

APPROPRIATE PLACEMENT for the LATE PRETERM INFANT



Bayhealth: Excellence is our
standard



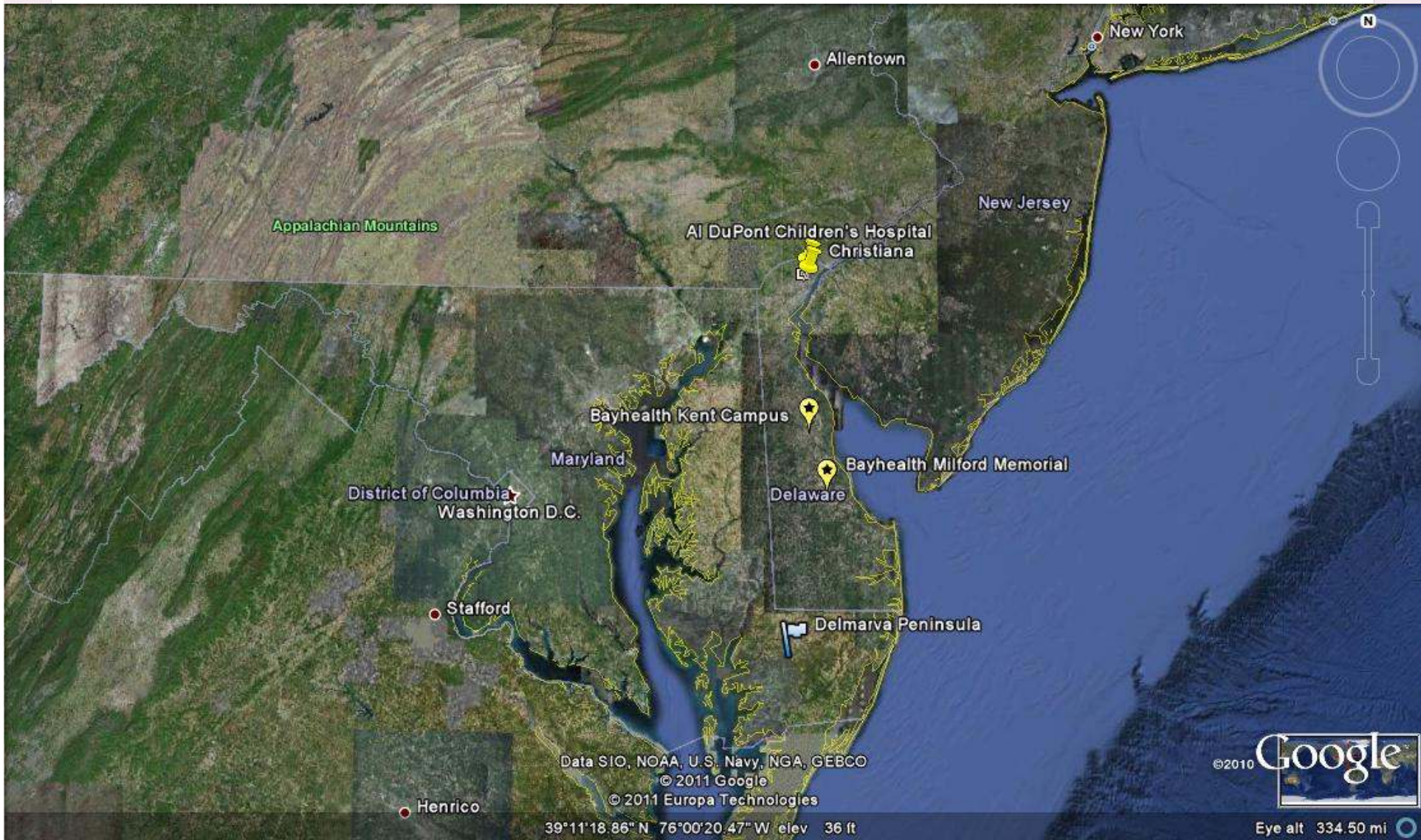
- Many thanks to ANA's Nursing Quality Conference
- Bayhealth Medical Center
- Ronnie Kopec , Sue Haddad , Pam Laymon, Lisa Zaccardelli , Dr. Antunes, our Nursing PI Council, Labor & Delivery and all of Women's Services

THANK YOU!!!!





Las Vegas Quality Conference.kmz



Appalachian Mountains

Allentown

New York

New Jersey

Al DuPont Children's Hospital
Christiana

Bayhealth Kent Campus

Maryland

District of Columbia
Washington D.C.

Stafford

Delaware

Bayhealth Milford Memorial

Delmarva Peninsula

Data SIO, NOAA, U.S. Navy, NGA, GEBCO
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Nursing PI
Council
↓
PI
Representative
↓
Staff
L&D
Shared
Governance
↓
Plan
↓
Data Collection



AWHONN
launched a
multi-year
initiative
focused on this
special
population.

Underlying
assumption by
L&D staff: Our
late preterm
infant
population
should go
directly to NICU.

- 100% chart review of maternal and newborn charts for deliveries 34.0-36.6 weeks gestation



- Determine the inpatient pathways for these families

- Present to the Perinatal Committee
- New process
- New order sets
- New patient teaching & protocols

The Process

Annual 2010

Total deliveries 34-36.6 GA		138
Total deliveries for Year		1835
Percentage of Late preterm deliveries		8%



Admit to:	34 wk	35 wk	36 wk	% of Late PT deliveries
NICU	32	26	24	59%
WS then NICU	3	5	12	14%
WS	1	7	30	28%
total	36	38	66	
% admitted to NICU	97%	82%	55%	

Healthy People 2020 MICH Goal 9.2: Decrease late preterm births to 8.1%. Current national average is 9.0 according to the HHS Health Indicator Warehouse.

Challenges along the way

1. Defining/calculating gestational age
 2. Electronic and paper chart reviews
 3. Further study needed for 35+ weeks
 4. Monitoring process changes
 5. Decision to gather pro- and retrospective data
- Buy in from multiple partners and disciplines
 - Process changes can become staffing challenges
 - Keeping communication clear and up to date



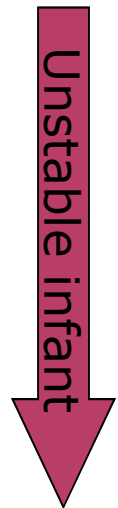


34 week delivery

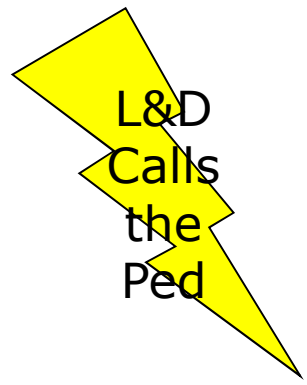


Stable infant

L&D calls Ped
Speaks to Pediatrician
Transfers call to Neo/NNP
Infant remains with mom during recovery if stable



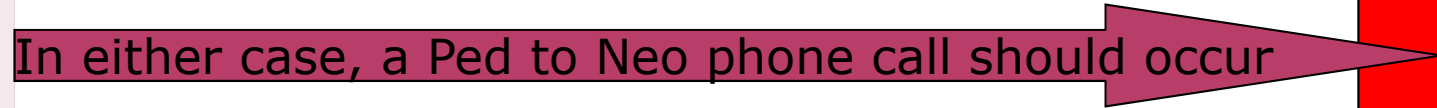
Unstable infant



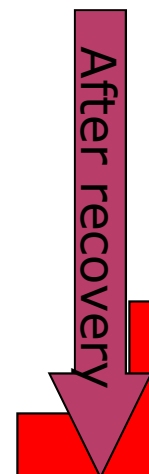
L&D
Calls
the
Ped



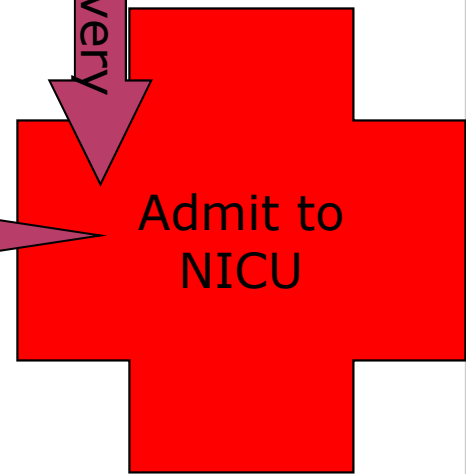
NICU
Attends
Preterm
Deliveries



In either case, a Ped to Neo phone call should occur



After recovery



Admit to
NICU

NNP/Neo takes infant to NICU
L&D calls ped
Speaks to Pediatrician
Transfers the call to Neo/NNP

- For a 34 week stable infant:
- S—" Baby boy Jones was delivered at 1900. He weighed 6#5oz and apgars are 7/9. Delivery was attended by NICU for late preterm at 34 weeks."
- B—"Mom is A pos, rubella non immune, GBS, Hep B, HIV all negative. Mom has history of high blood pressure."
- A—"The baby is currently with mom. Baby's temp has been low and sugar is 47. Mom is attempting to breastfeed."
- R—"This 34 week infant will go to NICU for 24 hour monitoring. I will transfer you to the NNP so that you can give her orders. She is on ascom phone #7856."

Calling the Ped: Think SBAR

(situation, background, assessment, recommendation)

Calling the Ped: Think SBAR

(situation, **background**, assessment, recommendation)

- For a 34 week delivery, unstable:
- S—"Baby boy Jones was delivered at 1900. Delivery was attended by NICU for late preterm at 34 weeks. He was in respiratory distress and is in NICU now."
- B—"Mom is A pos, rubella non immune, GBS, Hep B, HIV all negative. Mom has history of high blood pressure."
- A—"The baby is currently in NICU for respiratory distress."
- R—"I will transfer you to the NNP so that you can give her orders. She is on ascom phone #7856."

Annual 2010

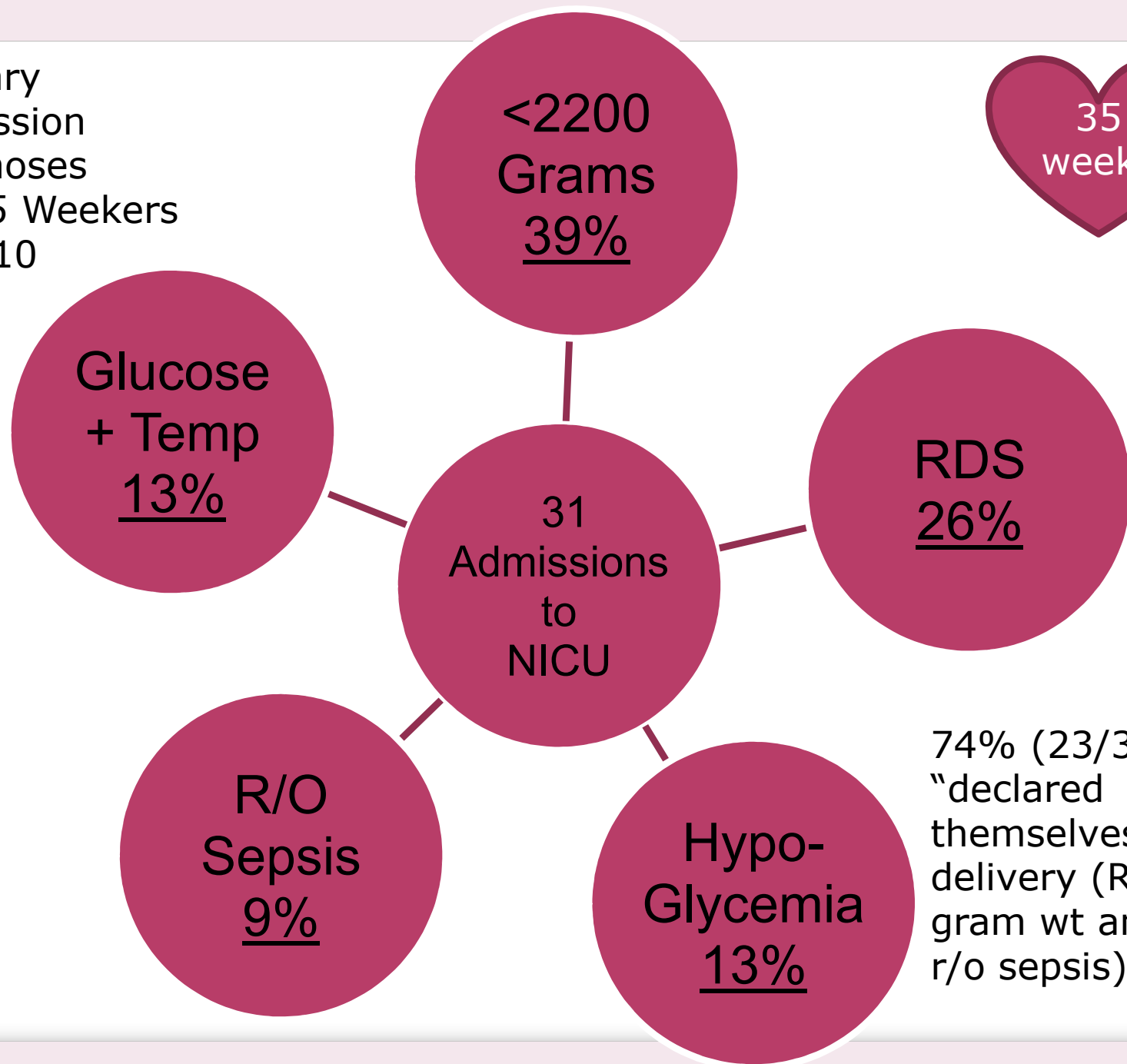
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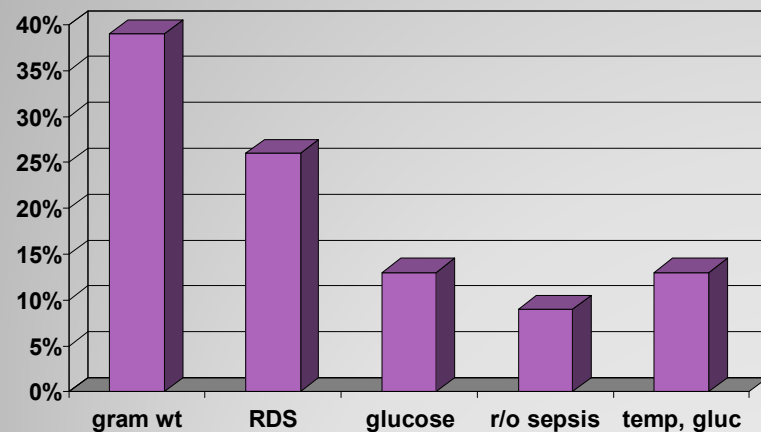
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Primary Admission Diagnoses for 35 Weekers in 2010



Admission to NICU by Primary Diagnosis

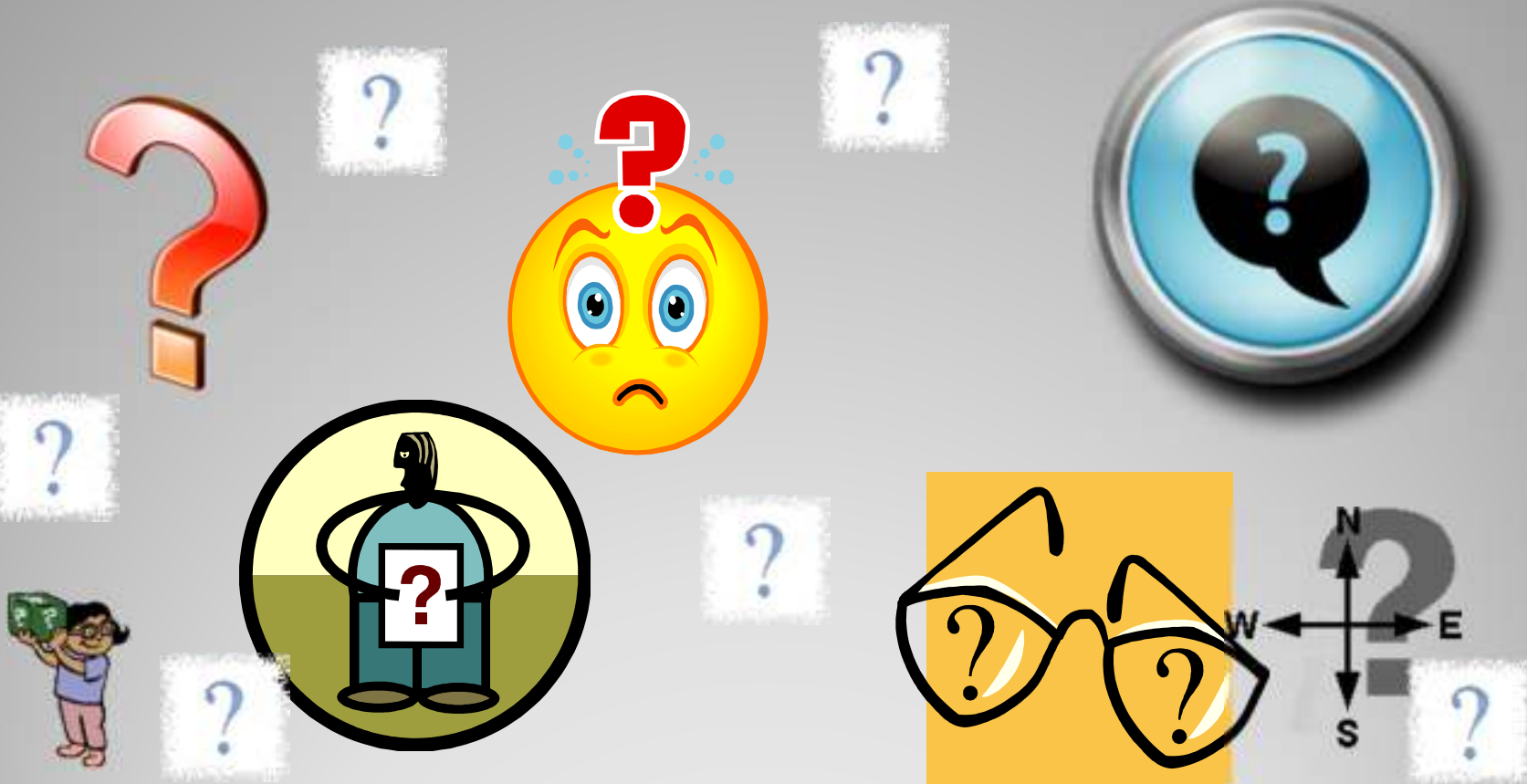


- NICU attends **all** preterm deliveries—less than 37 weeks gestation
- All less than 2200 gram babies are still admits to NICU
- Any infant with RDS will go to NICU
- Infants whose moms have chorio go to NICU

- A new order set for late preterm infants
- A new patient teaching sheet
- Grant for portable warmers
- Continued investigation for 36 weekers
- New collaboration with Pediatrics to look at readmissions within 30 days of birth discharge for this population

New Opportunities...





Getting Started: Defining the question for your specialty

Joint Commission, CMS



Standards

Unit based
initiatives, perinatal
listserv.com

Regulations

Opportunities

AWHONN, ANA,
SPN, NANN

SOURCES FOR PI INITIATIVES

Recurrent themes in shared governance unit meetings:

- 1.
- 2.
- 3.

Hot topics on perinatal list serve, specialty area:

- 1.
- 2.
- 3.

Make Lists




Assessment?



Table Tools PDSAWorksheetforTestingChanges 1.doc [Read Only] Microsoft Word non-commercial use

File Home Insert Page Layout References Mailings Review View Design Layout



PDSA Worksheet for Testing Change

Aim: (overall goal you wish to achieve)

Every goal will require multiple smaller tests of change

Describe your first (or next) test of change:	Person responsible	When to be done	Where to be done

Plan

List the tasks needed to set up this test of change	Person responsible	When to be done	Where to be done


Predict what will happen when the test is carried out	Measures to determine if prediction succeeds

Do Describe what actually happened when you ran the test

Study Describe the measured results and how they compared to the predictions

Act Describe what modifications to the plan will be made for the next cycle from what you learned

Institute for Healthcare Improvement



Page: 1 of 1 Words: 113 75%


This form is from Institute for Healthcare Improvement. Please see IHI.org

Organize and plan

PDSA-WorksheetforTestingChange.doc [Compatibility Mode] - Microsoft Word non-commercial use

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PERFORMANCE MEASURE ANALYSIS & ACTION PLAN



Department: __Labor and Delivery
 Month of: _____

Performance Measure	Data Analysis (vs. history / target / benchmark)	Trend Analysis	Action Plan	Result of Re-evaluation (data)	Next Step
		<input type="checkbox"/> Improving Trend <input type="checkbox"/> Worsening Trend <input type="checkbox"/> Essentially Stable <input type="checkbox"/> Erratic results <input type="checkbox"/> Acceptable level of performance <input type="checkbox"/> Unacceptable level of performance	What: Who: When: Timeframe for re-evaluation:	<input type="checkbox"/> Improved by ____ <input type="checkbox"/> Worsened by ____ <input type="checkbox"/> No essential change <input type="checkbox"/> Erratic results <input type="checkbox"/> Acceptable level of performance <input type="checkbox"/> Unacceptable level of performance	<input type="checkbox"/> Performance at target - No action needed. Reevaluate in ____ <input type="checkbox"/> next improvement action plan: What: Who: When:
		<input type="checkbox"/> Improving Trend <input type="checkbox"/> Worsening Trend <input type="checkbox"/> Essentially Stable <input type="checkbox"/> Erratic results <input type="checkbox"/> Acceptable level of performance <input type="checkbox"/> Unacceptable level of performance	What: Who: When: Timeframe for re-evaluation:	<input type="checkbox"/> Improved by ____ <input type="checkbox"/> Worsened by ____ <input type="checkbox"/> No essential change <input type="checkbox"/> Erratic results <input type="checkbox"/> Acceptable level of performance <input type="checkbox"/> Unacceptable level of performance	<input type="checkbox"/> Performance at target - No action needed. Reevaluate in ____ <input type="checkbox"/> next improvement action plan: What: Who: When: Re-visit.
		<input type="checkbox"/> Improving Trend <input type="checkbox"/> Worsening Trend <input type="checkbox"/> Essentially Stable <input type="checkbox"/> Erratic results <input type="checkbox"/> Acceptable level of performance <input type="checkbox"/> Unacceptable level of performance	What: Who: When: Timeframe for re-evaluation:	<input type="checkbox"/> Improved by ____ <input type="checkbox"/> Worsened by ____ <input type="checkbox"/> No essential change <input type="checkbox"/> Erratic results <input type="checkbox"/> Acceptable level of performance <input type="checkbox"/> Unacceptable level of performance	<input type="checkbox"/> Performance at target - No action needed. Reevaluate in ____ <input type="checkbox"/> next improvement action plan: What: Who: When:

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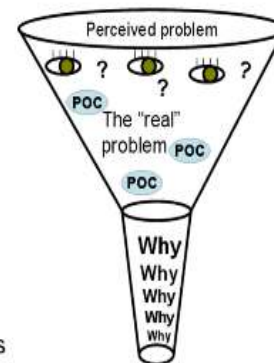
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Bayhealth's PDSA form



There are many options for your project organization. Check it out on the internet!

Big, vague problems



1. Clarify the problem
2. Break it down
4. Analyze root causes

3. Set a target

5. Develop countermeasures

marathonoil.com

leanhomebuilding.wordpress.com

gembapantarei.com



A woman without her man is nothing

A woman, without her man, is nothing

A woman: without her, man is nothing.

Organization of data is important.



Performance Improvement:
A picture is worth a thousand
words!