



## VON Day Quality Audit / Neonatal Abstinence Syndrome

### Frequently Asked Questions (FAQ's)

#### GENERAL

##### ***What is the role of the VON Day Data Collector?***

The Data Collector is the key liaison to VON for the VON Day Quality Audit. All communications related to the VON Day Audit data collection process will be directed to the VON Day Data Collector. The VON Day Data Collector will help determine how cases will be identified at your center. The VON Day Data Collector will perform the actual data collection (using “paper and pencil” tools) and the submission of this data to VON via a web based data entry system. He/she must have access to clinical logs and charts, as well as the clinical skills and capacity to review the charts and obtain the relevant data.

##### ***Why is a VON web services login needed for the VON Day Data Collector?***

You will be sent a link to the VON Day audit AND asked to login first when you activate the link.

##### ***How can my center access their reports?***

In order to view your VON Day Audit results, you will need access to the VON Member's Area. (<https://portal.vtoxford.org/portal.aspx>) The reports are available in a section named “VON Days”.

Once you go to the Member's Home page of the VON website you will see a section named VON Days. In that section there will be a link to Your VON Days Reports. Click on that link and you will see a grid of all your VON Day reports. They are in pdf format. You can click on a report to view or download. If you have been involved in multiple VON Days all the reports will be here.

##### ***What other tools or technical access will be required?***

Additional materials and support for the VON Day Audit will be posted on the VON Learning Management System (LMS). This tool requires your local VON NAS Champion to facilitate your enrollment. The LMS hosts all materials relative to the Universal Training and Education program.

##### ***How long will it take to collect the data?***

You will need to allocate time to both identify patients who qualify (patient / case finding), and to review those patient records for the inclusion criteria (determining eligibility). This process may involve working with an administrative contact who can search patient discharges for the specific ICD-10 Code for the designated 3 month period of each audit. Alternatively, you will need to review unit discharge logs or records to identify infants who may qualify for the audit.

You can begin developing a strategy for patient identification and collecting audit data as soon as you receive these materials. However, you cannot submit data via the VON Day Audit until your local / regional IRB is complete and your VON Day Audit is open.

Data collectors should allocate approximately 2 to 4 hours prospectively for patient finding and screening for eligibility. Once the list of audited infants is complete, we estimate that it will take 20 to 30 minutes per patient to complete the audit. The audit is capped at 30 patients. Therefore, if you are a large volume center, estimate about 30 hours to both collect the data (paper and pencil) and enter this data via the VON web portal.

***We have our data now can we enter it?***

The VON Day Audit portal will be open for a one week period at baseline. The procedure will be repeated again at a later date during the collaborative for the post-test measure. PLEASE NOTE that it is imperative that you be prepared to enter data during this time period. The portal closes and data analysis begins after this 1 week period – therefore late data will not be accepted.

***Who can assist me with questions / concerns?***

We are here to help conduct a successful audit. If you have any questions about audit procedures, inclusion criteria, data definitions, and/or how to access your reports please contact the VON Days Coordinator, [vondays@vtoxford.org](mailto:vondays@vtoxford.org).

**IRB**

***Why do we need IRB review if all the data is de-identified?***

The primary purpose of the audit is quality improvement. However, since the auditor may have access to protected health information and since the aggregated results of the audit may be published, you must consult with your local IRB to determine what reviews and approvals are required prior to participation. The University of Vermont Institutional Review Board has determined that, with the respect to the role of the Vermont Oxford Network, this is “not human subjects research” as recognized by 45CFR46.102(f) and OHRP’s Guidance on Research Involving Coded Private Information or Biological Specimens. If you have not already done so, your center will need to discuss the protocol with your local IRB to determine whether any human subjects’ reviews and approvals are needed. It is also best practice to request a written determination from your IRB to keep in your own files. We do not need this letter from you, but it is advisable to have this for your records.

**Eligibility**

***We only have a few infants in the specified timeline can we extend the eligibility period?***

We want all centers to report data reflecting the same time frame; therefore, we ask that you only submit eligible infants for the first audit that were discharged during the specified eligibility period. Smaller centers, with low patient volumes may elect to collect data continuously (locally), or more frequently, for quality improvement purposes. However, for the purposes of the statewide audit, please only submit data to VON for each of the discrete specified eligibility time periods.

***We don’t have any infants in the specified period – what do we do?***

All units should complete the Unit Level Data Form online. You will simply indicate that you have no eligible infants at the end of the Unit Questionnaire.

***Are we using patients admitted or patients discharged during the specified period?***

Eligibility is based on patients **discharged during the eligibility period** that were treated pharmacologically for NAS within 7 days of life.

***If we transfer a baby do we still enter the data for that baby?***

If the baby falls within the eligibility requirements you will enter data for that baby. On the Patient Data Form, for question 12 on discharge you will choose 'transferred to another hospital'. For total length of hospital stay you are instructed to contact the hospital to obtain the length of hospital stay at the transfer hospital. You will add that to your hospital days.

***If the patient received morphine in the first seven days of life but did not have the ICD-10 P96.1 code is it still eligible?***

If this patient received morphine as a treatment for in utero substance exposure and NAS then yes the patient is eligible. ICD-10 codes are one method of identifying eligible patients. We recommend using both admission and discharge logs and ICD-10 codes. This will be the most effective method to ID eligible patients.

***If a patient did not receive a pharmacologic agent but had symptoms of NAS, is it eligible?***

No, only patients receiving pharmacologic treatment during the first seven days of life are eligible for this study.

## **Patient Data Questions**

***When entering medication used for treatment can we enter more than one?***

Yes, you can enter more than one medication.

***What if the infant goes home on medication?***

Answer yes to question 9: *At the time of discharge from your hospital, was the infant receiving medication for NAS?* You should also answer question 10, *if the infant goes home on medication; please check all medications that were being administered at the time of discharge.*

***Regarding the infant's total length of NICU stay: At our center, our NAS infants are managed in the Level II nursery and then discharged home. Should we count these days in the nursery as part of the NICU stay?***

For the purpose of this audit, a NICU is defined as a unit that provides sustained life support (assisted ventilation or cardiovascular support). Since the Level II nursery in question does not provide sustained life support, it is not considered a NICU for the purposes of this audit. They should report the total number of NICU days as 0.

**Regarding total duration of pharmacologic treatment (question 7) Do we count the days the infant received pharmacological treatment at home or just in the hospital? Most of our infants go home on phenobarbital for about 2 weeks.**

For this question, enter the total number of days that the infant received pharmacologic treatment **while in your hospital**. Do not count the days at home that the infant was treated or treated at another hospital.

**Regarding toxicological screening (question 4) does this apply to our hospital or any hospital?**

Toxicological screening would apply to any hospital

**What about iatrogenic addiction?**

For the purposes of this audit, we are not tracking infants with iatrogenic addiction.

**For question 14. (What was the infant's total length of hospital stay?) - We are a little hesitant to include the transfer hospital's data in our audit. Would this cause double data if they are reporting too?**

There is the very real possibility, that under the eligibility requirements (Infants that were treated pharmacologically within 7 days of life and discharged from your hospital during the 3 month period) an infant could be eligible at two different institutions within the same state. The purpose of the audit is to gain a snapshot view of practices at your center(s) during a specific time period. This is not an epidemiological study of the rates of NAS in your state. If the infants are eligible at each center, under the eligibility guidelines, they should be reported by each center for the purposes of quality improvement at the center level. The total number of cases in the audit should be thought of as "eligible cases" rather than individual infants. In summary, please report your eligible cases at your unit.

**For question 8, (What was the interval between receiving the last dose of a pharmacologic agent for NAS and discharge?) I have one patient that stayed 26 day post NAS treatment due to prematurity and other health concerns not related to NAS. Is there a way to note that? If not, it will skew our average for interval between last dose and hospital discharge.**

VON reports the "median" times for treatment and lengths of stay, rather than a mean (or arithmetic average). The median is preferable in that data is not skewed by the occasional outliers. For quality improvement purposes, it may be important to "capture" the reasons for outliers on your local data collection paper records. This information will be critical to the team to identify modifiable improvements in the future. However, you do not need to report this data to VON.

**For a hospital that treats these infants in several locations- should all the infant cases be entered as one set of chart reviews – or is there a way to enter as individual units at one hospital? e.g. Newborn nursery? NICU? And some of these babies might be transferred from the NICU to another pediatric unit based on NICU census. And if NAS babies are treated in separate nurseries- do we still only complete one site assessment- as the care may vary slightly based on the nursery to which they are admitted.**

For centers that treat infants in several locations within their hospital, it is advisable to choose the location where you initiate and maintain infants on pharmacologic treatment (for greater than 24 hours) for the purposes of the VON Day Audit report. In most cases, we would assume this would

be your NICU, but if you routinely initiate and maintain infants on pharmacologic treatment outside of the NICU, then choose that location. If it is a location other than the NICU where the treatment takes place, then keep in mind you should be reporting “0” for total NICU days for these infants. In some cases, this may mean auditing more than one unit. Ultimately, you should be auditing the infants that are receiving pharmacologic treatment for NAS. For your local “plot the dot” QI data collection, you may elect to collect data in customized ways that will serve your local improvement efforts.

## **Results / Report Questions**

### ***How will we access our center data once the audit is complete?***

Your reports will be posted about a week after the audit closes. The VON Day Data collector at your center will be notified when the reports are available. In order to view your VON Day Audit results, you will navigate to the VON Member’s Area. (<https://portal.vtoxford.org/portal.aspx>) The reports are available in a section named “VON Days”.

In that section there will be a link to ‘Your VON Days Reports’. Click on that link and you will see a grid of all your VON Day reports. The NAS Audit report will show in that list.

All of the reports are in pdf format. You can click on a report to view or download. If you have been involved in multiple VON Days, you will see other reports in this list.

These instructions for viewing the reports are also posted on your LMS VON Day Audit Page.

**ADD SETENCE HERE ABOUT REVIEWING BEFORE FINALIZATION**

### ***How can others at our center access our center data once the audit is complete?***

Anyone at your center that has a login to the Member’s Area can navigate to the VON Days area and will be able to view these reports.