

NeoImPACTS Delivery Room Readiness Survey

SECTION 1: Delivery Center Demographics and Delivery Room Infrastructure

1	Hospital Name City, State Zip Code	_____ _____ _____
2	Annual number of deliveries	_____
3	Which of the following AAP Designations best describes your newborn services/nursery/NICU? https://publications.aap.org/view-large/8818083	<ul style="list-style-type: none"> ● Level I: Well newborn nursery ● Level II: Special care nursery ● Level III: NICU with pediatric medical and surgical subspecialists ● Level IV: Regional NICU
4	Is there an alternate designation in your state?	<ul style="list-style-type: none"> ● Yes ● No ● If yes, please indicate: _____
5	Are your newborn services periodically assessed as part of periodic re-accreditation procedures? If so, by which organization?	<ul style="list-style-type: none"> ● The Joint Commission ● Centers for Medicare and Medicaid Services ● Other: _____
6	Does your hospital's newborn services participate in any regional, state-wide, or national quality improvement initiatives?	<ul style="list-style-type: none"> ● Vermont Oxford Network ● California Perinatal Quality Care Collaborative ● Children's Hospital Neonatal Consortium ● Other
7	Which of the following services would necessitate transfer of a neonate from your facility to a regional facility? (choose all that apply)	<ul style="list-style-type: none"> ● Any non-invasive respiratory support (RAM cannula, HFNC, CPAP, NIPPV, NAVA) ● Non-invasive respiratory support exceeding a certain time limit ● Any mechanical ventilation ● Mechanical ventilation exceeding a certain time limit ● Oscillator ventilation or jet ventilation HFOV or Jet Ventilation ● Inhaled nitric oxide ● Extracorporeal membrane oxygenation ● Therapeutic hypothermia ● Subspecialty pediatric care for medical consultation ● Pediatric surgical care ● Cardiac surgical care

8	What gestational age does your unit require to transfer to a higher level NICU?	<ul style="list-style-type: none"> ● <35 weeks, ● <32 weeks ● <28 weeks ● All gestational ages ● Birth weight criteria utilized ● None ● Other
9	Below what birth weight does your unit require transfer?	<ul style="list-style-type: none"> ● Low birth weight ● Very low birth weight ● Extremely low birth weight ● None ● Other

SECTION 2: Personnel

10	Which personnel are part of the pre-identified delivery response team for babies requiring resuscitation? (Choose all that apply)	<ul style="list-style-type: none"> ● Nursery nurse or Pediatric Nurse ● Labor and Delivery Nurse ● NICU Nurse ● Respiratory Therapist ● Advanced Practice Provider (NNP, PA) ● NICU Hospitalist ● Pediatrician ● Family medicine physician ● Resident ● Neonatology Fellow ● Neonatologist ● Other
11	Is there a healthcare professional trained in neonatal airway management with endotracheal intubation available for deliveries?	<ul style="list-style-type: none"> ● Yes ● No
12	Which of the following skilled airway providers are available for all deliveries? (Choose all that apply)	<ul style="list-style-type: none"> ● Neonatologist ● Advanced practice provider ● NICU Hospitalist ● Resident ● Fellow ● Respiratory Therapist ● Pediatrician ● Anesthesiologist ● ED physician ● Family medicine physician ● CRNA ● Other

13	Which of the following best describes the availability of a proficient airway provider?	<ul style="list-style-type: none"> ● Within the NICU/Nursery/Labor and delivery unit and attends all deliveries ● Within NICU/Nursery/Labor and Delivery and can be called for a delivery ● Within the hospital, but with primary responsibilities outside labor and delivery such as emergency physician, anesthesiologist ● On call for response, but located off site from hospital ● Other
14	If your hospital requires delivery room competency evaluations, what is the frequency of outside of required NRP provider status and renewals?	<ul style="list-style-type: none"> ● Monthly ● Quarterly ● Twice a year ● Yearly ● Other ● None

SECTION 3: Processes and Systems

15	Do you have a process for calling for more help in the delivery room for babies requiring advanced neonatal resuscitation (eg. PPV, intubation, chest compressions, UVC placement, administration of medications and fluids)?	<ul style="list-style-type: none"> ● Yes ● No
16	What method is used to communicate the escalation of care? (Choose all that apply)	<ul style="list-style-type: none"> ● General code button, B. Neonate specific code button, C. Phone call to operator, D. Person to person communication, E. Other
17	For resuscitations requiring more than positive pressure ventilation, is there a dedicated person to document during resuscitation?	<ul style="list-style-type: none"> ● Yes ● No
18	Which of the following processes does your center utilize for recording resuscitation information? (Choose all that apply)	<ul style="list-style-type: none"> ● Delivery room resuscitation sheet written real time ● Real-time EMR ● Post-resuscitation EMR ● Post-resuscitation written documentation ● Video Recording ● Other
19	Is there a process in place to debrief after unexpected events and/or resuscitations?	<ul style="list-style-type: none"> ● Yes ● No
20	Following what percentage of resuscitations is a team debriefing	<ul style="list-style-type: none"> ● All (approximately 100%) ● Most (>51-80%) ● Half (31-50%%)

	completed after a resuscitation in the delivery room for a baby?	<ul style="list-style-type: none"> ● Some (30-50%) ● Few (<30%) ● None
21	Who most often leads the debrief following the resuscitation? (Choose all that apply)	<ul style="list-style-type: none"> ● Neonatologist ● Residents ● Fellows ● Advanced Practice Provider ● Pediatrician ● Delivery nurse ● Educator ● RT ● OB ● OB Charge Nurse ● Other
22	Do you have a debrief form available to complete?	<ul style="list-style-type: none"> ● Yes ● No
23	Do you have recommended criteria for which deliveries to debrief?	<ul style="list-style-type: none"> ● Yes ● No
24	When are debriefs typically performed?	<ul style="list-style-type: none"> ● Immediately after resuscitation (within 20 min) ● During the end of shift ● Later in week or month ● Other

SECTION 4: Equipment and Supplies		
25	How often are staff trained or oriented on the location of neonatal resuscitation equipment and medications in your setting (select all that apply)?	<ul style="list-style-type: none"> ● At hire/onboarding ● Yearly ● Biannually ● Quarterly ● Monthly ● Other
26	Is there a dedicated code cart with neonatal/newborn resuscitation equipment and medications available in the labor and delivery unit?	<ul style="list-style-type: none"> ● Yes ● No
27	How frequently is proper location and function of resuscitation equipment and supplies verified?	<ul style="list-style-type: none"> ● Per shift ● Daily ● Twice a week ● Weekly ● Other
28	Who is responsible for checking the delivery room code cart?	<ul style="list-style-type: none"> ● NICU Charge nurse ● Delivery response nurse ● NICU nurse ● Nursery nurse ● OB Charge nurse ● Other

29	Are each of the following equipment, settings, and medications readily available for neonatal resuscitation in the delivery room?	
<ul style="list-style-type: none"> ● Yes ● Yes ● Yes ● Yes ● Yes ● Yes 	<ul style="list-style-type: none"> ● No ● No ● No ● No ● No ● No 	<p>WARMING</p> <p>Preheated warmer</p> <p>DR/OR room temperature 74-77 F for preemie birth</p> <p>Warm towels/blankets</p> <p>Temperature sensor and sensor cover for prolonged resuscitation</p> <p>Thermal hat</p> <p>Plastic bag or wrap</p>
<ul style="list-style-type: none"> ● Yes ● Yes ● Yes 	<ul style="list-style-type: none"> ● No ● No ● No 	<p>AIRWAY CLEARANCE</p> <p>Bulb syringe</p> <p>8F suction catheter attached to wall suction and set to 80-100 mmHg Meconium aspirator</p>

	<ul style="list-style-type: none"> ● Yes ● Yes ● Yes ● Yes ● Yes ● Yes ● Yes ● Yes 	<ul style="list-style-type: none"> ● No ● No ● No ● No ● No ● No ● No ● No 	<p>VENTILATION AND OXYGENATION</p> <p>Flowmeter set to 10 L/min</p> <p>Oxygen blender set to 21% or 21-30%</p> <p>T-piece resuscitator</p> <p>Flow inflating bags</p> <p>Self inflating bags</p> <p>Term and preterm face masks sized face masks</p> <p>5F and 8F feeding tube</p> <p>20ml syringe</p>
	<ul style="list-style-type: none"> ● Yes ● Yes ● Yes ● Yes ● Yes ● Yes 	<ul style="list-style-type: none"> ● No ● No ● No ● No ● No ● No 	<p>ADDITIONAL VENTILATION/OXYGENATION EQUIPMENT</p> <p>Stethoscope</p> <p>Resuscitation bag</p> <p>Ram cannula</p> <p>Transport O2 tanks</p> <p>Pulse oximeter with sensor and cover</p> <p>Target oxygenation saturations table</p>
	<ul style="list-style-type: none"> ● Yes ● Yes ● Yes ● Yes ● Yes ● Yes ● Yes ● Yes 	<ul style="list-style-type: none"> ● No ● No ● No ● No ● No ● No ● No ● No 	<p>INTUBATION</p> <p>Laryngoscope with sizes 00, 0, 1 straight blades, stylet (optional)</p> <p>ETT (2.5, 3.0, 3.5)</p> <p>CO2 detector</p> <p>Measuring tape or ETT insertion depth table</p> <p>TUbe securing tape/device</p> <p>Scissors</p> <p>Laryngeal mask (size 1)</p> <p>5ml syringe</p>
	<ul style="list-style-type: none"> ● Yes ● Yes ● Yes ● Yes ● Yes 	<ul style="list-style-type: none"> ● No ● No ● No ● No ● No 	<p>MEDICATIONS</p> <p>Supplies for peripheral IV access</p> <p>Supplies for emergent UV catheter</p> <p>ECG monitor and leads</p> <p>Access to 1:10, (0.1mg/ml) epinephrine</p> <p>Access to normal saline</p>
	<ul style="list-style-type: none"> ● Yes 	<ul style="list-style-type: none"> ● No 	<p>Access to O- trauma blood</p>
	<ul style="list-style-type: none"> ● Yes 	<ul style="list-style-type: none"> ● No 	<p>Access to surfactant, surfactant administration set up</p>

SECTION 5: Delivery Room Resuscitation and Stabilization

30	Where does neonatal resuscitation occur? Choose all that apply	<ul style="list-style-type: none"> ● Labor and delivery room / OR ● Designated resuscitation room outside of delivery room ● NICU ● Other
31	Does your institution use a separate resuscitation room for anticipated high risk deliveries?	<ul style="list-style-type: none"> ● Yes, for all resuscitations ● Yes, for selected deliveries based on high-risk criteria ● No, resuscitate occurs in the delivery room or operating room ● Other
32	When a stabilized neonate needs transportation to another center, who is responsible for the care until time of transfer? Choices (all that apply)	<ul style="list-style-type: none"> ● Neonatologist ● Pediatrician ● Advanced Practice Provider ● Family medicine physician ● OB ● Midwives ● Fellow ● Resident ● Other
33	Is consultative guidance for stabilization routinely available from a referral center prior to transport?	<ul style="list-style-type: none"> ● Yes ● No
34	How is consultative guidance provided? (Choose all that apply)	<ul style="list-style-type: none"> ● Phone consult ● Video-based telemedicine ● Live DR tele-resuscitation guidance ● Other

SECTION 6: Inter-Facility Transfer Guidelines

35	Are inter-facility transfers managed through a designated central transfer center in your facility?	<ul style="list-style-type: none"> ● Yes ● No 		
36	Does your hospital have a guideline outlining administrative and procedural policies for the transfer of babies needing a higher level of NICU care? (yes/no)	<ul style="list-style-type: none"> ● Yes ● No 		
37	If yes for previous question, does the transfer policy include the following information (choose all that apply)			
Defined policy for initiation of transfer, including roles and responsibilities of the referring facility and referral center (including responsibilities for requesting transfer and communication)		● Yes	● No	● Not Applicable
Policy defining referring hospital's selection of appropriate level of care facility		● Yes	● No	● Not Applicable
Process for selecting the appropriately staffed transport team to match the patient's acuity level		● Yes	● No	● Not Applicable
Guideline outlining steps to prepare for transfer, including obtaining medical documents/records and obtaining consent		● Yes	● No	● Not Applicable
Plan for provision of directions and referral institution information to family		● Yes	● No	● Not Applicable
38	If your center has a transport team, what modes of transportation are utilized? (Choose all that apply)	<ul style="list-style-type: none"> ● Ground ● Helicopter ● Fixed wing aircraft 		
39	What is the average time between transfer request and time of arrival of a transport team for transfer of a critically ill neonate from time of activation at your facility?	_____		
40	Is there an auto-dispatch of a transfer team for imminent delivery of high risk or complex neonates such as a micro-preemie or a known cardiac anomaly?	<ul style="list-style-type: none"> ● Yes ● No 		

SECTION 7: Quality Improvement and Education		
41	Is there a dedicated QI/patient safety team for the delivery room?	<ul style="list-style-type: none"> ● Yes ● No
42	Does your delivery room have a patient care-review process?	<ul style="list-style-type: none"> ● Yes ● No
43	If yes, does your patient care review process include forming Quality improvement or performance improvement plans?	<ul style="list-style-type: none"> ● Yes ● No
44	If yes, are each of the following components included in the QI Improvement/Performance improvement plans for the delivery room?	
	Identification of quality indicators	<ul style="list-style-type: none"> ● Yes ● No
	Collection and analysis of delivery room data	<ul style="list-style-type: none"> ● Yes ● No
	Development of a plan for improvement in delivery room care	<ul style="list-style-type: none"> ● Yes ● No
	Re-evaluation of performance using outcome-based measure	<ul style="list-style-type: none"> ● Yes ● No
45	Are all staff that attend deliveries required to be NRP trained?	<ul style="list-style-type: none"> ● Yes ● No
46	Do you have internal NRP courses?	<ul style="list-style-type: none"> ● Yes ● No
47	Is simulation education outside of NRP sessions utilized to improve delivery room team performance?	<ul style="list-style-type: none"> ● Yes ● No
48	If yes, how frequent is this education?	<ul style="list-style-type: none"> ● Monthly ● Quarterly ● Twice a year ● Annually ● Other

SECTION 8: Barriers to Implementation

49	Has your institution experienced challenges implementing NRP and/or standards in neonatal resuscitation in any of the following areas?		
	<ul style="list-style-type: none"> • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes • Yes 	<ul style="list-style-type: none"> • No • No • No • No • No • No • No • No • No • No • No • No • No 	<ul style="list-style-type: none"> Cost of personnel Cost of training personnel Lack of educational resources (for example skills training, conferences) Lack of appropriately trained staff: <ul style="list-style-type: none"> Neonatologists, family medicine, pediatrician Trainees (residents, interns, fellows) Nurse practitioners, physician assistants Nurses Respiratory therapists Lack of administrative support (resources, finances, education) Lack of policies for delivery room management of newborns and escalation of care Lack of well-developed clinical practice guidelines Poor compliance with clinical practice guidelines Lack of effective collaboration with obstetric services