Gotta Lose The Baby Wait

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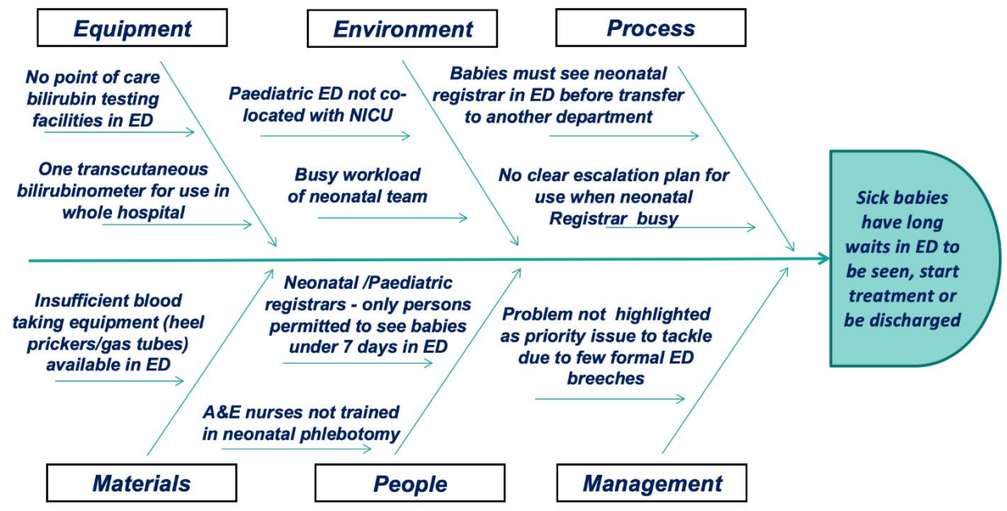
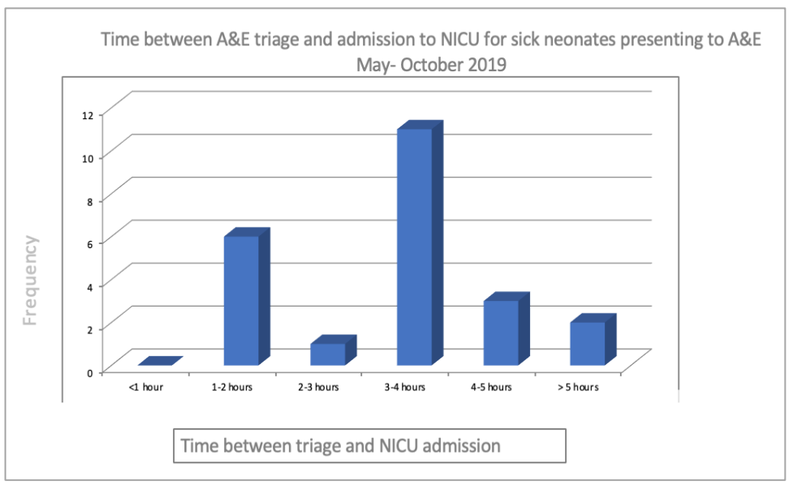
Problem

- Within 6 months 10 babies waited over 3.5 hours from triage in ED to starting emergency treatment in NICU
- **Median waiting time in the emergency department for all babies under 7 days was 3.31 hours**

Sick babies have long waits in our emergency department. Delayed treatment could result in brain damage and there is also a real risk of death.

Diagnostics





Aim

By February 2020 median length of stay in ED for neonates under 7 days will be reduced from 3.5 to under 2.5 hours

Change Ideas

- Joint education sessions/Highlighting awareness
- Establish escalation plan when babies not seen
- Implementation of Transcutaneous bilirubin testing at triage

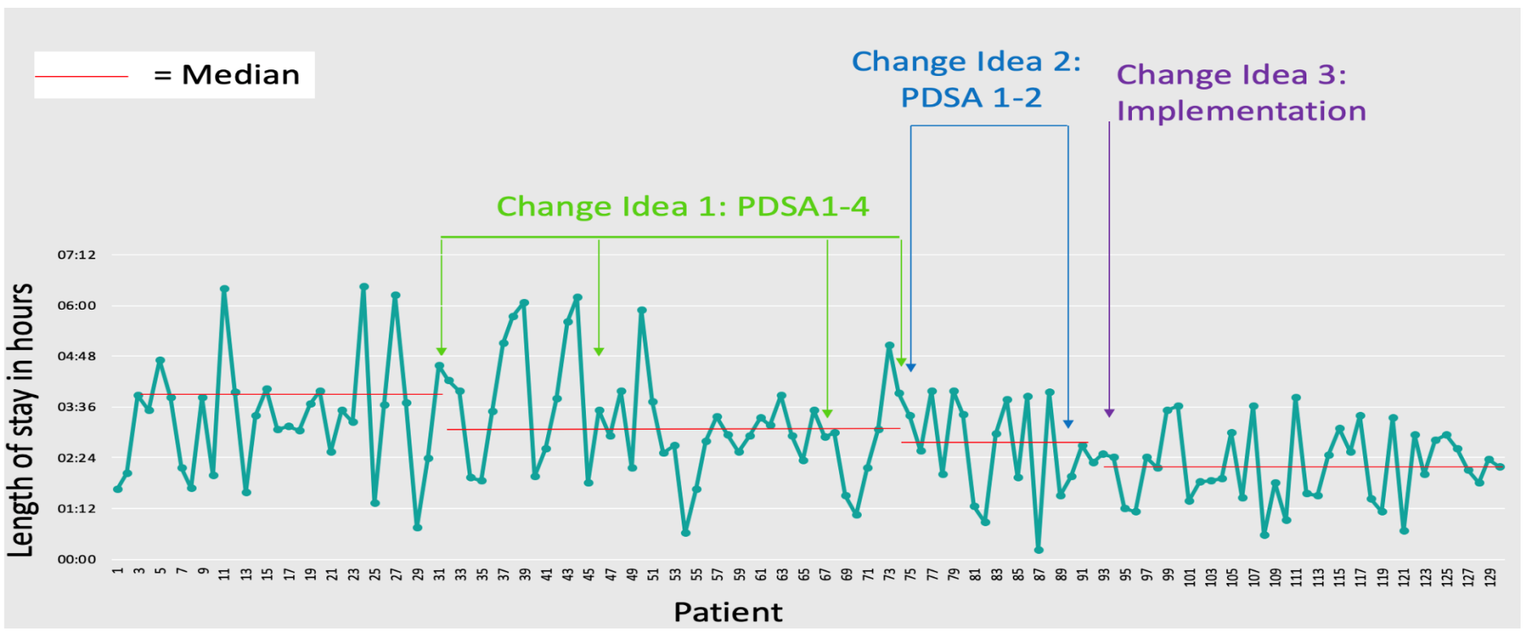
Goal Wait

Sick babies no longer wait extensively in our Emergency department. Median length of stay dropped by 85 minutes (03:31 - 02:06 hours).
Our babies have earlier clinical decisions made & are safer

PDSA Cycles

PDSA Test #	PLAN	DO	STUDY	ACT
1a	**Information sharing:** Highlighting problem to departmental lead & neonatal registrars	Face-face meeting & presentation	Support given, change ideas offered escalated importance of issue in department	Share information with ED team, update change ideas
1b	**Information sharing:** with ED team	Presentation and WhatsApp message	Some reduction in variability in waiting times, idea for clear escalation plan	Build escalation plan with MDT team & prep dissemination
1c	**Idea sharing**: with cross trust peers	Small group presentation & discussion	Increased confidence in presenting issue, confirmation on process taken	Present updated progress to ED/Neonatal team
1d	**Update feedback** to collective MDT at local quality & Safety meeting	Presentation with bulletin follow-up	Reduced waiting times following further highlighting of issue, further call for clear escalation plan	Formulate escalation plan
2a	Formulate **escalation plan**	Written escalation plan formulated agreed with all consultants involved	Consensus consultant support gained	Distribute escalation plan to ED & neonatal teams
2b	Disseminate **escalation plan**	Escalation plan presented &placed on shared drive	Escalation plan accepted well and used, some further reduction in length of stay	Keep and reassess
3a	MDT business plan to purchase **Transcutaneous bilirubin machine**	Meet with Consultants ED/Neonates to build business plan for Transcutaneous bilirubinometer	Spare transcutaneous bilirubinometer located and unused in linked department.	Implement training for ED nursing staff to implement use
3b	Dissemination of **Transcutaneous bilirubin for used at ED triage**	Demonstration given to ED nurses, user guide sheet written	Transcutaneous bilirubin readings undertaken at triage, communicated to Registrar →reduced length of stay	ED nurses to continue to teach other nurses. Reassess

Results



Reflection & Learning

- Don't underestimate the power of stake holder involvement
- Engaging multi-discipline teams can cultivate greater sustainable change.
- Next steps include sustainability of ensuring short waiting times for some of our most vulnerable patients

QI Change Champion
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