

Process Measures

- 1 • Reviewed Baseline Toxicology Test Results
- 2 • Reached Consensus on the Modified ***Kessner Index****
- 3 • Developed a Key Driver Diagram
- 4 • Estimated Monthly Toxicology Screens
- 5 • Calculated Toxicology Screen Proportion
- 6 • Tracked Data with Control Chart
- 7 • Estimated Neonatal Readmission Rates for Withdrawal Symptoms

• **Modified Kessner Index of Inadequate PNC:** Care initiated after 24 weeks of gestation or fewer than 5 total visits, when the length of gestation was 34 weeks or more.

Figure 1: Process Measures

Key Driver Diagram

SMART Aim: To decrease the **proportion** of neonatal toxicology screens by 5% by standardizing the definition of inadequate PNC over a 6-month period (Aug 2023 to Feb 2024), starting from a baseline of 16%, in neonates admitted to the newborn nursery with GA >36 weeks. In the second cycle (Mar to August 2024), we will continue this standard while excluding isolated marijuana use from screening criteria.

Primary Drivers

Improve Staff Understanding: Educate staff on the criteria for inadequate PNC and toxicology screens.

Standardize Workflow: Ensure consistent processes for toxicology screening orders.

Accurate Data Collection: Gather and analyze timely data for continuous improvement.

Interventions/Change Ideas

Educational Sessions: Train residents on screening criteria.

Project Communication: Share QI goals during department meetings

Weekly Reminders: Send reminders reinforcing screening standards.

Guideline Updates: Update and distribute the new screening definition.

Monitor Data: Regularly review screening data for progress.

Figure 2: Key Driver Diagram

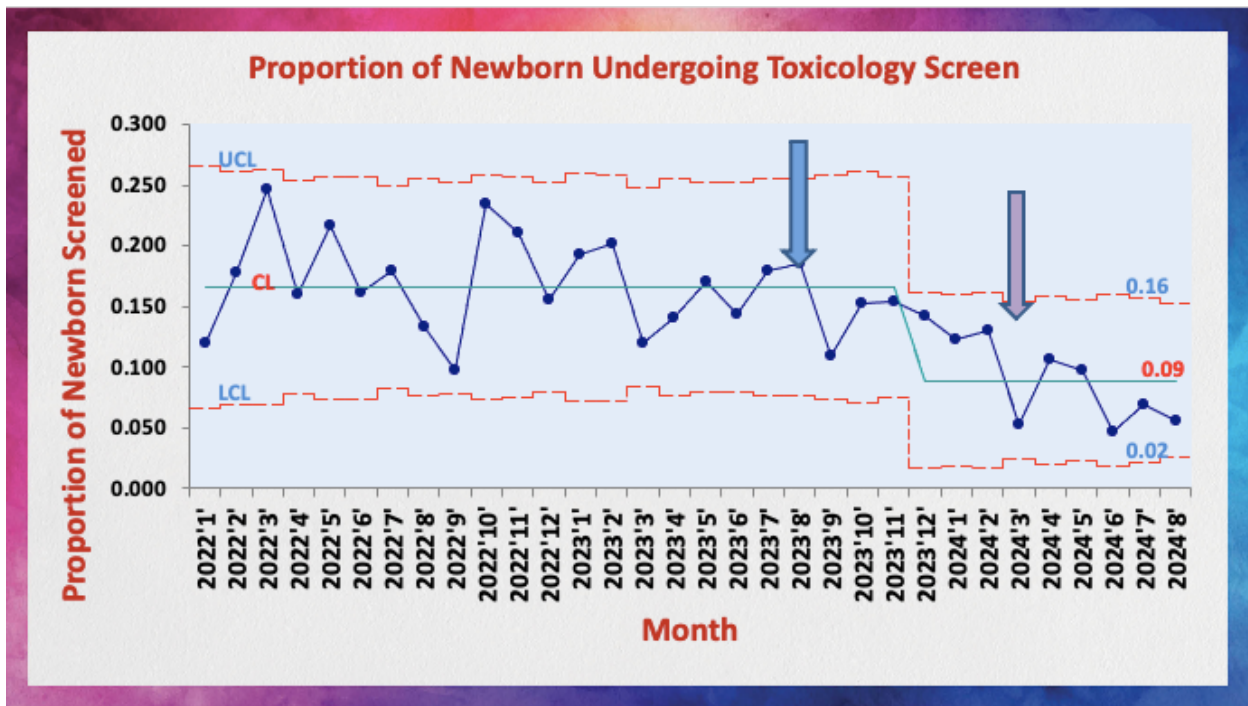


Figure 3: Statistical Control Chart