metrics that measure the presence and quality of family-centered care in the NICU. CPQCC engaged a national panel of experts and family representatives in a Delphi experiment to identify the following measures. We have designed these measures to be primarily extracted from the electronic health record to limit additional data collection burden on NICU teams:

- Days from NICU admission to first skin-to-skin care
- Days from NICU admission to first social worker contact
- Hours from birth to priming with oral colostrum

We hope that by improving family-centered care through better measurement and feedback, NICU families, including the most marginalized, will be better supported in caring for their infant.

CPQCC is actively recruiting participants to join this pilot study. More information can be found on the [CPQCC website](#). Interested units should email info@cpqcc.org or submit a [Help Ticket](#).





PROGRAM UPDATE
THE HRIF REPORTING SYSTEM

With the pandemic putting a significant strain upon the state's health system, CPQCC's HRIF team has stepped up its efforts to support California's HRIF Clinics in delivering high quality follow-up care to at-risk infants and their families.

Telehealth Guidance for HRIF Clinics

The COVID-19 pandemic has substantially impacted how HRIF Clinics approach follow-up care for children and families. Results from a recent survey developed by CPQCC and California Children's Services (CCS) demonstrate considerable variation among California's HRIF Clinics in:

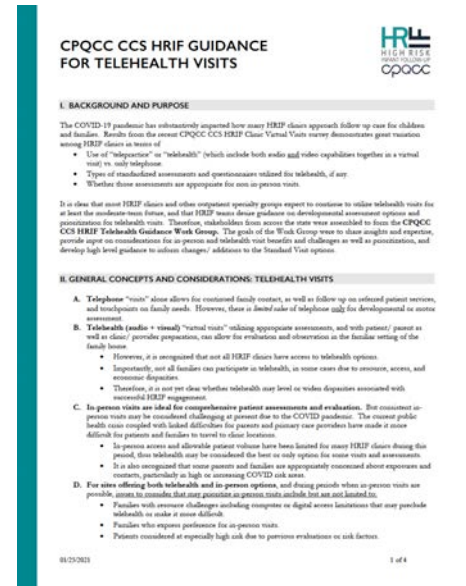
- The use of "telepractice" or "telehealth," which includes both audio and video, versus telephone visits
- The types of standardized assessments and questionnaires utilized for telehealth, if any
- Whether the assessments, if used, are appropriate for virtual visits

The results also indicate that many HRIF Clinics and other outpatient specialty groups expect to continue to offer telehealth, and are looking for guidance on the most appropriate developmental assessment options.

To address this need, CPQCC assembled an interdisciplinary team of stakeholders from across the state to form the CPQCC CCS HRIF Telehealth Guidance Workgroup. The goals of the group are to:

- Share insights and experience among California's HRIF Clinics on telehealth
- Review the benefits and challenges of in-person and telehealth visits with the input and expertise of the clinic team
- Develop high-level guidance to inform options and additions to the HRIF Standard Visit that are appropriate for telepractice

The workgroup recently released a telehealth guidance document for HRIF Clinics, which provides advice on prioritizing between in-person and telehealth visits, optimizing virtual visits, and using developmental assessment tools appropriate for a telehealth setting. In addition, the workgroup added three new developmental assessment options to the Standard Visit form for 2021.



To download the HRIF Telehealth Guidance Document, visit the [CPQCC website](https://www.cpqcc.org/telehealth-guidance).

Health Equity Spotlight: COVID-19 Family Impact Survey

While data indicate that the effects of SARS-CoV-2 infection are minimal in the NICU population, the impact of the COVID-19 crisis more broadly has been felt across maternal and neonatal units and, most acutely, by the families of our NICU patients. Hospital policy changes, changes to resource and service access, and financial stressors brought on by un- and underemployment have had profound effects.

Through its HRIF program, CPQCC is uniquely positioned to explore questions related to the long-term impacts of the COVID-19 crisis on the families of preterm infants. The HRIF Executive Committee and HRIF Transition Home Health Equity Workgroup have developed the COVID-19 Family Impact Study, which includes serial parent surveys to assess how parents, families, and children born <30 weeks gestational age through age three have been impacted by the pandemic.

The multilevel surveys will include parents in participating sites of infants who were in the NICU during the pandemic, as well as those who were already discharged and in the community during the COVID-19 crisis and who were cared for at a connected HRIF Clinic. Particular emphasis will be placed on evaluating how factors such as sociodemographic disparities, child and family factors, and NICU and HRIF Clinic site differences have deepened the pandemic's impact on already marginalized families.

Interested in participating in the study or learning more? Email [Susan Hintz](#), HRIF Medical Director, or [Erika Gray](#), HRIF Program Manager.

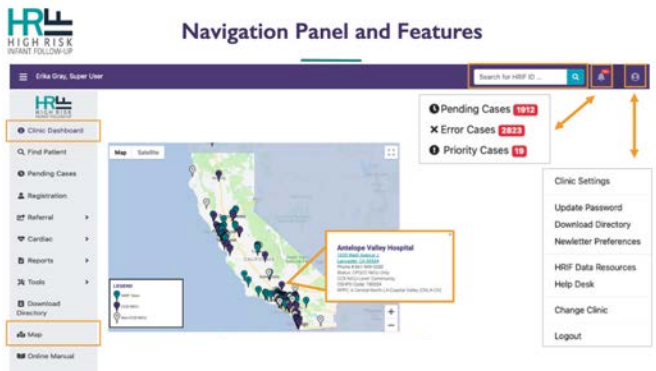


HRIF Reporting System Upgrades

The [HRIF Reporting System](#) got a new look in 2020. CPQCC designed the updated layout and enhanced navigation panel to create a more user-friendly experience for HRIF Clinics.

Key features include:

- Tables that can be sorted by any column
- Data that can be exported as a .csv or .xlsx file, copy and pasted, or printed
- A Help Desk widget pre-populated with user information allowing for faster ticket submission with fewer fields to enter
- An interactive map featuring HRIF Clinics, HRIF Satellite Clinics, CCS NICUs, and Non-CCS NICUs throughout California which allows HRIF teams to identify appropriate care options for families across the state
- Now optimized for viewing on tablets and mobile phones, as well as on all desktops



Clinic Dashboard

In November, CPQCC released our new HRIF Clinic Dashboard, which allows HRIF Clinics to quickly visualize data on the number of children (≤ 3 years) actively being referred to and receiving follow-up care at their clinic. Other exciting features of this dashboard include:

- A display of the total number of pending, error/warning, and priority cases that must be addressed before data can be finalized and closed within the system
- Three key charts which provide HRIF Clinics with a snapshot of their current caseload: Expected Cases by Adjusted Age, Activity by Month, and Visit Volumes

New Tool – NICU Reference IDs/Timely Referral

This new tool allows HRIF clinic staff to update NICU Record IDs for all infants registered in the clinic and assess whether they were referred for HRIF services on time (within 60 days of being discharged from the NICU). Users can filter records by the infant's birth month, birth year, or birth weight or by "timely referral category" (e.g., within two months, between 2-6 months, after six months, or still in hospital). This data can be used to spur QI interventions to improve the timeliness of referral to HRIF services.

NICU Reference IDs / Timely Referral Report Options

HRIF Clinic: Evergreen Medical Center
Infant's Birth Month/Year: Jan 2020 to Aug 2020
Referral Timeliness: All
Total Records: 9
Discharge Nicu: All
Birth Weight: Small Baby (<= 1500 g or < 31/6 ga)
Report Date: 03-03-2021

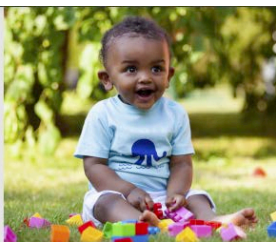
Update Selected Records

Search:

#	HRIF ID#	DOB	BW (grams)	GA (wks/days)	Birth Hosp	Dc Hosp	Birth Order	Mother DOB	Dc Date	RR Created On	NICU Reference ID			Update Record
											OSHPD Facility Code	NICU Record ID	NOT NICU Eligible	
1	012123487	06-18-2020	1068	23 wks 0 dys	Evergreen Medical Center (987654)	Evergreen Medical Center (987654)	Singleton	03-1982	11-10-2020	11-13-2020	987654	9999	<input type="checkbox"/>	<input type="checkbox"/>
2	012123490	08-01-2020	1302	28 wks 2 dys	Evergreen Medical Center (987654)	Spring Valley Hospital (123456)	Singleton	03-1972	12-08-2020	12-11-2020	987654	9999	<input type="checkbox"/>	<input type="checkbox"/>

WHAT IS THE HRIF CLINIC?

Children cared for in a Neonatal Intensive Care Unit (NICU) can have challenges with their development. The High-Risk Infant Follow-up (HRIF) clinics are here to teach parents about these challenges, and give advice on what you can do to help your child. The HRIF clinics support children from when they leave the hospital to age three.



It is recommended that families visit the HRIF Clinic, and their regular pediatrician. Your child should come to the HRIF Clinic at least three times. The care team recommends visits at ages:

- 4 to 8 months
- 12 to 16 months
- 18 to 36 months

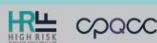
It is possible your child might need more than three appointments. This is decided by the needs and goals of each family. At every visit, your child will meet with a team of specialists. Some of the providers who work in the clinic include: nurses, developmental/ pediatric specialists, therapists, and social workers.

During your visit, the HRIF team will do some tests to check on your child and talk to you about the results. You will get a copy of each test to share with your pediatrician or primary care provider. If needed we can connect you with agencies in the community, and other programs for support.

We look forward to working with you and your family to support your child's development!

WHAT WE DO FOR YOUR CHILD

- Look at medical history
- Do a physical exam
- Give nutrition advice
- Measure social and emotional development
- Help build speech and language skills
- Test muscle strength and movement
- Check hearing and vision
- Measure skills for thinking and learning
- Review family needs and goals
- Teach families how to support child development



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New Resource - HRIF Family Handout

The [HRIF Family Handout](#) was designed as a resource for HRIF Clinics to use to educate families on the services provided as part of a standard HRIF visit. The handout also includes information on key milestones by age and when families should reach out to a doctor if they are concerned about their child's development.

The HRIF Family Handout is available in both English and Spanish. HRIF Clinics are encouraged to add clinic specific contact information at the bottom of the handout.

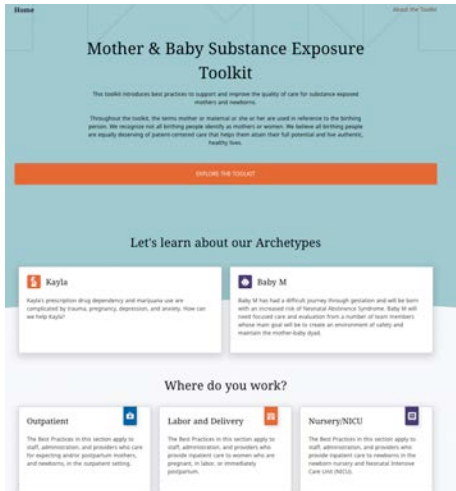


PROGRAM UPDATE
QUALITY IMPROVEMENT

New Toolkits

CPQCC published two new toolkits in 2020; the first on improving care for mothers and babies impacted by substance exposure, and the second geared towards pediatric primary care providers taking care of preterm infants after discharge from the NICU. Both toolkits are available on the [CPQCC website](#).

Mother & Baby Substance Exposure Toolkit



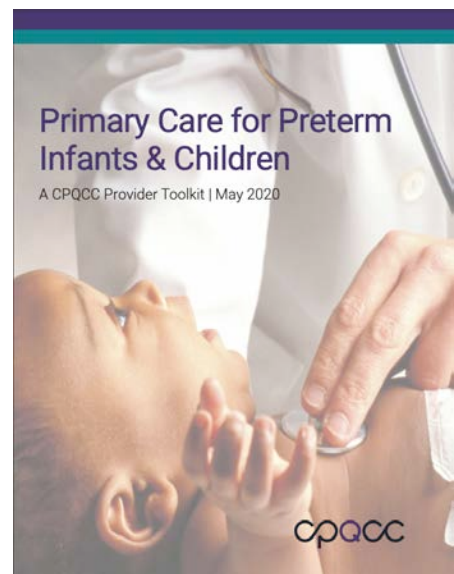
“The toolkit contained a lot of information those of us working in this area knew about, but since it was published in such a nice concise way with references attached it helped influence change in others who hadn’t really been on board or been thinking about this topic”

- Michelle Leff, MD, IBCLC, FAAP, Associate Professor of Pediatrics, Newborn Hospitalist/General Pediatrician, UCSD

The Mother & Baby Substance Exposure Toolkit was developed by a multidisciplinary task force of maternal and newborn health care experts to improve outcomes for substance-exposed mothers and their infants. The interactive online toolkit shares best practices across the care continuum by topic area, including screening assessment and level of care determination; treatment; transitions of care; and education. Best practices can also be viewed by practice setting: outpatient, labor and delivery, or nursery/NICU. The toolkit was produced as part of the Mother and Baby Substance Initiative, a collaboration between CPQCC, CMQCC, and Health Management Associates, which included developing the toolkit and managing a hospital-based QI collaborative on Opioid Used Disorder (OUD) that helped sites implement respectful, stigma-free care that maintains the mother-baby dyad. The Mother and Baby Substance toolkit is available at nastoolkit.org.

Primary Care for Preterm Infants & Children

The [Primary Care for Preterm Infants and Children Toolkit](#) prepares the pediatric primary care provider to care for preterm infants and children who are at increased risk for morbidity, serious illness, and hospitalization. The toolkit combines key primary care recommendations and guidelines from the American Academy of Pediatrics (AAP), the Centers for Disease Control (CDC), and the Advisory Committee on Immunization Practices (ACIP) in one easily accessible reference. The Primary Care for Preterm Infants & Children Toolkit is available on the CPQCC website. It is accompanied by additional tools, including a tip sheet, periodicity chart, and a [modifiable word document that NICUs can customize and include in their discharge summaries](#).



New Collaboratives

2020 saw the conclusion of two [CPQCC collaboratives](#), Simulating Success and the Mother and Baby Substance Exposure Initiative. A third, [Grow, Babies, Grow!](#), entered into an extended sustainability phase that will close in March 2021. CPQCC is actively preparing a slate of four new collaboratives that will launch throughout 2021. This marks the first time CPQCC is offering member hospitals four quality improvement collaboratives simultaneously, furthering our mission of extending our reach to previously underserved populations.



Optimizing Antibiotic Stewardship for California NICUs (OASCN)

The [Optimizing Antibiotic Stewardship in California NICUs \(OASCN\)](#) collaborative aims to implement and evaluate an innovative, scalable antibiotic stewardship intervention that pairs prospective audit and feedback with the [ECHO™](#) (Extension for Community Healthcare Outcomes) collaborative learning model. The OASCN collaborative is grounded in a faculty-facilitated, case-based learning model tailored to how clinicians are inclined to learn and build practice consensus.

The OASCN Collaborative kicked off on February 19, 2021, with 31 sites across California.



Growth Advancement in the NICU (GAIN): Ten Point Nine

The [GAIN: Ten Point Nine Collaborative](#) aims to improve growth and nutrition for infants with a birth weight > 1500 grams in NICUs with an average daily census of ≤ 10.9. This collaborative was designed explicitly for NICUs with a lower average daily census, with direct input from CPQCC's member-led Ten Point Nine Workgroup.

Registration for GAIN: Ten Point Nine opened on February 3, 2021 and will remain open until March 31. The collaborative will launch in July 2021.



Growth Advancement in the NICU (GAIN): Surgical Patients

The [Growth Advancement in the NICU \(GAIN\): Surgical Patients](#) Collaborative aims to improve growth and nutrition for infants who have had intestinal surgeries. This collaborative was designed explicitly for NICUs that frequently treat surgical patients, with direct input from CPQCC's member-led Children's Hospital Workgroup.

Registration for GAIN: Surgical Patients opened on February 3, 2021 and will remain open until March 31. The collaborative will launch in July 2021.



NICUs Enabling Optimal Brain Health (NEOBrain)

The [NICUs Enabling Optimal Brain Health \(NEOBrain\)](#) Collaborative aims to promote neuroprotective care for very low birth weight (VLBW) infants in the NICU. The NEOBrain Collaborative will launch in November 2021.

Registration will open in Summer 2021.

New Resource - QI Fundamentals Course

CPQCC is excited to announce the creation of our new, video-based quality improvement course – QI Fundamentals. Launching this course has been a long-term goal of ours, and we are excited to now be able to offer our members a simple and easy way to access practical quality improvement knowledge at their own pace. QI Fundamentals will be rolled out first to sites participating in one of CPQCC's 2021 QI collaboratives. We will incorporate any feedback we receive during this roll out into the course before opening it to all of our members in 2022.

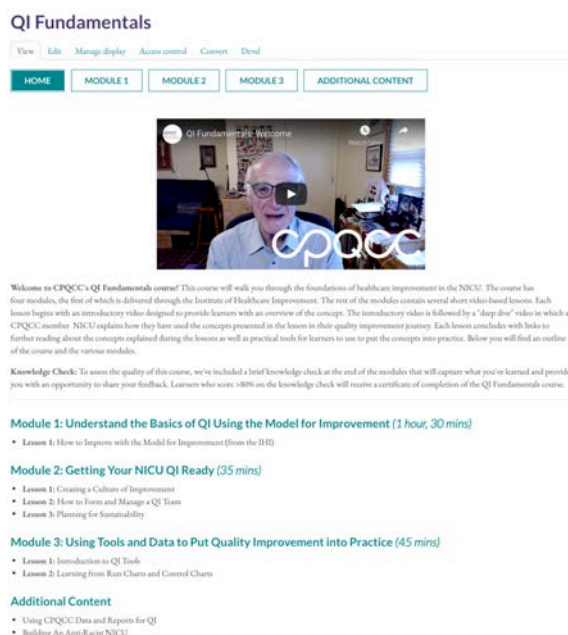
The QI Fundamentals course walks learners through the foundations of healthcare improvement in the NICU. The course has three main modules, the first of which is delivered through the Institute of Healthcare Improvement. The rest of the modules contain several short video-based lessons. Each lesson begins with an introductory video designed to provide learners with an overview of the concept. The introductory video is followed by a “deep dive” video in which a CPQCC member NICU explains how they have used the ideas presented in the lesson in their quality improvement journey. Each lesson concludes with links to further reading about the concepts explained during the lessons and practical tools to put those concepts into practice. A final, optional module contains additional content that NICUs might find useful including how to use CPQCC's NICU and HRIF databases and reports for quality improvement and a series of activities designed to prime NICU teams for conversations about racism in the NICU.

QI Fundamentals Modules:

- Understand the Basics of QI Using the Model for Improvement (from the IHI)
- Getting Your NICU QI Ready
- Using Tools and Data to Put Quality Improvement into Practice
- Additional Content (Using CPQCC Data and Reports for QI, Building an Anti-Racist NICU)

Deep Dive Videos Featuring CPQCC Members:

- Using PDSA Cycles to Test Change Ideas (Cedars-Sinai Medical Center)
- Assessing NICU Culture (Alta Bates Medical Center)
- Building a QI Team (UC Irvine)
- Sustaining the Gains (NorthBay Medical Center)
- Using SPC Charts (El Camino Hospital)



The screenshot shows the course landing page with a navigation bar (HOME, MODULE 1, MODULE 2, MODULE 3, ADDITIONAL CONTENT) and a video player for the introductory video. Below the video, there is a welcome message and a list of modules with their durations and topics.

QI Fundamentals

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HOME MODULE 1 MODULE 2 MODULE 3 ADDITIONAL CONTENT

QI Fundamentals: Welcome

CPQCC

Welcome to CPQCC's QI Fundamentals course! This course will walk you through the foundations of healthcare improvement in the NICU. The course has four modules, the first of which is delivered through the Institute of Healthcare Improvement. The rest of the modules contain several short video-based lessons. Each lesson begins with an introductory video designed to provide learners with an overview of the concepts. The introductory video is followed by a “deep dive” video in which a CPQCC member NICU explains how they have used the concepts presented in the lesson in their quality improvement journey. Each lesson concludes with links to further reading about the concepts explained during the lessons as well as practical tools for learners to use to put the concepts into practice. Below you will find an outline of the course and the various modules.

Knowledge Check: To assess the quality of this course, we've included a brief knowledge check at the end of the modules that will capture what you've learned and provide you with an opportunity to share your feedback. Learners who score >80% on the knowledge check will receive a certificate of completion of the QI Fundamentals course.

Module 1: Understand the Basics of QI Using the Model for Improvement (1 hour, 30 mins)

- Lesson 1: How to Improve with the Model for Improvement (from the IHI)

Module 2: Getting Your NICU QI Ready (35 mins)

- Lesson 1: Creating a Culture of Improvement
- Lesson 2: How to Form and Manage a QI Team
- Lesson 3: Planning for Sustainability

Module 3: Using Tools and Data to Put Quality Improvement into Practice (45 mins)

- Lesson 1: Introduction to QI Tools
- Lesson 2: Learning from Run Charts and Control Charts

Additional Content

- Using CPQCC Data and Reports for QI
- Building An Anti-Racist NICU

Lesson 1: Introduction to QI Tools

The videos below highlight some of the tools most frequently used in CPQCC's quality improvement collaboratives; however, there are many additional tools that may be used to improve care. Please review the Practical Tools section for additional resources.

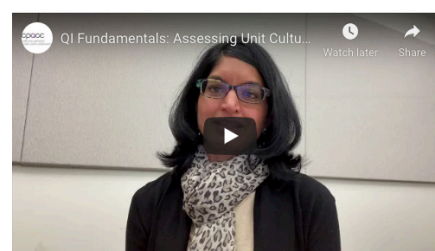
A3 Problem Solving Tool

The A3 Problem Solving Tool is a Lean tool used to systematically think through the Plan-Do-Study-Act (PDSA) cycle.



Deep Dive: Assessing NICU Culture

CPQCC member hospital, Alta Bates Medical Center, explains how they have assessed their NICU culture and used that knowledge to further their quality improvement goals.



Health Equity Spotlight: Health Equity Taskforce

In 2020, CPQCC established the [Health Equity Taskforce](#) as a standing committee of the [Perinatal Quality Improvement Panel \(PQIP\)](#), our QI oversight arm.

The Health Equity Taskforce is divided into three subgroups (Between NICUs, Within NICUs, Transitions to Home), focusing on equity issues within a particular domain. Research conducted by CPQCC has found differences in care [between](#) hospitals, with hospitals that score low on overall quality of care tending to treat more Black and Hispanic infants, and [within](#) hospitals, where BIPOC families often receive different and suboptimal care. Considerable disparities in the [referral](#) of vulnerable infants to follow-up care post-discharge have also been found.

Current activities include:

- The “Between NICUs” subgroup recently applied for an NIH grant to establish a QI collaborative with California safety-net hospitals that aims to reduce variation in breastmilk feeding rates
- The “Within NICUs” subgroup is working on parental education to support empowerment, care standardization, and health capital
- The “Transitions to Home” subgroup is completing a project to identify and evaluate sociodemographic, program-level, and regional disparities associated with lack of attendance at the final HRIF visit between 18-36 months.



Tribute: D. Lisa Bollman, RN, MSN,
RNC-NIC, CPHQ

On November 12, 2020, we lost our colleague and friend, D. Lisa Bollman. Lisa was a leader in perinatal health who made an indelible impact on our organizations and on the lives of countless patients, families, and clinicians throughout the state of California and beyond. Lisa was Executive Director of the Community Perinatal Network and a skilled neonatal nurse.

Her many roles and accomplishments include:

- Receiving the 2015 Janet Pettit Award
- Serving on CPQCC's Perinatal Quality Improvement Panel since 2002
- Serving on the CMQCC Executive Committee
- Consulting for the California Diabetes and Pregnancy Program (CDAPP)
- Contributing to the Regional Perinatal Programs of California (RPPC)
- Leading the Southern California Perinatal Transport System (SCPeTS)
- STABLE Lead Instructor
- Researcher/Author

In her role as Executive Director of the Community Perinatal Network, Lisa was dedicated to the health and well-being of mothers. Her commitment was instrumental in launching our state's work to define maternal levels of care, recognizing that neonatal outcomes could not be addressed without also prioritizing the health of mothers. She was a true collaborative leader and visionary, bringing together partners and hospitals across the state to make sure that California's moms, babies and families were given the best possible start to life.

In honor of Lisa, CPQCC has created the CPQCC D. Lisa Bollman NICU Transport QI Award. This award will be granted to a(n) Neonatologist, Registered Nurse (RN), advanced practice nurse (NNP, CNS), or NICU transport team (either an individual member or the entire team) who has made significant contributions to neonatal transport through quality improvement within their unit or beyond, or who is an emerging QI leader in the neonatal transport community.

More information about the award can be found on the [CPQCC website](#).



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