Care of the Late Preterm Infant

TIPQC Workshop 2018
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WHY this project?

Kate Marie, 35 ½ weeks

Definition:

- Late Preterm: 34 ½ to 36 ½ weeks completed gestation
- This project will limit to 35 and 36 week infants in the newborn nursery setting
  - Excluding 34 weekers as they require higher level of care (per AAP)
  - Issues for NICU admitted LPs may be different – Next project!
Late Preterm Infants: Tennessee and US, 2014

Late preterm is between 34 and 36 weeks gestation.
Source: National Center for Health Statistics, final natality data.
www.marchofdimes.org/peristats.

Late Preterm by Race: Tennessee, 2012-14

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Newborn morbidity during birth hospitalization by gestational age

Carrie K. Shapiro-Mendoza et al. Pediatrics 2008;121
©2008 by American Academy of Pediatrics
Toolkit: National Perinatal Association Guideline

- Issued Multidisciplinary Guidelines for Care of Late Preterm Infants in 2012
- Recognized the importance of evidenced based care for this population
- Divided into 4 sections
  - This project will concentrate on In Hospital Care and Transition to Outpatient Care (or Discharge Readiness)

* http://nationalperinatal.org/Resources/LatePretermGuidelinesNPA.pdf

Project Steps

- Form a Team and select a LEAD
- Create a Late Preterm Policy / guideline for your unit that covers topics in NPA Guideline
- Create Staff Curriculum and implement evidence based practices
- Create Parent Education
- Develop Discharge Checklist
- Implement Discharge Phone Call (standardized for all teams)
- CAPTURE your data in REDCap™ and be prepared to share on monthly webinars

Can you add a parent to your team?

Kiersten Lelar—Parent Perspective
Limited Data Set

- Demographic Characteristics
- Only 3 process measures
  - Discharge Readiness checklist completed
  - Parent education specific to LPI documented
  - Follow-up provider and appointment documented

Monthly Leadership Report

- Charter
- TIPQC Late Preterm Project

- Team Name, Date

- Aim: (Aim includes your numeric goals)

- Why is this important?

- Changes – Proposed (P), Tested (T), Implemented (I)

- Lessons Learned/Anecdotes

- Graph of Measures

- Source: (Source: e.g., REDCap)

- Senior/Redirect: Recommendations / Next Steps

- [Provide details here]

- [Additional comments]

- [Next steps for project]

- [Evaluation scale]

- [Teammates]
AIM Statement

• Improvement requires the development of an aim.

• The AIM, sometimes called the Charter or Opportunity Statement, describes the scope of an improvement effort, as viewed by the organization and the team/individual striving for improvement.

• An early team task is to agree on the AIM. Every meeting should include a review of the aim statement, keeps everyone focused on the purpose of the work.
Examples

- Improve the care and outcomes for infants born between 35 0/7 to 36 6/7 weeks by systematically implementing evidence-based practices to achieve a 10% reduction in readmission rates (within one week of discharge) by March 2019.

- To reduce antibiotic usage in participating Tennessee Neonatal Intensive Care Units and Nurseries by 25% by December 2018.

### Specific
- Measurable
- Achievable
- Relevant
- Timely

On Leading Change

1. Establish A Sense of Urgency
2. Create a Unified Guiding Coalition
3. Establish and Reinforce the Vision
4. Communicate, Communicate, Communicate
5. Remove Barriers
6. Create Short Term Wins
7. Go First--Model the Way

- John P. Kotter, Leading Change

Elevator Speech

- EVERYONE Needs a Great Elevator Speech!
You have 30-60 seconds to.....

Redesign the _____(process, product, or service) in order to.....
or
Create a new (process, product, or service) in order to ......

Why is this effort important at this time?

Any boundaries/restrictions/inclusion/complexity?

Usually close with an invitation to join the effort or to allow you time to share more when it is convenient.

Example

• The largest percentage of the preterm babies born in the US are considered late preterm infants – 34 to 36 weeks gestation. These infants have different needs as compared to a term baby, they also have a significantly higher morbidity, mortality, and hospital readmission rate as compared to term babies. I am excited to work with a group of hospitals from across the state to optimize the care that these infants receive while they are in the hospital. By applying evidence-based care to their hospital stay, we think that we can decrease their hospital readmission rates. Would you want to join our team? I would love to have the opportunity to tell you more about our work.

Recognition Plan
Recognition Plan

• First level / bronze – participation
  Development of guidelines
  Development of discharge readiness checklist
  Participation- 83% (10 of 12) of activities (huddles/learning sessions)
  100% participation in data collection

Recognition Plan

• Second level / silver – process measure improvement
  Bronze level accomplishments
  Participation- 92% (11 of 12) of activities (huddles/learning sessions)
  Evidence of checklist utilization – chart audit – checklist on chart divided by the number of 35-36 weekers (goal 80%)

Recognition Plan

• Third level / gold – outcome measure improvement
  Silver level accomplishments
  Participation- 100% (12 of 12) of activities (huddles/learning sessions)
  Evidence of follow-up appointment being made prior to discharge – chart audit – appointment documented in chart divided by the number of 35-36 weekers (goal 90%)
  Evidence of follow-up communication with family post-discharge – chart audit/log – communication documented in chart divided by the number of 35-36 weekers (goal 90%)
Problems for Late Preterm Infant:

• Audience participation:
  • Work with your table team to write out common LPI problems seen in your unit
  • Rank your top 3 and be prepared to report out

NEXT STEPS

• Recruit a team
• Complete the application
• Save the date for the webinars

Questions?