

# A national approach to reducing term admissions to neonatal units

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## Introduction



Term admissions at  $\geq 37$  weeks' gestation to the neonatal unit (NNU) can have a range of negative consequences:

- separation of mother and baby, which can have a lasting effect on maternal and infant mental health and breastfeeding
- increased unnecessary medical interventions,<sup>1</sup> and
- unnecessary stay in the NNU with added cost to families and NHS.

The reasons for term admissions are multi-factorial. The Maternity and Children Quality Improvement Collaborative (MCQIC) supports NNUs with an analysis of the top reasons. Nationally, these are respiratory disease, infection, hypothermia, hypoglycaemia, jaundice and encephalopathy.

Scotland has witnessed a rise in the number of term babies admitted to the NNU.<sup>2</sup> Of all admissions, it's estimated around 20% could be preventable.

Therefore, MCQIC began a national improvement project to reduce term admissions to the NNU. NHS boards were supported to set their own improvement aim to suit the local context.

## Results

Currently, 11 out of 14 NHS boards across Scotland are actively working on process and outcome measures.

Although the project is still in the early stages of implementation, data is building at both local and national level to give an idea of improvement progress.

So far, a 25% reduction in the rate of term admissions to the NNU has been achieved (Figure 1). This is attributed to the improvements NHS boards have made to practice using the MCQIC measurement plan.

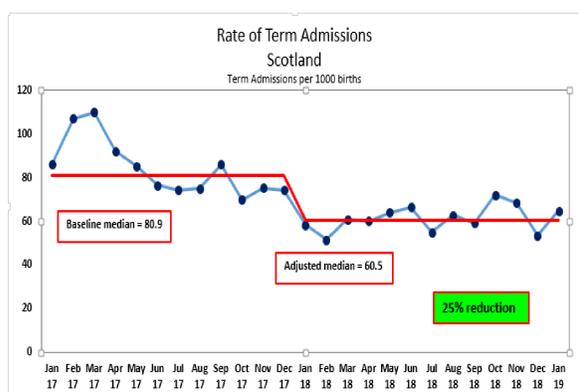


Figure 1: Run chart showing rate of term admissions in Scotland

## References:

1. NHS Improvement. Reducing admission of full term babies to neonatal units. Available at: [www.improvement.nhs.uk/resources/reducing-admission-full-term-babies-neonatal-units/](http://www.improvement.nhs.uk/resources/reducing-admission-full-term-babies-neonatal-units/) (accessed January 2016).
2. Ford S (2017) Do not separate neonates with common illness from mothers 'in most cases' *Nursing Times*. Available at: [www.nursingtimes.net/news/reviews-and-reports/no-need-to-admit-neonates-for-common-conditions/7015932.article](http://www.nursingtimes.net/news/reviews-and-reports/no-need-to-admit-neonates-for-common-conditions/7015932.article)

## Method

The national MCQIC team has supported NHS boards in a number of ways.

- **Collaborative approach to improvement:** building positive working relations between maternity and neonatal services.
- **Project management tools:** providing a driver diagram, measurement plans, communication and engagement strategies, for example promoting weekly huddles and SBAR tools for communication.
- **Support with identification of current process:** run charts, process mapping, cause and effect diagrams, and system thinking approach.
- **Quality improvement methodology:** support with small-scale, rapid-cycle Plan Do Study Act (PDSA) testing, informal teaching on quality improvement, and providing run charts.
- **Increasing stakeholder engagement:** providing platforms for teams to share learning through project surgeries, WebEx and national learning sessions.

## A focus on prevention of hypothermia

Nearly all NNUs focused on prevention of hypothermia. A variety of change ideas (Figure 2) were tested using the Model for Improvement with the impact of hypothermia admission shown in Figure 3.



Day care centres for older people across the country have donated knitted hats. Pictured in Figure 4 are the 'chicks with sticks' knitting hats for local hospitals.

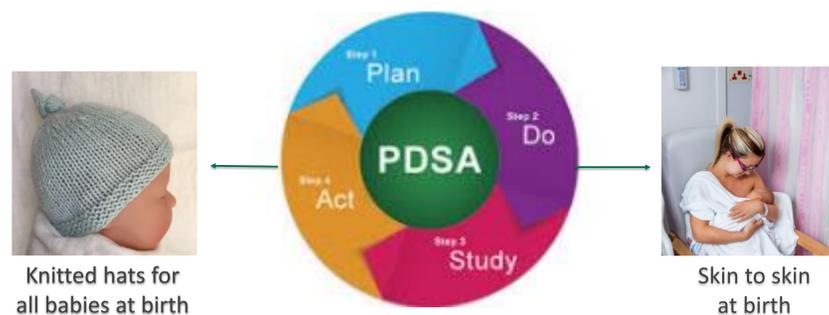


Figure 2: Examples of change ideas

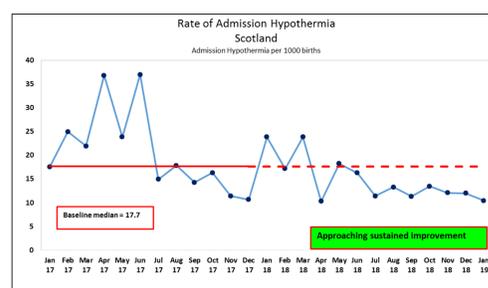


Figure 3: Rate of hypothermia admission in Scotland



Figure 4: Picture courtesy of Bellshill Daycare

## Conclusions

Working in collaboration and providing opportunities to share and learn enthuses and motivates teams to make a change. Making positive changes at local level will in turn impact national improvement.