Safe and Healthy Beginnings: Learning Session Two

Team Highlights

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Elk Grove, IL

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Pediatric Clinic and Nursery

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From the PCP run charts….

The reality is that we do NOT have capacity to see all babies discharged at < 72 hours. Our local standard has had to be for < 48 hours of age AND hi risk babies (> low intermediate risk jaundice, Adolescent mothers, exclusive breastfeeders who are 1st time moms, socially at risk moms etc)

We have improved our documentation for circumstances that preclude follow-up within 48 hours or allow later f/u (e.g exclusive bottle, Gravida 8, other medical home.)
From the nursery run charts….

This may have reflected problems with the holiday schedule! Clinics were closed for 5 days.

We improved documentation of plans in the chart for early followup.
How we made this change . . .

- **PDSAs**
  - In doing our chart reviews, we noted that nursing had not always been familiar with where and how physicians had documented follow-up plans in the chart. 
    - This may have lead to falsely low initial reports of early follow-up.
  - We had not always documented our “risk assessment” for assigning infants for limited early follow-up visits or documented f/u plans outside HCHD.
Intervention to improve follow-up

Interventions

- We improved physician documentation and nursing staff awareness of that documentation
Chipping away at the weekend barrier

- We approached one of the HCHD clinics near our hospital to help us with using Saturday hours for high risk babies (especially those with jaundice concerns)
  - We provide “jaundice yellow” business cards for high risk referral for babies whose parents agree to go to Aldine Clinic on Saturday a.m for re-evaluation of jaundice risk/status.
  - We make physician to physician or physician to nurse contact with regard to the concern.
TOOLS that we used

- Existing forms that were underused:
  - The papers with non carbon copies that parents carry with them to the PCP or Medical home if it is not our own clinic
  - The emerging electronic health record
New tools:

- Yellow cards that highlight the concern for jaundice in the local clinic that serves part of our population for the purpose of Saturday services.
How we will sustain this change …

Ways we plan to hold this gain:

- Continue to see all babies less than 48 hours old back in the “early follow-up clinic” at LBJ
- Continue to work with the Harris County Hospital district (using the results of SHB) to make medical care for newborns a “24/7/365” reality to expand services for babies <72 hours
- Continue to work with families and the obstetrics service to identify “medical homes”
Continued efforts

- Use the results of SHB to highlight the need for:
  - 7 day a week “quick checks”
    - ? In the nursery
    - ? At “OB triage” (if we can use it for one maternal-fetal eval, why not use it for weekend maternal-infant eval)
    - ? In the e.r. (NOT optimal)
    - ? Expansion of clinic hours to include Sunday