



MatNeoSIP - the 3 year celebration



Maternity and Neonatal Safety Improvement Programme

March 2020

MatNeoSIP NENC Local Learning Event



NHS England and NHS Improvement

Our 3 year MatNeoSIP Journey

- Joined Wave 1 & attended initial MatNeo learning set in May 2017
- The request was for 4 projects from the 2017 national driver diagram



Panic – driver diagrams are confusing!

Help - we need to Do Something Which projects? What measures?



Aargh – what have we signed up to here?!

3 Years Later

We have

- Completed 5 MatNeoSIP projects
- 3 active local projects in progress
- Completed SCORE culture survey & debriefs
- An established NENC MatNeoSIP local learning system
- Working on a collaborative NENC MatNeoSIP project
- A vision for MatNeoSIP being part of everyday business



SBAR Communication

Why did we choose this project?

Clinical incidents relating to communication issues

What was our aim? >90% of maternity staff to use a standardised approach (SBAR) to patient related communication by 31/03/18

What did we do?

Training video, ward SBAR champions, PDSA cycles Change ideas: SBAR pocket cards & Incident box. Team measurement for improvement



Sustaining Improvement Included in mandatory MDT training Pocket cards for new staff Included in department guidelines

60

50

40

3/12/17

Impact for patients & staff: Significant improvement in communication Good communication improves safety & team working

% of communication in SBAR

3/2/18

3/3/18

3/4/18

Target

3/1/18

Antenatal Risk Assessments

Why did we choose this project? Missed opportunities for early implementation of appropriate pathways.

What was our aim? 100% women risk assessed for diabetes, hypertension, small for gestational age & venous thromboembolism at the booking appointment & evidenced in handheld notes by 30th September 2018.

What did we do?

Process mapping & PDSA Cycles Staff engagement, designed new risk assessment tool, small test of change, staff feedback, revised tool, rolled out

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Term admissions to Neonatal Unit

Why did we choose this project?

We identified that we had a high rate of term admissions to the neonatal unit for hypoglycaemia and hypothermia.

What was our aim? To reduce by 20%, the rate of term neonatal unit admissions due neonatal hypoglycaemia or hypothermia by 30 September 2018.

What did we do?

Multidisciplinary project team & staff engagement work. Process mapping, multiple PDSA testing ramps of change ideas.



Simple Guidance for Parents



- Audit from Jan 2017-June 2017- Identified problems
 Random audit of Delivery room, theatre temperatures.
 Hypothermia and Hypoglycaemia guidelines
 NEWTT(BAPM) chart introduced
 Education for staff- Mandatory training, Posters, E-learning
 Parents awareness- Poster, antenatal clinic, midwives
 - Red woollen hat for high risk babies
 - Audit forms for delivery room-Postnates and audit forms for NNU
 - Re-audit plan from March 2018

Impact: Significant reduction in our avoidable term admissions due to hypoglycaemia or hypothermia.



Sustaining Improvement

Processes embedded into routine practice. Guidelines updated. On-going weekly reports of indication for any neonatal admissions

Reduced Fetal Movements

Why did we choose this project?

Incidents related to delay in women reporting reduced fetal movements (RFM)

What was our aim?

To have 95% of women knowing how and when to report reduced fetal movements by 31/03/2019



What did we do?

User group surveys Process mapping Staff & user group engagement Change ideas: Posters - Credit card style information - Road shows – Information boards



Impact: Significantly improved awareness of how/when to report RFM



Smoke free

Why did we choose this project?

Our smoking rate at the time of delivery is above the national and regional average. Smoking cessation strategies are established for clinics however there were missed opportunities when admitted during the antenatal period.

What is our aim?

To improve the rate of offering specialist stop smoking support and nicotine replacement therapy to antenatal women admitted to the maternity unit and identified as smokers from 0% to >50% by 31 July 2020.

What have we done so far? New team / ward based champions Baseline measures & process mapping for identifying smokers, PDSA cycles Change ideas: CO admission stickers, training in Very Brief Advice, E-referral, NRT PGD **Smoking Cessation**

Intended benefits

Additional support towards smoke free

Progress

Initial good improvement on process measures Improved referral process

Challenges

- The NRT Prescribing
- Delay with PGD process

Next Steps

February 2020 – resolved Project reboot & focus on NRT/referral PDSA



PReCePT

Preventing Cerebral Palsy in Preterm Birth

National project Aim:

To increase the numbers of eligible women offered magnesium sulphate to prevent cerebral palsy in preterm labour from 43% to 85% nationally between 2018 and 2020

New multidisciplinary team Process mapping / PDSA cycles

Local change ideas Information boards, small group education Included in mandatory & skills drills training Preterm transfer papers updated to promote Regional guidance implemented

Impact for patients

The use of MgSO4 in preterm birth is embedded into routine practice helping to reduce the risk of cerebral palsy

Sustaining Improvement On-going monitoring to ensure improvement sustained



Preterm Prevention

Why did we choose this project? Clinical case reviews highlighted variation in practice

What was our aim? To have >90% of women at risk of preterm birth identified and on a specialised preterm prevention pathway by 12 weeks of gestation, by 30th September 2020.

National Primary Driver: Improve the optimisation and stabilisation of the very preterm infant

In Scope: Standardising risk assessment and entry onto pathway. Working regionally on standardising management.



Improve Early Diagnosis of Gestational Diabetes Mellitus

Why did we choose this project? Management good when in Obs/Med clinic however audit showed delay in diagnosis on occasions.

What was our aim? To have > 75% of women with a previous history of gestational diabetes, having a first trimester oral glucose tolerance screening test, by 30th September 2020.

National Primary Driver: Improve the detection and management of diabetes.

In Scope: All women booking in our unit with a history of previous gestational diabetes

What have we done so far? Multidisciplinary project team. Process mapping of all pregnancy related diabetic pathways. Change ideas: Postnatal information / First point of contact form review / Triage form review User group engagement on process / focused staff training package / preconception clinics Outcome measure Modify triage form Training package Process measure – booking appointment Modify on line first point of contact form to prompt GDM history

Anticipated benefits Early access to specialist care should optimise pregnancy outcomes for women diagnosed with diabetes

Reflection

Positives

- Our MatNeoSIP work has had an overall positive impact
- Good team leadership and sharing of learning
- The project lead teams have expanded with more staff involved
- Improved collaboration between units

Challenges

- Time commitment
- Some resistance to different ways of working
- Getting automated measure reports
- Sustaining continuous improvement

Incorporating into everyday business

Continued promotion & sharing of learning

- Local MatNeoSIP Newsletter
- Celebrating success Trust excellence / QI events
- Inclusion in training days

Regular agenda item

- Directorate meetings
- Maternity Voices
- Maternity Champions Meetings

Inclusion in service development plans



NENC Local Learning System

- Positive forum for
 - sharing learning
 - celebrating achievements
 - discussing barriers
- Supports collaborative working
 - working on Score culture themes
 - NENC MatNeoSIP fetal monitoring project
- Important in sustaining the MatNeoSIP momentum