


Accomplishing Neonatal Mortality Reduction by Implementation of Quality Improvement Projects: Experience of a Level III Neonatal Intensive Care Unit (NICU) in Taiwan

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- As a member of Taiwan Quality Indicators Project (TQIP), NICU mortality is viewed as a crucial quality indicator by the Hospital. TQIP provides national and international benchmarks.
- We are a level III NICU in northern Taiwan, a country with IMR of 4.5 ‰ in 2008.
- We assembled a quality assurance team in the NICU, and use neonatal mortality as a outcome measure to achieve quality improvement.

- #### Leading causes of death in the NICU patients
- Prematurity and VLBW (54% of total death)
 - Congenital anomalies
 - Birth asphyxia
 - Perinatal infection

- #### Major causes of death in the NICU patients
- **Extremely premature and very low birth weight infants**
Hyperkalemia, IVH, pulmonary hemorrhage, CHF, esp. within 72 hrs. of life
 - **Out born infants**
20% of the patients were out born, who accounted for 26% of death.
 - **Nosocomial infection**

- #### Major causes of death in the NICU patients
- **Extremely premature and very low birth weight infants**
Judicious IV fluid administration and substantial ambient humidity
 - **Out born infants**
Expedite transport process, improve personnel competence
 - **Nosocomial infection**
Surveillance culture, decolonization, cohort care, and vigilant hand washing

