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Development of a Nurse Practitioner Newborn Hospitalist Service

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Background / Problem

- In 2012, our hospital expanded obstetrical services resulting in the delivery over 3700 infants per year.
- Approximately 35% of these infants had no relationship to a primary care physician with privileges at our hospital.
- These infants were either uninsured, Medicaid insured or privately insured but whose primary care physician did not have hospital privileges.
- Private Pediatricians "on call" were given these unassigned infants and were attempting to evaluate infants in the mornings, prior to seeing their scheduled office patients
- This resulted in an unmanageable daily census for them.
- This led to Pediatrician dissatisfaction, delayed medical evaluations of some infants, discharge planning dilemmas and financial burdens to both the hospital and the Pediatricians on staff.

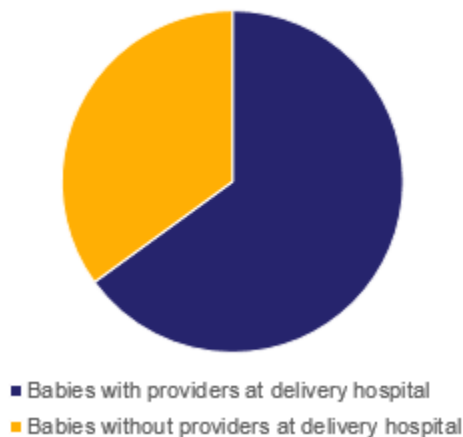
Project Description

- The existing affiliation with an Academic Children's Hospital for Neonatology Professional and Neonatal Intensive Care Directorship services was expanded to include an Advanced Practice Registered Nurse (APRN) Newborn Hospitalist service to care for unassigned, routine newborns. Oversight was provided by physicians within the Division of Neonatology dedicated to coverage for this service.

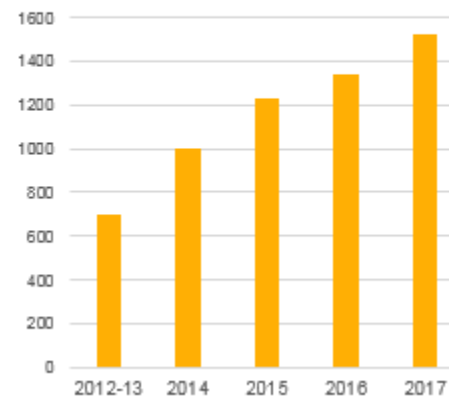
Newborn Hospitalist Role

- **Newborn hospitalists:**
 - Provide care to infants born at the delivery center whose primary care providers are not on staff.
 - Dedicate 100% professional effort on newborns outside of intensive care setting.
- **Recent QI projects:**
 - Improving testing for drugs of abuse.
 - Implementation of transcutaneous monitoring of bilirubin.
 - Refining car seat testing guidelines.
 - The team is currently preparing the first edition of a newsletter, *Newborn Connections*.

Providers



Unassigned Infants On Hospitalist Service By Year



Evaluations / Implications

- Consistent, timely medical evaluation of all infants without consideration of insurance/Physician availability or limitations.
- Safe, comprehensive, quality care for all infants without need for Private Pediatrician oversight.
- High family satisfaction ratings on patient satisfaction survey.
- Small number of dedicated APRN Providers led to standardized education and care for families.
- Consistent availability of services improved communication with nursing staff and hospital administrative staff.
- Improved discharge coordination with scheduled PCP follow-up appointments prior to hospital discharge.
- Affiliation with local Academic Center/Neonatology, improved credibility with families and seamless transition between NICU and routine newborn services.
- APRN job satisfaction/career growth opportunities with autonomy building hospitalist service and coordination with supervisory physicians.

Conclusion



- In our state, development and growth of an APRN - led Newborn Hospitalist Service has permitted a population of infants to receive consistent, safe, quality care.
- This program could be duplicated at institutions with similar circumstances.