Key Driver Diagram: Improving Critical Transitions "In" from the Delivery Room

SPECIFIC AIM STATEMENT

By [date] we aim to assure that all transitions of [patient population] in from the delivery room are Safe, Timely, Efficient, Effective, Equitable, Patient/family-centered and Socially responsible.

Clinical Outcomes

- · Antenatal corticosteroids
- 5 minute Apgar score < 4
- Admission hypothermia
- Severe IVH
- · Length of stay

Family Outcomes

· Family satisfaction rates

Value Outcomes

Length of stay
Preventable NICU admissions

Primary Drivers

Communication

Adopt standardized written and verbal tools to facilitate comprehensive and safe transitions that utilize bidirectional communication across disciplines and between healthcare providers and families

Teamwork

Ensure all members of the NICU team, including family members, develop and exhibit the shared behaviors, attitudes and cognitions necessary to accomplish their collective tasks

Family Integration

Integrate families fully in care and decision making to maximize capability and minimize stress and anxiety, and in unit-based QI, with attention to the biological, emotional, spiritual and social determinants of health and wellbeing

Standardized Processes

Develop unit-specific guidelines and policies around critical transitions, monitor compliance and deviation and perform iterative modifications as needed

Transition-Specific Drivers

Use a standardized handoff between obstetric and neonatal teams to provide consistent sharing of critical information

Implement use of delivery room checklists, briefings, debriefings and simulations

Optimize and standardize processes that increase family integration before and during delivery and during NICU admission

Assign team-member roles with clearly defined responsibilities and tasks for admission to NICU

Use evidence-based practices to optimize clinical outcomes, including but not limited to: use of antenatal corticosteroids, magnesium for neuroprotection, delayed cord-clamping, CPAP in the delivery room, and surfactant

Change Ideas

Conduct daily briefing between OB & neonatal providers for anticipated highrisk deliveries

Develop checklist to facilitate handoff between OB & neonatal providers

Create DR checklist with clearly defined roles/responsibilities of team members

Conduct routine debriefings following high-risk deliveries

Use interprofessional simulation-based training to improve communication skills and teamwork during resuscitations

Provide 24/7 antenatal consultation services by NICU-based providers

Partner with family advisor to develop visual communication tools for use during antenatal counseling

Have one parent/family member accompany infant to NICU at time of admission

Perform admission huddle to clarify responsibilities for completing

Create admission board that lists essential tasks for completing each admission

Develop admission order set to standardize critical medications, fluids and tests are ordered for each admission