CPQCC

california perinatal
quality care collaborative

Improving the quality of
NICU care using state of the art
collaborative Quality
Improvement Methods

Delayed Cord Clamping (DCC) Tip Sheet

Implementing new data variables can be challenging. To assist our members with the upcoming 2018 mandated Delayed Cord Clamping data collection we have provided helpful tips that we have gathered from our quarterly Delayed Cord Clamping Webinars.

Getting Started with Delayed Cord Clamping (DCC) data collection:

1. The Medical directors should be informed as soon as possible.
2. Work on getting the "Buy-In" from the most important people on both Neonatal and OB staff early in the process (this may include, Medical Directors, nurse managers, OB Physicians, neonatologists, data abstractors etc.)
3. Do presentations at perinatal staff meetings or send a letter to the OB and staff informing them on the DCC instructions and DCC guidelines for the data collection.
4. **Work with your electronic health record team to include the DCC variables documentation into the "delivery summary" section that is filled in by the L&D/OB team or by the NICU team when they respond to the deliveries.**
5. **Having L&D / OB staff as part of the DCC team along with the NICU staff is key to DCC data collection success.**
6. We highly encourage all CPQCC members join the Delayed Cord Clamping Pilot Project (DCCPP) so that they can have an early start in DCC data collection. If you are interested in joining please contact janella@stanford.edu.
7. Review the DCC Manual and previous DCCPP webinars and materials. You can find these materials at https://www.cpqcc.org/perinatal-programs/cpqcc-data-center/2016-delayed-cord-clamping-pilot-project-dccpp.
8. Allow for 12 to 18 months for implementation.
9. Expect that there will be a learning curve. PLAN AHEAD for the problems you may encounter in your own facility based on your experience - only you know your OB & Neonatal potential roadblocks. For any additional help submit a ticket at the CPQCC Help Desk at www.cpqccsupport.org.

Delayed Cord Clamping Data Collection

1. Have at least 2 or more persons involved (from the NICU & L&D) in the actual development and implementation for collection of data, – at least at the beginning.
2. Make it clear who will be collecting this data. For example: The NICU nurses attending delivery will fill out the form for the DCC.
3. Have a written Instruction page in NICU, L&D and anywhere else that you feel your team will be able to review what the procedures are.
4. Have a definite collection receptacle for forms, so after being collected people will immediately put the form there. (A hard copy form of DCC variables can be found at: https://www.cpqcc.org/perinatal-programs/cpqcc-data-center/2016-delayed-cord-clamping-pilot-project-dccpp
5. **Add the DCC variables as discrete check boxes in the electronic health record that can be easily clicked by the staff. Until you get these fields built in, have the team add this information into their delivery room resuscitation section as a comment.**
6. **Have a real time process of providing feedback to individual providers regarding their DCC documentation to improve their documentation.**
7. Keep up to date with your data collection and recognize quickly what needs to be changed.
8. If you have not already developed an online retrieval form, begin working on it or if you have one you may want to improve it for better data collection.

Resources:

1. You can find materials for the DCC data collection at: https://www.cpqcc.org/perinatal-programs/cpqcc-data-center/2016-delayed-cord-clamping-pilot-project-dccpp
2. Create a ticket at the CPQCC Help Desk at www.cpqccsupprt.org.

1. To access the DCC report, login to www.cpqccreport.org.
2. Select > Table > 401-1500 BW or 22-31 GA > Delayed Cord Clamping Pilot

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April 7, 2016
Contact Support
Help Desk

Welcome, Henry!
CPQCC Administrator

Make your selections

Demo Center	⬍
Table	⬍
401-1500 BW or 22-31 GA	⬍
Delayed Cord Clamping Pilot	⬍

☐ Add to favorites [Update Results]

Additional Options:

All CPQCC Centers	⬍
Inborn and Outborn Infants	⬍
2016	⬍

02/26/2016

Revision to the HRIF/CPQCC Match Status Report

Based on your feedback, we have made a few modifica
and on cpqccdata.org.

1. We have changed the wording from "Not Regist
   registered with HRIF, but does not match to a C
2. We have added more information to the report.
   These infants are now included, and they are sl

The addition of unlinked HRIF records to the report nee
CPQCC record. As you know the eligibility criteria for C
for both, CPQCC and HRIF:

- Extremely Low Birth Weight Infants (ELBW) or i
- Very Low Birth Weight Infants (VLBW) or infants
- Infants born at less than 28 weeks completed g
- Infants born at 29 to less than 32 weeks comple
- Infants born at 36 weeks completed gestation o
  NICU at age 28 days or earlier.
- Infants who experienced active cooling during th
- Infants with ECMO during their NICU stay and v

All CPQCC Infants 401 to 1,500 grams or 22 to 31 weeks of Gestation born between 01/01/2016 and 04/07/2016
This report is preliminary as the data collection is on-going.
California Perinatal Quality Care Collaborative (CPQCC)
DEMO CENTER

	Center (N = 16)			CPQCC (N Centers = 32)			Center-Network Comparison
	N	%	Last Year %	% Median	% Lower Quartile	% Upper Quartile	
Was delayed umbilical cord clamping performed?							
No	7	70.0	NA	41.2	0.0	100.0	
Yes	3	30.0	NA	58.8	0.0	100.0	
Total	10	100.0	NA	NA	NA	NA	
Unknown *	3	23.1	NA	6.1	0.0	50.0	
How long was umbilical cord clamping delayed?							
<30 seconds	0	0.0	NA	0.0	0.0	28.6	
30 to 60 seconds	2	66.7	NA	77.8	66.7	100.0	
>60 seconds	1	33.3	NA	0.0	0.0	4.2	
Total	3	100.0	NA	NA	NA	NA	
Unknown *	3	50.0	NA	41.7	6.3	66.7	
Did breathing begin before umbilical cord clamping?							
No	8	88.9	NA	88.9	75.0	100.0	
Yes	1	11.1	NA	11.1	0.0	25.0	
Total	9	100.0	NA	NA	NA	NA	
Unknown *	4	30.8	NA	17.9	0.0	50.0	
Was umbilical cord milking performed?							
No	5	55.6	NA	43.2	20.0	100.0	
Yes	4	44.4	NA	56.8	0.0	80.0	
Total	9	100.0	NA	NA	NA	NA	
Unknown *	4	30.8	NA	33.3	3.0	83.3	

Notes:

If no data appear in the comparison columns 5 through 7, the number of centers with data is too small for a comparison to be generated.

* The unknown percentage is based on all infants (DRDs and NICU admissions) at the reporting NICU. All other percentages are reported relative to the total shown in the table, i.e., all infants with a coded value different from unknown.