**Prevention of Cerebral Palsy in PreTerm Labour**

**PReCePT2 Logic Model**

### Inputs
- Funding for local clinical time
- PReCePT2 Champions clinical and QI expertise
- Staff time
- Materials
- Project management
- PPI
- PReCePT2 toolkit
- Partnership working

### Activities
- PReCePT2 launch event and IHI collaborative series
- Local launch events
- Communication and engagement resources
- Revision of supporting documents
- Monthly PReCePT2 Champions QI-coaching
- Development of QI coaching 'nudge' pack; posters, leaflets, badges, pens and infographics
- Training/education sessions for staff
- Networking and peer influence
- PReCePT2 champions embed local operational systems
- Micro-System coaching by PReCePT2 Champions

### Outputs
- Shared vision for improvement
- Feedback reports
- Improved communication within team
- Changes in practice
- Measurement for improvement
- Improved communication to pregnant women/spouses

### Short term
- Staff
  - Increased awareness
  - Improved knowledge
- Pregnant women/spouses
  - Increased awareness
  - Improved knowledge
  - Improved acceptance

### Intermediate
- Staff
  - Increased MgSO4 use
  - Improved feedback
  - Improved registration of MgSO4 use
- Pregnant women/spouses
  - Increased MgSO4 use
  - Improved feedback
- (Unborn) Babies
  - Increased MgSO4 use

### Impact/Long term
- Staff
  - Embedded knowledge into practice
  - Able to train and coach others in use of MgSO4
  - QI Capability and capacity legacy
- Pregnant women/spouses
  - Reduced carer burden
  - Improved carer QoL
  - Reduced societal resource use
- Babies/infants
  - Reduced incidence of CP
  - Reduce healthcare use
  - Reduced societal resource use

**Assumption:** Existing QI toolkit is available, optimised, can be used after minor adaptation to local context: Partner AHSNs will be able to engage key stakeholders

**External Factors:** Acute delivery and transfer to another unit can impact on ability to administer MgSO4