

Routine monitoring

Some of the key quality markers that NICORE routinely monitor include:

- the temperature of all babies within one hour of admission to a neonatal unit to ensure that even if they are very small they are warm enough;
- eye screening for all babies weighing under 1500g at birth or below 32 weeks at birth to ensure that all those who are at risk of 'premature eye disease' get their eyes screened by an eye specialist at the right time;
- survival rates for babies born at each gestational age (completed week of pregnancy);
- all hospital associated infections.



NICORE

NICORE is a joint initiative between the Public Health Agency and Queen's University, Belfast, and is funded by the Department of Health, Social Services and Public Safety (DHSSPS).

Steering Group

The activities of NICORE are overseen by a steering group, which includes representatives from a range of health professions involved in the routine care of your baby and from other key specialist areas such as genetics, ophthalmology, research and public health.

For further information on NICORE, contact the neonatal unit ward manager or email: nicore@qub.ac.uk



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Information for parents on the work of

NICORE

(Neonatal Intensive Care Outcomes
Research and Evaluation)



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05/11

Working together to ensure that
your baby receives the right care,
in the right way, at the right time,
in a safe environment.

Background

NICORE has been routinely collecting data on the neonatal care provided in Northern Ireland since 1994.

In order to benefit from this information, it is important that we collect data on every baby treated in each neonatal unit.

The information held in the NICORE database allows neonatal teams to:

- accurately inform parents regarding short and long-term outcomes for babies;
- reflect on the quality of care provided by comparing their work to recommended standards and to make necessary changes to improve care for all babies;
- share good practice and compare performance with other neonatal units in Northern Ireland, the Republic of Ireland, the UK and internationally.

It also means:

- HSC providers can make informed decisions about the future needs of sick babies in Northern Ireland;
- researchers can use the data to carry out important studies and contribute to existing knowledge.

NICORE and your baby

Each year, approximately 2,000 newborn babies in Northern Ireland will need extra care and will be admitted to a neonatal unit. More than half (60%) of these will need intensive or high dependency care.



Most babies in a neonatal unit have been born prematurely, are too small or have internal organs that have not formed properly. They all have complex needs and each baby must receive the right care at the right time, based on current evidence.

Confidentiality

When your baby is admitted to a neonatal unit an electronic baby record is created which details the care provided for your baby. This includes the baby's unique health and care number, pregnancy and birth details, diagnoses, treatments and outcomes. This record can be accessed only by the health professionals caring for your baby.

Once your baby is discharged, a summary of your baby's record will be sent securely to NICORE. This is anonymous and will be added to the NICORE database. It allows us to compile reports on screening and surveillance, care processes, birth defects, conditions and outcomes.

This process has been approved by the Personal Data Guardian for each Health and Social Care Trust, whose role is to ensure high standards of confidentiality and security of service user information.

