

Current State	Tests of Change (PDSA ideas)	Future State (goals)
<p><b>Family Communication</b></p> <ul style="list-style-type: none"> <li>• Neonatology consults provided on antepartum or Center for Fetal Care patients</li> <li>• Documentation of consultation difficult to locate in EMR</li> <li>• Parent Communication Card not consistently distributed; reflected in Press Ganey scores re: delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Create a “smart text” in provider admit note to prompt documentation</li> <li>• Revise Golden Hour form to include pre- and post-delivery debriefings</li> <li>• Place Parent Communication Card in NICU admission papers to remind staff to distribute</li> </ul>	<ul style="list-style-type: none"> <li>• Parent communication pre- and post-delivery occur 100% of the time</li> <li>• A complete Welcome Packet is provided at the time of NICU admission</li> </ul>
<p><b>Temperature</b></p> <ul style="list-style-type: none"> <li>• Not all SBU infants arrive to NICU with a normal temperature</li> <li>• We don’t know the infant’s temperature before we leave L&amp;D</li> <li>• We don’t know the true temperature of the L&amp;D room</li> <li>• Our facility has difficulty regulating temperature</li> </ul>	<ul style="list-style-type: none"> <li>• Obtain thermometers for each L&amp;D room and L&amp;D-ORs to assess temperature in each room.</li> <li>• Procedure Nurse adjusts temperature of room to 72-74°F prior to SBU infant delivery</li> <li>• Infant temperature assessed in L&amp;D prior to moving patient to NICU</li> <li>• Additional warming devices applied as needed prior to moving infant to NICU</li> </ul>	<ul style="list-style-type: none"> <li>• Normal infant temperature in L&amp;D and upon admission to NICU</li> <li>• L&amp;D room temperature between 72-74°F</li> <li>• OB colleagues champion infant temperatures</li> </ul>
<p><b>Glucose and Antibiotic Infusion Time</b></p> <ul style="list-style-type: none"> <li>• NICU Team not aware of 1-hour infusion goal for dextrose and antibiotics</li> <li>• Delay in patient registration also delays order entry, verification, and medication delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Communication / education of 1-hour infusion goal</li> <li>• Utilize Golden Hour Form to identify challenges and opportunities</li> <li>• Set standard for which patients receive PIV versus automatic UVC</li> <li>• Obtain infant measurements in DR</li> <li>• Delineate provider roles (order entry versus procedures)</li> <li>• Improve registration time by moving infant registration from L&amp;D to NICU for SBU infants</li> </ul>	<ul style="list-style-type: none"> <li>• All SBU infants receive glucose infusion by 1 hour of age</li> <li>• All SBU infants receive antibiotics (if prescribed) by 1-hour of age</li> </ul>
<p><b>Early Pumping of Mother’s Milk</b></p> <ul style="list-style-type: none"> <li>• OB staff not aware of implications of delayed pumping on mom’s milk supply</li> <li>• OB staff not aware of mom’s milk benefits for SBU patient population</li> <li>• Prenatal education inconsistent</li> </ul>	<ul style="list-style-type: none"> <li>• Create a standard for pumping</li> <li>• Create and implement standard education re: early pumping for staff and patients</li> <li>• Collect data and review fallouts for additional opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Moms of SBU patients begin pumping within 1 hour of vaginal delivery and within 2 hours of C-section delivery</li> <li>• Fallouts are reviewed and new opportunities for change identified</li> </ul>