

Key Driver Diagram

Guideline for the Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation

American Academy of Pediatrics

David G. Bundy MD, MPH is the Chief Quality Officer at MUSC Health Charleston and served as the Implementation Scientist on the clinical practice guideline development team. With the support of the guideline subcommittee, he developed this key driver diagram to support local and national quality improvement efforts.

Questions about the key driver diagram should be directed to cguch@aap.org.



Global Aim: To eliminate kernicterus by deploying reliable, evidence-driven screening, diagnosis, and treatment approaches to newborn hyperbilirubinemia in **inpatient** settings.

Specific Aim: To reduce the proportion of infants ≥ 35 weeks of gestational age experiencing serum bilirubin levels which place them at risk of kernicterus.

Reduce risk of hyperbilirubinemia

KAS: 2

Assess risk of hyperbilirubinemia

KAS: 1

Test for hyperbilirubinemia

KAS: 3, 4, 5, 6, 7, 12

Treat hyperbilirubinemia

KAS: 10, 15

Escalate treatment for hyperbilirubinemia

KAS: 16, 17, 18, 19, 20, 21, 22, 23

Explore underlying causes of hyperbilirubinemia

KAS: 14

Follow-up and educate on hyperbilirubinemia

KAS: 8, 16, 24, 25

Global Aim: To eliminate kernicterus by deploying reliable, evidence-driven screening, diagnosis, and treatment approaches to newborn hyperbilirubinemia in **outpatient** settings.

Specific Aim: To reduce the proportion of infants ≥ 35 weeks of gestational age experiencing serum bilirubin levels which place them at risk of kernicterus.

Test for hyperbilirubinemia

KAS: 3, 6, 7, 13, 16

Treat hyperbilirubinemia

KAS: 10, 11, 15

Escalate treatment for hyperbilirubinemia

KAS: 17

Explore underlying causes of hyperbilirubinemia

KAS: 14

Follow-up (long-term) on hyperbilirubinemia

KAS: 9