Family Friendly Initiative: Bringing Newborn Admissions to the Bedside

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Project Background

The Mother/Baby and Labor & Delivery units functioned as independent units with specific responsibilities in each. It took an average of 3 hours for a mother and baby to reunite after completion of the Golden Hour (1st hour of skin-to-skin contact immediately after birth). Industry best practice is no separation. A new, complete cycle integration was required.

Problem Statement

Admission for the mother takes place in Labor & Delivery while admission for the newborn takes place in the Nursery. The average cycle time (cycle = from completion of the Golden Hour to the newborn being with mother) takes 3 hours.
Current bedside admissions = 0
Industry cycle time = No separation
Current workflow determines cycle time.

Project Goals

- Increase number of bedside admissions.
- Develop efficient workflow integrating Mother/Baby and Labor & Delivery units and staff for complete collaboration and communication.
- Reduce average cycle time by 60 minutes.

Current workflow determines cycle time.

Project Scope

All vaginal and C-Section births > or = 37 weeks

Methods

Strategic Planning

- Started in Oct 2017
- Strategy Planning Committee meetings discussed current workflow and desired future workflow
- Timeline developed
- Task Force team kickoff held in Jan 2018

Task Force Initiation

- Task Force developed 3 workflow pilots
- Collected data and workflows were assessed and analyzed
- Discussed strategies to overcome barriers

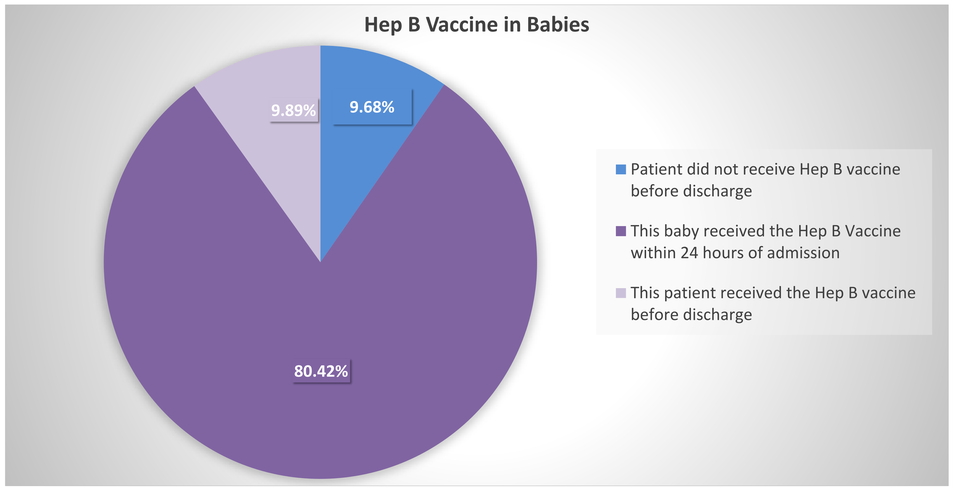
Workflow Pilot(s)

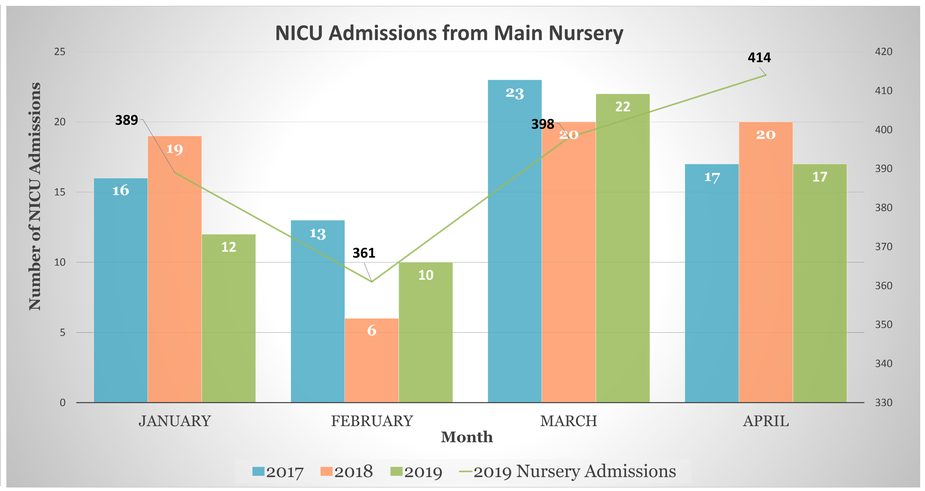
- Started in May 2018
- Working as a team, the cohort trialed all 3 workflows for efficiency and quality in patient care
- The ideal workflow was piloted an additional 2 times to work through challenges

Workflow Integration

- Finalized workflow
- Disseminated to Staff
- Implemented training
- Monitored progress
- By January 2019 full integration and implementation of new workflow.

Results





Outcomes

- Decreased separation time between mom and baby. From an average of 3 hours separation to 0.
- Increased skin to skin of mom and baby
- Increased incidence of uninterrupted golden hour
- Increased hepatitis B compliance of administration within the first 24 hours of life- from 50% to 80.42%
- Decrease in NICU admissions
- Implemented best practice of delayed bath

Next Steps



- Quarterly process validation performed through observation.
- Control plan put in place for QA post implementation
- Brochure explaining the process for patients

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