

EPIQ - IV

REGINA GENERAL HOSPITAL (RQHR)

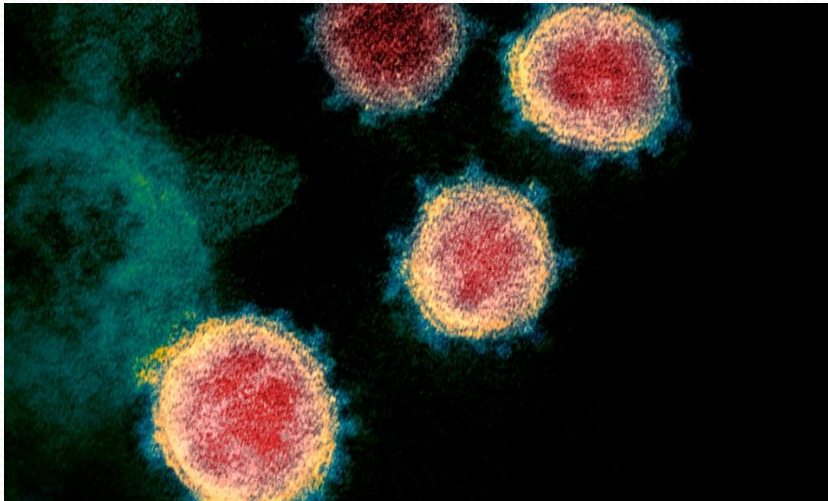
SASKATCHEWAN HEALTH REGION (SHA)

Dr. J. P. BODANI



2020 - UNIQUE YEAR

COVID-19 PANDEMIC

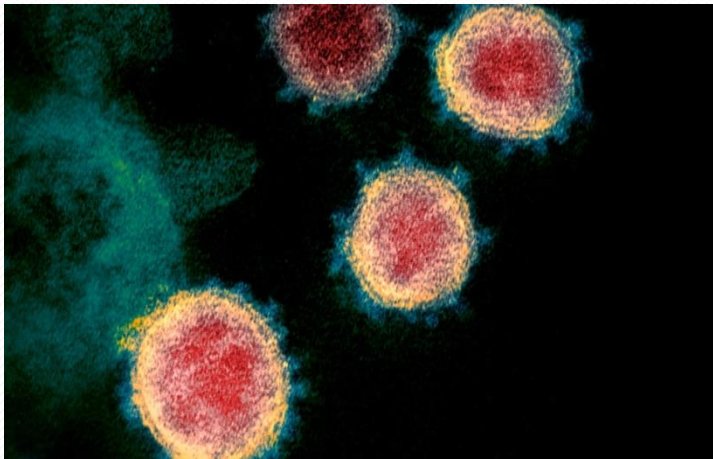


**CHANGING OF GUARD
(LOCAL)**



2020 - UNIQUE YEAR

COVID-19 PANDEMIC



- **Health System Strategic Planning - Phases**
- **Preparedness**
- **System Readiness – updates**
- **Acute care capacity planning**
- **Surge Planning**

Development of Local Guidelines (COVID-19 plan) for Neonates – in Labor & Birth / MBU/ Neonatal Intensive care unit , – March-April 2020

Adapt & adjust to changes



2020 - UNIQUE YEAR

CHANGING OF GUARD

Huge Clinical & administrative staff changes

- 3 of 5 Neonatologists including Division lead
- 3 Neonatal clinical Associates/NNPs
- NICU Manager
- CNE
- Director, Maternal and Children's Program

All positions now filled – New recruitment & some internal shuffling.



2020 - UNIQUE YEAR

- **Restructuring – Some Format Changes of work groups /meetings including QI work**
- **Transitioning – going smooth**



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YEAR 2020 Local EPQI work Plan and Progress

2019 - Record -Lowest number of <29 weeks GA infants.

Mortality, BPD, IVH, NI all higher % compared to previous years.

1 case of ROP requiring Rx after several years of 0 cases.

No NEC

2020 – Planned to continue to focus on Lung Health &
Nutrition



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LUNG HEALTH

1. Revision of Guidelines for Respiratory management of Neonates – 2018/2019

Final draft completed

Implementation – 2018 – mid 2020



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LUNG HEALTH

2. Review of Revised BPD Prevention Bundle . Working group- 2 Neonatologists, 2RRTs , CNE

- Identified practices not yet implemented

LISA/MIST - Postponed until COVID-19 status under control

- Practices that need improvement – Few required standardization/consistency



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LUNG HEALTH

1. Ventilation Parameters

Tidal Volume targeting - standardized for conventional Mechanical ventilation

Early rescue /low threshold to switch to HFOV-VG for <26 weeks GA



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LUNG HEALTH

2. Reduce Unplanned Extubation

RRT – lead

Physicians, RRTs, RNs, lab/imaging techs, Parents

- Existing guidelines for caregiving, handling of Ventilated babies including high-risk situations to minimize unplanned extubation
- Developed new Event Audit Form – to capture infant status, triggers, outcome
- Auditing and meaningful feedback - focused action plan



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LUNG HEALTH

3. Improve Utilization of sPO2 histogram in clinical respiratory support decision making

RRT- lead

- Revised unit guidelines for sPO2 target range and Alarm limits

Implementation December 2020

GA	Target	Low	High
23-29	88-92	87	95
≥ 30	90-94	89	95

- Pre-revision(baseline)audit-completed
- Post-revision audit planned
- *To reach Consensus on acceptable criteria- % of time within, above and below target sPO2 for weaning off of Non-invasive respiratory support*



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NUTRITION

Continued focus - Significant progress made

- **TPN Majority <1-2hrs**
- **Standardized Feeding - Feeding guidelines- updated**
Initiation/advancement/fortification/supplements/probiotic – **PPO**
- **EBM**
- **DHM use when MOM insufficient or unavailable until 34 weeks CGA**
- **Continuing use of Exclusive Human Milk feeds including fortifier - Human milk based for all <28 weeks GA/1000Gms B.Wt and severe IUGR infants**
- **New - 2020 Start fortification with H2MF when feed volume at 60ml/k/d and transition off 32-33 weeks GA**

Other Preterm Infants - Hydrolyzed protein HMF



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NUTRITION

- No Feed interruptions no feed intolerance -post fortification
- Earlier fortification-tolerating well
- Shorter TPN duration(median 11days IQR6)
- Achieving adequate growth Parameters
- Lower NI rate, 0 NEC, 0 ROP (even stage 1 drastically reduced), BPD rate & severity reducing



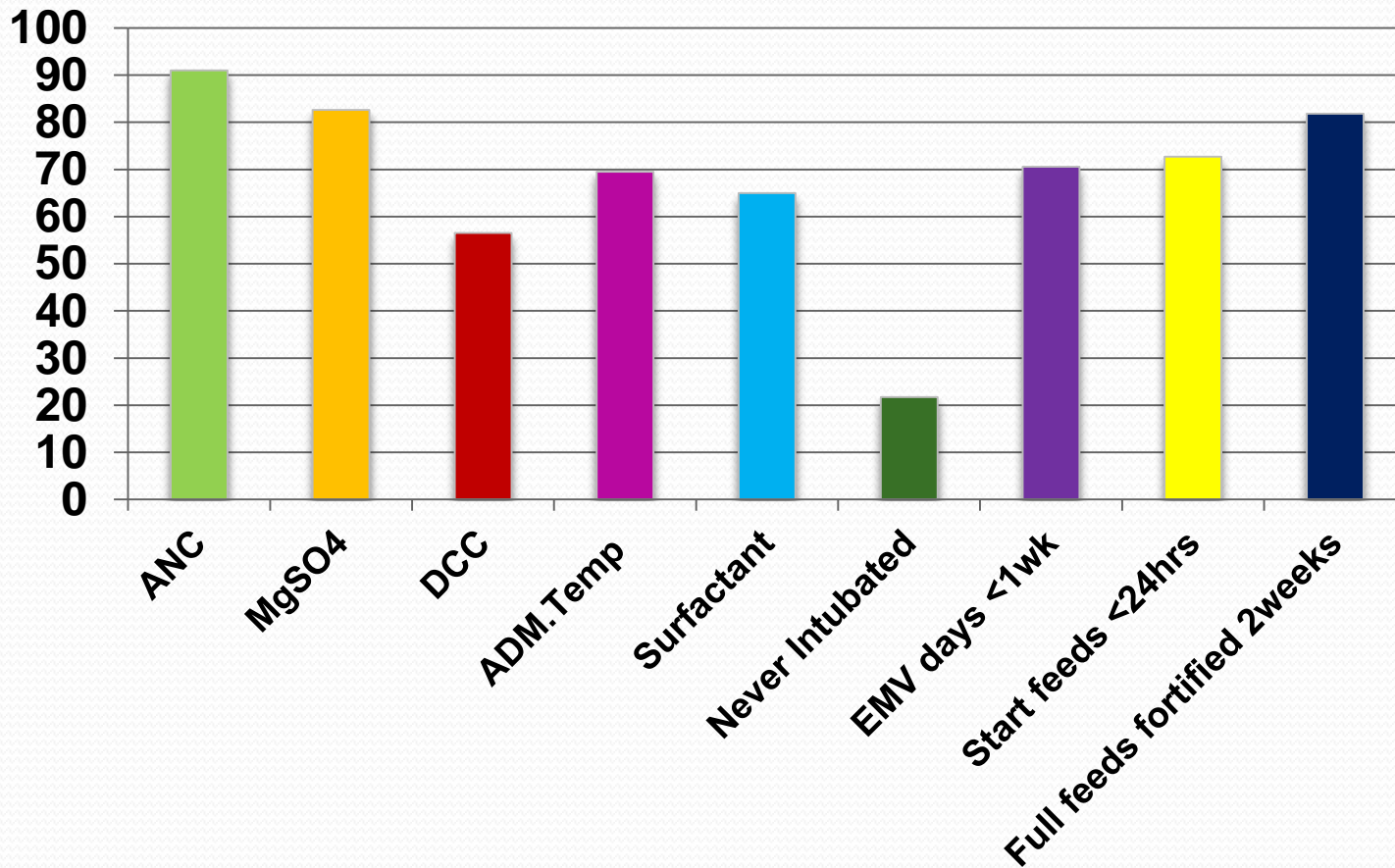
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Work – in- progress

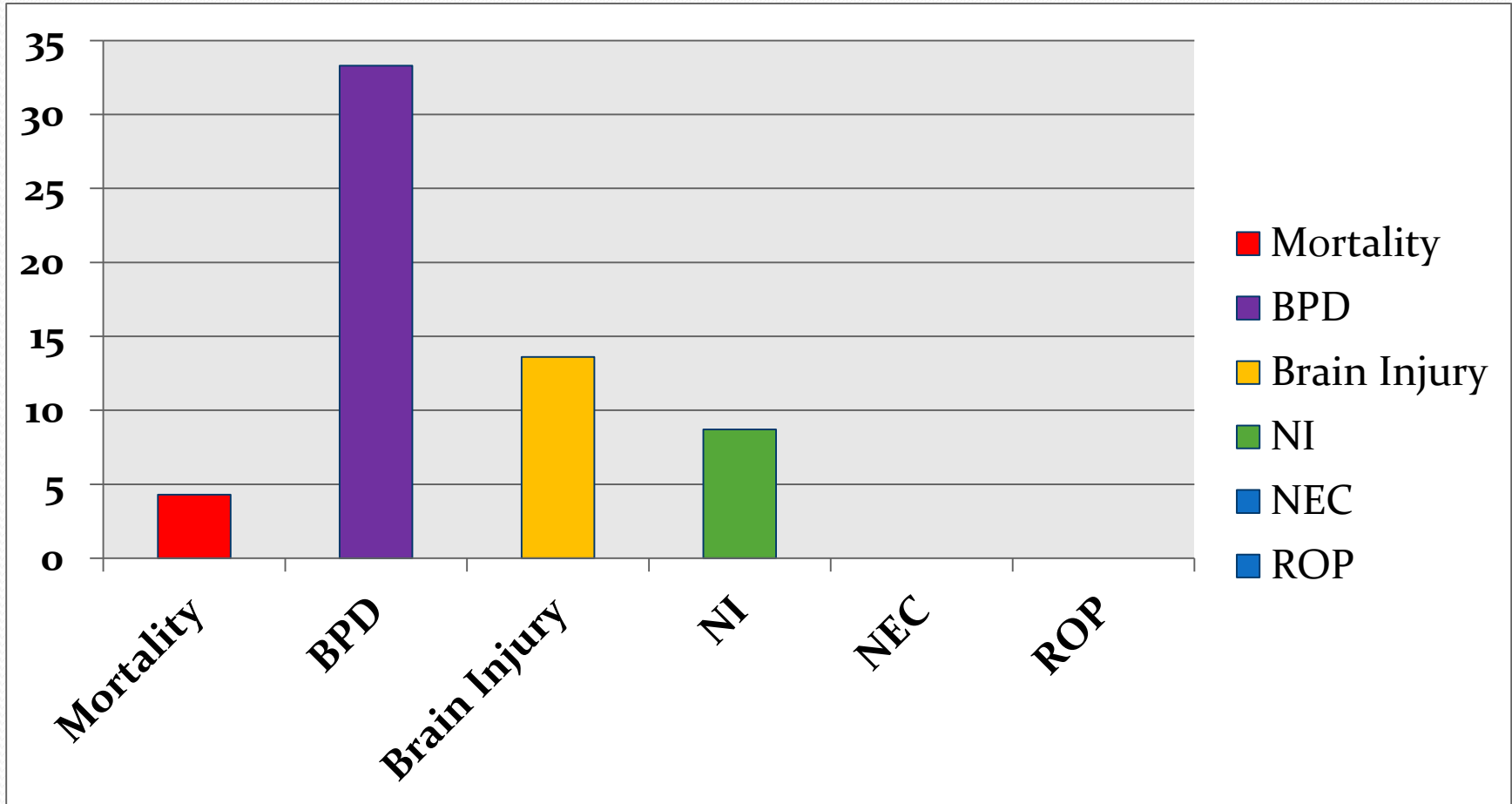
Guidelines for management of ELGA infants
- working group



RQHR 2020 Care Practices



RQHR 2020 Outcome



ACKNOWLEDGEMENT:

NICU STAFF

NEONATAL MULTIDISCIPLINARY TEAM

TSAMK YOZI



Questions?

- Please email Jaya.Bodani@saskhealthauthority.ca