

TIPQC OPTIMAL CORD CLAMPING

QUARTERLY CAPTURE OF PROCESS & STRUCTURE MEASURES

Indicate the quarter for which you are reporting data:

- | QUARTER | YEAR |
|-------------------------------------------------------|----------------------------|
| <input type="radio"/> Q1 (January 1 to March 30) | <input type="radio"/> 2022 |
| <input type="radio"/> Q2 (April 1 to June 30) | <input type="radio"/> 2023 |
| <input type="radio"/> Q3 (July 1 to August 31) | |
| <input type="radio"/> Q4 (September 1 to December 30) | |

PROCESS MEASURES

1. Provider education

At the end of this reporting period, what cumulative proportion of infant care providers, including delivering physicians, midwives, Neonatologists, Pediatricians, and NNPs, have completed (within the last 2 years) an education program on OCC that includes the unit-standard protocols?

- 0-9% 10-19% 20-29% 30-39% 40-49% 50-59% 60-69% 70-79% 80-89% 90-100%

2. Nursing education

At the end of this reporting period, what cumulative proportion of OB, Newborn Nursery, and Neo nurses have completed (within the last 2 years) an education program on OCC that includes the unit-standard protocols?

- 0-9% 10-19% 20-29% 30-39% 40-49% 50-59% 60-69% 70-79% 80-89% 90-100%

3. Percent of infants who had their cord clamping documented in their medical record (ie, no missing data)

Do not report until after “EMR integration” Structure measure (see below) has been completed.

Denominator: Total number of live births in reporting period (denominator) _____

Numerator: Among the denominator, number of infants who had
complete (no missing) OCC data in their medical record _____

STRUCTURE MEASURES

For the structure measures below, enter the approximate date completed or indicate “Not In Place”.

1. Parent engagement & education

Has your hospital developed education materials to provide to parents on the benefits of OCC and to encourage discussion with providers?

Date completed (MM/DD/YYYY): _____ OR Not In Place

2. Policy & Procedure

Does your hospital have an OCC (OCC) policy and procedure (reviewed and updated in the last 2-3 years)?

- The policy and procedure should include (1) what infants are eligible for OCC, and (2) Delivery Room Optimization (equipment (timers) and personnel available in every delivery room at every delivery to accurately measure time to cord clamping). Teams should review and revise/update their policy and procedure if it already exists.

Date completed (MM/DD/YYYY): _____ OR Not In Place

3. OCC Flowchart

Is a best practice OCC flow chart (based on the developed protocol) available for reference in every delivery room?

- The OCC flow chart should include (1) the pre-birth “Huddle” between providers in the delivery room, and (2) components of Delivery Room Optimization.

Date completed (MM/DD/YYYY): _____ OR Not In Place

4. EMR Integration

Has your hospital integrated proper documentation of OCC (based on guidelines) into your hospital’s EMR?

- The goal is six (6) months after the start of the project. The documentation should include the following data fields (at minimum):
 - Was delayed cord clamping performed? (Y/N)
 - If N, Why not? (provide list of reasons, including contraindication; check all that apply)
 - If Y, Seconds delayed (from birth)

Date completed (MM/DD/YYYY): _____ OR Not In Place

5. Reporting of performance

Does your hospital track and share OCC performance metrics?

Date completed (MM/DD/YYYY): _____ OR Not In Place