Taking Care of Small Babies in a Big Unit: Is a Small-Baby Team Right for You?

Amy Atwater RN, BSN
Quality Improvement Specialist
Helen DeVos Children’s Hospital NICU
Grand Rapids, MI

Amy Atwater is a Quality Improvement Specialist at Helen DeVos Children’s Hospital in Grand Rapids, Michigan. She works closely with the Neonatal and Pediatric Intensive Care Units leading quality improvement projects with multidisciplinary teams. As an active participant in Vermont Oxford Network Quality Improvement Collaboratives since 2002, she uses her skills as a facilitator to plan and promote the implementation of best practices to improve outcomes and standardize care. She is currently seeking a master’s degree in Public Administration and Health Care with an emphasis in quality and safety and becoming a Bronze certified facilitator. She had an opportunity to be on the planning committee for the new children’s hospital and was responsible for identifying, developing, and coordinating work teams needed for the transition to a single rooms design. Prior to becoming involved in quality improvement activities, Amy worked as a bedside clinician and eventually assumed a supervisory role for 12 years in Labor and Delivery and Neonatal Intensive Care.

Brandi Brewer BS, BSN, RNC-NIC
Staff Educator, Gerber Neonatal Center
Helen Devos Children’s Hospital
Grand Rapids, MI

Brandi Brewer is a nurse educator at Helen DeVos Children’s Hospital in Grand Rapids Michigan. She oversees the educational needs for over 300 neonatal staff. As the project lead for the small baby unit she has been responsible for leading a multidisciplinary team in the planning, development, and implementation of all education and ongoing support for the SBU. Her innovative educational approach for adult learners in this project was highly successful and gained attention from the highest leadership levels at Spectrum Health and within Helen DeVos Children’s Hospital. Brandi has been a participant in the Vermont Oxford Network Quality Improvement Collaborative since 2005. She has also worked extensively on quality improvement in the NICU using LEAN methodology to promote best practice while eliminating waste and improving family experience. Her nursing career has transitioned from bedside nurse and neonatal transport nurse, to more formal leadership roles.

Alisha Tichenor MSM, NNP-BC
Lead Neonatal Nurse Practitioner
Helen DeVos Children’s Hospital
Grand Rapids, MI

Alisha Tichenor MSM, NNP-BC is the Lead Neonatal Nurse Practitioner at the Helen DeVos Children’s Hospital Neonatal Center. She serves as a provider as well as in leadership role on the unit. She has worked as a NNP in a large level IV NICU for 11 years and manages a team of 15 NNP’s. In her role she
routinely cares for critically ill babies from the delivery room to discharge. Her NNP group also leads the transport team in the regional transport of babies to children’s hospitals. In her role she provides guidance and mentoring to residents and novice nurse practitioners. In 2011 she became actively involved in collaborative quality improvement and was an influential leader in the training and implementation of Neonatal Abstinence Syndrome management at HDVCH. Her passion is delivery room management and the care of extremely premature infants. She has been a key team member in the development, implementation, and ongoing leadership of the small baby unit.

Breakout Session, Saturday, October 3, 2015 and Sunday, October 4, 2015
Taking Care of Small Babies in a Big Unit: Is a Small-Baby Team Right for You?

Objective: Evaluate the rationale, feasibility as well as pros and cons of developing a small baby team to improve outcomes for micro-premature infants.
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Disclosure
The following speakers of this presentation have no relevant financial relationships or commercial interests to disclose:
- Brandi Brewer
- Alisha Tichenor
- Amy Atwater

Our BIG problem with small babies
HDVCH NICU 2013 data for infants <27 weeks gestation

<table>
<thead>
<tr>
<th>Morbidity</th>
<th>Survivors</th>
<th>Total</th>
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<tbody>
<tr>
<td>CLD</td>
<td>61%</td>
<td>36/61</td>
</tr>
<tr>
<td>PMTX</td>
<td>13%</td>
<td>8/61</td>
</tr>
<tr>
<td>Late Infection</td>
<td>20%</td>
<td>12/61</td>
</tr>
<tr>
<td>NEC</td>
<td>11%</td>
<td>7/61</td>
</tr>
<tr>
<td>Severe IVH</td>
<td>8%</td>
<td>5/61</td>
</tr>
<tr>
<td>PVL</td>
<td>0%</td>
<td>0/61</td>
</tr>
<tr>
<td>Severe ROP</td>
<td>38%</td>
<td>23/43</td>
</tr>
</tbody>
</table>

Our story begins…
- Site visit to CHOC
- Atmosphere, not equipment
- Team work
- Breaking down role delineation
- Existing resources
- Its all about culture, Yikes!
- Parent panel

Our Timeline
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Where we are/where we are going

**Philosophy of care**
- Individualized
- Assessment standards
- Two person
- Cue based
- Slow down
- Environment
- Parents
- Providers

Road Blocks

- Changing culture!
- Philosophy of care
- Staff size
- Perception of elitism
- Location. Private vs open bay
- Multi-professional … differing agendas
  - Physician
  - NNP
  - Respiratory
  - Nursing
  - Support staff

Why we failed in the past

- Prior educational approach
- Large staff
- How, not why
- Lack of follow up
- Professional accountability
- Multi-professional disconnect

New approach

- Advertise
- Education is Key!
- Develop a team
- Consistent communication
- Slow down, modify timeline
- PDSA cycles
- Multi-professional leadership team
- Parent advisory council

Educational approach

- Teach the rationale
- Simulation
- Parent voice
- Utilize peer trainers
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## Articles
- Selection of articles
- Online discussion board
- Compensation for time (ceu’s and $)

## Parent Video
- Why are we changing?
- Targeted audiences
- Facilitated discussion

## Simulation
- Content
- Peer trainers
- PDSA cycles
- Changing our language
- Difficult conversations
- Parent involvement

## Executive Leadership Support
- Buy in
- Cheer leaders
- Crucial conversations

## Debrief
- How will you change your practice?
- What will be your greatest challenge?
- What did you like about the class?
- What impacted you the most?

## Implementation-PDSA
- Mentoring xl-5 weeks
- Agents of change, bedside staff are best
- Communication of modifications
- Identify bedside leaders/champions
- Weekly leadership and work group meetings
## Lessons Learned (education)

- Positive feedback
- Staff like to know why
- Simulation was highly successful
- Facilitated parent video was impactful
- Challenges with online discussion board
- Very time/labor intensive

## Lessons learned (barriers)

- Autonomy must be taught
- Physician disconnect
- Respiratory/nursing disconnect
- Burn out
- Recruitment
- Staffing
- Census in SBU

## Successes

- Passion
- Teamwork
- Identification of bedside leaders
- Staff satisfaction/pride in work
- “trickle down”
- Leadership team investment

## Summary

- We do not have data yet
- Highly successful educational approach
- Re-invigorated/passionate staff