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Improving Care of the Small Baby

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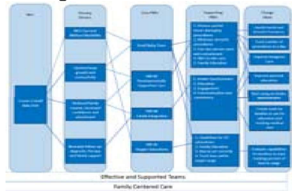
Rationale / Background

- Aim: to improve whole care of the small baby, EGA <29 weeks at birth.
- Outcome data revealed room for improvement
- Initial focus on developmentally supportive care
- Environment and handling of this population influences brain growth.
- Multidisciplinary team based care improves outcomes.

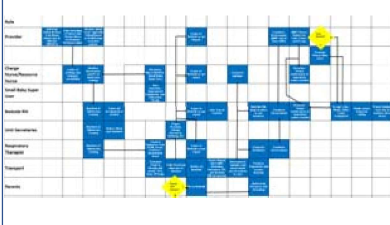
Hierarchy of Aims

- Global Aim: Create a SBU for infants admitted to our NICU that are <29 weeks at birth, in which 90% of our patients are admitted to F pod on day of admission, by March 2019
- Interim Aim: Staff 80% of our micropremie patients with a Small Baby Team nurse from admission until >32 weeks by May 2019.
- Sub Aim: Increase rates of developmentally appropriate care (2 person cares, kangaroo care compliance) by 50% by August 2019.

Driver Diagram



Process Map – Admissions 1st PDSA



Tests of Change / Implementation

PDSA Cycle 1

- Created process map of current process for all admissions into the ICN.
- Gaps in developmentally appropriate care for the small baby - standardization was needed.
- Needs for small baby were identified. Updated Process Map.

PDSA Cycle 2

- Simulation (transport and ICN team) occurred with the new recommended process for admissions of a small baby.
- Learned ways to coordinate transfer from transport to ICN incubator.
- Identified key equipment needed for optimized transport of this patient population.
- Created an admissions checklist and standardized process to be included in the Small Baby Policy.

PDSA Cycle 3

- Simulated standardized process during education sessions of all Small Baby Core Team Members.
- Identified thermoregulation and equipment manipulation concerns.
- Made modifications to policy/checklist, and started trialing on patients admitted to the SBU.

PDSA Cycle 4

- Continued evaluation and modifications as needed.
- Next Steps: Huddles, Debriefing, Link process

Improving Care of the Small Baby

Children's Mercy - Kansas City, MO

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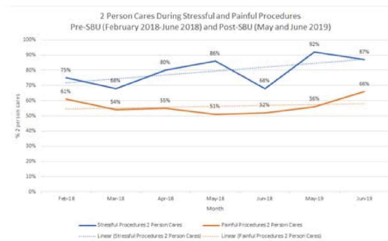
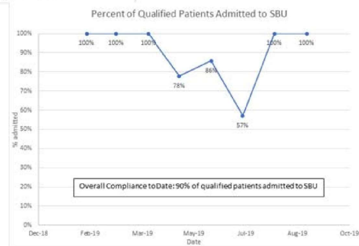
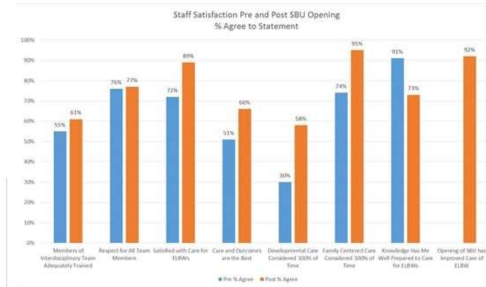
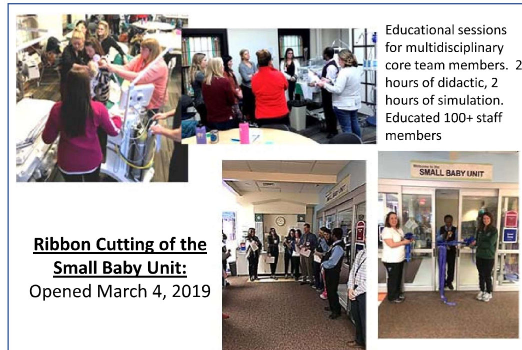
Creating a Small Baby Unit (SBU) with a SBU Core Team in a Level IV NICU







Dip in admission in July 2019 was due to multiple patients fitting SBU criteria with heart defects, requiring specialized monitoring offered only on one pod. Working to provide this type of monitoring in the SBU.



Educational sessions for multidisciplinary core team members. 2 hours of didactic, 2 hours of simulation. Educated 100+ staff members

Ribbon Cutting of the Small Baby Unit: Opened March 4, 2019

Family-Centered Care

- Created signage for the Small Baby Unit based on feedback from the parent walk about.

Teamwork

- Audited Team Dynamics
- 100% of the time, all staff members ranked teamwork to be excellent in the SBU
- Plans to utilize this tool to evaluate teamwork throughout rest of unit to evaluate team dynamics of multidisciplinary team.

Achieving Measurable Improvement for Infants and Families

Homeroom: Micropremie 4

Surprises and Challenges

- Our aim of staffing 80% of the time with trained SBU Core Team nurses was difficult to measure, but by gross estimate, our unit staffed the SBU with Core Team Nurses around 90% of the time.
- The biggest gaps in staffing occurred when a patient needed to transfer out of the SBU before graduating out of the protocol (due to bedspace).
- At opening, we thought we would not have enough babies to fill the SBU of 7 beds, but unexpectedly we were consistently full, and due to high census, had to transition babies out before 32 weeks. Redefined "transition" out.
- Ensuring appropriate patients are admitted in the SBU when NICU census high, but not high in SBU.
- "Looking glass" on the SBU has highlighted NICU issues that were always present, but now centered in one location (such as CLABSI, infection prevention strategies, UPE).
- **Teamwork:** Unintended consequence of a core team is the divide we have had to overcome between this team and the rest of the NICU staff.
- **Family Centered Care:** Specialized team has helped to engage families sooner and throughout their stay.
- **Challenges we still face**: large team rounding in a small space, staff burnout with high acuity, medical management, continued improvements in environment (lights, sounds, etc).

Team Acknowledgements

ICN Small Baby Core Team Members (MDs, NNPs, RNs, RTs, Child Life, OT, PT, Pharmacy, Dietitians, Social Workers, Parent to Parent Coordinator, Directors).

We Would Appreciate your Help With:

- How to ensure appropriate staffing
- How to maintain ongoing education
- Hospital backing of new certification
- How to best approach standardizing medical management (i.e. respiratory care, nutrition, medication management, PDA management, and SO MUCH MORE)
- How people round on their SBU patients
- How to respect previous experience/education of staff but embrace concept of Small Baby Core Team for consistency