

2025 Vision

Being a place our families would choose

Successful Reduction In Term Admission Rate To The Neonatal Unit

Jyoti Kapur

Consultant Neonatologist

Royal Stoke University Hospital



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families would choose



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NHS Improvement group

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Being a place our families would choose

- October 2016
- Patient safety alert in February 2017
- Reduce harm leading to avoidable admissions to neonatal units for babies born at or after 37 weeks.
- Over 20% of admissions were avoidable

NHS Improvement group

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Being a place our families would choose

“We want all maternity and neonatal services to work together to identify babies whose admission to a neonatal unit could be avoided and to promote understanding of the importance of keeping mother and baby together when safe to do so.”

Evidence

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- Separation of mother and baby at or soon after birth can affect the positive development of the mother–child attachment process (Crenshaw 2014).
- Mothers may find it harder to establish and maintain breastfeeding and it may affect their mental health (Bigelow et al 2012; Dumas et al 2013).
- Preventing separation, except for compelling medical indications, is an essential part of providing safe maternity services and an ethical responsibility for healthcare professionals (Crenshaw 2007; 2014).

CQUINS

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families would choose

Audit of term admissions

- 155 term babies admitted to the neonatal unit between 1st June 2015 and 30th November 2015.
- Prospectively look in more detail at potential avoidable admission groups
- Babies with respiratory causes of admission
 - ? triaging process prior to admission.
 - Introduce measures to avoid hypothermia (23%)
- Open transitional care.

Transitional care

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Being a place our families would choose

- Opened in January 2016
- 34-35+6 weeks gestation
- 1.8- 2.25 kgs
- Double phototherapy
- Nasogastric tube feeds
- Antibiotics
- Hypothermia

Guidance and logic!

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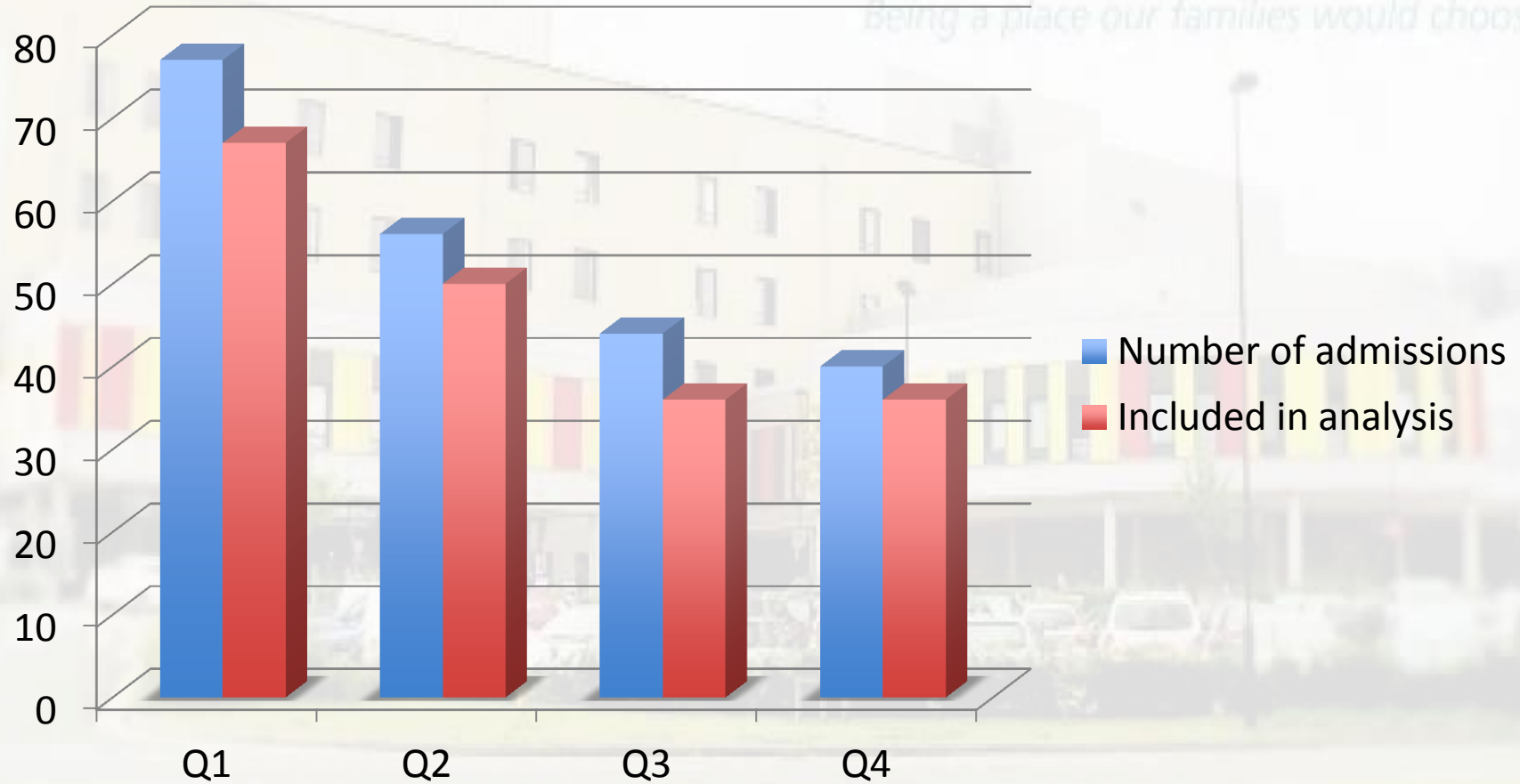
Being a place our families would choose

- Strategy
- Engage all the stakeholders
- Obstetric team
- Midwives
- Obstetric governance
- Neonatal team
- Labour ward/ Postnatal ward/MBC Leads

Clinical lead for CQUINS

- Every term admission is reported via the Datix system
- Collate all the term admissions on a weekly basis
- Joint database with Obstetrics
- Identify common themes
- Attend obstetric risk meetings on a weekly basis

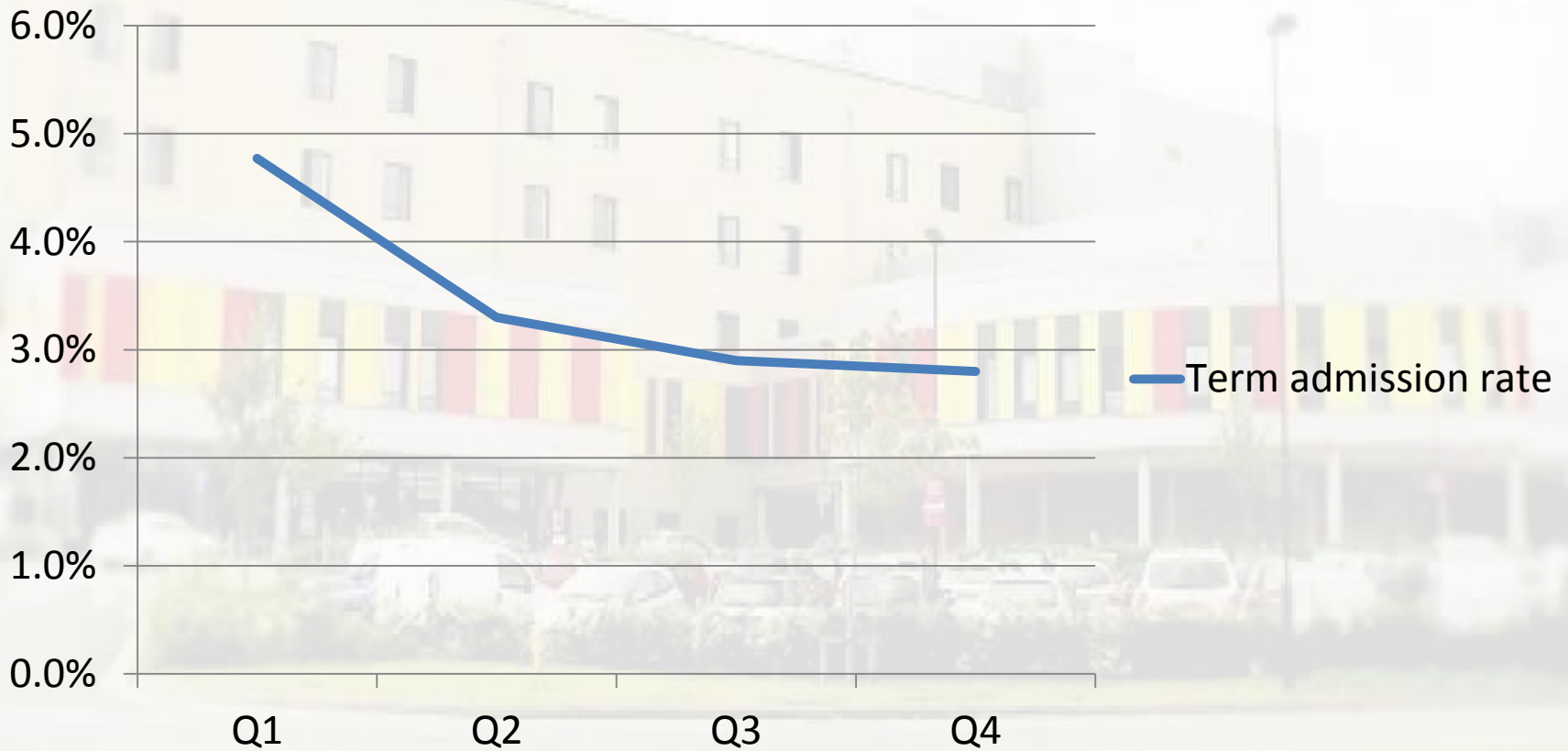
April 2016 to April 2017 (6066 babies >37 weeks)



Term admission rate

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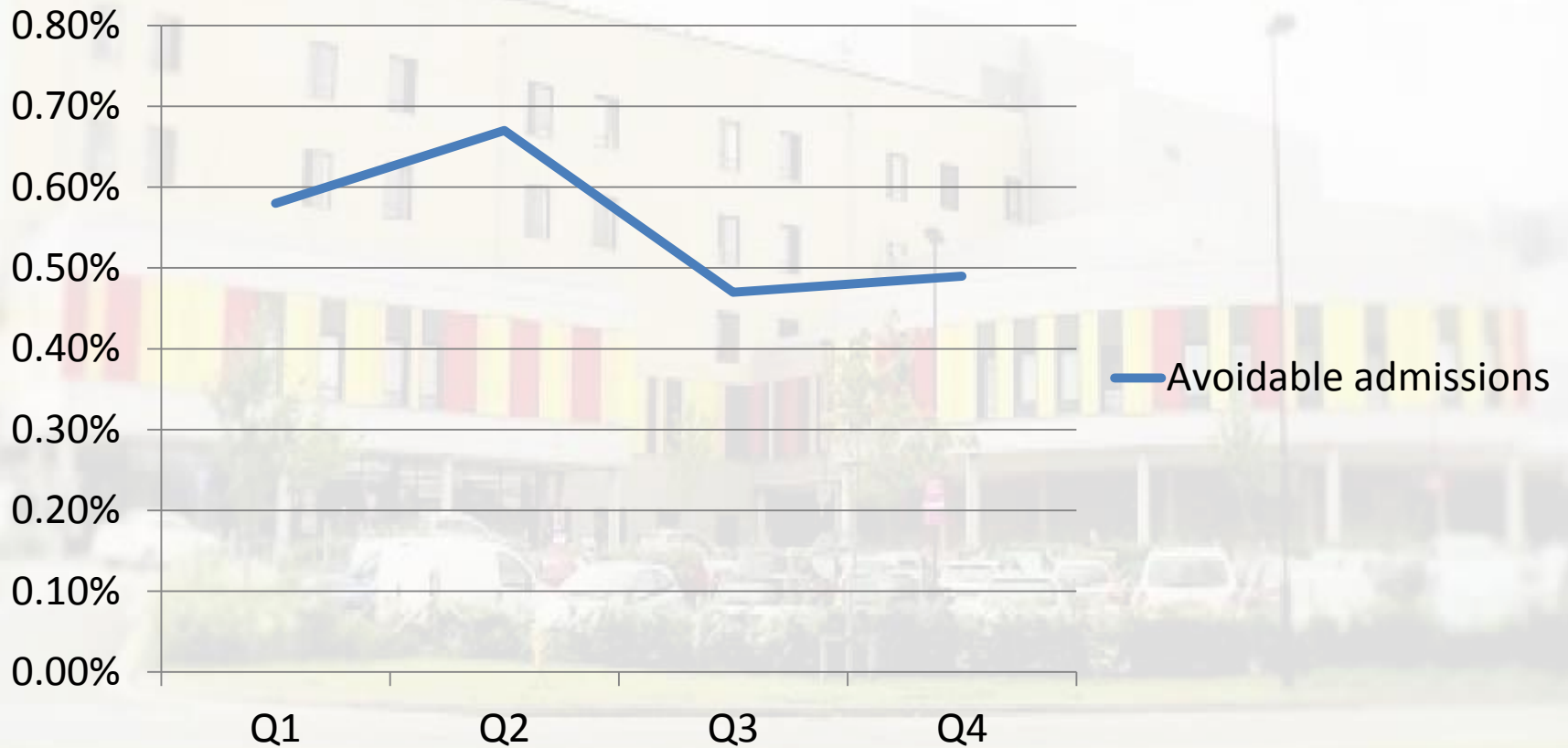
Term admission rate



Number of avoidable admissions

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Avoidable admissions



Q1 2025 Vision

- Identified common themes *Being a place our families would choose*
- Brief respiratory admissions
- Babies under 39 weeks delivered by elective C-section not receiving antenatal steroids
- Jaundice requiring phototherapy
- Babies at risk of Sub-galeal haemorrhage(OVD guidance)
- Hypoglycaemia
- Hypothermia as an associated factor

Q2

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Being a place our families would choose

- Themes were similar to Q1
- Antenatal steroids for elective caesarian section for ladies less than 39 weeks gestation
 - Memo circulated to all obstetric staff
 - Added to the pre-operative check list
- Hypoglycaemia and Jaundice – education for all junior medical staff/ANNPs
- Brief respiratory admissions - ? Triage space

Q3 2025 Vision

Being a place our families would choose

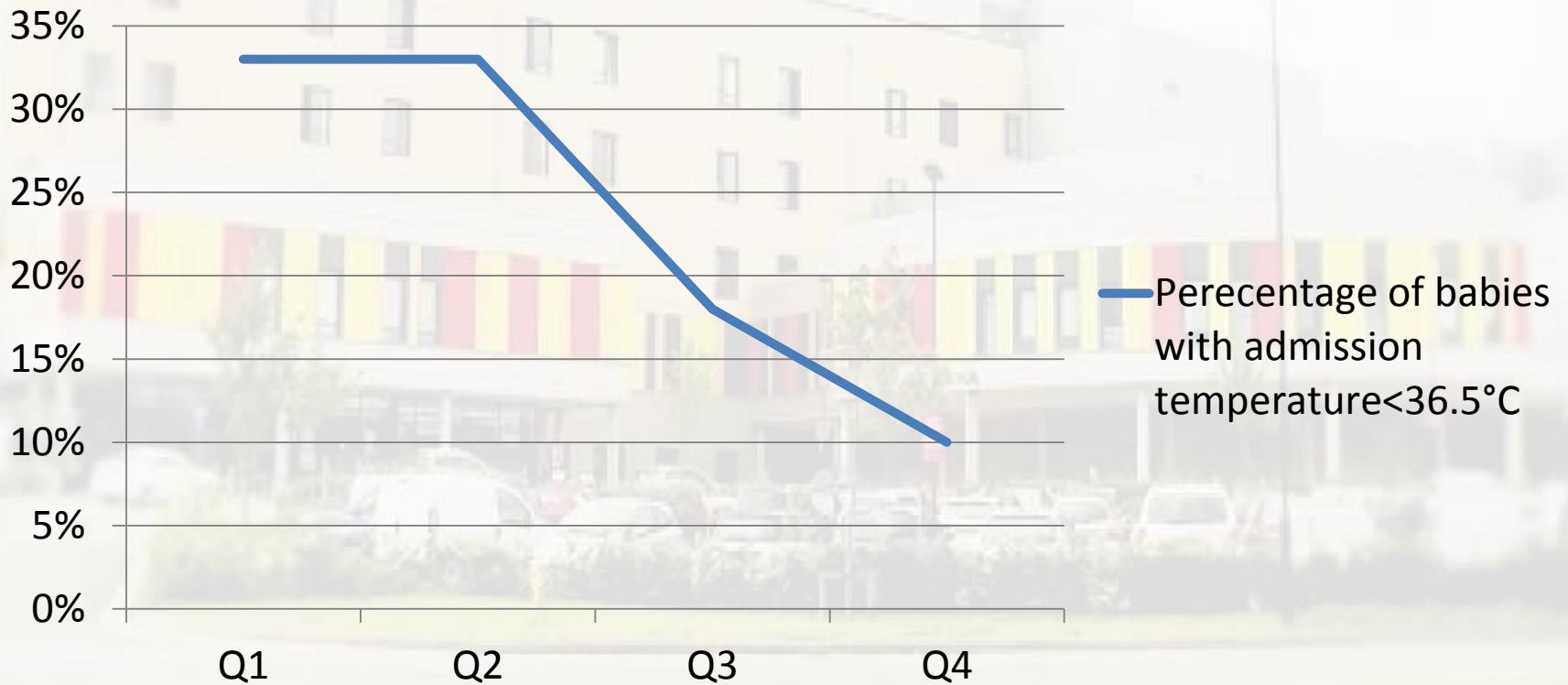
- Cohorts similar again!
- Oxygen saturations charts placed at eye level on each resuscitaire – spot audits
- Measures to address hypothermia
- Operative vaginal delivery guidance introduced.
- Pictorial representation to measure head circumference
- Term assessment care bundle

Q4 2025 Vision

- Consolidate our learning from Q 1,2 and 3.
- Hypoglycaemia management
- Reiterated learning from previous quarters
- Term assessment care bundle
- Identified that there was a need to expand transitional care – babies admitted to NICU due to lack of space on TC.
- Business case – expand TC to 10 cots

Hypothermia

Percentage of babies with admission temperature $<36.5^{\circ}\text{C}$ families would choose



Measures to address hypothermia

- Midwifery education
- Skin to skin – Hot topics
- Audit trail of temperatures
- New thermometers
- New blankets
- Clinical incident reporting

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Term assessment care bundle

- Designed to mimic the adult and paediatric intensive care outreach team.
- Buy in from all stakeholders!!
- Intensive nursing education package developed by Jo Mullock/ ANNP Chris Newell
- Junior doctor education



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KEEP
CALM
AND

Create a Positive
Team Culture

Acknowledgements

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Acknowledgements

- Dr. Alison Moore, Clinical Lead
- Jo Mullock, Nurse Educator
- My wonderful consultant colleagues
- Neonatal nurses at RSUH

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Leading change is like climbing a mountain...



You can't hide from the hill.



Questions?