

AVOIDING TERM ADMISSIONS

Neonatal, Obstetric and Midwifery Teams

Today's presentation

- Brief background
- Data and results
- What has been done so far- Actions taken already
- What next- Recommendations
- Suggestions and Questions

ATAIN

NHS Initiative

- Avoiding unnecessary term admissions
- Avoiding unnecessary separation of mother and baby;
 1. Maternal mental health
 2. Bonding
 3. Breast feeding
 4. Long term morbidity
- Significant and avoidable costs to NHS
- Improves patient flow

Data and Results

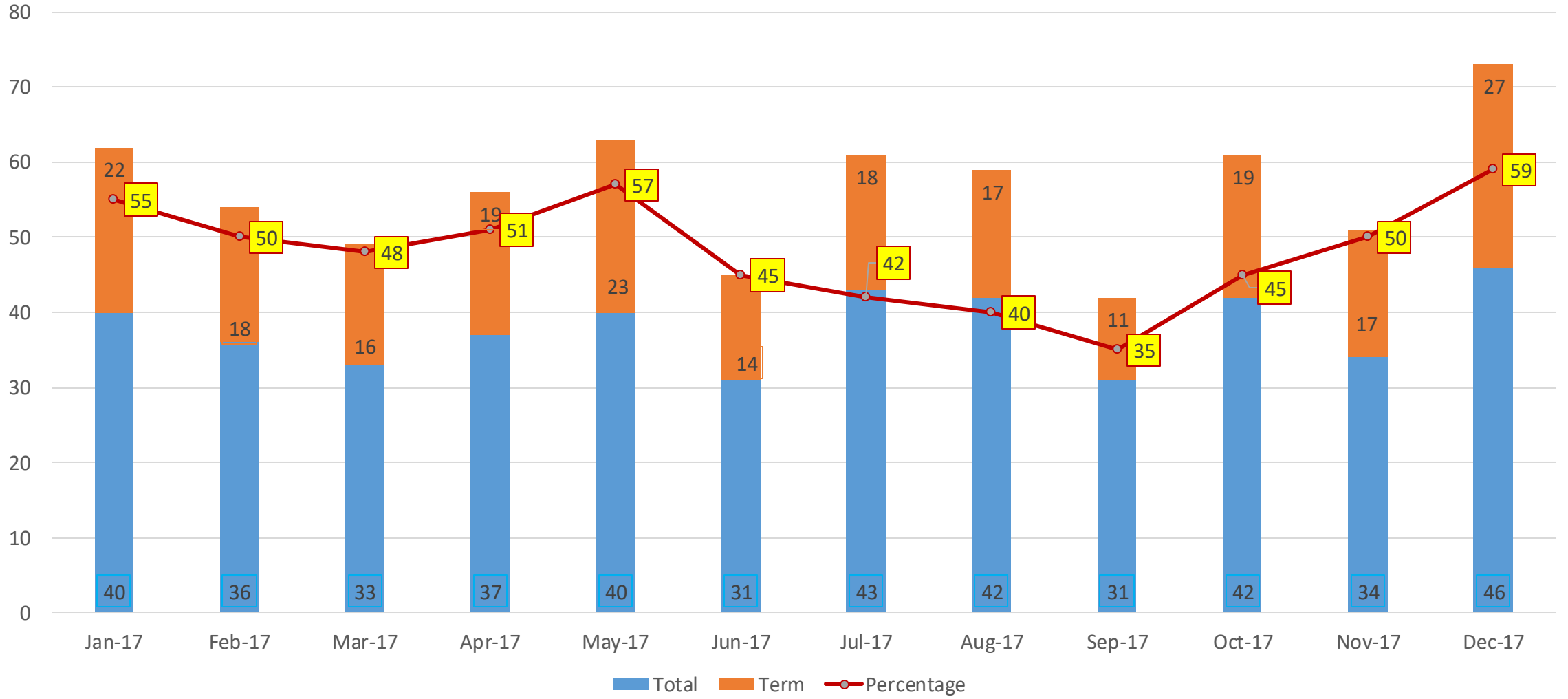
Detailed review

- ***Carried out by Obstetric, Neonatal and midwifery teams***
- ***Monday morning meetings-Each term baby admission submitted as a Datix incident***
- OCRIM meetings where Neonatal input is also provided
- Serious incidents

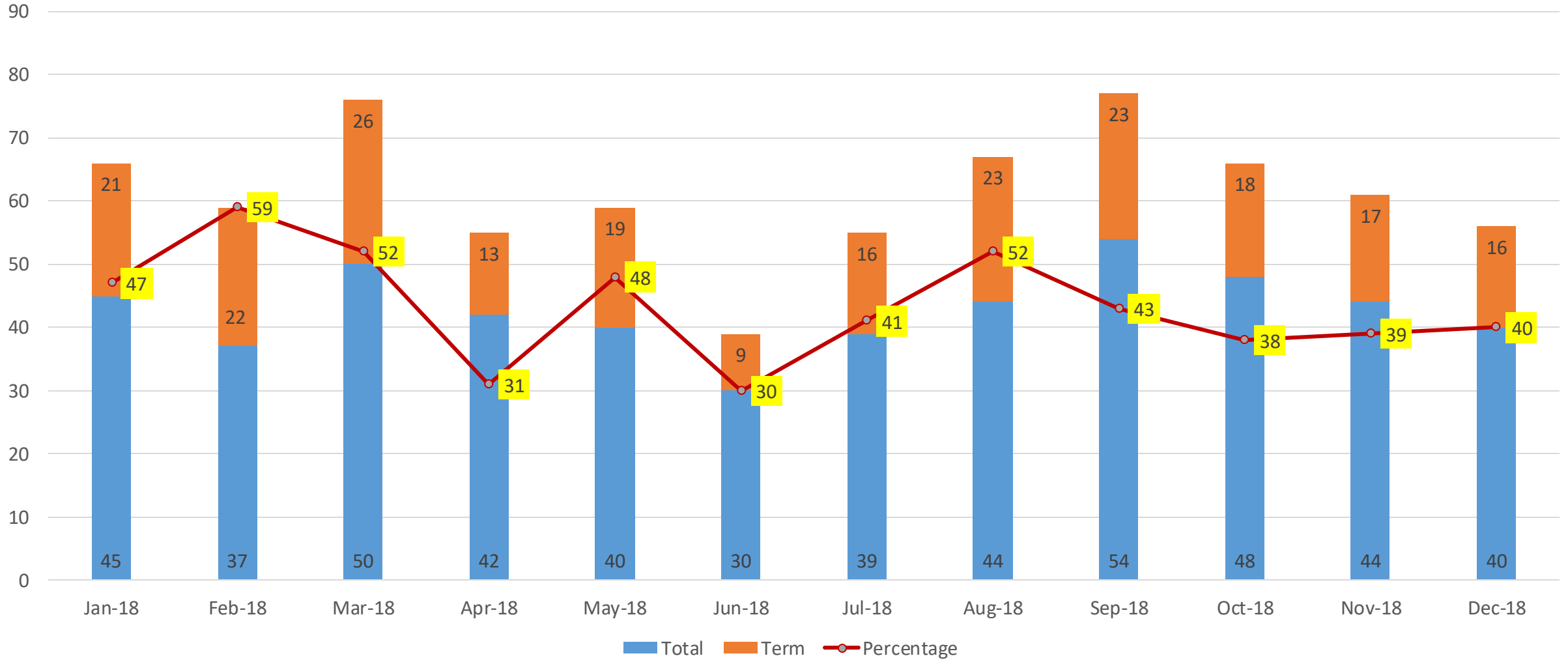
Source of Data

- From Jan 2017- Aug 2019- Badgernet
- From Monday morning meetings;
 1. Excel sheet maintained from Aug 2019 – Dec 2019 and from Jan 2020 – end of Aug 2020 -.
 2. Better capture in 2020

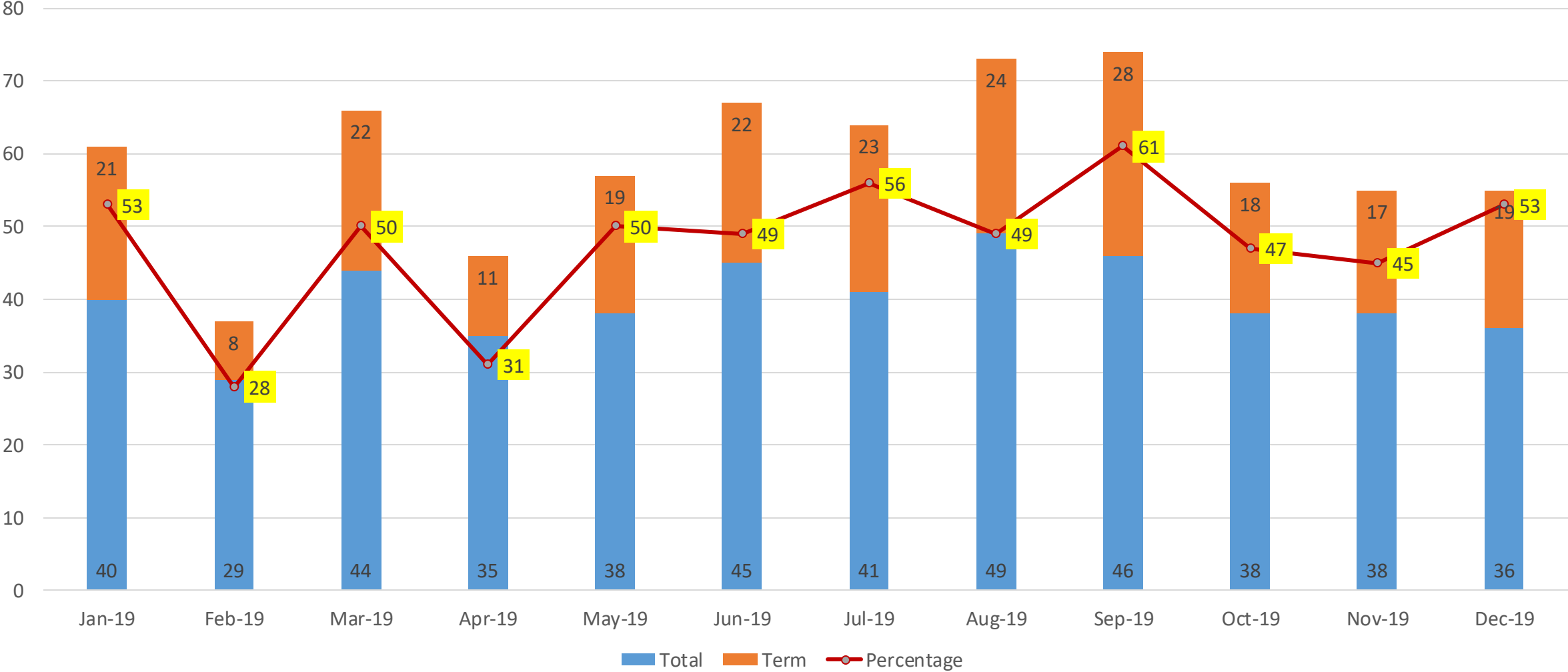
Badgernet data for 2017: Total admissions-455 Term-221 **Percentage-48.6%**



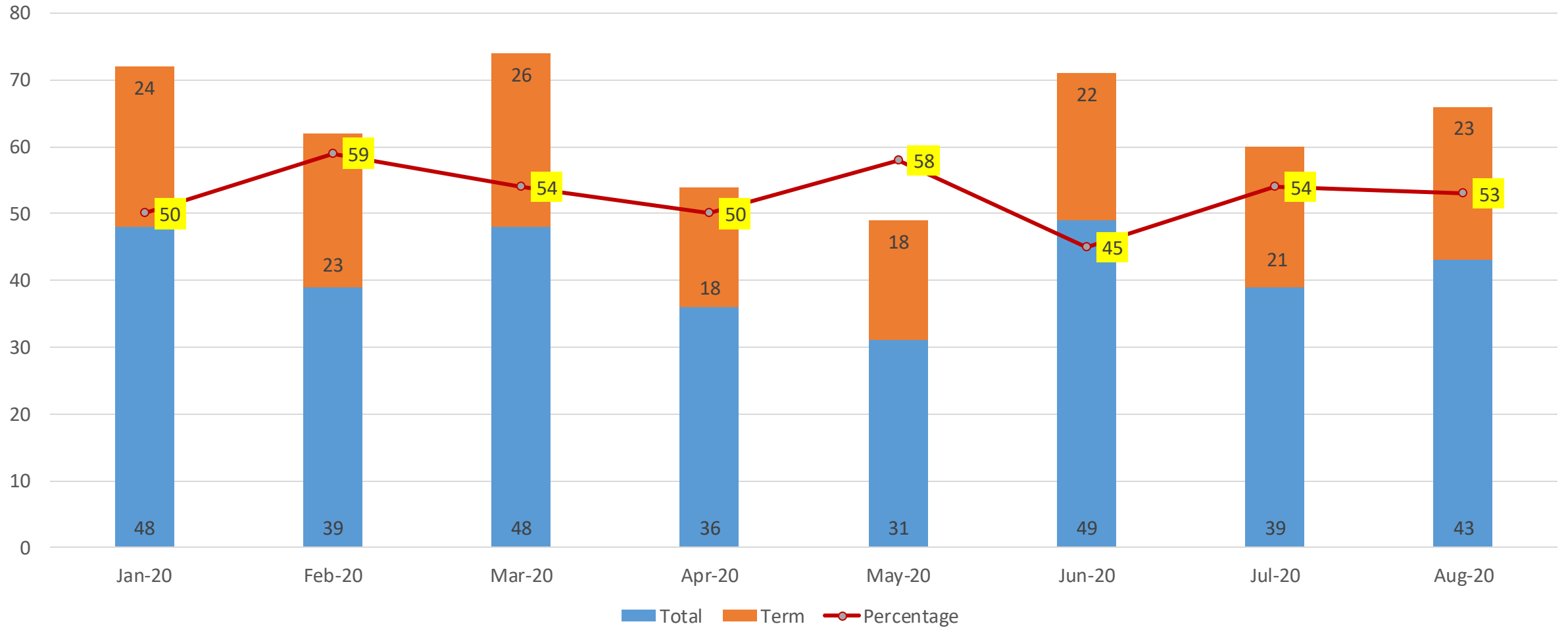
Badgernet data for 2018: Total admissions-513 Term-223 Percentage-43.5%



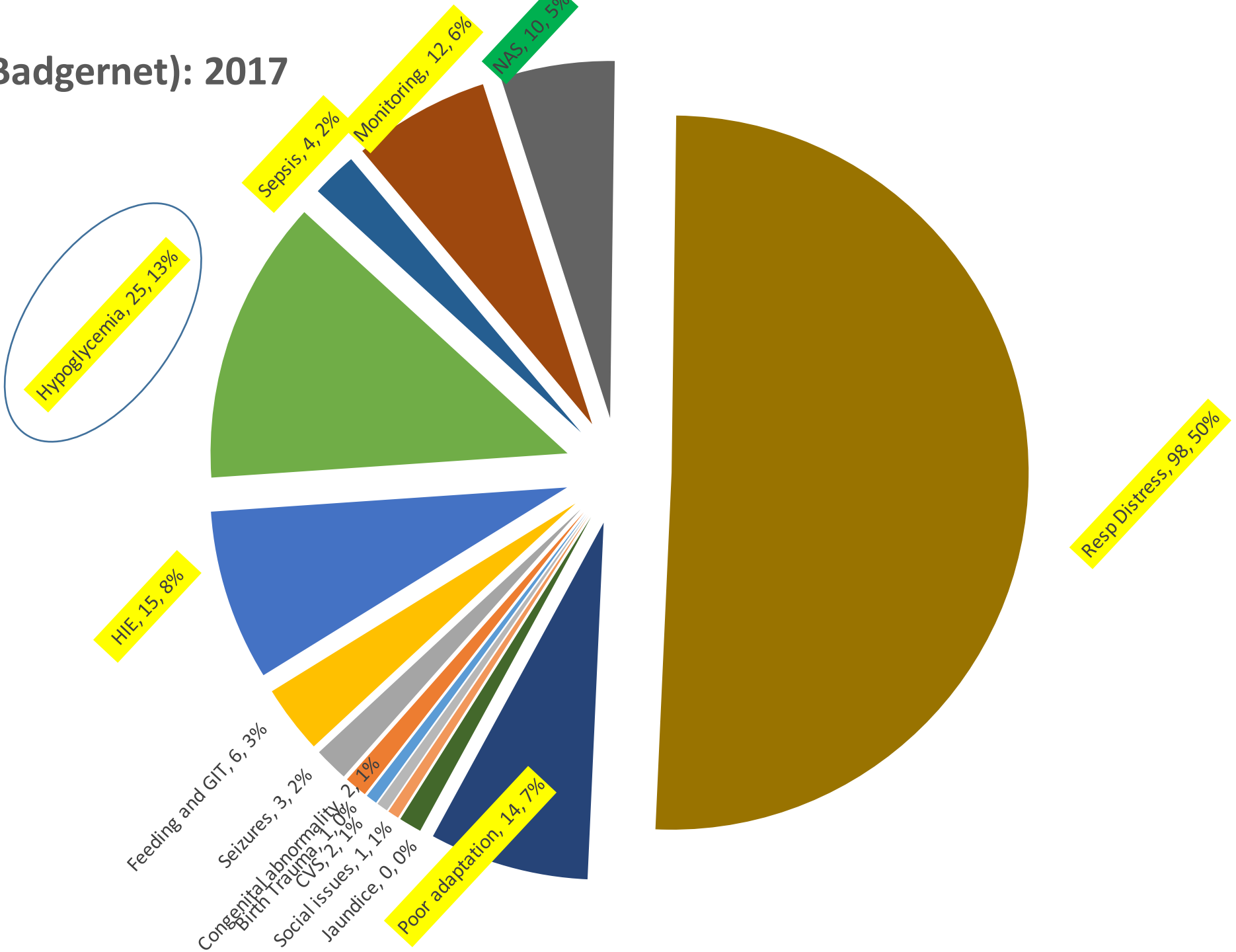
Badgernet data for 2019: Total admissions-479 Term-232 Percentage-48.5%



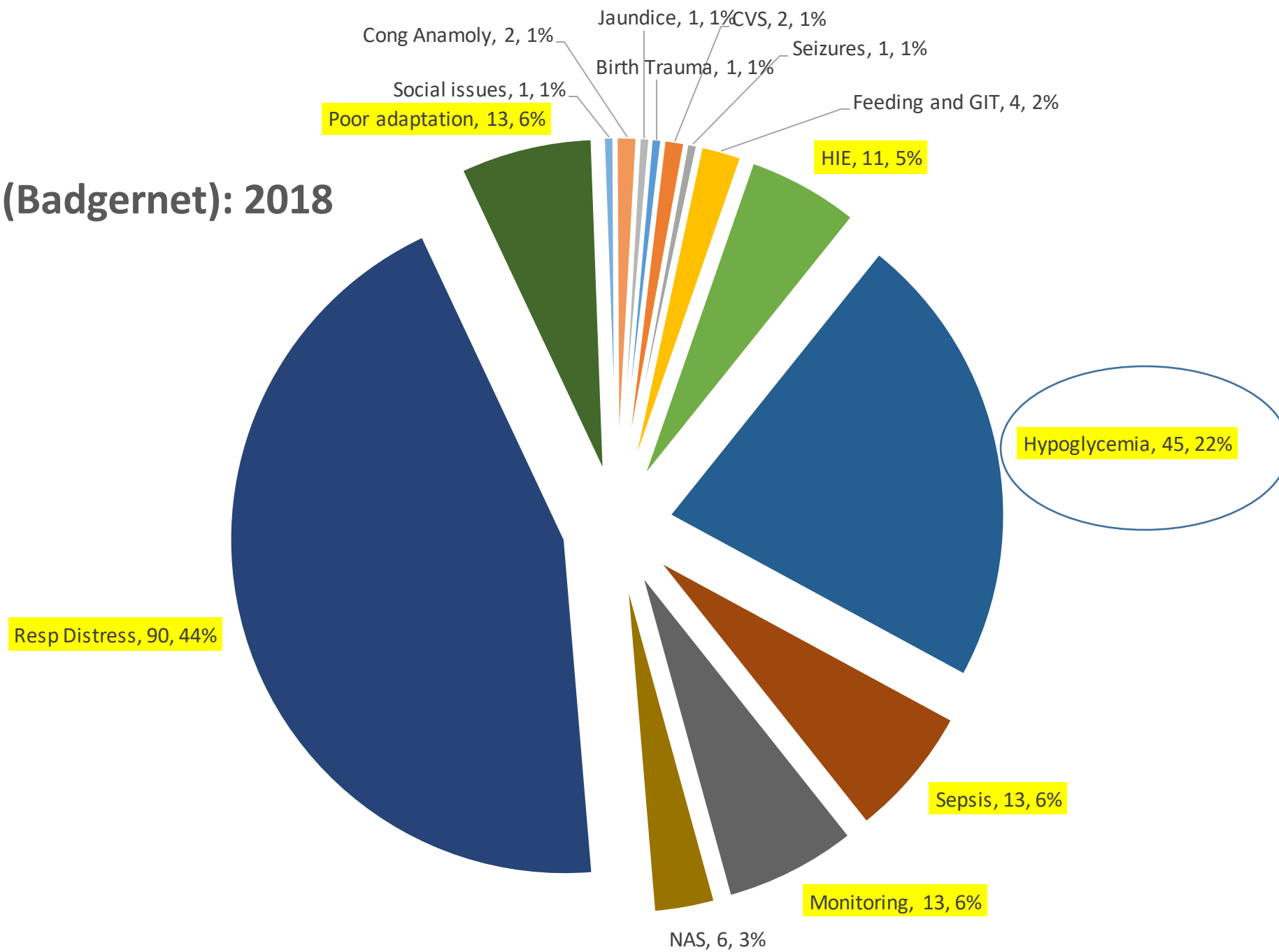
Badgernet data for 2020 (until end of August): Total admissions-333 Term-175 **Percentage-53%**



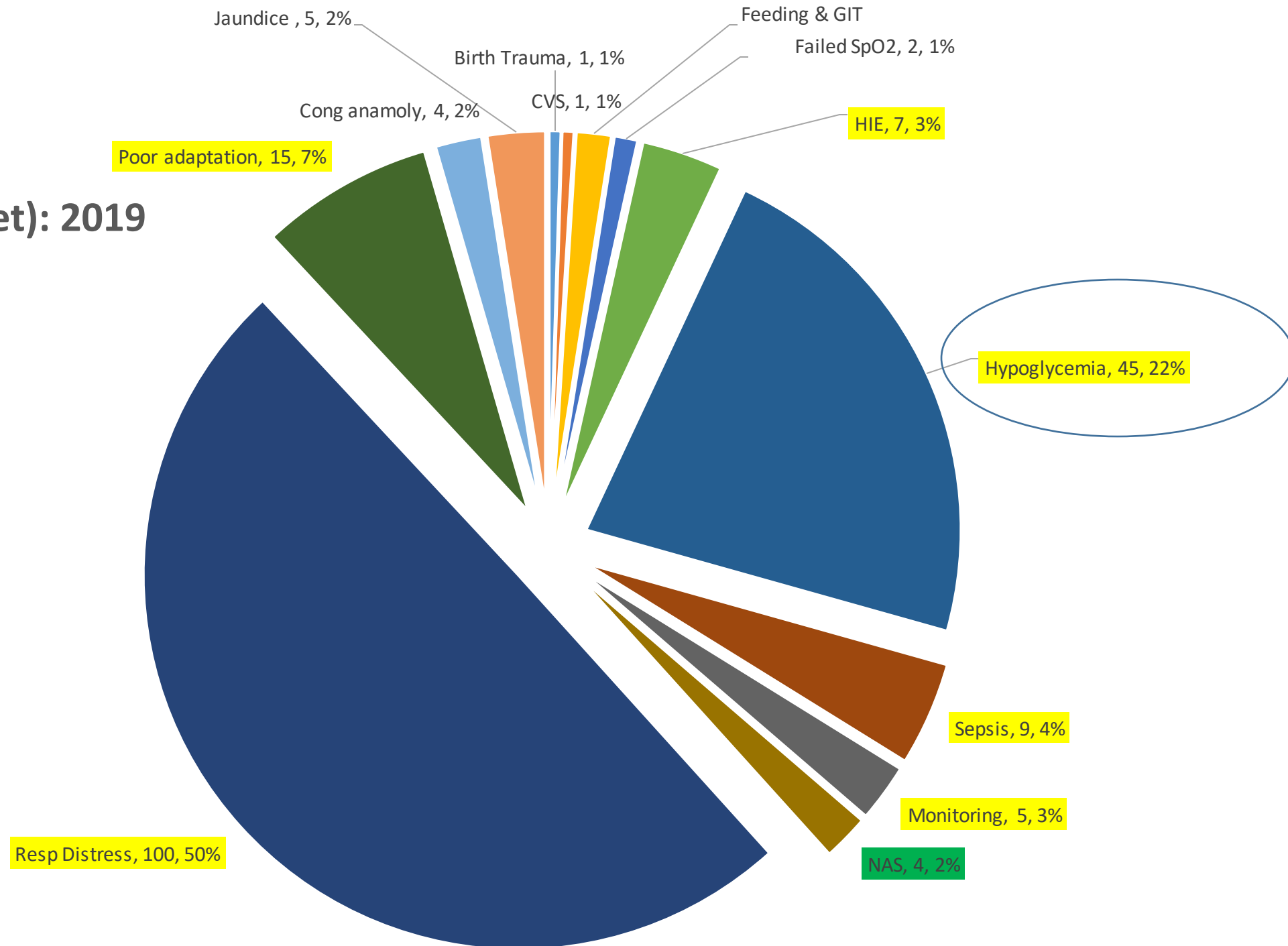
Diagnoses (Badgernet): 2017



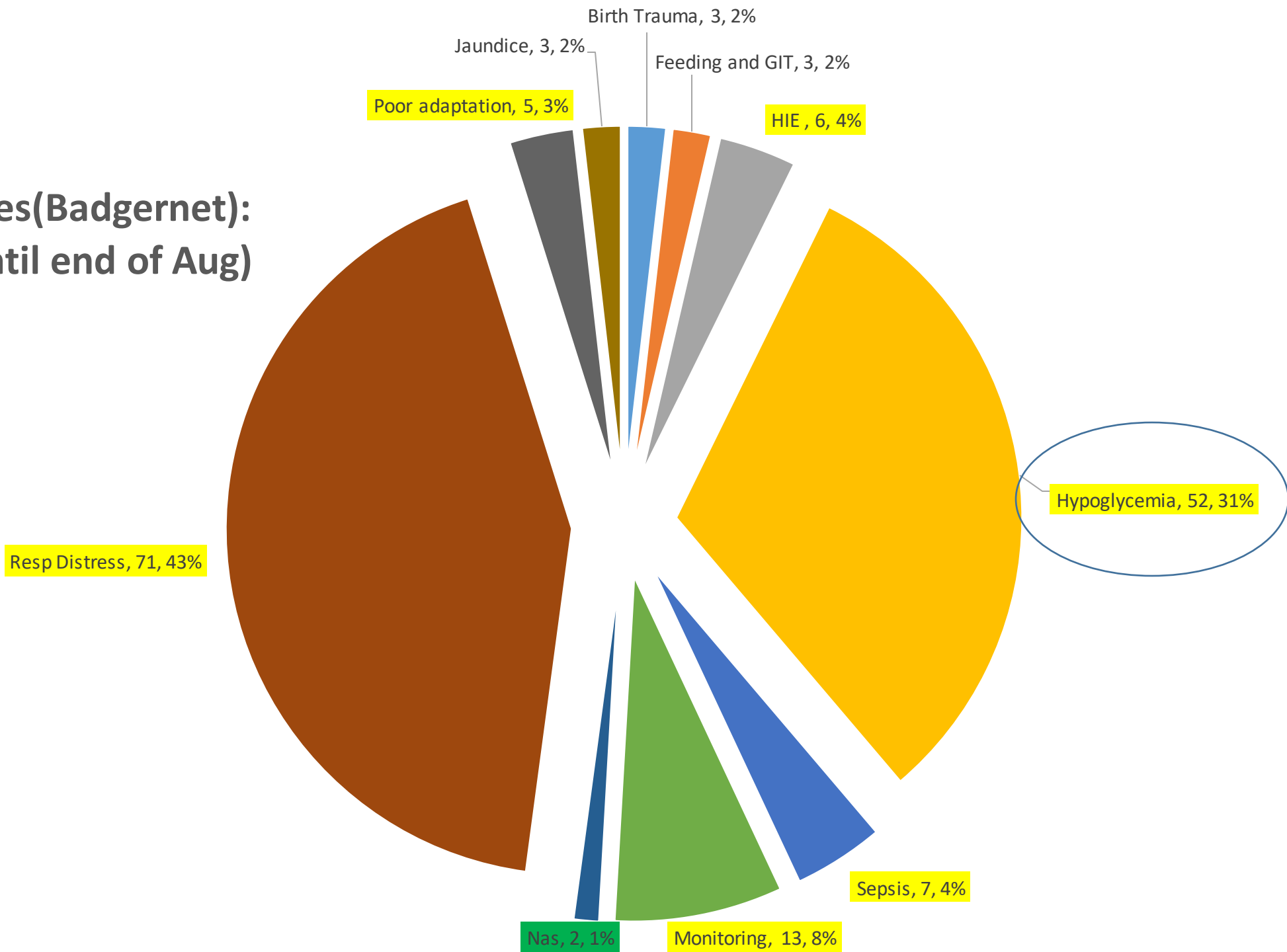
Diagnoses(Badgernet): 2018



Diagnoses(Badgernet): 2019



Diagnoses(Badgernet): 2020 (until end of Aug)



Data

2019- data available for 56 babies

Obstetric avoidable factors	8
Neonatal avoidable factors	1
Admission to Neonatal Unit not necessary	2
Admission to Neonatal Unit could have been avoided	
Should have been admitted earlier	1
Suitable for TC with new guideline	
Admission needed for more than 72 hours	

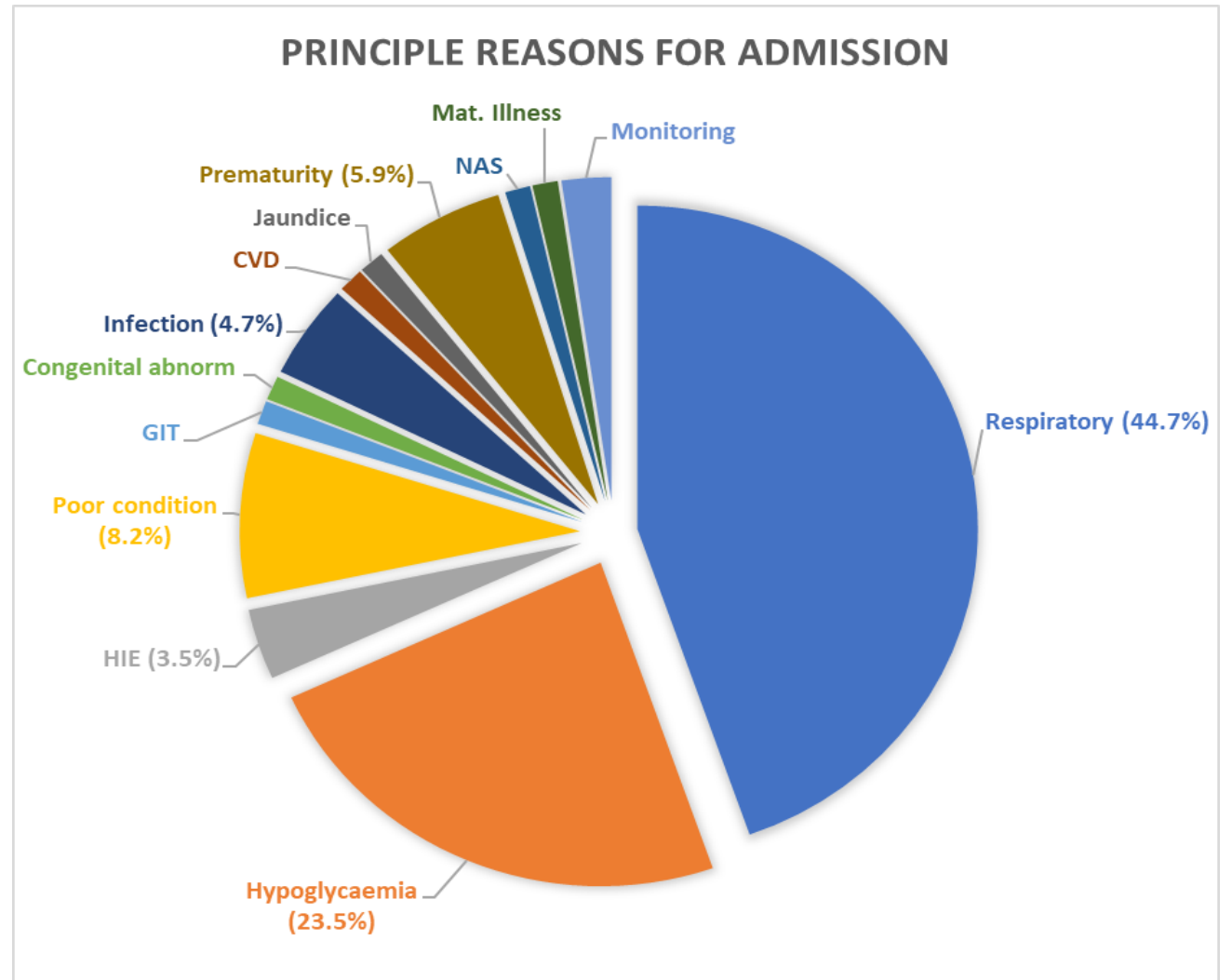
2020- data available for 156 babies

Obstetric avoidable factors	13
Neonatal avoidable factors	10
Admission to Neonatal Unit not necessary	4
Admission to Neonatal Unit could have been avoided	2
Should have been admitted earlier	5
Suitable for TC with new guideline	37, 24%
Admission needed for more than 72 hours	40, 26%

Previous years/audits

Term admissions % of total

- 2013 39%
- 2014 42%
- 2015 41%
- 2016 46%



Main Groups to improve upon

- ***Hypoglycemia***
- Respiratory problems
- Jaundice
- HIE

What has been done so far

❑ **Hypoglycemia; Major area of intervention**

❖ **Implementation of most recent BAPM guideline:**

So far this year 54 term babies needed admission for hypoglycaemia

Jan 1st- Aug 31st= **52 (6.5 babies/month)**

Since new guideline implementation

September 1st – November 5th = **2 (<1 baby/month)**

❖ **Incorporation of Transitional Care Unit to the Neonatal service: 37/156 (2020)
babies were suitable for TC making a reduction of 24%**

What next- Anything else we can do

☐ **Respiratory illnesses**

- Most of the admissions are unavoidable
- In fact some of them needed to be admitted earlier
- 29/156 (2020) were delivered by Elective sections, 10/29 had Hypoglycaemia and ***17/29 had respiratory issues***
 - a. Should we have stricter gestational criteria for Elective sections? (Just my thought)
 - b. Ensure steroids are given as per protocol.

What next- Anything else we can do

□ HIE

- Obstetric avoidable factors- Learning outcomes disseminated to the team.
- HIE cases- did they have obstetric avoidable factors?
 - difficult to comment from the data available as these are investigated as SI
- None of the cases where there were obstetric avoidable factors resulted in HIE

What next- Anything else we can do

Jaundice

- Doesn't appear to be a huge problem at the moment. But TC Service might help with any of the cases where admission could be avoided

Other indications for admission

- Hardly any of them are preventable
- NAS- TC will help once stabilised but will need to be admitted initially. New discharge protocol for babies on morphine with MDT help.

Suggestions

- Ensure guidelines are strictly adhered to, it might be important to admit the babies at the right time rather than causing any delay
- Ongoing audit to chart the improvement in Hypoglycaemia admissions due to change in practice. Guideline for premature babies to change in the near future
- Continue to collect data and monitor progress
- Continue Gratix for excellent work by Team members
- Any other suggestions are welcome

Questions

THANK YOU