

OASCN INFO PACKET

Overview of collaborative

The Optimizing Antibiotic Stewardship in California NICUs (OASCN) collaborative aims to implement and evaluate an innovative, scalable antibiotic stewardship intervention which pairs prospective audit and feedback with the [ECHO™ \(Extension for Community Healthcare Outcomes\)](#) collaborative learning model. ECHO™ is an evidence-based method of practice dissemination used globally in >120 health collaborations since 2003 and is actively endorsed by the AAP.



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Why we care about this topic

We all would like to evolve our practice towards the safest and most appropriate use of antibiotics for our newborns. Unnecessary and/or inappropriate antibiotic use continues to be a problem in the NICU setting with potential for harm to neonates. At the same time, professional associations, accreditors, and ongoing national initiatives highlight the increasing urgency of antimicrobial resistance and stewardship.

Our approach

We have designed this collaborative with partners at the RAND Corporation and The Lundquist Institute in Los Angeles to include the latest in collaborative learning approaches. The OASCN collaborative will use the AAP-endorsed Extension for Community Healthcare Outcomes (ECHO) model™, a tele-mentoring video conference platform to facilitate learning among a multidisciplinary faculty panel and participants. Participating NICUs will join weekly or biweekly collaborative learning sessions including de-identified case presentations and discussion. The OASCN collaborative aims to reduce antibiotic utilization and address challenges with implementing stewardship.

For more information, visit the CPQCC's website for the [Frequently Asked Questions flyer](#).

Typical month overview

Here's what a typical month would look like in terms of involvement by you and your team. Participating NICUs are expected to join all collaborative learning sessions, prepare 5-8 cases for discussion during the 12-month collaborative learning phase, and disseminate learnings and resources from the video-based sessions to others in their center. Centers are also expected to collect monthly data on antibiotic usage rate (AUR), submit a monthly site leader pulse report, and participate in a pre/post interview and web survey to track progress and help improve the collaborative experience.

Timeline

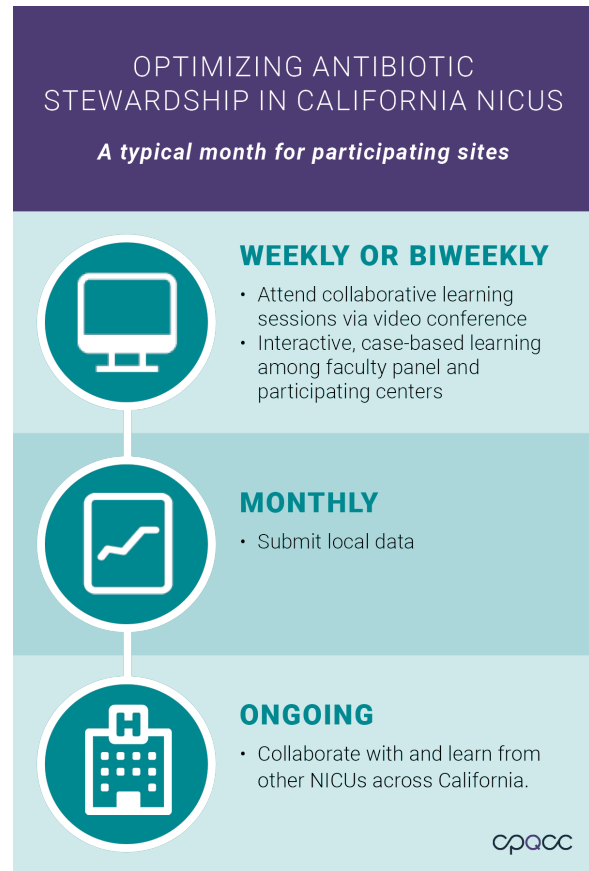
The active phase of the collaborative will be 12 months beginning with a kickoff meeting in January 2021. Follow up data collection will continue for 6 months after completion of the active phase of the collaborative.

Why your NICU should join

- **PRIMARY GOAL!** Safely reduce antibiotic utilization
- Participate in interactive, case-based learning sessions guided by a multidisciplinary faculty panel on NICU antibiotic prescribing
- Share experiences and lessons with NICUs across the state on optimizing antibiotic use
- Learn and apply principles of implementing quality improvement

Additional benefits

- Open to NICUs of all sizes and QI experience



- No fee to join!
- Contribute to research on video-based collaborative learning for improving the collaborative experience and dissemination in peer-reviewed literature

OASCN team's responsibilities (i.e. the program team at Stanford/RAND/Lundquist)

- Host a quality improvement collaborative kickoff event
- Host and facilitate video learning sessions to provide ongoing support as well as foster learning from other participating centers
- Provide a multidisciplinary faculty panel specialized in NICU antibiotic prescribing and knowledgeable in best practices
- Guidance on implementation of local quality improvement projects
- Provide a database to track performance metrics
- Provide resources to help participating centers develop data collection systems
- Provide expertise in quality improvement methodology
- Provide your team with ongoing support throughout the collaborative
- Provide speakers to address special topics on an ad hoc basis
- Provide a template case report form for case presentation

Expectations for participating centers

- Identify a site leader to be the main contact for the OASCN learning collaborative
- Provide a usable space and video conference capability for video learning sessions during the collaborative
- Allow site leader and other NICU staff (as able) to attend video learning sessions (1-hour each, 2-4 per month)
- Contribute patient and/or implementation issue cases throughout the 12-month collaborative
- Establish data capture system for monthly reporting of antibiotic prescribing (AUR) and 2-3 other related clinical measures (the OASCN team has resources available to help with system development)
- Allow site leader to participate in an implementation interview and other NICU staff to participate in a web survey two times—once at start, and once at end—of the collaborative

Expectations for NICU site leaders

- Arrange/schedule conference room and ensure video conference capability
- Encourage relevant NICU staff to participate in the video learning sessions
- Disseminate relevant learnings from video sessions among other staff within the NICU
- Complete a monthly 15-20 minute Pulse survey on how the collaborative is going
- Provide email list of NICU neonatologists and nursing staff for the web survey

Preparing for kickoff

Your team can start working on these items now to be ready for kickoff and implementation in January 2021:

- Simplify your AUR collection and stratification
- Identify core team that will participate on calls (e.g. fellows, nurses, residents, med students, pharmacy)
- Think about case types for later presentation to the learning group
- Think about QI-related issues to address during the collaborative
- Consider how to disseminate information to others not on the calls
- Think about location for the calls (e.g. do you need a webcam, do you have a conference room available)

Eligibility for ABP MOC Part credit

Physicians can earn 25 points toward MOC Part 4 for your participation in the OASCN collaborative. There is a fee of \$500 per center to cover CPQCC processing fees. Requirements for physicians requesting credit:

- Meaningful participation in the OASCN QI collaborative's planning, execution, data review, implementation of changes, and team meetings is required
 - Meaningful participation is defined by the ABP as having an active role in the project and participating over an appropriate period of time
- Obtain attestation from project leader attesting that you:
 - Be intellectually engaged in planning and executing the project
 - Implement the project's interventions (the changes designed to improve care)
 - Review data in keeping with the project's measurement plan
 - Collaborate actively by attending team meetings