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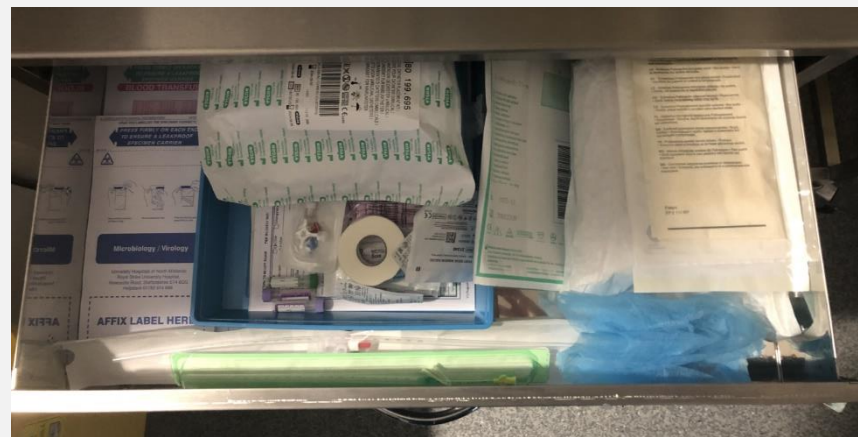
Background

The "Golden hour" concept for extreme preterm babies gives better long-term outcomes. Doctors lose valuable time gathering the equipment to meet this target. Every second wasted puts the baby at increased risk of a worse outcome.

20% of our extreme preterm babies received intravenous antibiotics within 60 minutes of life and 10% had infusions running via the UVC within the hour.

Diagnostics

When surveyed – staff took 6 minutes and 15 seconds to gather the equipment needed for umbilical lines and medication / fluid prescribing.



Aim

Improve timing for administration of intravenous antibiotics and intravenous fluids within Golden Hour

Chosen measure

- Time taken for line insertion of UVC off LOCSIPP proforma

Inclusions

- All babies born at UHNM under 28 weeks gestation admitted to the neonatal unit

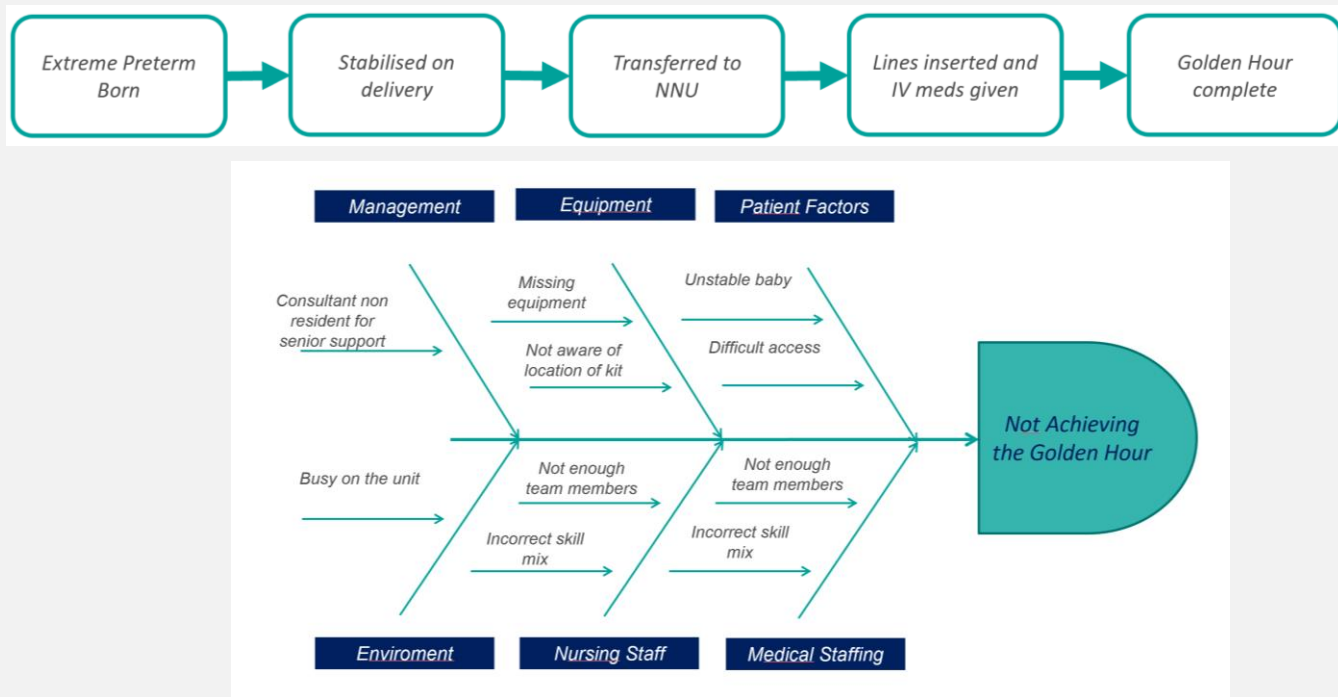
Exclusions

- Babies under 28 weeks gestation who delivered at another trust and were transferred in to UHNM.

Sampling method & frequency

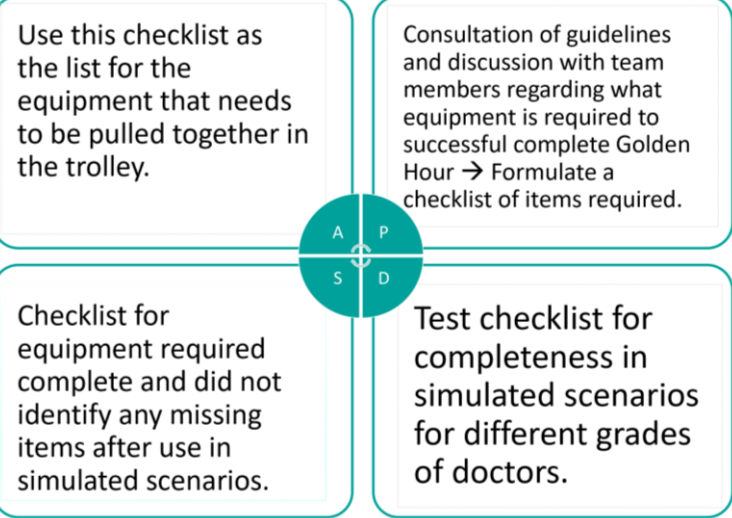
Retrospectively look at the last 15 babies born, and then look for improvements in the next 10 babies

Understanding the problem...

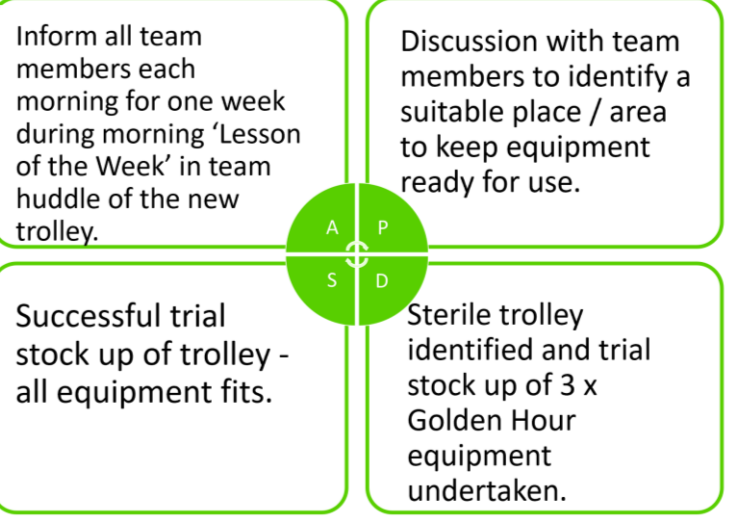


PDSA cycles

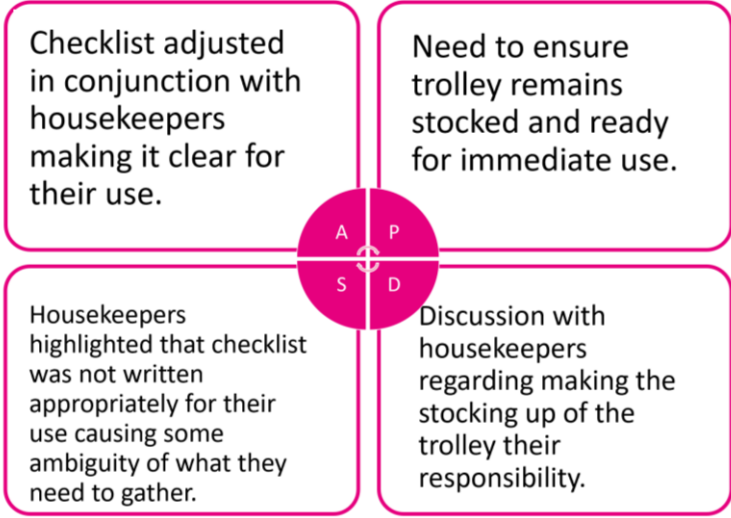
PDSA 1



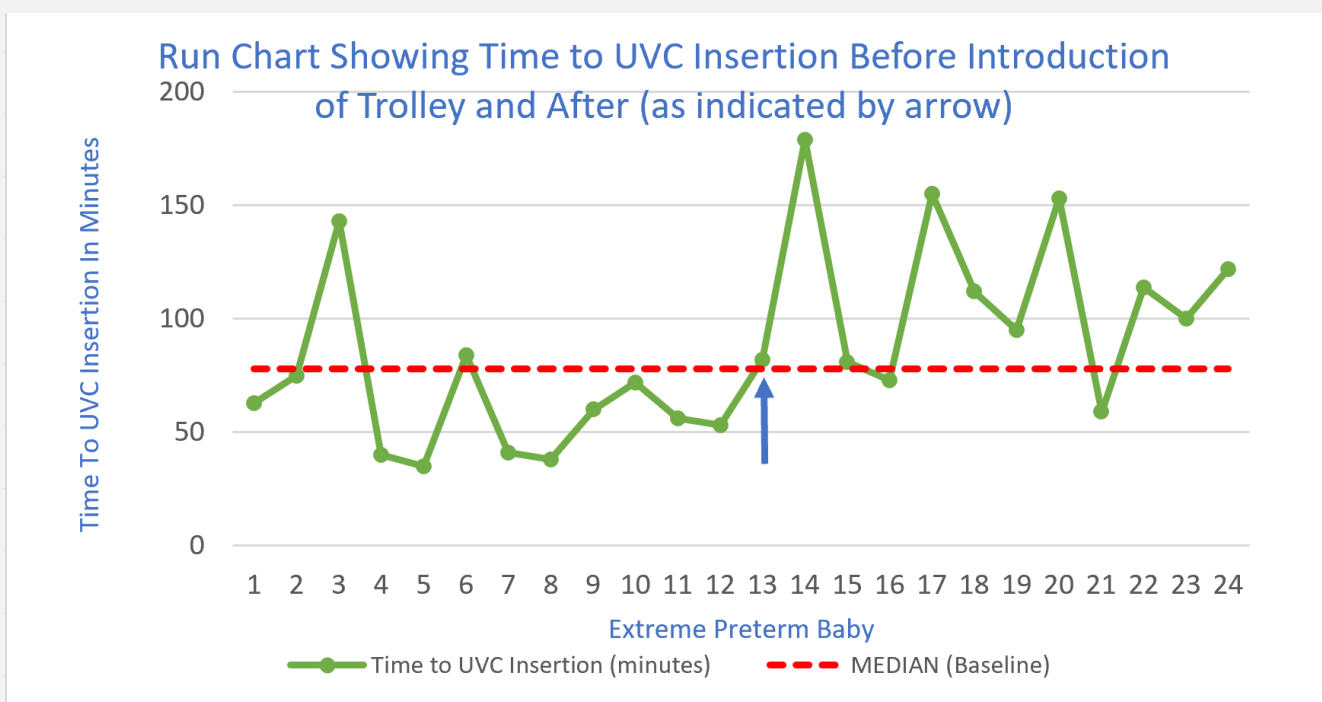
PDSA 2



PDSA 3



RUN CHART



REFLECTIONS & LEARNING

- Data showed that fewer babies achieved the Golden Hour after the introduction of the trolley
- Despite the data showing that time to UVC insertion has not reduced, verbal feedback from staff said that the trolley made their job easier and less stressful at a difficult time.
- During the timeframe, a higher percentage of babies were born at 22 and 23 weeks than usual (35% pre-trolley versus 7% post-trolley). It can be more difficult to secure UVC access for these babies than babies born at 27 weeks.
- Two key learning points – think of small changes within your sphere of influence and don't be afraid of failure...