A QI Project to Decrease Suboptimal Patient Transfers from the Neonatal Intensive Care Unit to the Special Care Nursery

Douglas K1, Eriobu C2, Barnhill K2, Allis K2, Sanderson A2, Tumin D1, Akpan US1
1Brody School of Medicine at East Carolina University 2Vidant Medical Center, Greenville, NC

AIM

To decrease the number of suboptimal transfers from the NICU to the Special Care Nursery by 50% in 9 months

*Suboptimal transfer - discharge within 72 hours of transfer or return to the NICU within 5 days of transfer.

METHODS

• Multi-disciplinary team formed
• Baseline data collected over 15 months
• Transfer checklist designed
• Transfer algorithm designed
• 3 staff surveys completed – start, midway and end of the improvement period.
• Monitoring done for sustained improvement for 6 additional months after improvement period

Measures

• Outcome measures:
  • The percentage of suboptimal transfers monthly
  • The percentage of parents notified before transfer (goal 95%)

• Process measures:
  • The percentage of patients with a completed transfer checklist
  • The percentage of staff that report satisfaction with the transfer process (goal 30%)

• Balancing measure:
  • The percentage of providers who report increase in the burden of the transfer process (goal ≤ 50%)

RESULTS

PDSA 1
Baseline data collection
First staff survey completed

PDSA 2
Transfer algorithm designed
Second staff survey completed

PDSA 3
Checklist modified
Algorithm posted in key clinical areas
SCN and NICU nurses use transfer checklist for report before transfers

DISCUSSION

• Lack of a well-defined transfer process, designated person responsible for transfer decisions and poor parent notification rate before transfers identified in initial survey
• Several multi-disciplinary interventions implemented including transfer checklist and algorithm implementation
• Checklist comprised of transfer eligibility criteria and tasks to be completed before transfers
• Repeat survey indicates significantly increased staff satisfaction with the transfer process and parent notification rate, without undue burden reported.
• Difficulty reaching outcome goal of decreased suboptimal transfers due to staffing/census changes due to COVID-19 pandemic
• Transfer note more consistently completed than checklist as checklist is a paper document
• Plans ongoing to incorporate checklist into the electronic medical records.

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