



MDPQC Newborn Hypoglycemia Office Hours
8/8/2023

Hypoglycemia Recruitment Update

Adventist Shady Grove
Adventist White Oak
Ascension St. Agnes
Carroll Hospital
Christiana Care Union Hospital
Frederick Health
Greater Baltimore Medical Center
Holy Cross Germantown
Holy Cross Hospital
Johns Hopkins Bayview Medical Center
Johns Hopkins Hospital
Luminis Health
Medstar Montgomery Medical Center
MedStar St. Mary's Hospital
Meritus Medical Center
Sinai Hospital
TidalHealth PRMC
UM BWMC
UM St. Joseph Medical Center
UMCRM
UMMC
UMMS- Shore Regional
University of Maryland Capital Region Medical Center
UM Upper Chesapeake
UPMC Western MD

25 (78%) birthing hospitals have completed Participation Agreements!

Still missing:

Calvert Health
Garrett Medical Center
Howard County General Hospital
MedStar Franklin Square
MedStar Harbor
MedStar Southern MD
Mercy Medical Center



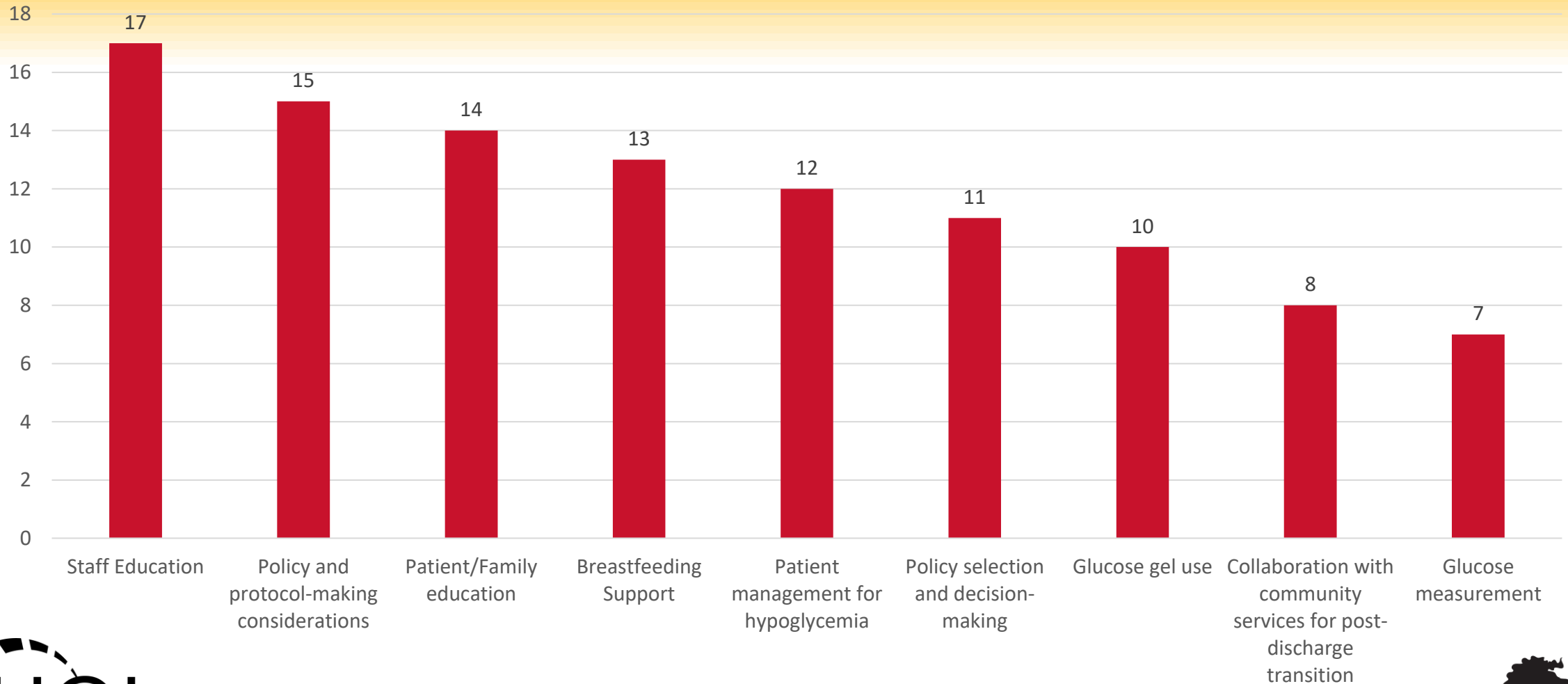
< Participation Agreement



HEALTH QUALITY INNOVATORS



What kind of support would you be interested in receiving from the MDPQC for a hypoglycemia initiative?



If you responded, would you be willing to expand on your answer?



Why is your hospital interested in hypoglycemia?

- 8 responses: Looking for guidance on policy / national guidelines / management of patients
- 5 responses: We have a lot of cases in our facility
- 4 responses: Support for breastfeeding/glucose gel use
- 4 responses: Comparing/Aligning to other hospitals/national standards
- 3 responses: Want to decrease unnecessary pokes/NICU admits
- 2 responses: Staff training
- 1 response: Support for community resources/discharge planning

If you responded, would you be willing to expand on your answer?



Newborn Hypoglycemia Bundle

Goals under consideration:

- Support the development and implementation of a protocol for management and care of symptomatic newborns with signs and symptoms of hypoglycemia and asymptomatic newborns at-risk for hypoglycemia
- Decrease the number of newborn transfers to a higher level of care
- Decrease the number of IV infusions for hypoglycemia
- Support breastfeeding
- Decrease non-breastmilk supplementation for hypoglycemia
- Increase education among staff and families about best practices



OPEN CALL FOR HYPOGLYCEMIA WORKGROUP MEMBERS! –
reach out to Katie



Newborn Hypoglycemia Bundle

Measures under review:

- Protocol implementation
- Glucose gel use
- IV fluid use
- Breastfeeding
- Other feeding supplementation
- Staff education
- Family education
- Discharge planning/support
- Health equity considerations

What data points do you already collect that would be easy to report for this initiative?



Questions for Discussion

- NC PQC recommended AAP-defined glucose levels for the first 24 hours of life. Would that create an issue in your hospital?
- Are you currently using glucose gel? Do you need guidance on the use of glucose gel?
- Do you have a hypoglycemia order set in your EHR?
- Do you have a regular feeding policy?
- What do you hope to get out of this initiative?
- What suggestions do you have for the MDPQC planning team?



Table AAP/PES Screening Guidelines

	<u>0-4hrs *</u>	<u>4-24hrs</u>	<u>24-48hrs</u>	<u>>48hrs</u>
• AAP #	<25-40mg/dl	<35-45 mg/dl	<45 mg/dl	>60mg/dl
• PES	< 50mg/dl	<50 mg/dl	<50 mg/dl	>60mg/dl

*Time includes normal postnatal glucose nadir, asymptomatic infants with these low values do not require treatment beyond feeding, unless values remain low after 4 hours of life.

#Any symptomatic infant with glucose concentration < 40mg/dl should receive iv dextrose (AAP)

Adamkin DH: Low blood sugar levels in the newborn infant: Do changing goal posts matter? SFNM 2021, 10,202

Open Discussion

- Next Office Hours:
Tuesday, September 12
12pm-1pm



HEALTH QUALITY INNOVATORS



Stay Connected



For more information

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