



Colorado Perinatal Care Quality Collaborative  
Colorado Antibiotic Stewardship Collaborative  
Neonatal Early Onset Sepsis (CASC-NEOS)

## Project Charter Part I: Project Overview and Signature Pages

Hospital Name: \_\_\_\_\_

### Brief Project Overview:

Antibiotic resistance is a growing threat to human health and wellbeing. Additionally, antibiotic exposure in the newborn period has been increasingly linked to adverse childhood outcomes including asthma, allergies, and obesity. Targeting antibiotics to the right neonate, at the right time, for the right duration of time, is an increasingly important patient care goal. Published reports suggest that there is an unexplainably wide variation in antibiotic prescriptions for hospitalized newborns between centers. In 2018, the American Academy of Pediatrics (AAP) published a Clinical Report which proposed evidence-based strategies for determining appropriate antibiotic use for Early Onset Sepsis in newborns delivered at 35 0/7 weeks and beyond. Outreach to hospitals within the state of Colorado suggests that many delivering hospitals have not yet implemented many of the recommendations of this Clinical Report. This project, sponsored by CPCQC and the Colorado Antibiotic Stewardship Collaborative (CASC), aims to implement the recommendations outlined in that Clinical Report with a specific focus on risk stratification of newborns using the Sepsis Risk Calculator.

### CASC-NEOS Project Aim:

By December 2020, CASC hospitals will utilize defined best practices for evaluating risk for neonatal sepsis to demonstrate a 10% decrease in antibiotic usage rate (AUR), without any missed cases or delayed treatment for cases of true sepsis in patients 35 0/7 weeks or beyond who are delivered in newly participating CASC hospitals.

### Measures:

Antibiotic Utilization Rate (required)

Proportion of babies exposed to antibiotics (optional)

Process measure (optional)

Case review of all cases of true sepsis (positive blood or CSF cultures) in first 7 days of life (required)

### Timeline:

- Hospital Commitment December 2019
- Site visits January-March 2020
- Sepsis Risk Calculator implementation January-June 2020
- Secondary intervention implementation June-December 2020
- Data collection: monthly, starting with 6 month baseline (prior to commitment) and continuing throughout duration of project and into sustainability phase

**Project Leadership Information (fill in as appropriate)**

**Physician Champion**

Name Phone

Email

**Pharmacy Champion**

Name Phone

Email

**Director of Women and Infant Services**

Name Phone

Email

**Manager of Labor and Delivery**

Name Phone

Email

**Nursing Champion (if other than director or manager)**

Name Phone

Email

**Chief of Obstetrics or Designee**

Name Phone

Email

**Data Collector**

Name Phone

Email

**Data Collector**

Name Phone

Email

**Other Key Project Team Member**

|       |       |
|-------|-------|
| Name  | Phone |
| Title | Email |

**Other Key Project Team Member**

|       |       |
|-------|-------|
| Name  | Phone |
| Title | Email |

**Senior Executive Endorsement**

Our hospital is committed to active participation in the CASC-NEOS QI Initiative being led by Colorado Perinatal Care Quality Collaborative. As senior executive of the hospital, I agree to support the project, assist in removing any barriers to successful achievement of the project goals and allocate adequate resources to conduct the work of the project at our hospital.

CEO Signature \_\_\_\_\_

Date \_\_\_\_\_

CNO Signature \_\_\_\_\_

Date \_\_\_\_\_