Healthcare Organization Commitment

Contact Details

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Commitment Details

Commitment Name
Improved patient safety through routine pulse oximetry screening for neonates in the United States

What Patient Safety Challenge does your Commitment address?
Challenge 7A - Optimal Neonatal Oxygen Targeting

Commitment Start Date
01/02/2017
How Many Hospitals Will This Commitment Represent
2800

Commitment Summary
This commitment aims to improve newborn patient safety by accelerating adoption of appropriate point-of-care pulse oximetry testing for all newborns, clinicians providing care, and public health agencies managing surveillance and followup services. Routine CCHD screening requires hospital involvement and a quick-response local action plan unique to congenital heart disease and the secondary conditions that can be picked up due to screening. The additional conditions detected through this specific algorithm also require quick responses and access to more advanced neonatal and pediatric care to promote timely, appropriate care and avoid patient safety issues inherent in multi-department and multi-institutional care.

Commitment Description & Detail
Over the past 6 years, the Newborn Foundation and the Newborn Coalition has worked with state policy makers and state and federal health agencies to promote the adoption of universal CCHD screening in a uniform and safe manner for all hospitals - of every size and geography. Pulse oximetry testing particularly benefits babies born in rural and underserved hospitals, and can serve as an important patient safety tool to avoid discharge of babies with serious birth defects or other treatable illnesses. One of eight babies born in the U.S. is born at a rural or community hospital.

Policy: U.S. babies screened
Jan 2013: 11% Jan 2014: 35% Jan 2015: 95% Jan 2016: 99%

In 2016, the “SHINE Act” was introduced in Congress. The Newborn Foundation worked for 18 months to help draft this vital legislation to fund the state-level public health component of newborn CCHD (pulse ox) screening, supporting rural screening, follow up care and services, data collection, public health integration and care coordination (TOC).

Action Plan
Challenges remain in monitoring the overall effectiveness of newborn pulse oximetry screening, and in implementing a follow-up plan that provides safe care for newborns who fail the screen. The level of readiness among delivery hospitals and health systems varies widely, as does the technical capacity of public health departments to collect and leverage data. The Newborn Foundation is collaborating with the CDC and the NewSTEPS federal newborn screening technical assistance program (for all 50 states) on technical support and educational resources for public health programs and hospitals. Among our efforts: 1) Creating a model use case for an integrated newborn screening system that supports high quality, safe care in the neonatal nursery - and provides for data interoperability and health IT enabled exchange to support clinical care of newborns with suboptimal oxygen saturations. 2) Providing open source, downloadable access to nurse training/education
resources for screening. 3) Working with states with higher volumes of rural and remote deliveries to support screening implementation and followup protocols. 4) Continue working with remaining U.S. states on adoption of newborn pulse oximetry screening (January 2013 - August 2013) 5) Continue working with public health community to educate on the broader benefits of early detection of hypoxemia or respiratory issues through pulse oximetry screening as a tool with the aim of reducing neonatal mortality and morbidity not just from asymptomatic heart conditions but also from neonatal sepsis, pneumonia, pulmonary hypertention, and other “hidden” illnesses.

Commitment Timeline
March 2017 - February 2018