

NATIONAL NEONATAL AUDIT PROGRAMME NEWSLETTER

Please print out several copies for your unit's neonatal nurses and doctors to read.

No. 2 June 2010



Royal College of
Paediatrics and
Child Health
Science and Research Department



Thank you to everyone who has contributed time and effort to send in complete and accurate data to NNAP. If you have suggestions or comments about the annual report (due out in August) or the quarterly data quality reports, or other aspects of our work, please write to Kim at kim.davis@rcpch.ac.uk

We sent our first newsletter to NNAP leads in NNUs, but alas! it did not reach as many people as we had hoped, so this time we are grateful to the team at BAPM for allowing us to be linked into their regular news updates. As the last letter was not received by all, there are a few repeated items; please print off some copies for your staff.

Who are NNAP?

We all are, everyone who cares for newborn babies, but NNAP has its roots in the RCPCH. The NNAP Project Board has five consultant neonatologists and representatives from the RCPCH, HQIP, BLISS and a network manager. If anyone knows an experienced ANNP/neonatal nurse who is interested in joining us, please encourage her or him to contact us. The funding stream comes from the National Clinical Audit Advisory Group (NCAAG) and is administered by Health Quality Improvement Partnership (HQIP).

Funding Funding Funding Funding

Talking of funding, we are in the process of re-tendering for an extension to the programme, working jointly with the RCPCH's Science and Research Department and with the support of the Neonatal Data Analysis Unit (NDAU) based at Imperial College, London. The work of CMACE is also up for retendering and this may provide opportunities for closer collaborative work.

It is possible that NNAP's funding streams will have to change over the next year or so, depending on the availability of central funding. Having supported by NCAAG and

HQIP to get the audit started, we may need to become less dependent on HQIP in years ahead. Just how this develops will be clearer when the tendering process is complete.

Welcome to Sridevi Nagarajan who has recently taken up a post as data analyst jointly with NNAP and NDAU. With Sridevi's help we hope to produce both the quarterly and the annual reports more promptly than before.

CHANGES

Dropping out of the audit

As many will be aware by now, NNAP has from the start of 2010 **stopped auditing** the use of surfactant within the first hour of birth, but it will still be possible to record the administration of surfactant for local audits. Recent trials suggest that very preterm babies can be successfully resuscitated without intubation and surfactant in the delivery room. As there is no recognised association between the early *measurement* of BP with outcome, NNAP has **stopped auditing** the timing of BP measurement in very preterm babies in 2010. However BP measurements can still be recorded.

Coming into the audit.....

In line with the Toolkit recommendations, **NNAP has started start to audit infections and encephalopathy.**

The tool for the former is already running on SEND/Badger systems and is based upon the proposals of Modi et al¹. It needs some attention to detail to ensure accurate and complete data entry, and incomplete data may give the impression of low infection rates. Such 'accidental' under-reporting is in no-one's interests, least of all the babies.

¹ Modi et al A case definition for national and international neonatal bloodstream infection surveillance. Arch. Dis. Child. Fetal Neonatal Ed. **2009**; 94: F8 - F12

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BAPM and NNAP

The BAPM Data Definition Group has agreed a description of encephalopathy based upon alterations in tone, consciousness and fits, either clinical or electrical. NNAP will use this for the purposes of the audit. Now we need to work with Clevermed to have these markers entered in the daily questionnaire. Cooling is already recorded.

There have been problems – such as the interpretation of “What is Special Care” resulting in large differences in reported rates between similar NNUs. The BAPM Data Group is also working on these issues, and we hope a more consistent approach to recording levels of care will develop as a result of the new (yet to be published) definitions.

RECORDING DATA at the COMPLETION of an EPISODE.

In 2010 some data will be recorded only when a baby is discharged, not on admission or during the stay. Almost every preterm baby got some breast milk during his/her stay during 2009 – but more important is whether he/she was breast fed at discharge, and that's what we'll look at in 2010.

MEETINGS

A Badger/neonatal.net user group meeting is planned for October 2010 in Birmingham Heartlands. We need to be clear that neonatal.net is not NNAP, but we have common interests. Spaces are limited; please contact:

michael.watkinson@heartofengland.nhs.uk for more information if you want to come.

Should we have an annual NNAP meeting for NNU staff to attend?

We asked this question in the first newsletter and did not receive a positive response. We presume therefore that you are happy with the opportunity offered at the RCPCH annual meeting.

Working with CMACE

Any comments on the combined CMACE/NNAP form sent out at the beginning of the year? We hope it reduced duplication of data entry. Look out for analyses of the data in the annual report.

2 years old? - time for a health status report !!!

NNAP is very keen to push on with an audit of the health status of babies < 32⁺⁰ weeks old. It is the long term outcome of the neonatal care for the smallest and youngest of babies that we most need to know.

How to do it

- 1) Find the relevant babies on neonatal.net by clicking on the 'data quality' tab (top right of screen). Click on "Patient Lists" under "Dashboard" on left of screen, then scroll down in mid screen to "2 year follow up". Click on this for a list of babies.
- 2) After choosing a baby, go to the patient's data' page and click on '2 year follow-up' in the left hand column

You can give your community consultant colleagues access to the system for direct data entry. Alternatively you may wish to print off a paper version of the health status questionnaire, send it to a colleague and ask them to return to you for entry into the system so it comes *anonymised* to NNAP. The form can be downloaded from www.rcpch.ac.uk/nnap. It is difficult to achieve this for non-SEND users, but we will explore what might be achieved in the year ahead.

Comments and queries please to kim.davis@rcpch.ac.uk