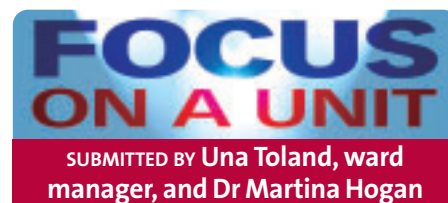


NHS initiatives: promoting safe and effective care



Craigavon Area Hospital is located twenty miles south of Belfast on the shores of Lough Neagh, the largest lake in Ireland. There are 3,900 deliveries a year and approximately 10% of these infants require admission to the 15-cot neonatal unit. The unit has three intensive care, four high dependency and eight special care cots and also provides neonatal intensive care for infants from the neighbouring neonatal unit in Daisy Hill Hospital, Newry.

Frontline staff in the multidisciplinary team are encouraged to lead change, which is locally led, quality driven and patient centred. Standards have been raised through empowerment of staff and parents in the delivery of care to sick infants. This article focuses on the ways in which staff at the unit have addressed these topics.

Clinical governance is embedded into practice, staff across the team are encouraged to report clinical incidents and to look for new ways of working – to learn from experience in an effort to reduce or eliminate incidents.

Working closely with the neonatal pharmacist prompted the introduction of a separate prescription sheet for gentamicin which has led to a significant reduction in associated drug errors. This improvement sparked interest at the Northern Ireland Neonatal Networking

Group who were keen to adopt the idea. The prescription sheet has also been rolled out to midwifery colleagues for use in postnatal wards.

The introduction of weekly random neonatal safety checks has heightened awareness among nursing staff of the need to adhere to safe working practices. A checklist is compiled for a number of pre-identified error-prone activities. The intention is to identify erroneous and error-prone situations and increase awareness of staff on the frontline. Audits are in real-time, assessing actual practice and the immediate feedback allows for rapid awareness and change in practice where necessary.

Audit standards include:

- Armband checks
- Identification of intravenous and arterial lines
- Safe drug prescribing and administration
- Legibility and accuracy of documentation and care plans.

The successful implementation of the nursing handover sheet has replaced the former top-down approach to handover at shift change. The sheet is updated daily and ownership lies with the named nurse. Staff at all levels have been encouraged to deliver concise handover on infants in their care. The proforma for the handover remains at the cotside ensuring that

parents are kept up-to-date and become partners in their infant's care. The handover sheet is used by the multidisciplinary team and has become a valuable resource on the ward round.

Continuous monitoring of performance and improving patient safety has resulted in the creation of a neonatal dashboard.

Performance against available local, regional and national standards has been mapped and displayed in simple traffic light-coloured graphics. This has been used as a tool to identify trends in performance and has helped inform decisions on service provision.

As many of the indicators are important to staff and the public, the dashboard is displayed prominently in the unit for all to view. Examples of information on display are:

- Occupancy and activity levels
- Uptake of mandatory training in child protection and infection control
- Compliance rates from hand hygiene audits and results of cleanliness audits.

The over-capacity incidence shown on the graph led to a risk assessment and funding for additional neonatal nurses was provided in a timely fashion.

The effectiveness of care from the parents' perspective is measured through distribution of parent satisfaction surveys and 'We value your views' comment slips. This gives insight into how care is regarded from outside the unit and fulfils a management requirement that was set to get users involved in monitoring the quality of care.

For all neonatal staff, keeping up-to-date with best practice and change is challenging. Within the unit there have been several developments which aim to ensure the team have access to the knowledge and information needed to deliver safe, effective care.

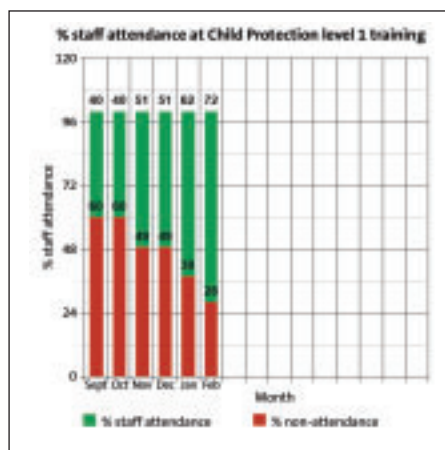
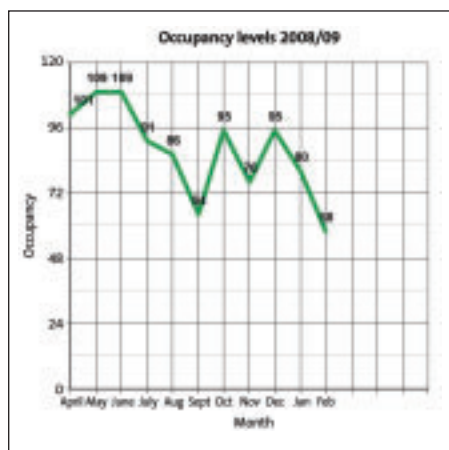
The weekly "Tuesday Club" is a creative way of bringing staff together to discuss and review case management issues and to learn about changes in practice. In addition to the online neonatal guidelines available on the hospital intranet, the unit has a "live"



The neonatal pharmacist and an ANNP review a neonatal patient's Gentamicin drug Kardex.



Ownership of the handover sheet lies with the named nurse. Staff at all levels have been encouraged to deliver concise handover information on infants in their care.



Examples of graphs from the neonatal dashboard.

Left: Percentage occupancy levels in the unit over the last number of months.

Right: Attendance levels at compulsory training sessions on child protection. The intention of this display is to provide a gentle reminder to staff to attend important training sessions.

Guidelines and Governance Bulletin Board to complement all other forms of communication. The use of acronyms and short simple messages helps to keep staff alert.

Examples include:

- What's new in the jaundice guideline
- Easy steps to change from CMV to HFOV
- Do you know the "Wiggle" signs in NNU in relation to effective oscillation and X-ray positioning of central lines? Participation in "Drill and Skill" scenarios provides opportunity for staff to enhance knowledge and skills. Neonatal resuscitation, management of a pneumo-thorax and cooling an infant

with neonatal encephalopathy are recent examples.

The implementation of Nursing Clinical Supervision is a supportive forum for staff to reflect on and develop practice as well as promoting a learning environment. With trained supervisors now in place, all nursing staff can benefit from 1:1 or group supervision.

Craigavon neonatal unit was proactive in establishing the Northern Ireland Neonatal Benchmarking group which continues to meet regularly. Best practice initiatives relating to skin care, proper positioning and transportation of sick infants have been implemented.

The unit was the first in Northern

Ireland to train and introduce the role of the ANNP. With a team of four now in place, quality initiatives remain at the heart of their work. The establishment of the ANNP-led Rapid Review Rainbow Clinic ensures timely access to the neonatal service by community professionals after infants are discharged from the unit.

The ANNP will see, assess and treat neonates up to 28-days-old for minor ailments, following referral from the Community Midwife, Health Visitor or GP. Prompt referrals, access to the Rainbow Clinic and reduced waiting times for appointments have resulted in reduced need for hospital admissions. The clinic has become a valuable resource for concerned community professionals.

The Respiratory Syncytial Virus Immunoprophylaxis Clinic is co-ordinated and led by one of the ANNPs. Yearly audit cycles have demonstrated that this clinic has a high compliance rate, low waiting times at the clinic, low re-admission rates and a decrease in the cost per patient for palivizumab vaccine.

Over a six-year period 201 infants were given palivizumab, with <1% infants admitted with RSV-positive bronchiolitis. Waiting times have been reduced from over 90 minutes to an average of five minutes, achieved through close liaison with the pharmacy department. Forty-eight hours prior to the clinic parents are required to phone in with an up-to-date weight of their infant. The prescription goes to pharmacy prior to the clinic and the vaccine is prescribed on an individual basis. The involvement of the hospital pharmacy service in the preparation and supply of sterile solutions in a ready-to-administer form improves patient safety and ensures complete traceability of the product.

The processes described above have been made as a result of several NHS initiatives over recent years aimed at improving safety and standards of patient care. The staff at Craigavon neonatal unit have wholeheartedly embraced these initiatives and feel that its patients are cared for in a demonstrably safer and more caring environment.

Is your unit special?

Why not contribute to our focus on a unit feature?
Contact kate@infantgrapevine.co.uk