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Claire graduated with a Bsc(med sci) first class honors degree in medical microbiology in 1996 and with a medical degree (MBChB) in 1999, both from the University of Edinburgh. After her MBChB Claire focused on progressing her clinical career, soon proceeding into paediatric training. Since 2003 Claire has been involved in collaborative work with the University of Edinburgh, firstly validating robust methods for collecting and extracting high quality RNA from small volume human neonatal whole blood samples and then working as part of the team using these methods to examine neonatal host response to infection. In 2010, Claire graduated with a doctorate of medicine (MD) from the University of Edinburgh, with her thesis entitled “Towards Microarray Diagnosis of Infection in the Newborn”. Claire is currently responsible for her neonatal unit’s infection surveillance programme and has played a significant part in introducing an infection reduction programme to the neonatal unit. Claire is currently a consultant neonatologist based in the neonatal unit of the Royal Infirmary of Edinburgh having taken up post in 2013. She also works at the special care baby unit at St John’s Hospital in Livingston. Claire was elected to fellowship of the Royal College of Paediatrics and Child Health in Nov 2014 (FRCPCH). She retains a keen interest in neonatal infection and has ongoing involvement in studies in this area. She is passionate about continually improving care for newborn babies and their families and is local clinical lead on the Scottish Patient Safety Programme clinical reference group. She is a founding member of her neonatal unit’s Newborn Care Collaborative, the aim of which is “getting is right for every baby and family every time”.

Annual Quality Congress Plenary Session Improvement Story, Saturday, October 3, 2015
It’s Good To Talk: Improving Communication in the Neonatal Unit
2015 Annual Quality Congress Improvement Story

**It’s Good To Talk: Improving Communication in the Neonatal Unit**

*Neonatal Unit, The Simpson Centre for Reproductive Health, Royal Infirmary of Edinburgh, Scotland, UK*

Dr Claire L Smith BSc med sci, MBChB, MD, FRCPCH

**Setting**

- Large teaching hospital in Edinburgh
- 7000 inborn deliveries per annum
- Tertiary Centre to a further 3 maternity units
- 39 bedded unit
- Around 900 admissions per year
- 133 babies <30 weeks or <1500g
- Staff team of over 150

**Aim**

To improve the quality and consistency of communication between staff and parents by June 2015:

- Increase documented parent communication in 1st 24 hours from 60% to 100%
- Standardise written and electronic information received by parents
- Enhance opportunities for parent feedback

**Drivers**

- Improve compliance in reading team safety brief
- Enhance opportunities for service quality improvement through parent feedback
- Improve medical handover consistency
- Increase compliance in documentation of discussions with parents by senior clinician by 24 hours

**Interventions**

- Electronic record modified
- Group feedback
- Individual feedback
- Named feedback
- New parent information leaflets designed
- Consistency in information between PILs and Babylink
- YouSendIt
- Getting Better... Together tree
- Parents members of Newborn Care Collaborative
- Use of SBAR for handover
- Quality of SBAR feedback measured
- Use of learn brief and handover scorecard

**Disclosure**

Claire L Smith does not have any financial arrangement or affiliations with a commercial entity.

Claire L Smith will not be discussing the unlabeled use of a commercial product in her presentation.
Methods

• Electronic patient record amended: accurate audit of parent communication.

• Standardised process ensure consistency between the information contained in parent information leaflets and the neonatal unit website (https://babylink.scot.nhs.uk)

• Parent experience questionnaire

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• Parent experience questionnaire
• “You said we did” box was introduced with responses to comments displayed on our “Getting Better…. Together” tree

Measures
Quantitative
Percentage of babies parents who had documented communication with a senior member of the clinical team within 24 hours of admission for all admissions to the neonatal unit

Qualitative
Comments from “you said we did” box
Feedback from parent questionnaires
Parent member input to Newborn Care Collaborative

Data / Results
Percentage of babies for whom there was documented communication with parents by a senior doctor/ANHP within 24 hours
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Discussion/ Next Steps

- Improved consistency of information received by parents
- We have learned a lot: parent involvement is key to effective change
- Aim to increase parent involvement further
- Aim to produce more parent information
- Improving communication between staff
- Come and visit our poster at the learning fair: E8

Acknowledgments

- All of the staff and parents of the Newborn Care Collaborative
  - Julie-Clare Becher, Yvonne Freer
  - Carol Robertson