

Maryland Perinatal-Neonatal Quality Collaborative

Neonatal Hospital Engagement and Readiness Tool (HEART) Results



The Hospital Engagement and Readiness Tool (HEART) is a baseline assessment of hospitals participating in the Neonatal Antibiotic Stewardship initiative of the Maryland Perinatal-Neonatal Quality Collaborative (MDPQC). The HEART measured baseline implementation of initiative components, as well as general facility readiness for quality improvement activities. These results will be used to track policy and practice changes during the initiative and to identify hospital strengths and opportunities. Responses were received between May – June 2021.

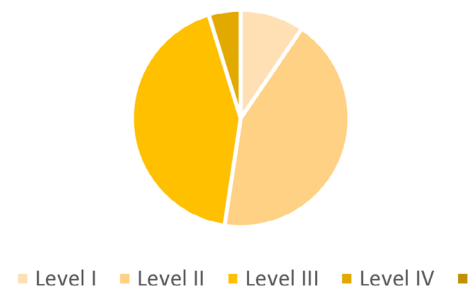
Hospitals still wishing to join the initiative should contact Katie Richards (krichards@hqi.solutions).

21 out of the 22 Maryland hospitals participating in the initiative completed the HEART as of August 17, 2021.

Neonatal Care Level:

Most participating hospitals are Level II or III, but the initiative supports Level I and IV facilities as well.

Level of Neonatal Care



EHR Systems in Use:

Most Maryland hospitals are using Epic or Cerner, and the most common additional EHR system in use for supporting neonatal care is BabySteps from Pediatrix.

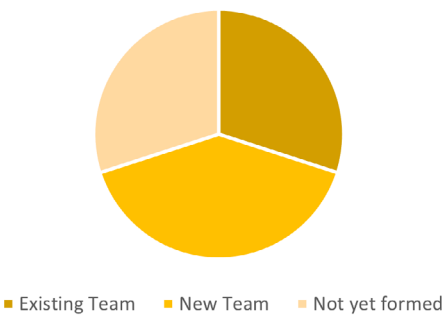
EHR	Count
Epic	10
Cerner	8
Meditech	3
Additional EHR System	
BabySteps from Pediatrix	5
OBIX	1
FetaLink	1
Midas	1
BI Launchpad	1



Status of Multidisciplinary Team for bundle implementation:

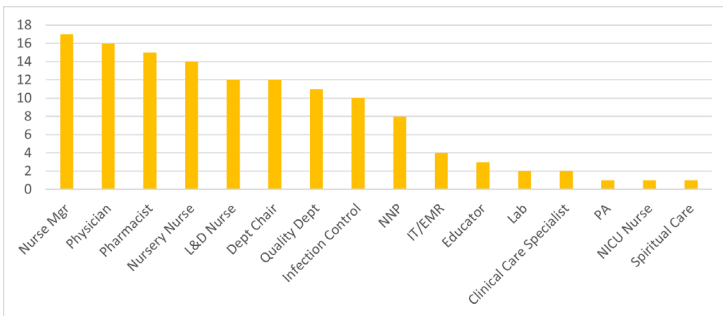
Hospitals were evenly split, with a third reporting already having a multidisciplinary team in place, a third reporting creating a new multidisciplinary team for this initiative, and a third reporting that they had not yet assigned a multidisciplinary team for implementation of the neonatal antibiotic stewardship bundle.

Team Status



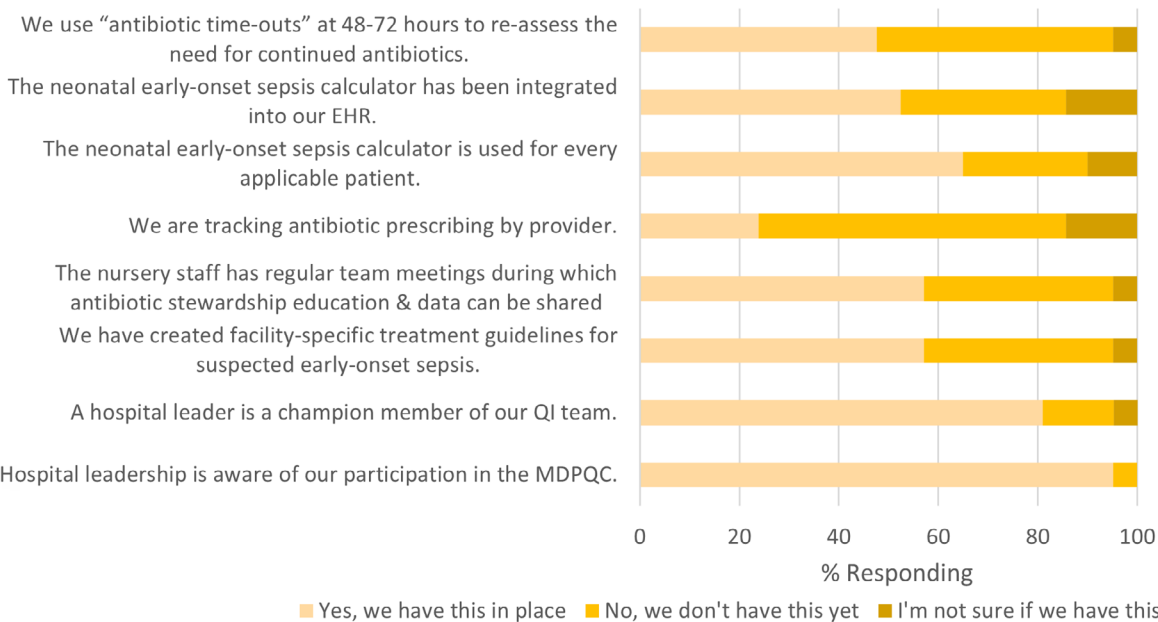
Multidisciplinary Team Member Roles:

The most common roles of multidisciplinary team members were nurse manager, physician, pharmacist, unit nurse, and pediatric/NICU department chair.



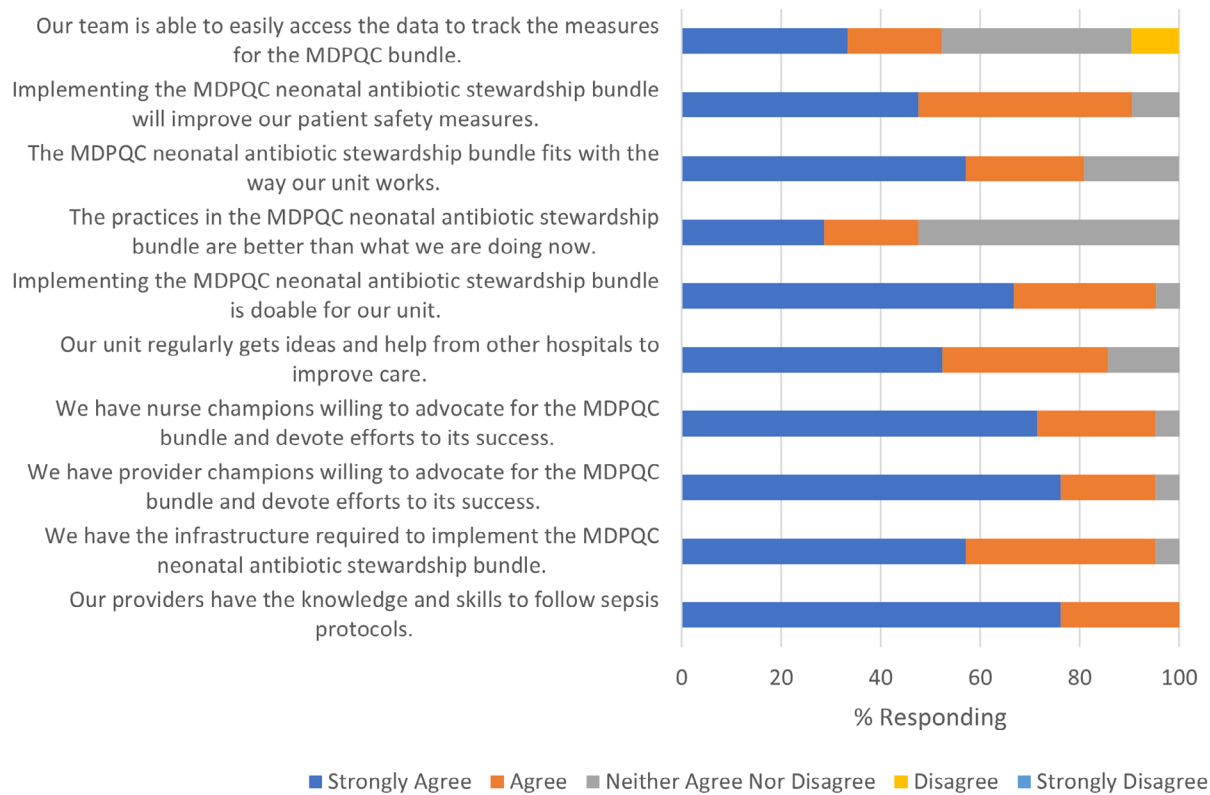
How would you characterize your hospital’s current implementation of each component of the antibiotic stewardship bundle?

The bundle components with the most opportunity for improvement include the use of “antibiotic time-outs” or “automatic stop orders”, and having facility-specific treatment guidelines.



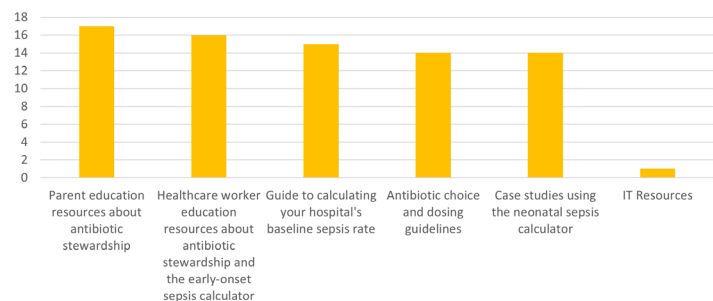
Bundle Readiness: Please rate your level of agreement with the following statements about your hospital’s readiness to implement the MDPQC neonatal antibiotic stewardship bundle.

Unsurprisingly, the largest barrier to bundle implementation is accessing data for reporting metrics.



Which tools/resources developed by the MDPQC would be most useful?

Most of the proposed resources were selected as being useful. The MDPQC team may request additional hospital input ranking these resources in order to prioritize resource development.



Quality improvement culture: Please rate your level of agreement with the following statements about your hospital's quality improvement culture.

The biggest challenges hospitals face with instituting quality improvement initiatives are time, provider support, morale, and EHR/IT support.



The MDPQC would like to thank participating hospitals for completing the HEART baseline assessment. If you have any questions about this report, or would like to view a copy of your facility's responses, please contact the MDPQC Coordinator – Katie Richards, at krichards@hqi.solutions. You can access the MDPQC website at www.mdpqc.org.

