POSITIVE CHANGE TO IMPACT NEONATAL CARE

Using Collegial Interactive Teams to Create Positive Change

Michelle Curran, MSN, RNC-LRN
Clinical Nurse Educator,
Women & Children’s Services
Novant Health: Prince William Medical Center
WHO ARE WE?

- Novant Health: Prince William Medical Center
- 170-bed, acute care hospital, behavioral health facility
- 12 bed NICU with approximately 200 deliveries per year
- 32 bed mother/baby unit: began couplet care in June of 2012
- 8 labor and delivery rooms & 4 triage rooms
- Mission
  - *Prince William Medical Center and Novant Health exist to improve the health of communities one person at a time.*
WHO ARE WE?

- Our leadership has supported the NICU and Perinatal involvement in the Maryland Safety Collaborative since July of 2009.

- In 2011, our hospital merged with Novant Health (NH), a system with 13 hospitals based mainly in North Carolina.

- Began education for all hospital employees called First Do No Harm. 1300 employees completed training that first quarter.

- The Women & Children’s Service line expanded upon developing a culture of safety through Collegial Interactive Team training. Since January of 2012, the Emergency Department has also instituted this training and collegial team framework.
COLLEGIAL INTERACTIVE TEAMS (CIT)

• CIT training is based on Crew Resource Management strategies originally developed by the airline industry to improve airline safety.

• Goal: To understand how collegial relationships and a culture of safety reduce errors and improve the delivery of high quality healthcare.
SEVEN ELEMENTS OF CIT

• Using all available sources – information, equipment, and people – to achieve safe and efficient operations

Decision Making

Situational Awareness

Adaptability

Assertiveness

Leadership

Resource Management

Communication

Teamwork
The Swiss-Cheese Effect

**Multiple Barriers** - technology, processes, and people - designed to stop active errors (our “defense in depth”)

**Active Errors** by individuals result in initiating action(s)

**Latent Weaknesses** in barriers

**EVENTS of HARM**

**PREVENT**
The Errors

**DETECT & CORRECT**
The System Weaknesses

Adapted from James Reason, *Managing the Risks of Organizational Accidents* (1997)
CHANGING A CULTURE

| You've got a problem with avoiding personal accountability |
| Ya, and whose fault is that? |

- accountability
- promise
- obedience
- regulation
- adherence
- bond
- understanding
- loyalty
- restraint
- obligation
- conscience

pledge
enforcement
subjection
amenability
COLLEGIAL INTERACTIVE TEAMS
COLLEGIAL INTERACTIVE TEAMS

• Getting the right people at the table

• Two teams: the WCS CIT established and Neonatal Council expanded membership.

• Diverse membership
  • Nurses from NICU, Mother/Baby, L&D, and Pediatrics
  • MD from NICU, OB and anesthesia
  • Lactation Consultant, Respiratory Therapist, Infection Control Practitioner, Physical Therapist, Case Management
  • Ad hoc members as needed such as Pharmacist and Wound Care Nurse
COLLEGIAL INTERACTIVE TEAMS

- Establish Goals
- Developed top 10 lists
POSITIVE CHANGES

• Positive changes our WCS has learned directly from the MD Safety Collaborative:
  ✓ NICU discharge planning worksheet
  ✓ Halting the use of routine suctioning of the newborn in the delivery room
  ✓ Delay clamping of the umbilical cord at delivery until pulsation stops.
POSITIVE CHANGES

- CCHD education and implementation
- Bubble CPAP policy, education and implementation
- Development of a NICU parent education brochure
- Standardization of NICU crash carts throughout L&D and NICU
- Code OB - expanding the policy
- Emergency notification system for calling a Code OB
- Multi-disciplinary discharge rounds - format changed to increase ownership of participation
- Volunteer program: Loving Arms
- Emergency Code Medication List printed at each bedside
POSITIVE CHANGES

- Work with Physical Therapist to inform staff of follow-up opportunities
- Physical therapist developed education for families/staff about developmentally appropriate positioning
- Collaborate with WIC to obtain breast pumps for NICU mothers
- NIPS – implementation of an evidence based pain scale for neonates
- Hearing Screening Process - capture of risk factor/update policy
- Visitor policy update to open up visitation
- Starting medication discharge process for Epogen prior to discharge from NICU
- Newborn state metabolic screen results: change process for MD review
POSITIVE CHANGES

- Hepatitis B / HIV exposure – ideal bath time
- Hypoglycemia guidelines – policy review & education
- Donor breast milk – guidelines and policy development
- Discharge follow-up calls – in planning phases
- Neonatal Abstinence Syndrome education
- Shoulder dystocia education
- Breast Milk Labeling – new policy to combat errors in labeling
- Assessment & taping of tubing & nasal cannula to prevent skin breakdown
- Disposable laryngoscope blades: New product implementation
POSITIVE CHANGES

• Increasing Collegiality and Professionalism During Multidisciplinary Rounds

✓ Old way - At bedside, doctor presented information to group – called on staff member who may or may not have been prepared to report out.

✓ New way – Still at the bedside – each team member introduces themselves to the family and reports out on their involvement in care.
POSITIVE CHANGES

Administration of antibiotics within the golden hour.

✓ Neonatologist enters the medication order in the computer
POSITIVE CHANGES
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- Team work
- Breaking Down Silos
- Giving Staff Tools to Succeed
POSITIVE CHANGES
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Thank you

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