
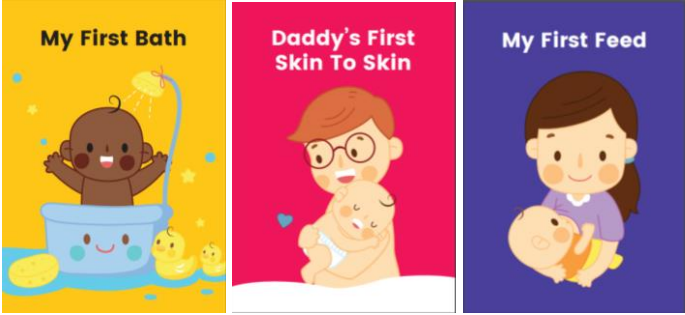

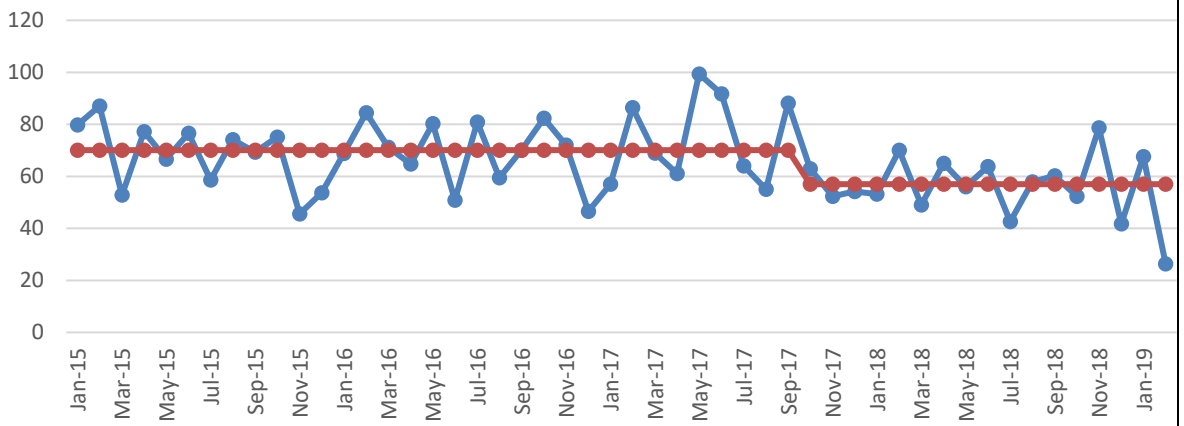


QI story, mapped to BAPM NSQI standards

<p>Title of QI project: Unite - Keeping Families Together</p> <p>Name & Role: Lauren Shaw, Neonatal Grid trainee</p> <p>Workplace: Ninewells Hospital, Dundee, Scotland</p>	
<p>Identifying the need for QI:</p> <p>What were the triggers? (Adverse Events, Guidelines, Service Standards, Benchmarking exercise, other)</p> <p>NSQI 1 – Evidence Based Care NSQI 12 – Benchmarking NSQI 13/14 - Patient Safety</p>	<p>The Department of health outcomes framework highlighted term admissions as an improvement indicator and this was echoed by the recent best start recommendations following the maternity and neonatal services review in Scotland and by the national neonatal audit project. Separation of mothers and babies in the neonatal period impacts negatively on bonding, maternal mental health and breastfeeding rates.</p> <p>Term admissions represented over half of all admissions to our neonatal unit and was increasing despite a downward trend in live births across our region. The largest category of term admissions was respiratory distress, followed by weight loss, poor feeding and jaundice.</p>
<p>How did you initiate the project, and create momentum?</p> <p>NSQI 15 – QI structure & resources</p>	<p>We created a collaboration of maternity and neonatal staff of all grades and banding including midwives, maternity/health care assistants, ANNPs, Doctors and managers. Through a series of process mapping and staff questionnaires we were able to recognise the need for consistent and easily available information for staff and parents, with an aim of empowering, educating and including parents in the care of their baby. We gave our project a bright and colour identity and created an online presence through social media to keep the wider staff group and community up to date with what changes and progress we were making.</p> <div style="text-align: center;">  <p>@UniteTayside</p> </div>
<p>Describe the role of Multi disciplinary team involvement in your QIP</p> <p>NSQI 2/5 – Team working & communication</p>	<p>One of the biggest successes of this project has been the impact on our dynamic cross specialty team. We have worked towards creating a more cohesive and collaborative group of healthcare workers across multiple maternity areas and the neonatal team. By keeping our meetings informal and through use of social media and messaging services we have removed the hierarchy and formality of our roles and joined together across disciplines and locations. We have engaged and encouraged staff that may have previously felt unheard, giving them a platform to be innovative and creative. We hold regular meetings and staff attend on their days off because they are enthusiastic and passionate about the difference we are making. In addition to the work in hospital we make a point to have fun and have events outside of work, including picnics and team sporting events. The dedication of the team and drive to do better has been inspiring.</p>
<p>What QI techniques did you use – what worked and what didn't?</p>	<p>We used a variety of QI tools including process mapping, Driver diagram, Pareto charts and run charts allowed us to assess our base line term admission population, recognise our most problematic areas and target our interventions. Fishbone diagrams were particularly useful. We initially created 3 groups of avoidable admissions – Respiratory, feeding and hypothermia. We created small interventions for each group with an overarching theme of keeping babies and</p>

<p>NSQI 15 – QI structure & resources</p>	<p>parents together. We soon realised that 3 groups were too many and one group with clear targets worked better.</p>
<p>How did you embed this in education and training</p> <p>NSQI 17/18 – Education & Training</p>	<p>Because our team is so diverse, we were able to spread our message at a variety of levels. We have spent time giving informal teaching sessions and attended regular formal teaching on a variety of our changes, for example the introduction of the new BAPM hypoglycaemia guideline. We give regular updates to all staff and share our progress through social media, regular email updates and a newsletter. Showing staff that what we are doing is making a difference in numbers/data they can relate to has been particularly helpful.</p>
<p>What Parental/Family Involvement did you have?</p> <p>NSQI 6-10 – Parental partnership in care</p>	<p>We encourage parent participation and feedback at meetings and also through social media and questionnaires. Much of the work we have done has been around creating resources for parents therefore it is important that they have been involved in the process. We have engaged families on the postnatal ward to come to our meetings, in addition we have held small focus groups with past parents to gather information and feedback. Examples of some of the parent information we created.</p> <p>Milestone cards – picture on the front with short, concise info on the back, especially focused on thermal care and feeding.</p>  <p>Giant feeding wall mural – Aim to have in multiple locations, including antenatal clinic, LS, PNW</p> 
<p>What was the outcome of your QI project?</p>	<p>Our project has now been running for over 1 year and we have shown a sustained reduction in absolute term admissions by 25% and admissions per 1000 deliveries by 18%. As a result of our work we received a national QI award which gave a huge boost to the whole maternity and neonatal team.</p>

Term Admission per 1000 live birth



What 3 points of advice would you give others about to embark upon QI work in their unit?

1. Point 1 – Be clear about what you’re trying to achieve and why – if you don’t believe in it no one else will.
2. Point 2 – Its all about the team, take care of them. Give them space to create and take ownership for their work.
3. Point 3 – Aim for collaboration not compliance. Take the time to make sure people understand why change is necessary and address the challenges and concerns around the change.
(4. Have fun!!)