

MDPQC Neonatal Health Office Hours: HEART Results

October 13, 2026



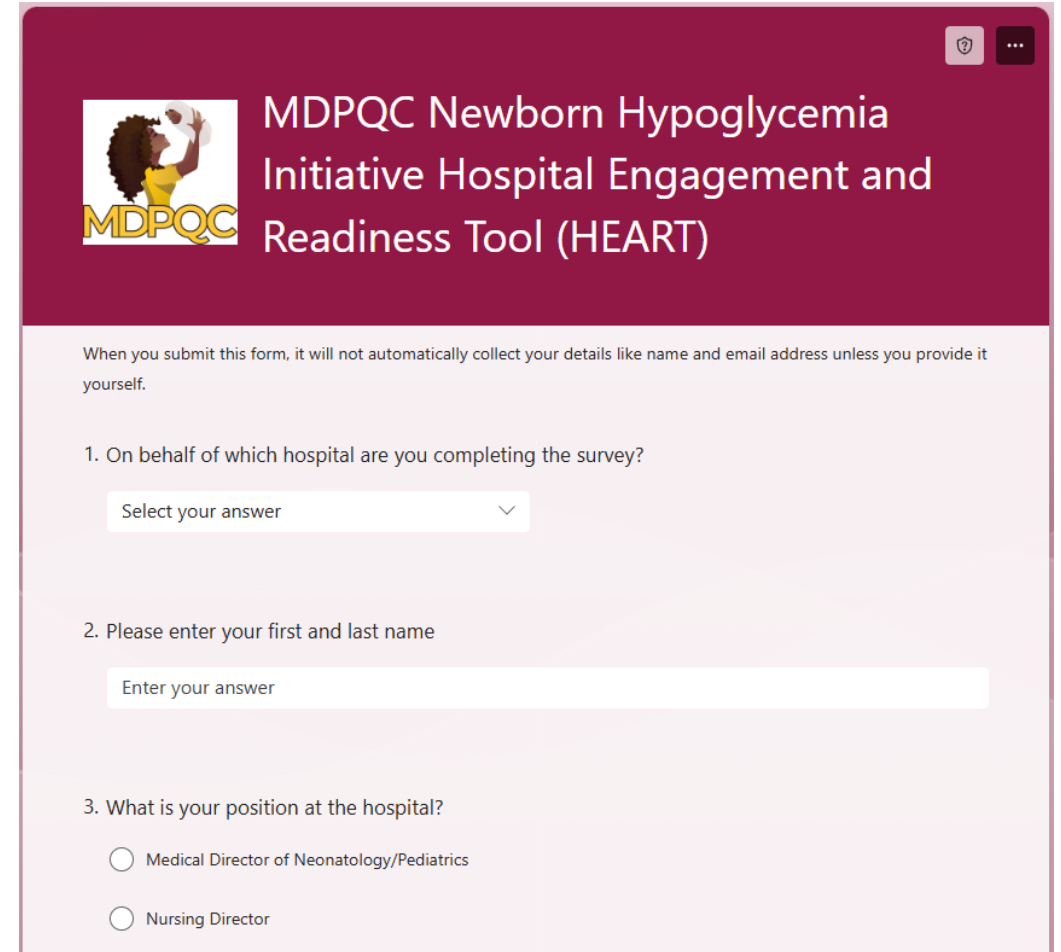
Agenda

- 1 Newborn Hypoglycemia HEART Pre- vs Post-Assessment Results
- 2 Substance Exposed Newborns HEART Pre-Assessment Results
- 3 Next Steps

What is the "HEART"?

Hospital Engagement and Readiness Tool

- Baseline assessment of hospital needs
 - One response per hospital
- Patient Safety bundle components
- Track practice and policy changes
- Identify strengths and opportunities



The screenshot shows the MDPQC Newborn Hypoglycemia Initiative Hospital Engagement and Readiness Tool (HEART) survey form. The header is maroon with the MDPQC logo (a woman in a yellow shirt holding a baby) and the title "MDPQC Newborn Hypoglycemia Initiative Hospital Engagement and Readiness Tool (HEART)". Below the header, a light purple box contains the survey questions. A disclaimer states: "When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself." The questions are:

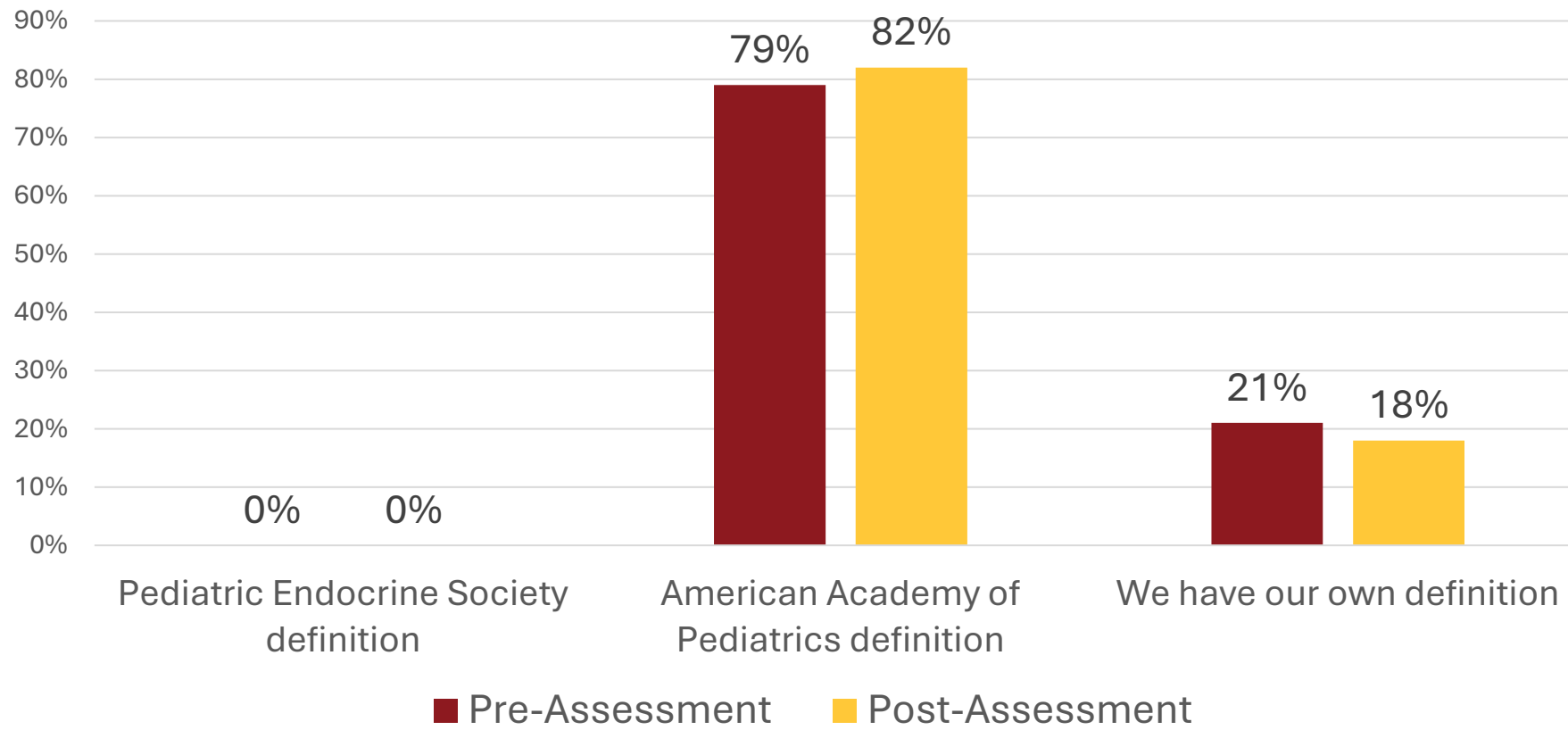
1. On behalf of which hospital are you completing the survey?
Select your answer (dropdown menu)
2. Please enter your first and last name
Enter your answer (text input field)
3. What is your position at the hospital?
☐ Medical Director of Neonatology/Pediatrics
☐ Nursing Director

Newborn Hypoglycemia

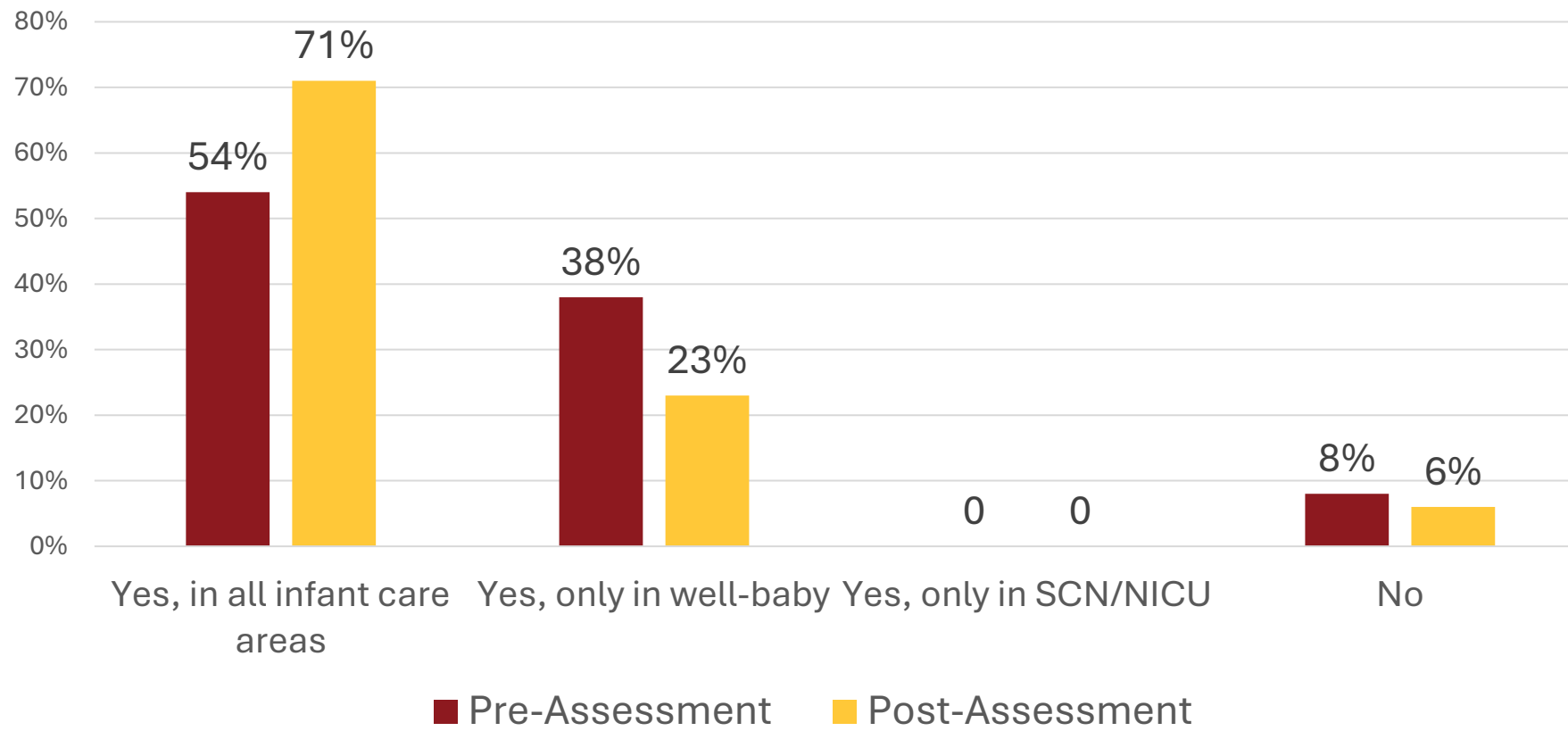
Pre- vs Post-HEART Results

- Pre-Assessment (2024): 24 responses
- Post-Assessment (2026): 17 responses

How does your hospital define infants at risk for hypoglycemia?



Does your hospital currently use glucose gel?



How many doses of glucose gel are used before the infant must be transferred to a higher level of care?

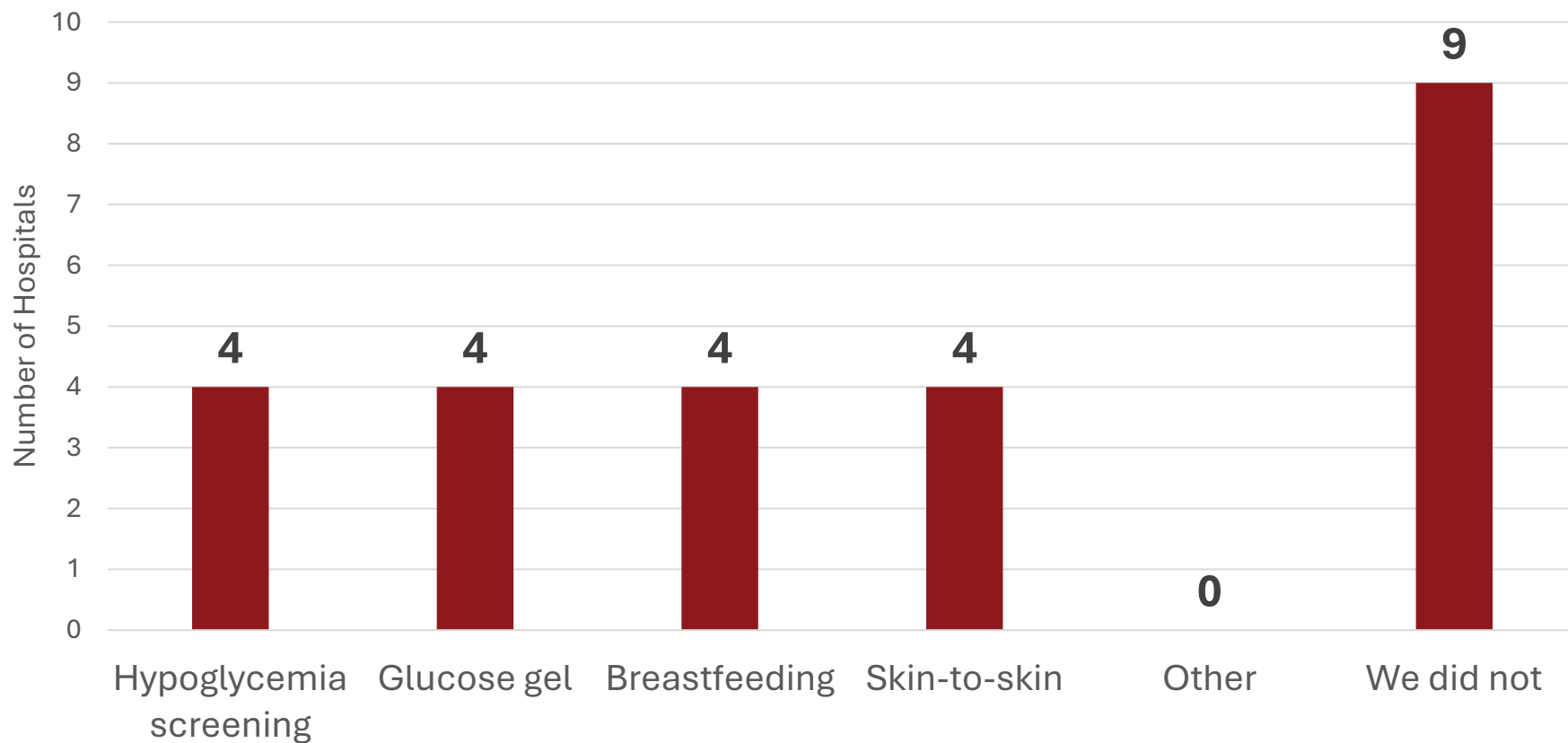
Pre-Assessment (2024)

- Average response across all responding hospitals was 2.57 doses
- Majority (57%) of hospitals responded that they use 2 doses

Post-Assessment (2026)

- Average response across all responding hospitals was 2.85 doses
- Majority (85%) of hospitals responded that they use 3 doses

Did you update any policies or protocols relating to newborn hypoglycemia in your hospital as a result of participating in this initiative?



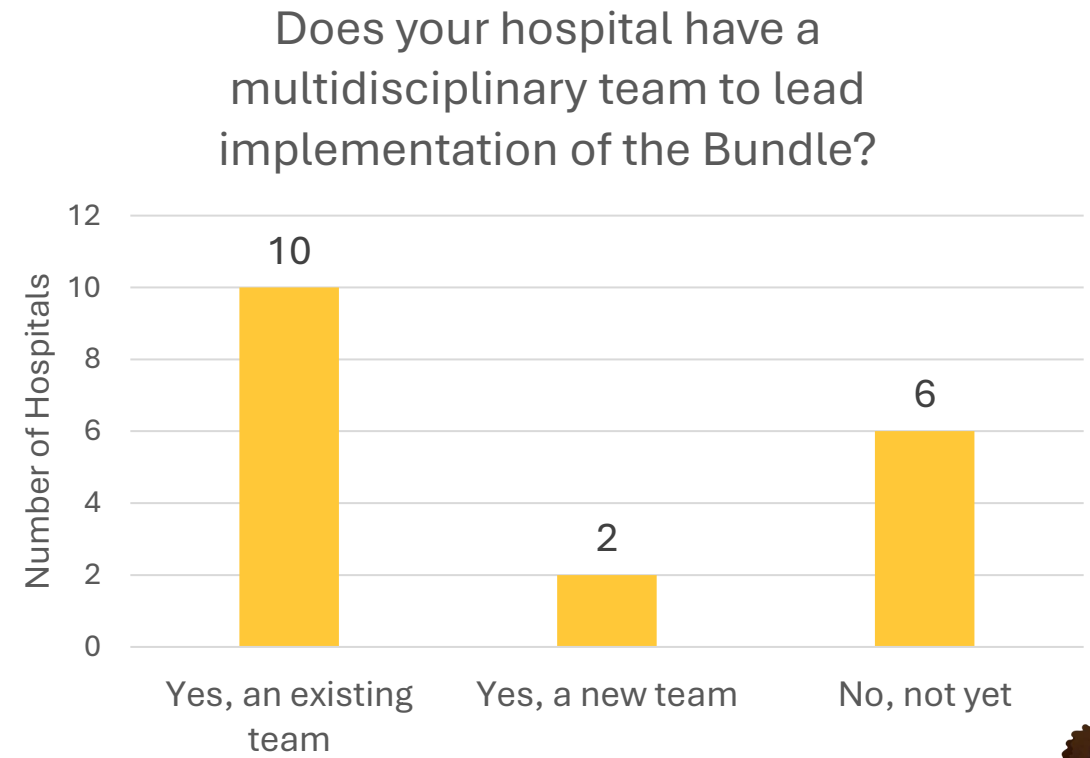
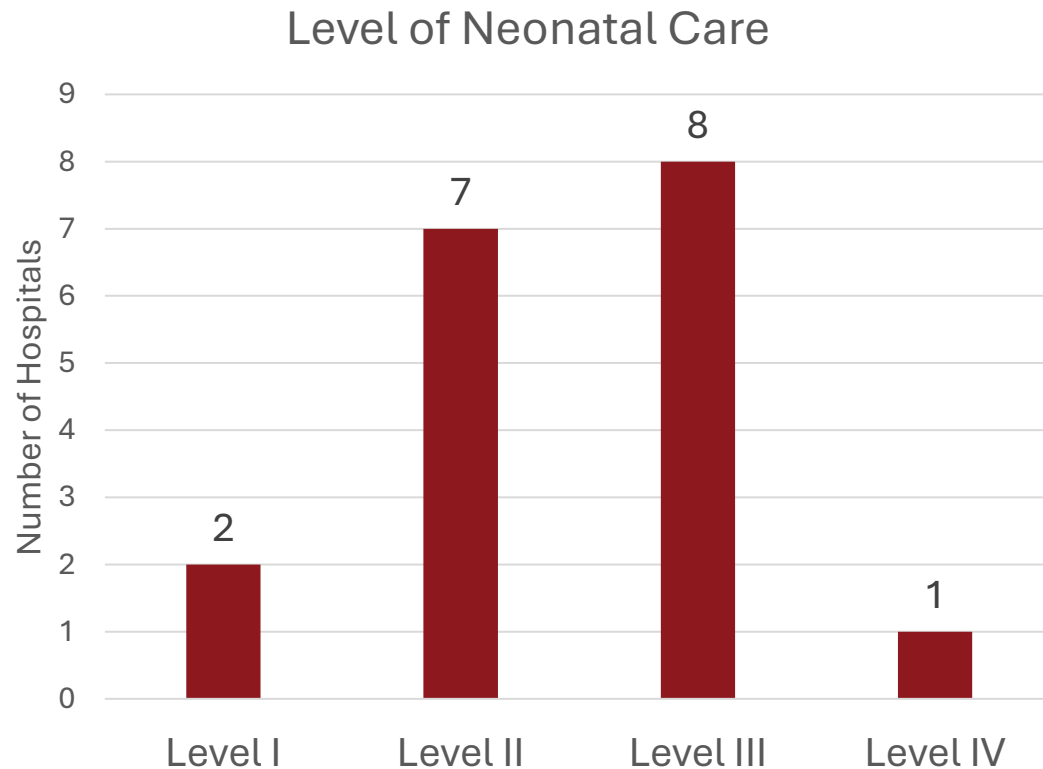


Substance Exposed Newborns

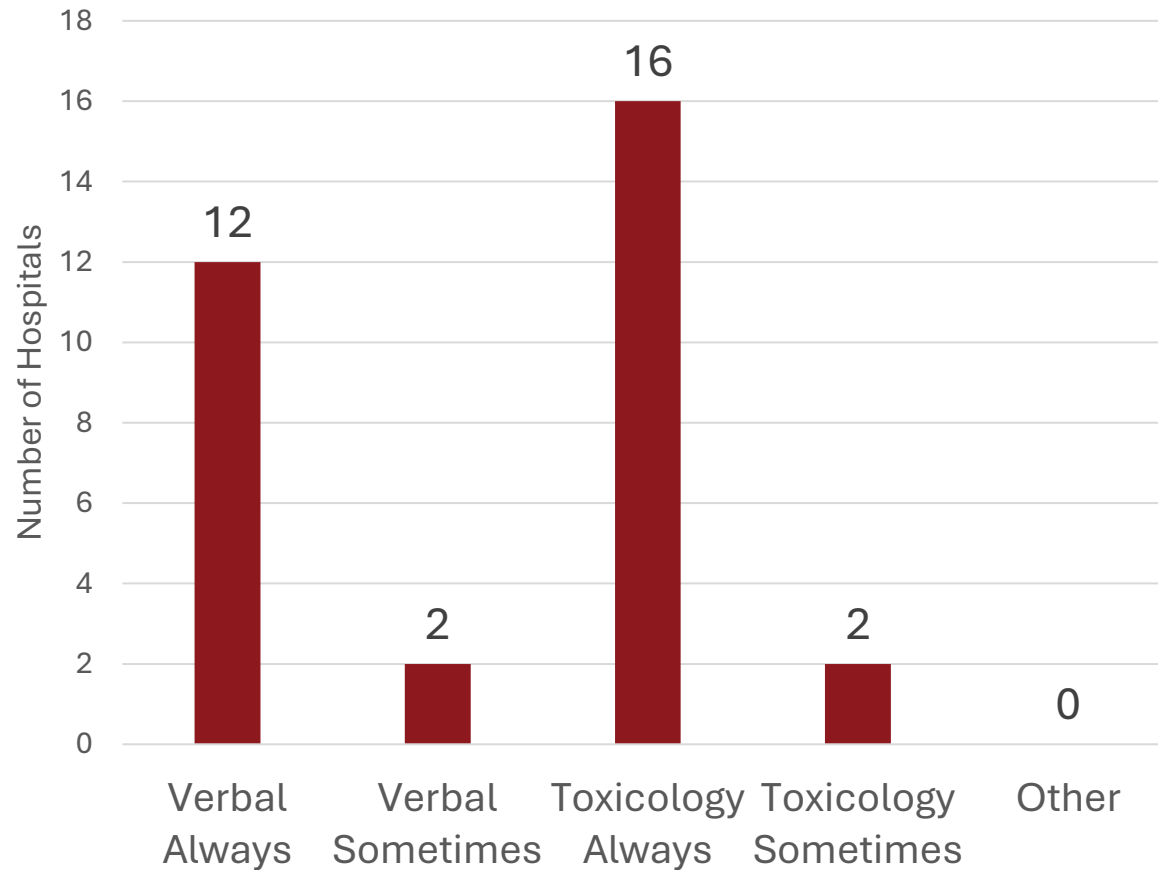
HEART Pre-Assessment Results

HEART Results

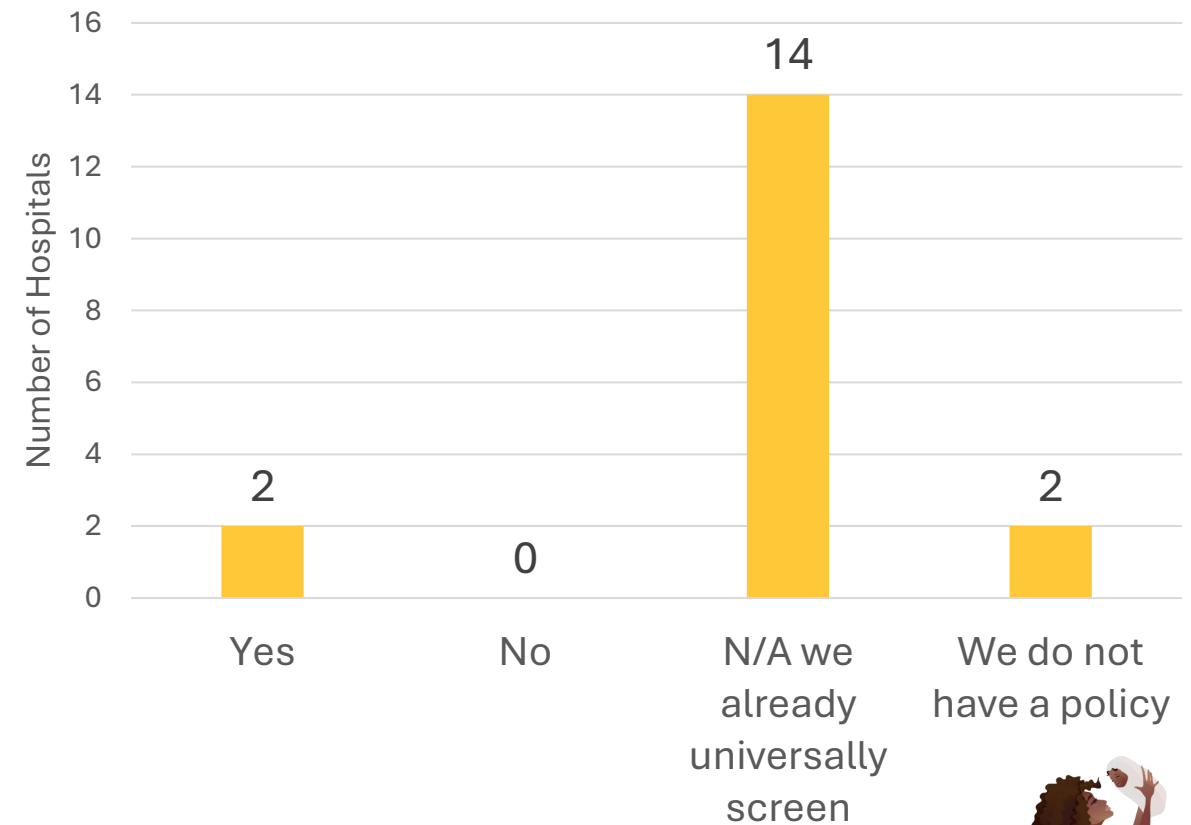
➤ 18 responses (62% response rate)



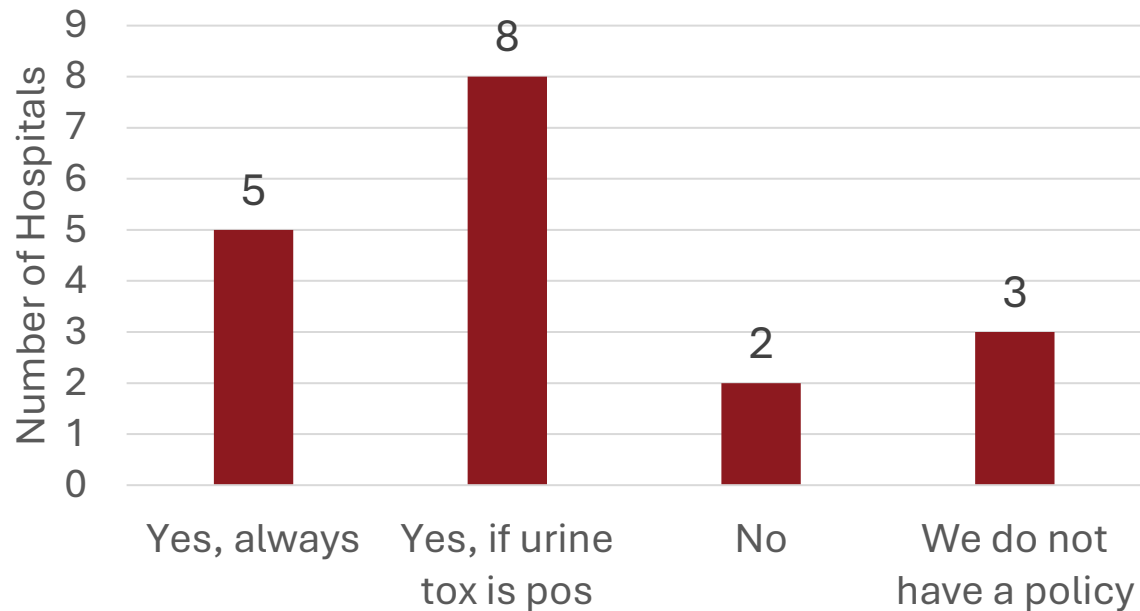
How does your hospital screen mothers for substance exposure?



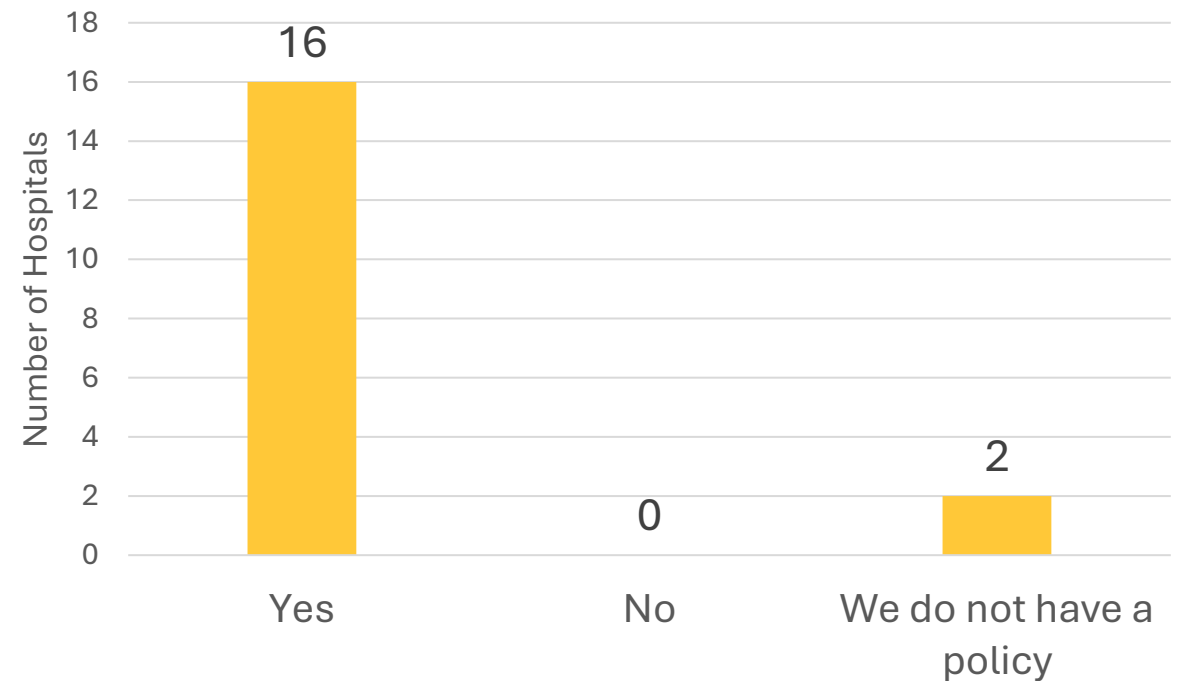
Does hospital policy require a positive verbal screen lead to a urine tox screen of the mother?



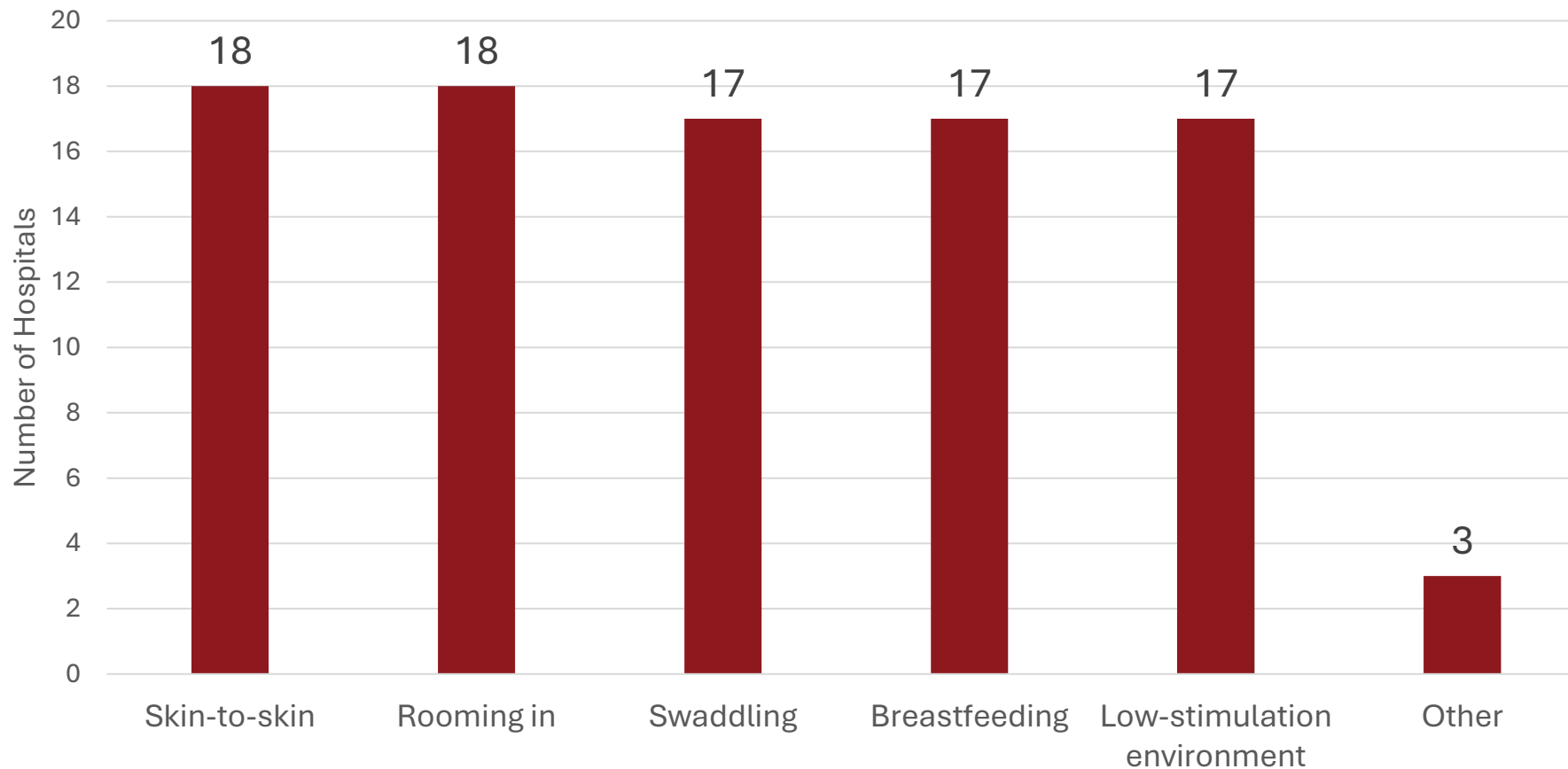
Does your hospital require tox screening of baby if mother has positive VERBAL screen?



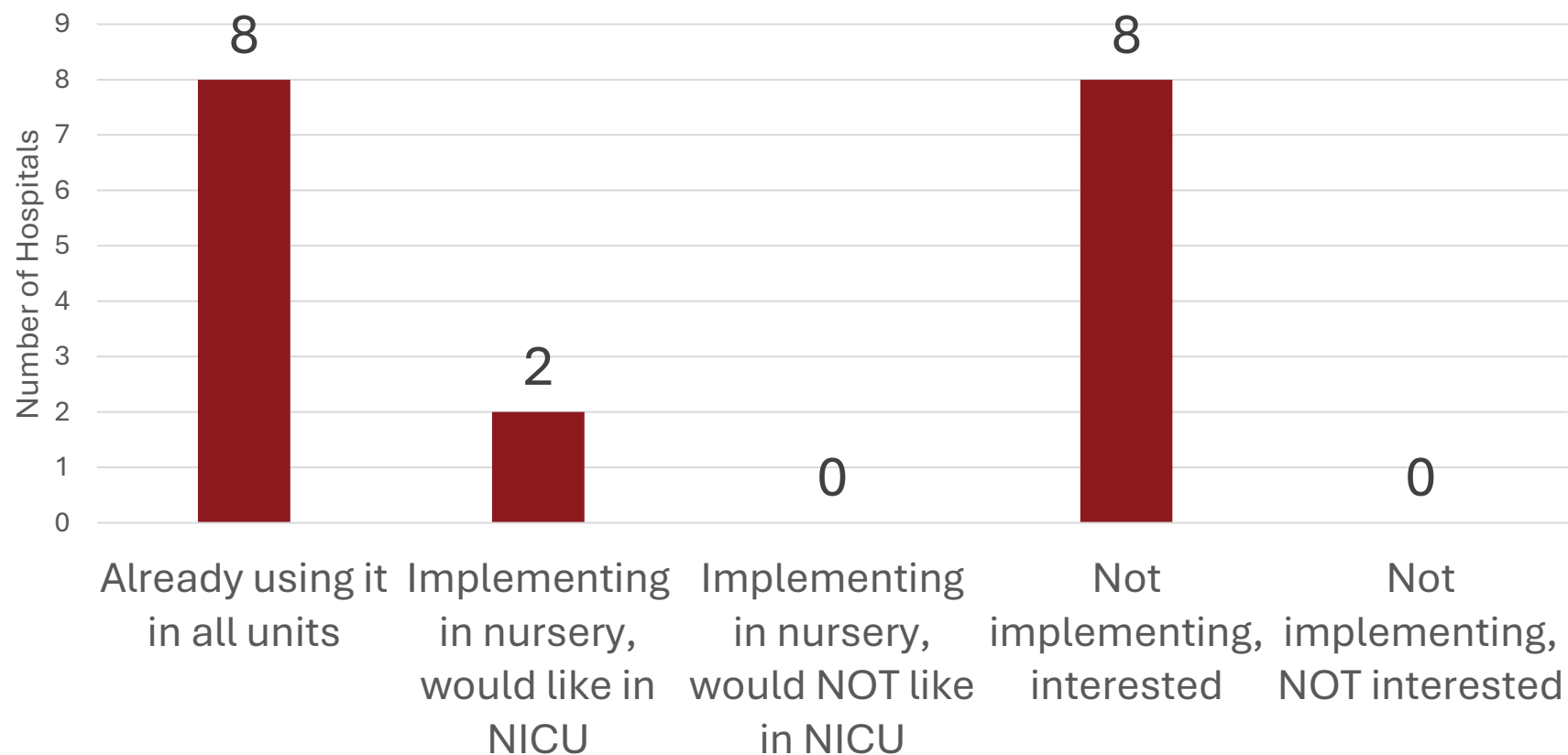
Does your hospital require tox screening of baby if mother has positive URINE screen?



What elements of non-pharmacological care does your hospital offer to babies with substance exposure?



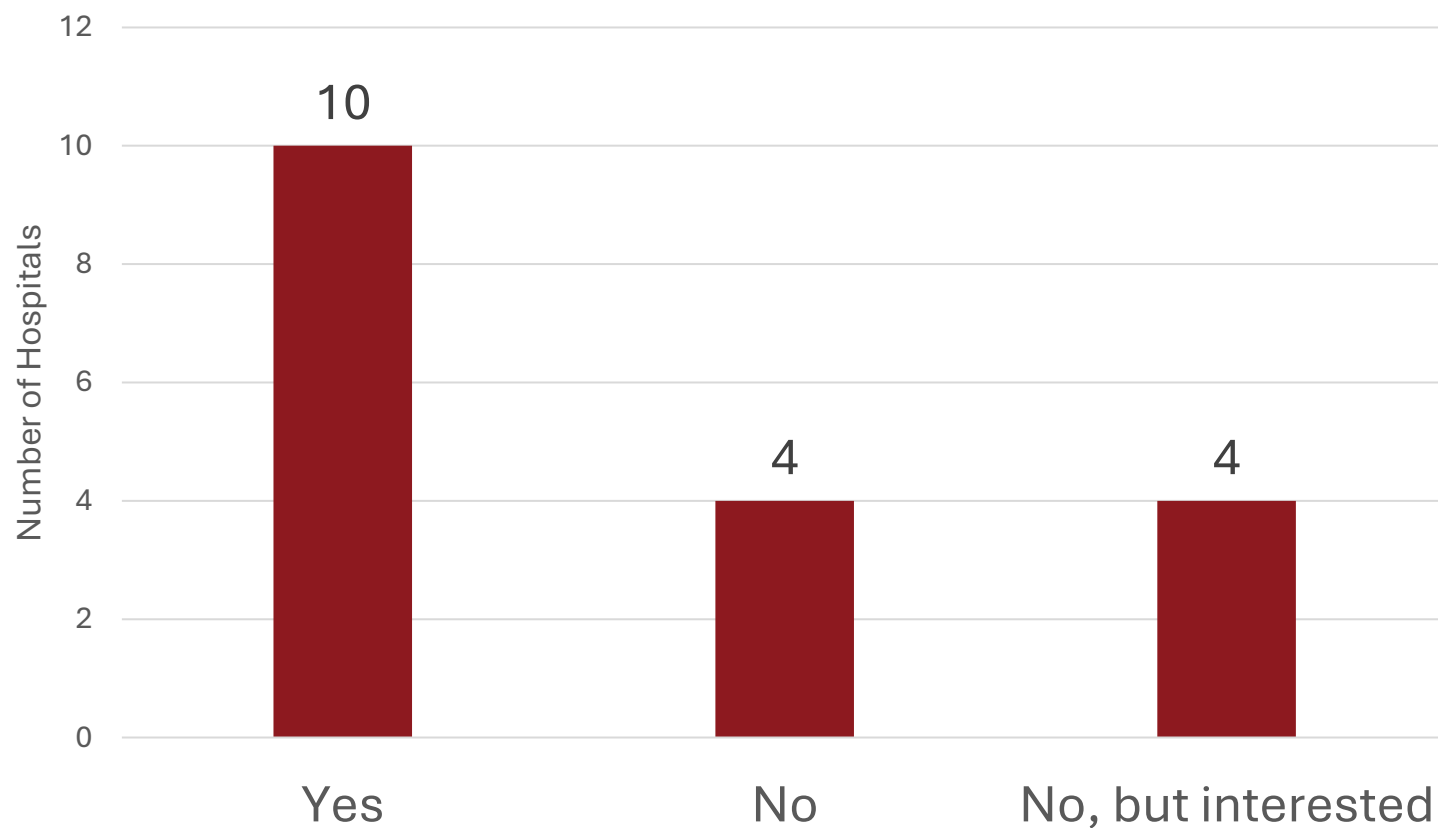
What is your hospital's interest in Eat-Sleep-Console ?



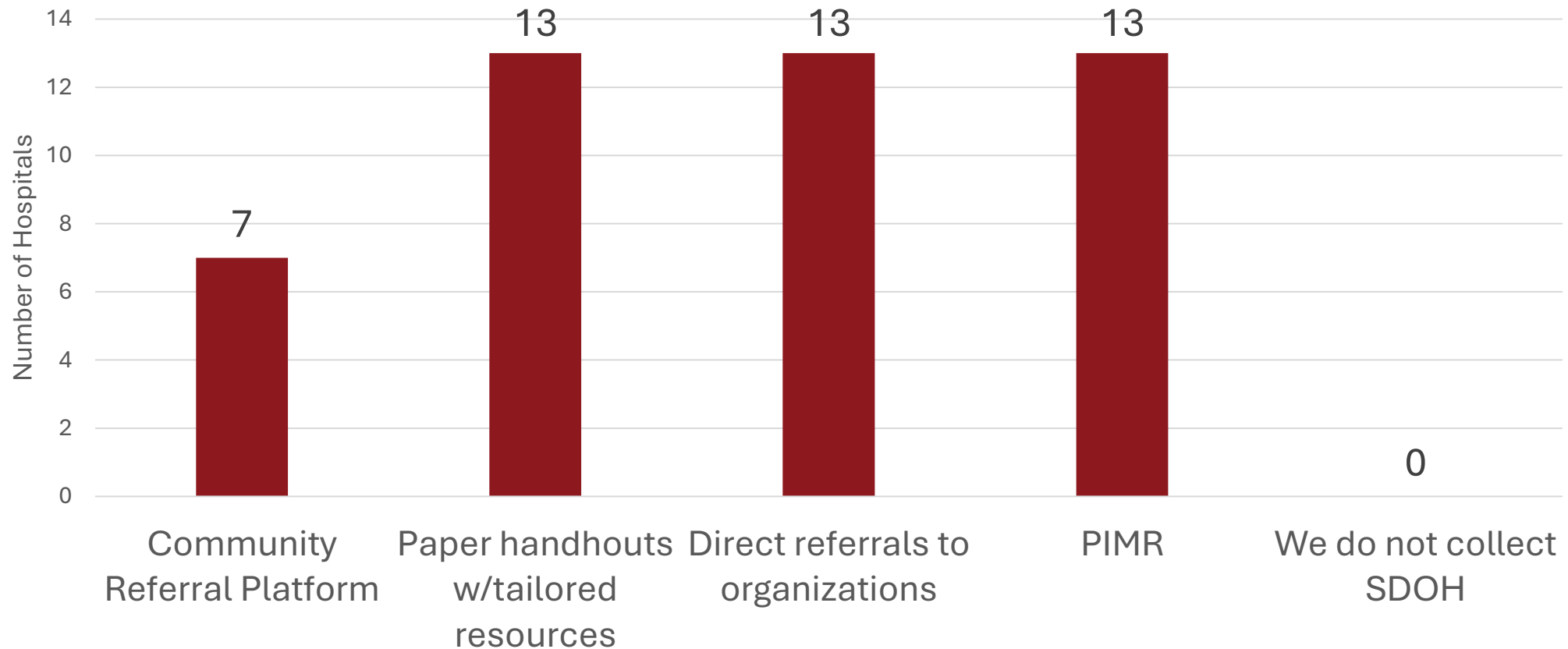
What are the barriers to ESC implementation?

- Our policy encourages the behaviors of ESC from delivery, but we also use Finnegan. If the Finnegan score is above 8 x2 consecutive or above 12, the baby goes to SCN which makes it much harder for behaviors from ESC to be delivered by the mother.
- Precious preference for using the Finnegan scoring tool, but open now to ESC
- different providers
- I think we use a modified ESC approach. All mothers and babies room in together, even if in the SCN. We use a more standard means of medicating infants when they exhibit withdrawing behaviors. We use all the concepts of ESC, but we don't medicate prn once we decide medication is needed. We follow a protocol to support withdrawal, but to get the baby off medications as soon as possible.
- Usually maternal engagement. Otherwise we have successfully implemented ESC in the Nursery.
- Having the RNs adjust to and implement the new policy effectively. Specifically, from Finnegan to ESC.
- Education across the service line, physician buy in
- Resources and time for development

Does your hospital create a Plan of Safe Care for families impacted by in-utero substance exposure?



How do you connect patients to community resources?





Next Session

MDPQC November Neonatal Health Office Hours



November 10, 2026

[Register Now](#)



12pm – 1pm

Open Discussion



Please complete the evaluation poll before you go.