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

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

- 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
Annual 2010

<table>
<thead>
<tr>
<th>Total deliveries 34-36.6 GA</th>
<th>138</th>
</tr>
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<tbody>
<tr>
<td>Total deliveries for Year</td>
<td>1835</td>
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<tr>
<td>Percentage of Late preterm deliveries</td>
<td>8%</td>
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<tr>
<th>Admit to:</th>
<th>34 wk</th>
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<th>% of Late PT deliveries</th>
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<tr>
<td>NICU</td>
<td>32</td>
<td>26</td>
<td>24</td>
<td>59%</td>
</tr>
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<td>WS then NICU</td>
<td>3</td>
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<td>12</td>
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<td>% admitted to NICU</td>
<td>97%</td>
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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

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

Admit to NICU

After recovery
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)

- 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.”
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Primary Admission Diagnoses for 35 Weekers in 2010

- Admissions to NICU: 31
- <2200 Grams: 39%
- RDS: 26%
- Hypoglycemia: 13%
- R/O Sepsis: 9%
- Glucose + Temp: 13%

74% (23/31) "declared themselves" at delivery (RDS, gram wt and r/o sepsis)
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
Getting Started: Defining the question for your specialty
Sources for PI initiatives:

- Joint Commission, CMS
- AWHONN, ANA, SPN, NANN
- Unit based initiatives, perinatal listserv.com

Sources for PI initiatives include standards, regulations, and opportunities.
Recurrent themes in shared governance unit meetings:

1.  
2.  
3.  

Hot topics on perinatal list serve, specialty area:

1.  
2.  
3.  

Make Lists
Assessment?
PDSA Worksheet for Testing Change

**Aim:** (overall goal you wish to achieve)

<table>
<thead>
<tr>
<th>Every goal will require multiple smaller tests of change</th>
</tr>
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<tbody>
<tr>
<td>Describe your first (or next) test of change:</td>
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</table>

**Plan**

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

**Do**

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

**Study**

| Describe what actually happened when you ran the test |

**Act**

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

Institute for Healthcare Improvement

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

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Organize and plan
### PERFORMANCE MEASURE ANALYSIS & ACTION PLAN

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Data Analysis (no. history / target / benchmark)</th>
<th>Trend Analysis</th>
<th>Action Plan</th>
<th>Result of Re-evaluation (data)</th>
<th>Next Step</th>
</tr>
</thead>
<tbody>
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<td>Improving Trend</td>
<td>Worsening Trend</td>
<td>Acceptable level of performance</td>
<td>Timeframe for re-evaluation</td>
<td>Improved by</td>
<td>Perform at target — No action needed. Reevaluate in _____</td>
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<td>Erratic results</td>
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Bayhealth’s PDSA form
There are many options for your project organization. Check it out on the internet!

1. Clarify the problem
2. Break it down
3. Set a target
4. Analyze root causes
5. Develop countermeasures
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!