

WEB TABLE I CONCEPTUAL MODEL FOR QUALITY MEASURES SHOWING AN INDICATIVE LIST OF MEASURES FOR NEONATAL RESUSCITATION

<i>Institute of Medicine</i>	<i>Donabedian Model</i>		
<i>Aims</i>	<i>Structure</i>	<i>Process</i>	<i>Outcome</i>
<i>Safe</i>	Policy for training of healthcare professionals in NRP before placement Standard operating procedures in place for disinfection of equipment needed for resuscitation Air-oxygen blender available at all the resuscitation corners of the hospital Functional bag and mask for term and preterm neonates available at all the resuscitation corners of the hospital	Proportion of healthcare providers who can demonstrate correctly how to perform bag and mask ventilation on a mannequin Proportion of neonates who need intubation during resuscitation	Incidence of pneumothorax in neonates who underwent positive pressure ventilation at birth
<i>Effective</i>	Written protocol of neonatal resuscitation updated to current guidelines available Job-aids like wall chart for neonatal resuscitation available at resuscitation corner	Proportion of very preterm neonates in whom additional measures to prevent hypothermia were employed Proportion of term neonates in whom cord clamping was delayed for 1-3 minutes	Asphyxia-specific mortality Incidence of hypothermia at NICU admission
<i>Efficient</i>	Written protocol in place for defining role of each available healthcare worker during resuscitation Proportion of resident doctors who can conduct complete resuscitation including intubation and umbilical venous cannulation	Proportion of extensive resuscitation instances in which briefing and debriefing were conducted	
<i>Timely</i>	Written protocol on provision of additional help if needed during resuscitation	Proportion of neonates needing positive pressure ventilation in whom bag-and-mask ventilation was initiated within 1 minute of birth	Proportion of neonates with Apgar score remaining 0-3 at both 1 and 5 minutes after birth
<i>Patient-centered</i>	Written protocol for counseling of parents and involvement of parents in decision-making	Proportion of mothers with low-risk term pregnancy who were counseled that baby will be placed in skin-to-skin contact immediately after birth Proportion of prospective parents with a fetus having major malformation (or with birth likely at <28 of gestation) who know about the resuscitation plan for the baby	Proportion of term neonates who receive skin-to-skin contact for at least 30 minutes during routine care
<i>Equitable</i>	Written protocol for availability health-care worker who can do complete resuscitation steps irrespective of time, day, mode of delivery or type of patient		Incidence of asphyxia-specific mortality segregated by duty-shift (day versus night)