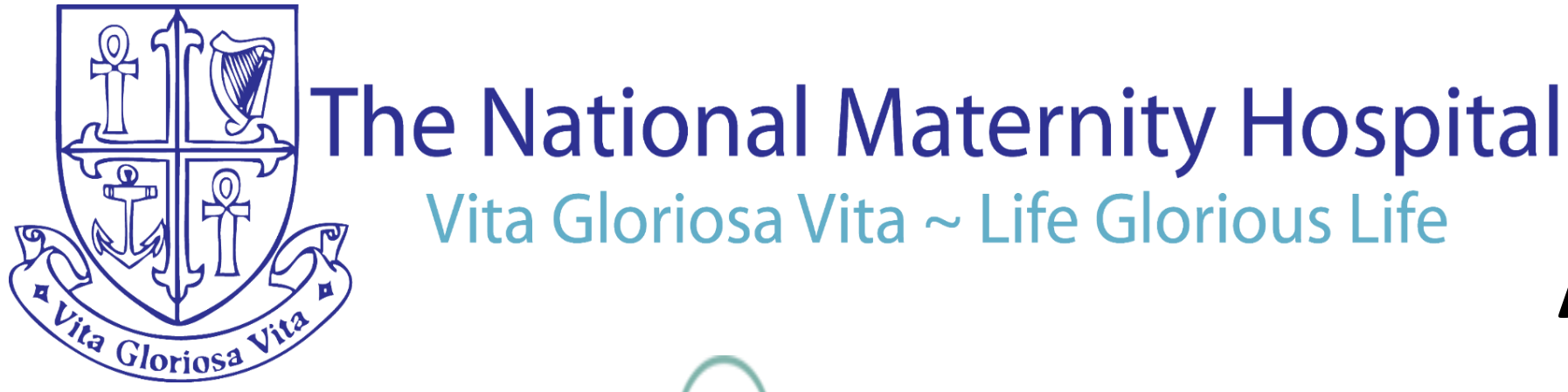


Facilitating Early Discharge Home of Haemodynamically Stable Preterm Infants with Specialist Neonatal Nursing Support and Follow up. A Quality Improvement Initiative.



Author: Ciara Murphy CNS Neonatal Discharge Coordinator



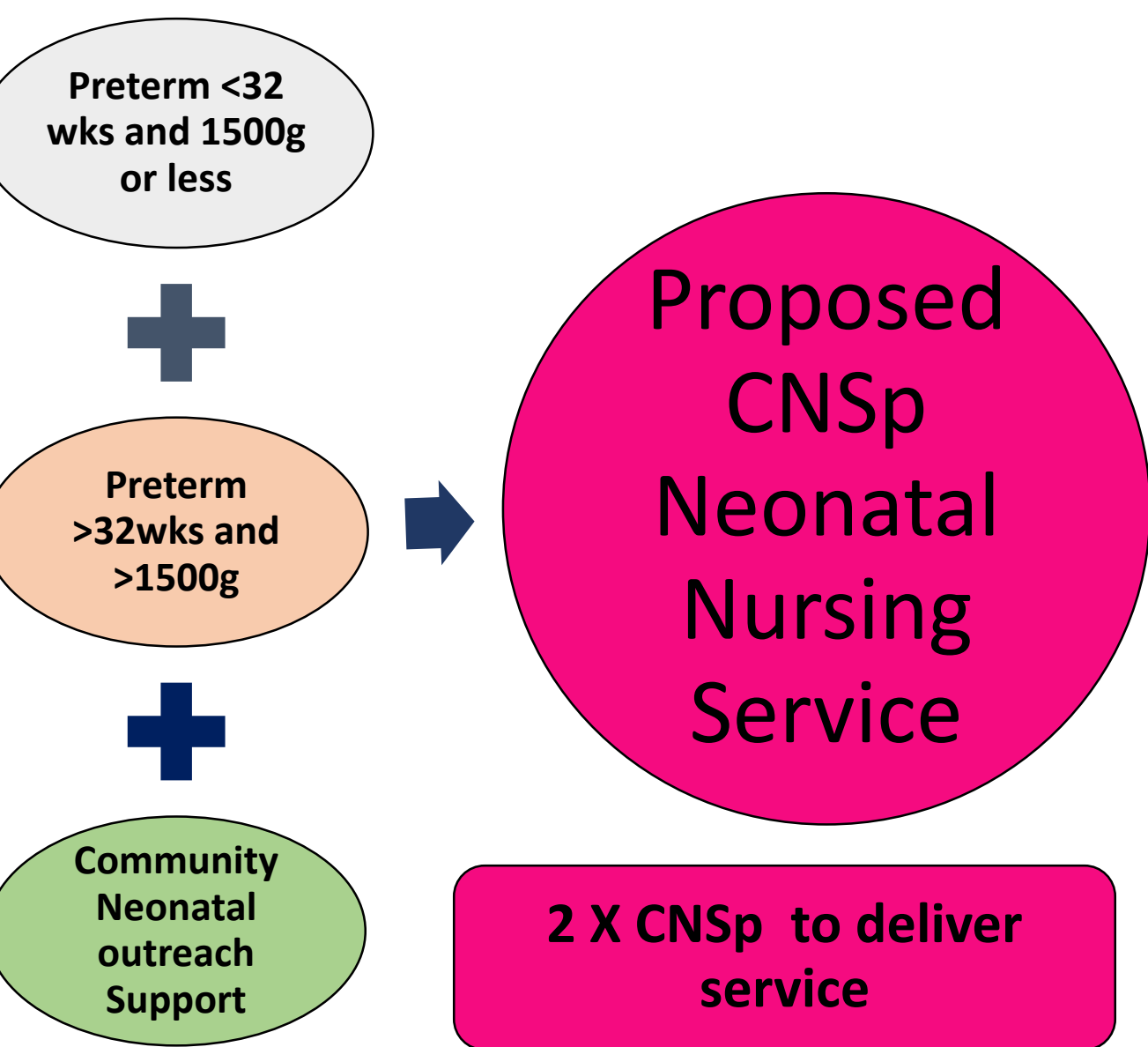
INTRODUCTION

Premature and sick babies in NNUs around Ireland require full oral feeding as one of milestones to be discharged home. Therefore, inadequate oral feeding is a barrier to discharge from NNU. At present, haemodynamically stable infants > 35 weeks that require Nasogastric Tube Feeds due to immature coordination of the suck swallow breath pattern remain in NNU.

Could Special Care be provided in the home environment safely by the family with specialised neonatal nursing support?

Public Health Nurses who do not have Specialised Neonatal Care Nurse training often report that caring for these babies is outside their scope of practice.

Examining UK, Germany and USA STUDIES, Community Neonatal Specialised Nursing Services have a positive impact on both Family and Acute Hospital Services, by reducing the length of stay of babies in SCBU /NNU (1,2,3,4,5). A Pilot Scheme in NNU, NMH is proposed to ascertain if the addition of one CNSp Neonatal in Discharge Planning could bring the suggested change to the current service by expanding the caseload to moderate preterm population and extending nursing care into the community .



Photos courtesy of L Collins CNM2

Slainte Care Strategy



Community-based care expansion: "An expanded set of services will be available at home and in the community, which will better meet the needs of the population and shift activity into a more accessible and cost-effective setting. There will be very significant workforce implications, with a need to expand community-based resources while also enabling change in terms of how the collective workforce operates to deliver this expanded vision" **Slainte Care Strategy**

AIMS AND OBJECTIVES.

Aim: To implement a specialised community nursing support for the family and hospital services of Special Care Babies.

Objective: Expanding current CNSp caseload to community care and moderate preterm infants to benefit both hospital services, babies and their families.

Goal: Achieve oral feeding 50% bottle/breast and topping up with nasogastric tube feeds for Early Discharge with home support.

Hospital Benefits

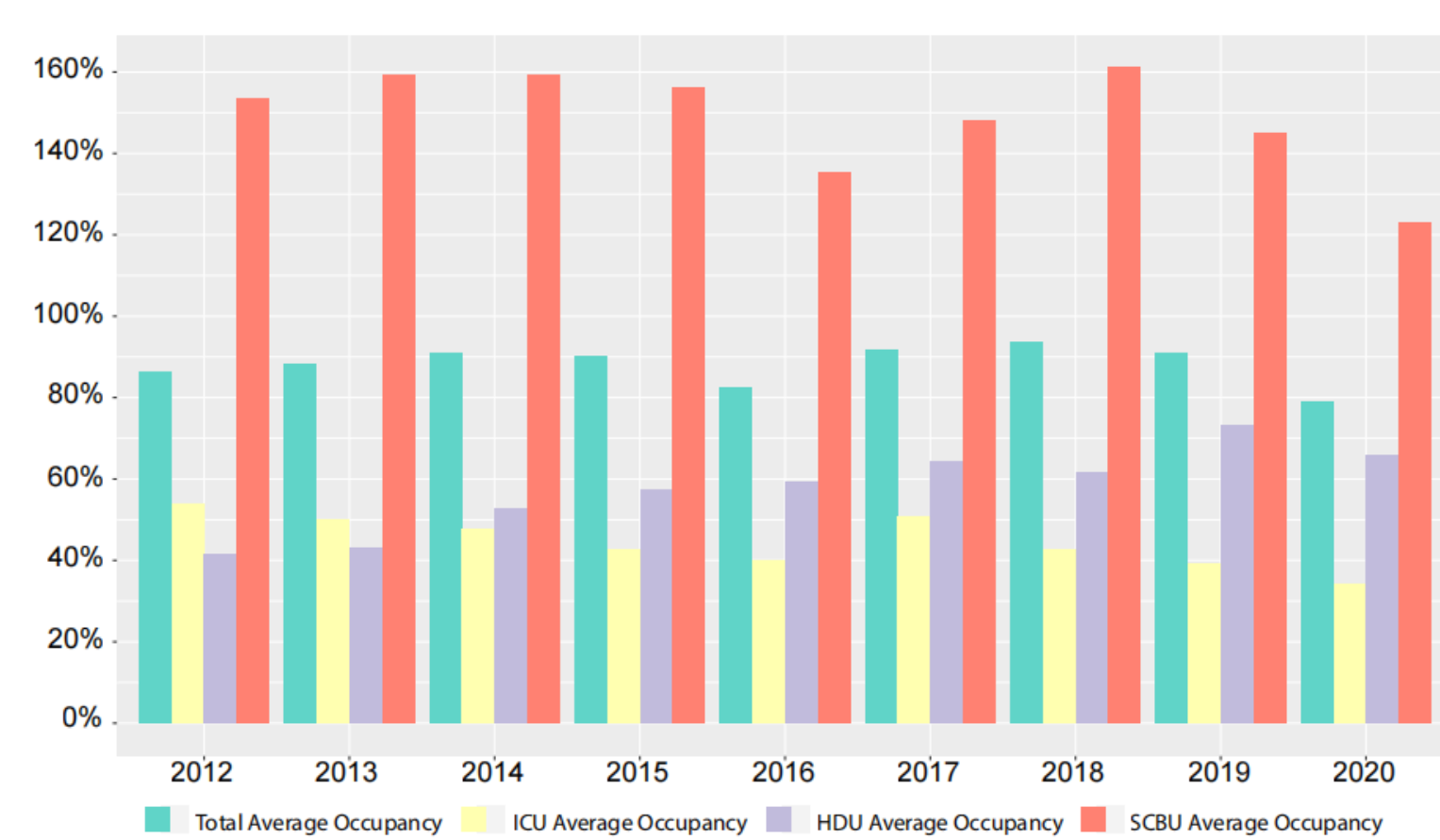
- ✓ Reduce length of Stay ,
- ✓ Reduce Nosocomial infections and use of single room spaces
- ✓ Reduce clinical risk and increase quality .
- ✓ Better patient Flows thereby improving Service Provided by NNU
- ✓ Better integration with Community Care, Enhanced Community Care (Slainte Care Strategy).
- ✓ Optimise the use of NNU cots and Specialised Nurses

Family Benefits

- ✓ Empowering Parent care giving and involvement
- ✓ Increase Breastfeeding Rates, Bonding ,Positive Infant Mental Health
- ✓ Family Integrated Care Support
- ✓ Reduce GP ,AE Visits and Hospital Readmissions
- ✓ Improved Baby Developmental Outcomes
- ✓ Decreased parental anxiety and depression
- ✓ Reduced drain on financial family resources.

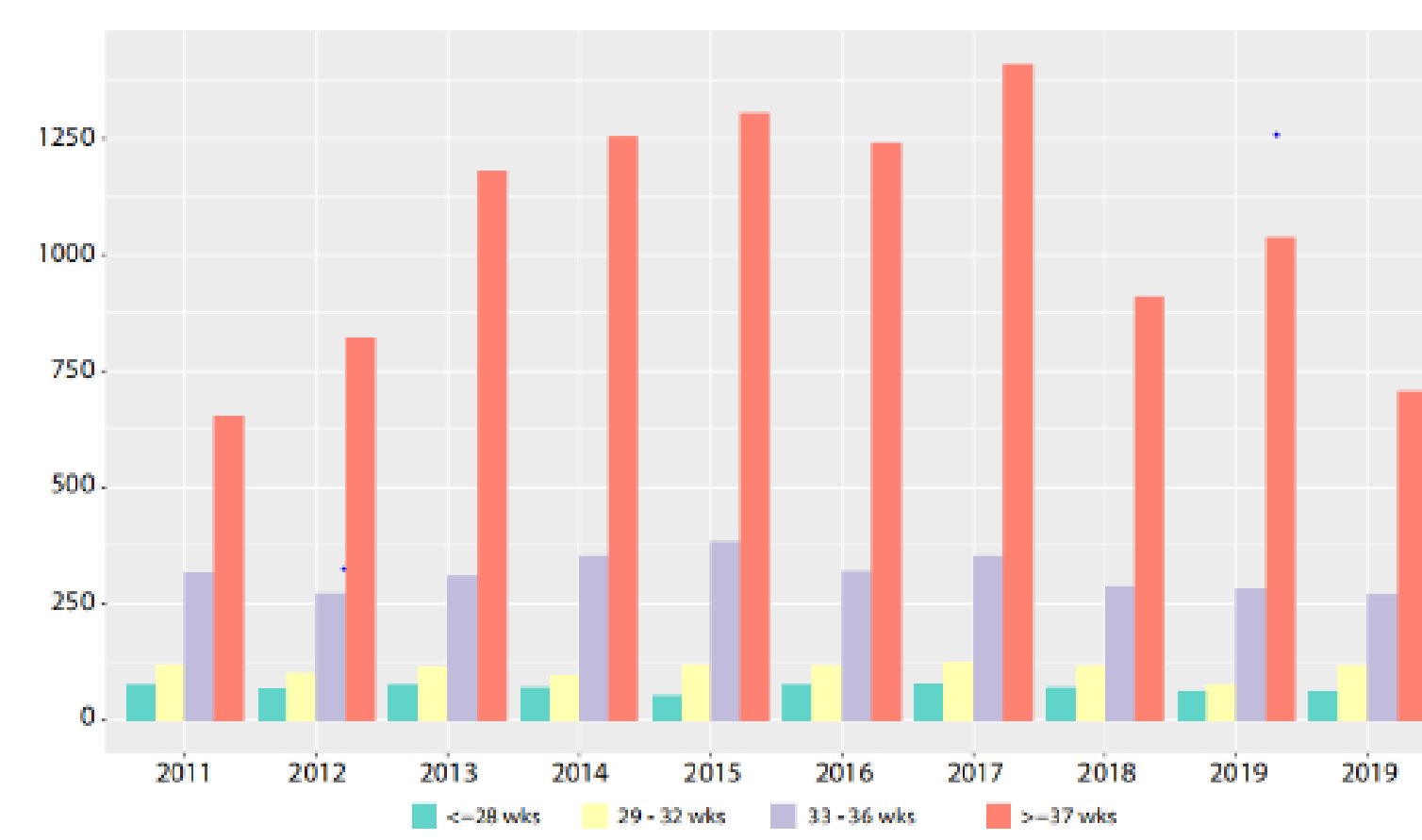
Data Analysis from NNU, National Maternity Hospital

NICU occupancy rates



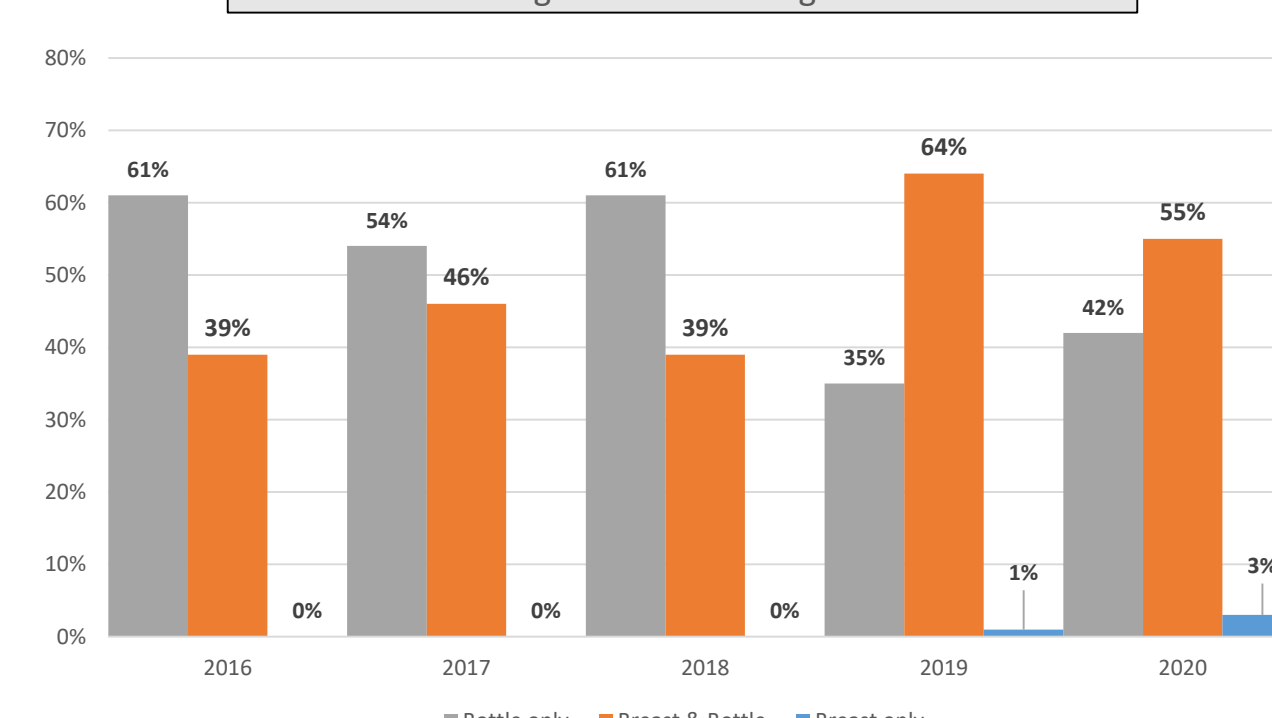
Occupancy rates each year is over capacity

1.4 First time admissions by Gestational Age for Inborn and Outborn Infants



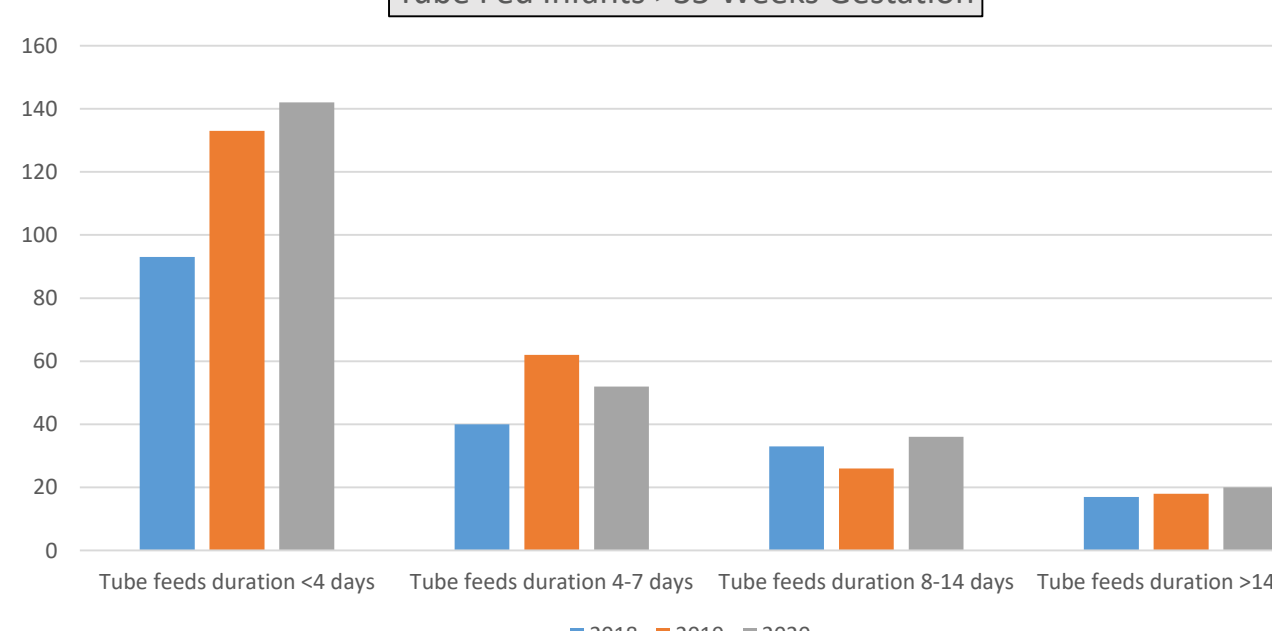
Babies >33 weeks dominate admissions .

Oral feeding method in the NNU by infants born <31 weeks gestation or 1500gs



Exclusive breastfeeding only 3%

Tube Fed Infants >35 Weeks Gestation



Data shows 0% discharged home exclusively breastfeeding.

Length of Stay of babies NG tube feeding over 35 weeks

CONCLUSION

Studies have shown that keeping NNU families together and involved in their baby's care is key to having a positive experience. Facilitating early discharge reduces the length of stay in NNU and empowers parents beyond NNU by reducing their anxiety and stress levels. It is envisaged that community nursing specialist support will provide a 5 day service that includes home visits, telephone and virtual contacts, breast feeding support and insertion and removal of nasogastric tube. This service will have a positive impact on Infant development and mental health, families and hospital services. A pilot scheme targeting CH06 is suggested for a year as a benchmark to developing and expanding the new service.

KPI (key performance indicators):

1. Feedback Questionnaires targeting parents, Hospital staff, MDT in Hospital and Community, PHN GPs in Community
2. Using CNCMS to gather data to analyse service.
3. Cost analytics
4. Measure of Quality of Care. Risks Versus Benefits of service

Limitations: Further data to be analysed includes examining length of stay of preterm infants aged >32 weeks in NNU over 35 weeks that are fit for discharge but still remain in NNU for feeding tube support .

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